

# SURGERY Synopsis

## CHAIR'S MESSAGE



Douglas E. Wood, MD,  
FACS, FRCSed (ad hom)  
The Henry N. Harkins  
Professor and Chair

**“Work-life balance,” “stress,” and “burn-out” are terms that have become ubiquitous in articles, news stories or presentations about wellness among medical professionals. I chose to focus attention on this issue for a few reasons, but primarily because there is increasing data to support that a balanced, healthy life makes us better: better doctors, better staff, better parents and partners, and most of all, it provides us opportunity to be our best selves.**

The concept of work-life balance is well-known to surgeons, their families, and those who work with surgeons but application and practice of this concept are spotty. The

culture and traditions of Medicine and specifically Surgery are such that these medical professionals often feel they must out-perform and out-last peers, strive to set new standards in work output and outcomes, and generally be “perfect.” Formerly, surgeon leaders both nation-wide and at the local level did not often acknowledge or discuss topics such as “burnout,” with some perhaps considering the very discussion a sign of weakness, yet this was in the face of signs and consequences of burnout that were often apparent.

Over time, as awareness grew and a generation more cognizant of work-life balance entered surgical specialties, balance between life at work and life outside of work received greater attention, in part thanks to these younger surgeons who fearlessly raised these issues.

With the current research on burnout, job dissatisfaction, and physician suicide, it has become increasingly evident that if caregivers do not care for themselves they will also care less well for their patients. A quote from previous Surgeon General, Dr. Vivek Murthy, superbly summarizes:

*“I am particularly interested in how to cultivate emotional well-being for healthcare providers. If healthcare providers aren’t well, it’s hard for them to heal the people for whom they are caring. People think that emotional well-being is something that happens to you – things line up in your life, [you find] the right job, your health is good, and [you are in] a happy family and a good relationship.....but there is a growing body of science that tells us there are things we can do to develop our emotional well-being proactively, and that in turn can have a positive impact on our health.”*  
– Surgeon General Vivek Murthy, MD, MBA April 2016.

As care providers, we know about the “Triple Aim” that is widely accepted as a compass to optimize health system

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performance: 1) Enhancing patient experience; 2) Improving population health; and 3) Reducing costs. I, along with a growing number of our fellow care-providers believe this should become a Quadruple Aim, with "Improving the work-life balance of healthcare providers" becoming a fourth, critical element.

How do we begin improving the work-life balance of healthcare providers? I was particularly taken with an article I read from the Mayo Clinic: "*The Secret of the Care of the Doctor is in Caring for the Doctor.*" Mayo Clin Proc. April 2016;91(4):408-410. The authors discuss levels of intervention for increasing wellness. The first is *Individual Intervention* – this has been the main focus until recently. This intervention would include the basics, such as eating, sleeping and exercising as well as cultivating self-awareness (which might include counseling and/or a coach). Taking up activities like mindfulness practice, and compassion cultivation as well as finding community – peer support or other groups – are all examples of individual intervention.

The next level of intervention is *Practice Environment*: making the clinic, department and institution a wellness-centered place to work. The third level of intervention is *Changing the System*. This is the hardest intervention to enact and will take concerted effort by many surgeons as individuals and by big professional organizations (among others) such as American College of Surgeons. There are many ideas for how to create change in each of these domains. I invite you to review a [slide deck](#) of a presentation I have given at numerous meetings regarding the importance of wellness.

I have long been an advocate for work-life balance; becoming Chair led me to more intense research in this area and instilled in me a determination of leading a Department focused on wellness and caring for its members—faculty, trainees and staff alike. To that end we have launched a Wellness Initiative

with the primary goal of improving individual wellness to inspire better patient care. Secondary goals are to: 1) promote rewarding work-life balance; 2) improve professional interactions; 3) sustain and energize morale; 4) build community; and 5) promote faculty satisfaction and retention.

Our first step will be a survey to all faculty, trainees and staff to assess interest and current wellness/satisfaction. This will be followed by a needs assessment that looks at exercise facilities, daycare, nutrition counseling, family life/work-life balance counseling, among others. To guide and promote this process, a faculty, resident and staff champions group will be created to lead these projects and promote wellness in the Department. And, we have created a staff FTE to support this important work.

Actions the Department will take and support are still emerging. At this point we propose to:

- Develop and support individualized goals since we know that activities that lead to wellness are highly individual
- Provide ideas and/or models of change
- Create policies and guidelines on issues of work-life balance, such as department-specific parental leave
- Create a department members only Website or FB (or other social media) platform
- Encourage sharing of goals, efforts and results – either openly or anonymously
- Institute a special Grand Rounds with a wellness focus along with seminars and discussions at internal department meetings
- Schedule Department-wide and Department + family group activities such as softball games, picnics, etc.

I should note that our first-ever annual "Carlos Pellegrini Summer Celebration

Day" will be held this July. The event is so named because Dr. Pellegrini has been such a champion of creating community within the Department.

All Department faculty, staff and trainees and their immediate family members will be invited. It is an outside "picnic" type celebration with food trucks, games and activities for children and adults, music and fun. We are delighted to begin this tradition.

Creating a climate of wellness is challenging, but important work. The group we are establishing to lead this charge are full of energy and are true champions of our goals. Our ultimate goal is to improve the health of our own Department; but along the way we want to also shine a light on the issue for other departments and institutions by presenting our work to UW Chairs, submitting peer-reviewed papers and presenting results at professional meetings. Not only do we want our own Department to be better, we want to help improve the health of the caregiving population. We will certainly reap the benefits in our personal lives, but care of the patient requires care of the provider – the fourth goal of our Quadruple Aim.

I hope you enjoy reading this issue of Surgery Synopsis, which is full of the interesting, recent activities and accomplishments of our Department members.

Sincerely,

Douglas E. Wood, MD,  
FACS, FRCSEd (*ad hom*)  
*The Henry N. Harkins*  
Professor and Chair





# Surgery News

## DR. HUGH FOY RETIRES

RON MAIER, PROFESSOR & CHIEF

KIRA MARTIN, ADMINISTRATOR

DIVISION OF TRAUMA,  
BURN, & CRITICAL CARE SURGERY



**I**n the words of one former trainee, "I love Dr. Foy! I'm happy for him that he's retiring, and I'm sorry for resident education. He's a wonderful guy and has shaped my outlook on life. There are so many great stories and memories..."

Dr. **Hugh Foy**, Professor, Division of Trauma, Burn & Critical Care Surgery, will be retiring at the end of August 2019. They say nobody is irreplaceable, that the world won't come crumbling down once an individual leaves. Yet, the world of medical education, mentorship and teaching at the University of Washington School of Medicine (UWSOM) Department of Surgery (DOS) will be less vibrant without the humor, compassion, involvement and energy infused into its students, trainees and faculty by Dr. Foy, as he has done with such impact for the past forty years. We can hope he might be one of those academic faculty

who become Emeritus but still spend time mentoring, teaching and collaborating. Sometimes the successful formula for the retiree is to pick one aspect of their job that ignited the most passion during their career years; be it clinical work, research or teaching, and devote oneself wholly on a volunteer basis to that endeavor. *"You'll never be bored or lonely while remaining in the environment you've always cherished."* The collective communities who know and love Hugh can only hope that his future endeavors find him perpetually interwoven into the fabric of teaching and mentorship at UW...but this is a selfish contemplation. So let's get on with it!

Hugh Martin Foy was born in a small town on the Nebraska/Colorado border and grew up in Scottsbluff, Nebraska just across the boundary from Wyoming. He graduated from the University of Nebraska College of Medicine in 1978, then completed his General Surgery Residency at the University of Washington (UW) in 1983. He remained at UW to pursue a fellowship in burn and surgical critical care then worked for five years at Pacific Medical Center where he served as Surgery Education Director. He's been a member of the UW faculty since 1984 and an attending surgeon at Harborview Medical Center (HMC) since 1990.

Since 2001, his involvement as the Head of the Wind River College in the UWSOM captured and utilized his immense talents as an educator. He was chosen because of his recognized excellence in teaching and the opportunity the position offered for medical students at UW to experience his mentorship. He works intensely with students and has become a sought after clinical mentor by students, residents, fellows and faculty at all levels. Hugh has also remained a mentor, friend and colleague to dozens of previous residents and fellows that have rotated on his service at HMC. He is warmly acknowledged in the annual chief resident banquets as an outstanding educator and mentor, and his educational outreach extends far beyond his university peers and out into the physician and lay communities where he is frequently involved in grass roots activities and educational events.

Dr. Foy is one of those unique individuals who is able to reach across the entire continuum of medical education with amazing insight, effective delivery and perceptive inspiration to optimize the learning experience of each individual in our diverse community. His commitment to teaching within the UWSOM led to the significant acknowledgment of the medical students choosing him repeatedly to be their graduation speaker. His legendary ability to teach residents in the clinic, operating room and on rounds as well as his commitment to the University, outreach through the Alumni Association and through multiple educational programs including trauma, infectious disease and challenging abdominal processes, have brought him accolades and awards that are indeed befitting and well deserved. Hugh will be greatly missed.

We have asked the world of alumni, past students and present colleagues to share stories and memories of Dr. Foy. We hope you enjoy the humor and great appreciation for Dr. Foy's humanity embedded in these heartfelt tributes.

*"I remember meeting Hugh as a resident and admiring his positivity and joy, I helped in his training and admired his commitment and dedication, and, for the last 30 years I have worked as a colleague and admired his love of life and family, commitment to his patients and friends and dedication to teaching and mentoring. Hugh truly enjoys and is interested in his fellow human and as an educator he is a shining light to the many over the years. I will miss him and his humility and humanity. We will miss his wisdom and sharing. He knew when you can't put 'lipstick on a pig' and how to support and care for someone in need. Truly, thank you Hugh for the memories." – Ron Maier, MD*

*"My memory of Hugh is the way he used to start the day with the applicants for residency positions in surgery when he was the Program Director. I had just become a new chair in the department and I was trying to soften the image that Seattle had among applicants...here comes Hugh to wish everyone good morning and he stands there, looks at everyone in the eye and then says*



# Surgery News

## DR. HUGH FOY RETIRES (CONT.)

*"I admire you...I admire you because I see that as applicants to our residency program you are the equivalent of infantry soldiers volunteering at a time of war..." I wanted to cry..."*

– Carlos Pellegrini, MD

*"I have a clear memory of Hugh Foy as a resident at Harborview in the late 70's and 80's. He's one of those residents who changed from the resident, Hugh Foy, to HUGE Foy as a faculty member over the years."*

– Patch Dellinger, MD

### "StinkFlipper" Story

*"I hope someone has the details of the "stinkflipper" story. I may have the details wrong, but Hugh had the recurrent story of one of his patients, a native Alaskan American, who told him the about the native delicacy of "stinkflipper." Apparently, the dorsal fin of a whale was preserved, buried in the snow all winter to allow it to ferment, and later dug up as a delicacy. Hopefully someone has more details than I am able to recall, but it seemed to be one of Hugh's favorite stories."*

– Mark Meissner, MD

*"If it was easy, you could do it in a parking lot in Puyallup with a tin can and a rock."*

– Lisa McIntyre, MD

*"After every single trauma code, you call Hugh to let him know about the critical condition of the patient and the question he always asks is: what about the bowel tones?"*

– Martin Montenovo, MD

*"When I was a chief resident, I woke up in the morning with a wry neck and couldn't really move without pain. When I came in to work, Dr. Foy recognized this immediately, got me in to see someone in the sport and spine clinic, took me over there, then made me lie down and rest while he went to pick-up my prescriptions. Just an example of his boundless compassion."*

– Sam Mandell, MD

*"There are some truly great Foyisms out there...Here are a few that immediately come to mind (best imagined/repeated/impersonated with Dr. Foy's earnest and distinctly Midwestern locution):*

*This here is a classic case of those famous last words/Back where I'm from these things always started with the old saying/As they say in the old country: Hold my beer, watch this.*



*Anything involving the words "clostridial endotoxin" in the setting of NSTI, followed by Dr. Foy conveying the urgency of the situation by using the image of the "gallows dropping" out from under the patient.*

*Referencing the "Old-time Code of the Hills" as it pertains to leaving a long Prolene marking stitch at the proximal end of a Hartmann's pouch to facilitate a future colostomy takedown.*

*Dr. Foy is a tremendous trauma surgeon, mentor, and, most importantly, a stellar human being."*

– Jason R. Hurd, MD, CPT USAR MC, UW Vascular Surgery Fellow

*"Hugh and I have known each other for nearly 40 years. We were residents together in the early 1980's. I was in medicine, Hugh in surgery, and following residency, we were colleagues in clinical care at HMC for about the last 30 years. Hugh is one of the finest physicians and human beings I have had the pleasure to know. Hugh has a boundless interest in humanity which is evident in his care of, and for, patients. Over the years, whenever I referred a patient to Hugh, he would always uncover some interesting aspect of the patient's life story that I had either never known or had forgotten. His technical expertise and medical knowledge were matched by his respect for and curiosity about everyone which he came in contact. He has been a superb teacher of students, residents, fellows, and colleagues throughout his career. He is the embodiment of two adages I first heard in medical school, "the best surgeon is an internist who operates;" and Frances Peabody's famous statement, "the secret of the care of the patient is in caring for the patient." So, in the early 2000's when we were launching the UWSOM College Program, Dean Ramsey and I felt that Hugh was the perfect candidate to serve as the Head of the Wind River College. When I approached him one day after work in the HMC parking garage to describe the program and ask that he consider the job, he gave it some thought and then agreed. Over the last*



# Surgery News

## DR. HUGH FOY RETIRES (CONT.)

18 years scores of students have benefited from his participation, as have all of the faculty who have been part of the Colleges. Beyond his dedication and his profound contributions to the medical school, Hugh has been a tireless advocate for the care of the underserved, and for advancing the goal of universal health care for all Americans. I look forward to continued friendship with Hugh in retirement, and to hearing about his ideas and activities. He is a genuine renaissance man and a remarkable human being."

– **Erika Goldstein, MD, Professor Emeritus, General Internal Medicine, Founding Director of the UW School of Medicine College Program**

"I always enjoyed listening to Dr. Foy on rounds in the ICU. I am pretty sure each patient was either a relative, friend or friend of a friend. He truly epitomizes kind, patient and empathetic care."

– **Annie Menard TSICU RN**

"I appreciate your acknowledgement of my cluttered mind, like your grandparent's attic.

(Directed at medical student during anorectal case) "Do you know what fisting is?" Dr. Foy goes on to explain that Basque shepherders castrate lambs with their teeth. This medical student, needless to say, did not go into surgery!

Anaerobes—"helpful in the casket or in the garden"

– **Cordelia Witt, MD, General Surgery Chief Resident**

"If you put 4 knots in silk your patients bleed less and you sleep more"

"What were the bowel sounds? (about every patient)"

"Does he/she have gallstones? (also about every patient)"

– **Gabriel Wallace, MD**

"Dr. Foy was the first attending to ever provide encouragement, interest, and investment in me at UW. He is one of the few who takes the time to get to know the interns and welcomes them warmly. His example positively impacted me and I will pay it forward in my career."

– **Lacey Lagrone, MD**

"I have known Dr. Foy for over 8 years now in the DOS. I have always found him to be nice, sincere, helpful and genuine. It has been a pleasure working alongside him. Thank you Dr. Foy for all the years, months, days, hours, minutes and seconds you have given in helping others. You will be greatly missed."

– **Ann Haven, Program Operations Specialist, Harborview Medical Center, Department of Surgery**

"Dr. Foy: Where are you from?"

Patient: (Enter any US city)

Dr. Foy: Oh! I know a great little diner around there."

– **Karen Zemplenyi, Oral and Maxillofacial Surgery R1**

"Hugh Foy is the worldwide expert on the best locations to pee in Seattle. He took me on a personal tour of these locations and it was a 5 star tour!" – Marty Schreiber, MD

"Dr. Foy loves people. I admire his ability to connect with patients, students, colleagues and staff in such a warm, funny and thoughtful way. And he remembers. He remembers the stories, the touching and humorous details that remind us what it means to be human. I truly appreciate the generosity he has shown to me as well as my family."

– **Julie Calcavecchia, Director, ICM & The Colleges, UWSOM**

"I love Dr. Foy! I'm happy for him that he's retiring, and I'm sorry for resident education. He's a wonderful guy and has shaped my outlook on life. There are so many great stories and memories...I won't do any of it justice, but here are a few:1. "Call me a recovering burn surgeon." I quote him weekly when I'm in the OR with that line."

2. "We were in the middle of a full trauma code and the nervous medical student was staffed with putting a Foley catheter in. The guy prepped and draped as he was supposed to do. He put on sterile gloves. He then proceeded to hit the catheter on everything. He completely contaminated the Foley placement. Foy walked up to the guy and put his arm around him and said, "I really appreciate your willingness to help, but what part of the germ theory don't you buy into?" Then he went over sterile Foley placement with the student."

3. "I consider bowel tones an important part... no, check that...I consider bowel tones the most important part of a physical exam."

4. "A case got cancelled and he said, "Well let's just call it a stay of execution."

5. "Walking out of a particularly colorful M&M he says "great group therapy session today, eh, guys!"

– **Darren Bowe, MD**

"I have never known anyone who can wax so poetic about bowel-tones, the high pitched tinkling, the low grumbling... it is both musical and informative.

"Most of all, Hugh's deep caring for his students and medical knowledge is inspirational."

– **Alexandra Molnar, MD, International Medicine Clinic/Harborview Medical Center, College Head/Olympic College/University of Washington School of Medicine**





## DR. DANIEL LEDBETTER REMEMBRANCE

DR. JOHN WALDHAUSEN, PROFESSOR, DIVISION CHIEF, PEDIATRIC GENERAL SURGERY

**D**r. Daniel J. Ledbetter was born May 5, 1956 in Missouri. He was raised with his two sisters Fern and Floyd in Orlando, Florida. He was inspired by his namesake, Dr. Daniel Wisely, to pursue a career in surgery and obtained both his undergraduate and medical degrees from the University of Florida, making him a lifelong Gator fan. Dan played soccer (the real football) for the University and could always be seen in the OR at Children's wearing his University of Florida-colored OR shoes or posting the world cup tournament results sheet on his office door.

Dan went to the University of Washington (UW) for general surgery residency from 1981–1986 under James Carrico. He spent two years doing research and being trauma doc at Harborview and flight physician for Airlift Northwest. He subsequently trained at Seattle Children's Hospital (SCH) under David Tapper in Pediatric Surgery, from 1989–1991. Dan became triple boarded in general surgery, pediatric surgery and critical care. During residency, Dan met his future wife of 35 years, Sunny Juul. Sunny was a pediatrics resident at the time and went on to become division chief of neonatology at UW. They married on February 29, 1984 and had two children, Kelly, who is now chief resident in plastic surgery at UW, and Brian, who trained in law and is a software engineer at Getty Images. Dan was devoted to his family and was a caring and loving father and husband. In addition to world cup soccer he had a passion for golfing rain or shine, weekend walks at Marymoor Park with his golden retrievers,

wine tasting and non-fiction. At our annual division holiday party, he could usually be found toward the end of the gathering sampling a rare or expensive bottle from our host's cellar.

After completion of his training, Dan went first to Wyler Children's Hospital in Chicago for two years and then back to his home state at the Shands Hospital, University of Florida in Gainesville. In 2000, both SCH and the UW were extremely fortunate to recruit both Sunny and Dan back to Washington where they have been the rest of their careers. Dan became a professor of surgery in the department in 2015. As a faculty member at SCH, Dan led our efforts in the standardization of care for appendicitis and congenital diaphragmatic hernia. He spent countless hours developing multidisciplinary protocols that have improved the care for children with these and other

Surgery–Pulmonary Follow Up clinic, one of the first clinics in the US specifically devoted to long term follow-up of babies with congenital diaphragmatic hernia. Dan was the go-to person in our division for all critical care problems and was perhaps the best-read surgeon most of us had ever met, always up to date on the latest articles or management strategies. Dan also had an interest in endocrine and thyroid surgery and wrote articles and co-edited a text book on these topics in the pediatric patient. In February 2019, Dan and Sunny were traveling in Thailand visiting Angkor Wat, riding elephants, taking cooking classes and enjoying each-others company when Dan suffered a massive stroke and passed away quickly on February 27.

Dan will be remembered by his students, residents and fellows as a patient, quiet and exceptional teacher. His residents always



The two Dr. Ledbetters enjoying time together between cases at Seattle Children's Hospital, 2018



# Surgery News

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process the information rather than coming to a rash decision. Dan cared about those whom he taught and would send faculty, students, residents, and fellows current or classic articles that he thought we all should know about, often with handwritten commentary. He kept this up for many, long after they had graduated from the program. He even sent along non-medical articles he'd seen in papers or magazines regarding people's individual interests outside of medicine. Dan didn't just know his colleagues as physicians. He knew about us as friends.

Dan devoted a significant amount of his time to teaching the next generation of medical students as part of the School of Medicine faculty, Big Sky College where he taught and mentored second year medical students. He served on numerous committees at both the Universities of Florida and Washington regarding student and resident education. Dan was a stalwart for the pediatric surgery fellowship and could be counted on to be at teaching conferences and to impart sage commentary on complex clinical problems. One of our fellows likened Dan to skiing when your edges are on the right track and your path is straight and true. Dan was an outstanding surgeon, clinically and technically. Despite his years and experience he never shied from asking for other's opinions or help, setting an example for others to work as a team and provide the best patient care possible. Hundreds of children are alive, and many thousands are better off because of the care Dan provided them.

Dan's contributions to education were recognized not only on the local but the national stage as well. He served the American Board of Surgery writing questions for both the general and pediatric surgery in-training examinations. He was also selected to be an oral board examiner for the Pediatric Surgery Board.



Dan Ledbetter and his wife Sunny enjoying a break on their hiking vacation in Zion National Park in 2017

In 2016 Dan was selected as a runner up for the Association of American Medical Colleges, Arnold P. Gold Foundation Humanism in Medicine Award. This goes to one physician faculty member nationwide each year. Nominations comments said:

*"Dr. Ledbetter is the first doctor who has made me feel confident enough to be involved in making decisions at the bedside of a patient, he takes the time to be patient when asking for possible answers or ideas, and when they are wrong finds a way to still make me feel like I can try again next time."*

*"Dr. Ledbetter has been the most important teacher I've had during my medical school education. He teaches us patient care while exemplifying great bedside manner. [He] creates a caring environment for us to develop our clinical medicine skills. He teaches us things no book can... how to talk to patients and how to do it well."*

*"Dr. Ledbetter is a great mentor that creates a very safe space for learning and builds collaboration amongst his students. He is very knowledgeable and teaches by example, often pushing us so we can see how much we have learned. He provides very helpful feedback for improvement and helps us determine realistic goals to reach as we go through ICM2."*

As a faculty member and colleague, Dan was exceptional. Whether one had been on faculty for 1 year or 30, Dan could be counted on for his wisdom and practical approach to problems. He was a team player and the best of partners. He would dependably tell it like it is and let leadership know if they were off base. He would often bring smiles to everyone's face when he would slap his hand on the table and say, "I'm not doing that!!" Then he'd often smile himself, and rather than coming off as obstructive, everyone knew Dan was standing up for what he thought was right or pointing out firmly that what he was hearing didn't make any sense. And as usual, he was right. He could also make us laugh, often making a pithy comment under his breath that only the person next to him could hear, leaving that person laughing out loud as he would quietly chuckle not revealing the cause of the mirth. Each of us in the division will miss him profoundly as a scholar, teacher, surgeon and most importantly as a friend and gifted human being. Dan represented the best in us; the kind and gentle nature that it takes to be a pediatric surgeon. Others might take his position, none will take his place.



## 2019 RESEARCH DAY & HELEN AND JOHN SCHILLING LECTURE



Dr. Mary Hawn was guest presenter at the 25th Annual Helen and John Schilling Lecture and Research Symposium on Friday, March 22nd. The title of her presentation was “*The Science of Big Data and Promises of Personalized Medicine.*”

Dr. Hawn is a general surgeon specializing in minimally invasive foregut surgery. She is a native of Michigan and earned her doctor of medicine degree, a master of public health, and completed her general surgery training all at the University of Michigan, Ann Arbor. She then completed a fellowship in minimally invasive surgery at the Oregon Health and Science University (OHSU), Portland. In 2001 Hawn was recruited to be an assistant professor in the gastrointestinal surgery section, at the University of Alabama at Birmingham and later became Director of the Division of Gastrointestinal Surgery and vice chair for quality and clinical effectiveness. In March 2015, she was recruited to Stanford, becoming chair of the Department of Surgery in July.

Dr. Hawn is a funded health services researcher and her projects focus on quality measurement and policy in surgical populations. She is a Director for the American Board of Surgery and serves on the editorial boards of *Annals of Surgery*, *Journal of the American College of Surgeons*, *Journal of Gastrointestinal Surgery* and the *American Journal of Surgery*. Dr. Hawn has several additional national leadership roles including Chair of the American College of Surgeons Scientific Forum Committee and Trustee and Treasurer for the Surgical

Society of the Alimentary Tract. She is the co-Editor of a new surgical textbook, *Operative Techniques in Surgery*.

The Research Symposium included 17 oral presentations and 11 posters by Department of Surgery residents and fellows on a wide variety of basic and clinical research topics. The day also included talks by Drs. **Grant O’Keefe**, “*Research Training in Basic Science Research*,” and **Farhood Farjah**, “*Research Training in Clinical Research*.”

Both the plenary and poster sessions were adjudicated by Dr. Hawn and Department of Surgery research leadership. Participants were ranked on scientific merit and validity, presentation skills, and preparedness for questions and comments from the audience. Congratulations to the top presenters in each session:

### PLENARY SESSION



**1ST PLACE (Tie)**

**Kevin Labadie, MD**

*Research Resident*

*“Adoptive Transfer Of Genetically Engineered Macrophages  
To Reinvigorate Endogenous T Cell Responses  
Against Advanced Gastrointestinal Cancer”*

Faculty mentor: **Venu Pillarisetty**, Associate Professor,  
UW Department of Surgery

### ABOUT THE HELEN AND JOHN SCHILLING LECTURE

The Helen and John Schilling Endowed Lectureship was established by the late Helen Schilling to bring distinguished scholars to the Department of Surgery at the University of Washington, and to enhance the Department’s commitment to the highest standards of patient care, teaching, research and scholarship. It was Mrs. Schilling’s wish that the lectureship be in honor of her husband, Dr. John Schilling, who served as Chair of the Department of Surgery from 1975–1983.



# Surgery News

## SCHILLING LECTURE (CONT.)



**1ST PLACE (Tie)**

**John Monu, MD**

Research Resident

*“Changes In The Management Of Small Bowel Obstruction And Long-Term, Recurrence-Related Healthcare Utilization”*

Faculty mentor: **David Flum**, MD, MPH, Professor, UW Department of Surgery



**2ND PLACE**

**Kevin Sullivan, MD**

Research Resident

*“IL-10 Blockade Reactivates Anti-Tumor Immunity In Human Colorectal Cancer Liver Metastases”*

Faculty mentor: **Venu Pillarisetty**, Associate Professor, UW Department of Surgery



**3RD PLACE**

**Shane Morrison, MD, MS**

Plastic Surgery R5

*“Prospective Quality Of Life Outcomes After Facial Gender-Affirming Surgery: An International Multi-Center Study”*

Faculty mentor: **Thomas Satterwhite**, MD, San Francisco, CA

## POSTER SESSION



**1ST PLACE**

**Elissa Butler, MD**

HIPRC Research Fellow

*“Changing The Systolic Blood Pressure Threshold For Trauma Team Activation In Older Adults”*

Faculty mentor: **Saman Arbabi**, MD, MPH, Professor, UW Department of Surgery



**2ND PLACE**

**Jason Hurd, MD**

Vascular Surgery Fellow

*“A Reliable Method For Renal Volume Measurement And Its Application In Fevar”*

Faculty mentor: **Benjamin Starnes**, MD, UW Department of Surgery



**3RD PLACE**

**Erin Fennern, MD, MPH**

Research Resident

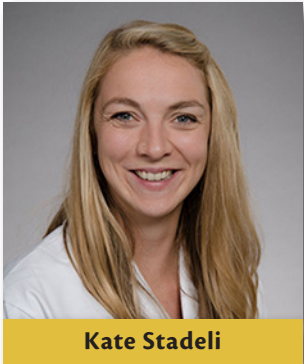
*“Post-Discharge Chemoprophylaxis And Venous Thromboembolism Following Bariatric Surgery”*

Faculty mentor: **Farhood Farjah**, MD, MPH, UW Department of Surgery



# Surgery News

## Dr. Kate Stadel— Stop the Bleed



Kate Stadel

A collaborative community outreach program, “Working toward Equity in emergencies: WE Stop the Bleed,” has launched to help keep Seattle’s Somali community safer during emergencies. Using the American College of Surgeons’ Stop the Bleed emergency bleeding control course as a starting point, leaders from the Somali Health Board, the University of Washington Department of Surgery, Harborview

Medical Center, Harborview Injury Prevention and Research Center, and King County Emergency Medical Services (EMS) are working to both improve first aid skills and build trust between the Somali community and emergency responders. **Kate Stadel**, MD, General Surgery Research Resident, developed the initiative in partnership with Ahmed Ali, PharmD and Anisa Ibrahim, MD, of the Somali Health Board, which involves Somali community members and emergency first responders (firefighters, paramedics and law enforcement officers).

Dr. Stadel says “*The key to the WE Stop the Bleed program is that it is designed to go beyond bleeding control skills and aims to tackle difficult bi-directional issues of distrust, fear and implicit biases between marginalized communities, EMS and law enforcement that likely contribute to disparities in pre-hospital emergency outcomes. A lot of important work has focused on identifying these disparities, and this program is one way to build on those efforts and start Working toward Equity together.*”



Harborview Medical Center's Trauma Outreach Education Coordinator Maria Paulsen, RN, second from left, leads hands-on tourniquet practice in a Stop the Bleed training for health providers at the Somali Health Board offices.

The first step in program development was an initial course attended by 10 Somali health professionals who became certified instructors and offered feedback on culturally adapting Stop the Bleed training. At a second training event in March, 27 community members learned about the EMS system and how to identify life-threatening bleeding injuries, use tourniquets, and pack wounds. The lecture portion was led in Somali by third-year UW medical student, Dirir Abdullahi. The hands-on portion of the course was led by teams of Somali Health Board members and King County emergency responders. The event concluded with collaborative discussion groups about how King County EMS can better engage with the Somali community.

## The 26th Annual Peter K. Buehler Visiting Professorship in Plastic Surgery Lecture

On Friday, April 26th Dr. **Paul Cederna**, Chief of Plastic Surgery at the University of Michigan, gave a glimpse of the future during his recent Buehler lecture titled “*The Six Billion Dollar Man: How Far Away Are We?*”



Combining his undergraduate background in bioengineering with his surgical training, Dr. Cederna has revolutionized the field of hand prosthesis control with his development of regenerative peripheral nerve interface (RPNI).

The concept behind RPNI is to surgically split a major nerve into nerve fascicles to reduce signal interference, then wrap skeletal muscles cells around each fascicle to act as “signal amplifiers”. Each nerve fascicle wrapped with muscle cells is then known as a regenerative peripheral nerve interface. With the reduction in signal interference between nerve fascicles, and the amplification of signal from each fascicle, RPNI allows intuitive hand prosthetic control with dexterity that mirrors a real human hand.

Following the Buehler lecture, Dr. Cederna led a 2-day flap dissection course for the Division of Plastic Surgery. The flap course was well received by the residents, during which they had the opportunity to practice designing and elevating various flaps commonly used in plastic surgery.



# Surgery News

## The 28th Annual Visiting Scholar in Cardiothoracic Surgery



On Friday, May 10th, the Cardiothoracic Surgery Division welcomed Dr. **Sean Grondin**, thoracic surgeon and Head of the Department of Surgery at the Cumming School of Medicine at the University of Calgary, to University of Washington as the 28th



Annual Visiting Professor. The day began with six thoracic case presentations to Dr. Grondin by cardiothoracic residents: Drs. Eric Howell, **Lara Oyetunji**, (top left), Swaroop Bommarreddi, Joel Sternbach, Tori Lennox, and Roderick Yang. Dr. **Farhood Farjah**, (top center), Associate Professor, Division of Cardiothoracic Surgery, hosted research presentations given by cardiothoracic surgery faculty, Dr. **Michael Mulligan**, (top right), Professor and Chief of Cardiothoracic Surgery, and his lab, and guest faculty. In the afternoon, Dr. Grondin spoke about challenges in transition planning for the senior surgeon. The day wrapped up with a reception at the Crow's Nest in South Campus Center celebrating the day and thanking Dr. Grondin for his visit.

## HONORS & AWARDS

### FACULTY

Three members of the UW Medicine Regional Burn Center at Harborview Medical Center were honored at the American Burn Association's annual meeting in Las Vegas in April 2019.

Dr. **Nicole Gibran**, Nancy Auth Washington Research Foundation Endowed Chair for Restorative Burn Surgery and Professor, Division of Trauma, Burn & Critical Care Surgery, (right in photo) received the President's Leadership Award, which recognizes distinguished and exceptional service to the American Burn Association and to the profession of burn care.

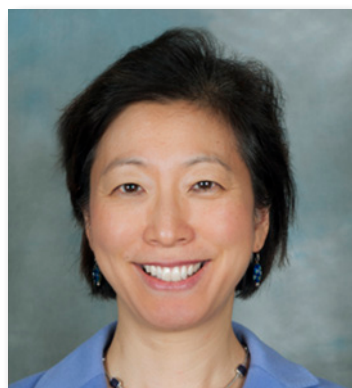


Beth Costa, Barclay Stewart  
& Nicole Gibran

**Beth Costa**, Occupational Therapist, received the Barbara Knothe Burn Therapist Achievement Award, which recognizes the important role of therapists in burn rehabilitation.

Dr. **Barclay Stewart**, Burn Surgical Critical Care Fellow, received the Peter Brigham Burn Epidemiology Best Award, which recognizes research studies that address a single burn or fire prevention problem, a specific population, multiple etiologies or epidemiology.

Dr. Stewart won the award with his co-author, Dr. Yasaman Kazerooni, for their paper "A Comprehensive Legislative Framework to Address Chemical Assault." Dr. Stewart will join Department of Surgery as faculty in September 2019.



Dr. **Sara Kim**, Research Professor, Division of General Surgery, has been recognized by the **Association of American Medical Colleges (AAMC)** for her significant contributions to the AAMC's Leadership Development Programs.

"Dr. Kim is currently serving as both a Leadership Education and Development (LEAD) Certificate Program Advisory Committee member and a faculty member for a variety of our leadership programs. Recently, she facilitated a highly effective session for our LEAD faculty team on the topic of conflict management. Her engaging facilitation style and mastery of the subject matter created a one-of-a-kind learning experience. The AAMC is grateful that Dr. Kim will soon be delivering a similar session at our first-ever leadership program for medical students, as well as the AAMC's 2019 Annual Meeting (Learn, Serve, Lead) and our flagship leadership seminar for new Department Chairs and Associate Deans.



## HONORS & AWARDS (CONT.)

Dr. Kim's expertise on leadership, and the topic of conflict management in particular, is very much needed in today's complex and changing health-care environment." — Association of American Medical Colleges (AAMC)

Dr. Kim reflects, "I am deeply appreciative that Christina Tushman, Director of Leadership Development at AAMC, reached out to collaborate with me around conflict management training targeting new and experienced leaders in academic medicine. The work I have been privileged to carry out in this domain was borne out of a significant workplace conflict I endured over a decade ago. My probing into the sources of the conflict with curiosity led me to form a rich partnership with many colleagues across UW Medicine. Without their collaboration and support, the current training and research programs would not have been realized."



The **UW Latino Center for Health** hosted the 3rd Annual Latinx Faculty Recognition Event on May 2, 2019. This event highlights and honors the incredibly diverse body of work and impactful contributions of the 33 Latinx faculty across the tri-campuses of the University of Washington. Among the honorees is Dr. **Elna Quiroga**, Associate Professor, Division of Vascular Surgery.

Dr. Quiroga states, "The Latino Center of Health of the University of Washington creates impactful improvements in the health and well-being of Latinx communities; I am extremely honored to have been selected for this recognition. I am fortunate to provide comprehensive vascular care to Latino patients in a culturally responsible environment, and will continue work in decreasing

health inequities that affect the growing population of Latino patients."

Honored faculty are recognized for meeting at least one of the following criteria: promotion to associate professor or professor, publication of an article in a high impact journal, publication of a book, fine arts production, securing a major grant, or retiring during or near the end of the academic year.



Dr. **Bryce Robinson**, Associate Professor, Division of Trauma, Burn & Critical Care Surgery, received the American College of Surgeons (ACS)/Eastern Association for the Surgery of Trauma (EAST) Health Policy Scholarship through Brandeis University. This scholarship supports attendance at Brandeis University's one-week Executive Leadership Program for Health Policy and Management. The program will be held in June 2019 and is offered through The Heller School for Social Policy and Management. It is a unique opportunity for attendees to learn more about creating innovative and sustainable solutions to improve the quality, cost-effectiveness, and efficiency of health care service delivery and participating in health care policy and reform.

Dr. Robinson expresses, "I am extremely excited to attend this course offered by the ACS and EAST. Like most surgeons, I feel deeply unprepared to understand and address the complexities of health care reform and system leadership beyond my limited field of medical practice. This scholarship will create a foundation of understanding of healthcare policy and management that will make me a more knowledgeable and effective surgical leader."



Dr. **Sherene Shalhub**, Associate Professor, Division of Vascular Surgery, received the 2-year, \$250K Eugene Washington PCORI Engagement Award for her research initiative titled "Engaging Patients with Type B Aortic Dissections as Partners in Patient-Centered Outcomes Research."

Her research project focuses on patients with type B aortic dissection (TBAD), who face complex decisions regarding the management of their aortic dissection. The objective of this initiative is to build a collaborative aortic dissection research infrastructure that will facilitate patient centered outcomes research training, support, and networking among patients with TBAD, surgeons, cardiologists, researchers, industry stakeholders, and patient advocacy groups. The main goal of this work is to assemble a broad network of patients with TBAD and stakeholders, who are well informed and who will guide the research prioritization in TBAD research.

Dr. Shalhub comments, "I am personally very excited for the opportunity to work on this. We anticipate that as we work together, we will identify findings that are relevant to daily clinical practice, can be immediately adapted for wide dissemination and will identify TBAD related knowledge gaps that would benefit from patient centered outcomes research and comparative effectiveness research. Creation of the community will also allow us to evaluate patients' willingness to participate in future randomized TBAD related research studies which are very much needed for this disease process."



# Surgery News

## HONORS & AWARDS (CONT.)



Dr. **Robert Sweet**, Professor of Urology, Medical Director for the UW Medicine Kidney Stone Center at Northwest Hospital, and Executive Director for the **WWAMI Institute for Simulation in Healthcare (WISH)** and the **Center for Research in Education and Simulation Technology (CREST)**, was awarded the **Leaders in Health Care Awards** by Seattle Business magazine to “*honor a remarkable assortment of compassionate people doing heroic work in Washington state.*”

Dr. Sweet won the gold award for Achievement in Medical Technology for his contributions to the field of healthcare simulation. As Executive Director of WISH and CREST, he has made simulation technology an essential tool in training providers and increasing patient safety.

Dr. Sweet says, “*The outstanding and professional WISH and CREST staff have worked tirelessly to contribute to stamping out the disease of “medical error” through the development and utilization of simulation science. Whether it’s improving the skills of individual and teams of healthcare providers, increasing a patient and their families’ understanding of their medical condition, or supporting training or rapid prototyping of novel medical devices, the recognition that this award provides validates this effort and its relative importance to the health and economy of the broad community it serves.*”



In honor of his outstanding work and significant contributions, Dr. **Douglas Wood**, The Henry N. Harkins Professor and Chair, was presented a 2019 **Society of Thoracic Surgeons (STS)** Distinguished Service Award at the Annual Membership Business Meeting.

An STS member since 1995, Dr. Wood has been a long-time volunteer. He has served on the Society’s Board of Directors as President and as Secretary, as well as

held positions on other governance bodies, including the Executive Committee, Finance Committee, Standards and Ethics Committee, Workforce on Health Policy, Reform and Advocacy, and Workforce on Critical Care. In addition, Dr. Wood currently is President of The Thoracic Surgery Foundation, the Society’s charitable arm.

Cardiothoracic surgery is one of the most successful stories in all of medicine,” said 2018-2019 STS President Keith S. Naunheim, MD. “As

members of this specialty, we feel a responsibility to give back and make sure that our discipline does not merely survive but that it continues to thrive. That type of success is exactly what Doug Wood ....and co-recipient Jim Levett have helped us achieve in the past two decades. Like so many cardiothoracic surgeons before them, they have worked tirelessly to pursue improvements in cardiothoracic care that have greatly benefitted patients and saved lives.”

## Residents and Fellows

Dr. **Jake Hemingway**, Vascular Surgery R2, won the 2019 Best Paper and \$1,000 cash prize at the 43rd Annual Meeting of the prestigious Vascular & Endovascular Surgery Society (VESS). The VESS is the only national vascular organization devoted to young vascular surgeons and trainees. His topic was “*Lowering the Ankle Brachial Index Threshold in Blunt Lower Extremity Trauma May Prevent Unnecessary Imaging.*”



Dr. **Dara Horn**, General Surgery Research Resident, received a \$1,000 travel award to attend Shock Society’s 42nd Annual Conference to be held in Coronado, CA in June. This award is for her abstract entitled “*Variation In the Hla-A Peptide Binding Groove is Associated with Sepsis after Traumatic Injury.*”

Dr. Horn expresses, “*This award will allow me to travel to the annual Conference on Shock and showcase a multidisciplinary*

*collaboration between Harborview Medical Center and our partners in California, in which we identified a possible genetic predisposition to sepsis and septic shock in critically ill trauma patients. I look forward to presenting this work in June, and will use this opportunity as a stepping stone for further related research.*”

Dr. **Jamie Robinson**, General Surgery R2, was elected to the Alpha Omega Alpha Honor Medical Society (ΑΩΑ) by current UW ΑΩΑ chapter members. Each year, the chapter elects faculty, residents, and fellows who demonstrate commitment to and excellence in teaching medical students as well as displaying outstanding leadership, professionalism, service, and professional achievement.



One of the nomination comments for Dr. Robinson: “*Jamie is a great team member to work with. She is*

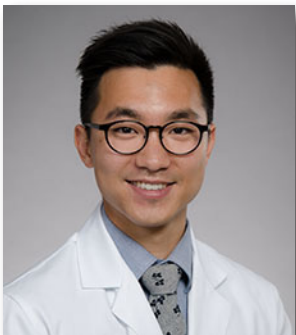


## HONORS & AWARDS (CONT.)

*excellent at her job, but also works to involve and teach medical students at every level. She is a great leader because she values each team member and their role and always encourages students to contribute and make meaningful contributions to the team. She does the right thing for patients for the right reasons, even when no one is looking or when she won't get credit. She truly prioritizes the patient's well-being and shows all patients compassion and respect."*

Dr. Robinson says, "I've been lucky enough to have incredible mentors throughout my training, and I understand the importance of that mentorship in our field. I always enjoy working with our bright medical students and try to do my best to answer any questions they have about a career in General Surgery or medicine in general."

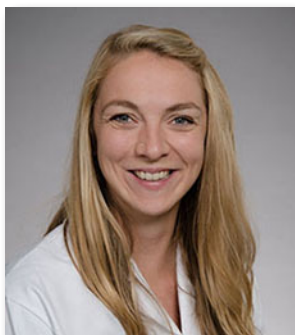
ΑΩΑ's purpose is to perpetuate excellence in the medical profession, and election to ΑΩΑ is one of the highest honors that physicians can receive. It recognizes excellence in scholarly activities, humanistic qualities, leadership capacity, and exceptional patient care skills.



Dr. **Y. David Seo**, General Surgery R4 and Dr. **Venu Pillarisetty**, Associate Professor, Division of General Surgery, and, published a paper, "Mobilization of CD8+ T cells via CXCR4 blockade facilitates PD-1 checkpoint therapy in human pancreatic cancer," in the Journal of Clinical Cancer Research. Their findings challenge the commonly held view that pancreatic cancer does not elicit an immune system response that

is robust enough for immunotherapy to be effective. The researchers report that they found such T cells within pancreatic tumors and determined that they can be activated to attack and kill cancer cells. They studied pancreatic ductal adenocarcinoma, the most common and most deadly pancreatic cancer.

Dr. **Kate Stadel**, General Surgery Research Resident, received the Accreditation Council for Graduate Medical Education (ACGME) Back to Bedside Award. The initiative is designed to empower residents and fellows to develop transformative projects that foster meaning and joy in work and allow them to engage on a deeper level with what is at the heart of medicine: their patients.



Supported by the ACGME, the Back to Bedside initiative provides competitive funding opportunity for resident- and/or fellow-led teams to innovate; creation of a learning collaborative made up of resident- and/or fellow-led research teams; and national dissemination of successful projects.





# Diversity

## in the Department of Surgery

### DOS Residency Programs Reflect on Diversity, Equity, and Inclusion

Soon it will be 75 years since the first surgery residency class graduated from our Department. Much has changed in all these years; our department has its own story of where we started, where we are today and our goals for the future. In this article, we reflect on the changing face of surgical education and the benefit of diversity and inclusion in improving how we fulfill our mission.

#### Where We Started

Like all other residency programs in the country, from 1945 to 1980 the makeup of our single program was quite homogenous: nearly 100% men and 100% white. In the 1980s the composition of the residency program started gradually to change. As the statistics shown above reflect the Department's residency programs are improving in gender balance, and in some areas are approaching an equal number of women and men.



Dr. **Carlos Pellegrini**, who became Department Chair in 1993, introduced a concerted, and multi-faceted effort to build diversity in the department through several initiatives including establishing our Department of Surgery Diversity Council. He also generously supported a standing annual fellowship program with the **Society of Black Academic Surgeons (SBAS)** whereby several of our faculty and

residents are sponsored by the Department to attend the SBAS annual meeting. In 2015, the Department of Surgery established the **Pellegrini Diversity Visiting Student Internships Program**, supported by contributions from Dr. Jorge Reyes. This program provides the necessary financial support to allow medical students from diverse backgrounds to complete a sub-internship with us, providing the opportunity to explore programmatic fit, with the hope that they consider us for their training. The Pellegrini **Diversity Sub-Internship** has served as a model for more than ten other

UW residency programs and this year we are excited to welcome an alumnae of this program, Elina Serrano (UCSF), as an intern in the next class of General Surgery residents!

#### Where We Are Today



Since becoming Chair, Dr. **Douglas Wood** has continued to emphasize the value of an environment that welcomes and fosters diversity. He has listened to feedback about appearances, about our UWMC Department of Surgery hallway looks to others, and the unintended absence of a message that diversity is a part of our core values. With input from faculty and residents,

our hallway is changing, emphasizing the increasing diversity of our graduating chief residents and the incredible artwork of Andrea Gahl. Although this renovation is only an appearance change on the surface, it is also aspirational, demonstrating progress, but also continued room for improvement in how our faculty and residents can best reflect the people that we all care for, and can be the better as a department in the process. This project is in nearing completion, and we hope that those visiting our hallways will be inspired and recognize the importance of diversity and inclusion in the Department of Surgery.

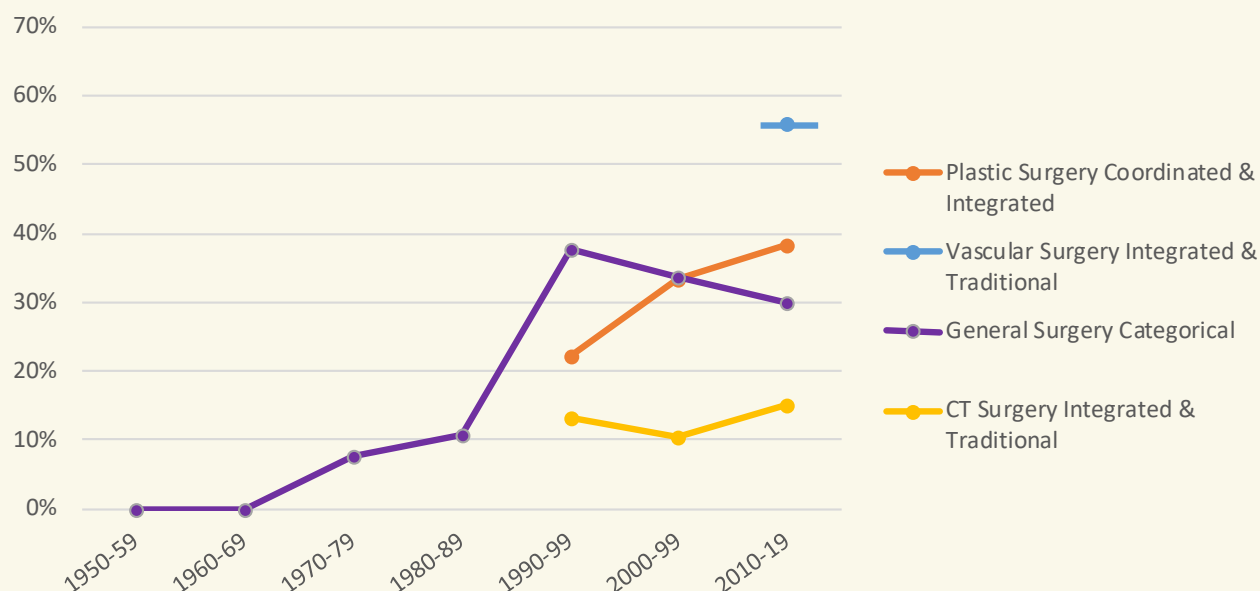


To further extend the work into Diversity and Inclusion, Dr. Wood also established the **Department of Surgery Women's Council**, focused on challenges specific to women in surgery. A related, resident-initiated group was recently started by Dr. **Mohini Dasari**, (top left), General Surgery R2 and Dr. **Melissa Herrin**, (top right), Cardiothoracic Surgery R2. The UW Women in Surgery group is



# Diversity

## in the Department of Surgery (cont.)



Percent of Department of Surgery residency trainees that are women, 1950–present

focused on supporting and empowering residents and faculty to promote gender equity in surgery. They have already demonstrated scholarship and impact that improves the department and our environment for all of us; what improvements are identified clearly improve work and life for both men and women. The Women's Council has evaluated gender differences in various barriers to career progression, highlighted in oral presentations and paper submissions. They have proposed parental leave guidelines currently under consideration and have advocated for better access to breast feeding stations within UWMC. The Women's Council has already had an impact, not just on our department, but also, by example, more widely within UW Medicine, and the serve as an inspiration for prospective resident applicants who are considering UW Surgery.

Change is also happening in our educational curricula, with some of our residency programs incorporating lectures addressing social determinants of health, and issues of racial and social inequities in medical care.

### Our Goals for the Future

We have the responsibility to embrace, and nurture diversity and inclusion. It is wonderful that so many talented candidates chose UW Department of Surgery in recent years. And, we want to better understand what we are doing that has promoted diversity. One of the next steps of the Diversity Council is to distinguish the attributes, experiences, and other intangible items that most influenced our residents choosing UW. We hope to feed back this information to the Division of Education and the department as a whole. The goal for our department is to continue creating an environment where all residents experience a true sense of belonging, feel valued, and can reach their highest potential. Hopefully the many efforts we've made over the years and continue to make will provide ongoing success.

# DEPARTMENT OF SURGERY IN THE MEDIA



Dr. **Eileen Bulger**, Professor & Chief of Trauma, Division of Trauma, Burn & Critical Care Surgery  
UW Medicine | The Huddle | March 14, 2019  
**A day in the life of a trauma surgeon**



Dr. **Mukta Krane**, Associate Professor & Chief of Colorectal Surgery, Division of General Surgery  
KIRO7 News | by Deedee Sun | April 18, 2019  
**Experts see 'alarming' spike in young patients with colon cancer**



Dr. **Erin Lange**, Clinical Assistant Professor, Division of General Surgery  
UW Medicine | Newsroom | March 4, 2019  
**Younger adults' colon cancer often found at late stages**



Dr. **Michael Mulligan**, Professor & Chief, Division of Cardiothoracic Surgery, Section Chief, Thoracic Surgery  
UW Medicine | ACCELERATE | April 24, 2019  
**Big lungs, huge heart**



Dr. **James Park**, Associate Professor, Division of General Surgery  
UW Medicine | Newsroom | May 22, 2019  
**Robotic surgery leads to faster recovery time**



Dr. **Frederick Rivara**, Professor, Department of Medicine, Co-founder of Harborview Injury Prevention and Research Center (HIPRC)  
UW Medicine | Newsroom | April, 26, 2019  
**Study: Many older adults don't safely store guns**



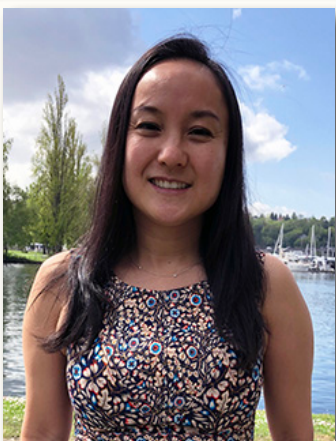
Dr. **Erik Van Eaton**, Associate Professor, Division of Trauma, Burn & Critical Care Surgery  
Built in Seattle | May, 7, 2019  
**EHR rehab: UW spinout raises \$5.8M to improve health record access for doctors**

**UW Medicine**  
WWAMI INSTITUTE FOR  
SIMULATION IN HEALTHCARE

## WISH

UW Medicine | ACCELERATE | April 24, 2019  
**Help! Is there a doctor here?**

## #GettingToKnowDOS— Dr. Judy Chen



**I**n this issue, we had the pleasure to interview Dr. **Judy Chen**. Dr. **Chen** joined the department in 2017 and is a bariatric surgeon with the **UW Weight Loss Management Center** as well as an Assistant Professor in the Division of General Surgery.

**If you could only eat one thing for the rest of your life, what would it be?**

It would be real, whole foods and not processed foods. Processed food is so prevalent in our culture and can be very detrimental to our health. I try to explain to my friends, family and patients that it is hard to eat a whole pineapple, multiple oranges and apples at once, but it is easy to drink the equivalent amount in juice.



# #GettingToKnowDOS— Dr. Judy Chen (cont.)



Judy and family enjoying a rare sunny day at Matthew's beach in Seattle

## If you could travel anywhere for free, where would you go?

Anywhere in Asia—but if I had to choose one specifically, Vietnam. I have heard of its staggering natural beauty and exotic landscape. The history, the cuisine and cultural complexities make it a very compelling place to visit.

## Where's the last place you traveled?

I have family in Sanibel Island, Florida and visit annually.

The furthest I've traveled since starting a family has been London and Northern Europe. It was a great opportunity to show my two kids what history and sights that are available in Europe. They enjoyed the differences in public transport, like trains and the London tube. My oldest daughter especially loved the Viking history we saw in Norway.

## What's the next trip you have planned?

Saratoga, NY. My husband's father is turning 70 and we are celebrating his birthday.

## Who is your favorite person to follow on Twitter, Instagram or your choice of social media and why?

designerdaddy\_ on Instagram. His name is Nephi Garcia and he makes Disney princess gowns. He started making the gowns part-time then left his high-fashion, full-time job and began making the gowns full-time because of their popularity. I follow him due to his story. He's an immigrant. He was struggling as a designer and lost his job in 2015 and so he and his family found themselves close to homelessness. In addition, the fashion industry is also not family friendly. He made the best of a bad situation and used his talent, and with the support of his family he decided to make costumes and Disney inspired gowns for his daughter from their home. In general, the story combines the challenges of real life and he was able to pursue his passion for fashion, the love of his family and Disney to create a success career. There is clearly love and passion in what he creates.

## What is your favorite book and why? Is the book's author your favorite? If not, who is your favorite author?

My favorite books are the Harry Potter series, given the ability to lose myself in a completely intriguing world.

Otherwise, I don't really have a favorite author but I do respect Amy Tan who wrote "The Joy Luck Club." I believe it's one of those books that makes you stop and think "Oh,



Judy and her youngest daughter on a recent trip to London

# #GettingToKnowDOS— Dr. Judy Chen (cont.)

yeah, that does happen in life.” I read Tan’s books when I was younger and it was one of the first books that every discussed life as an Asian immigrant and explored mother-daughter relationships. Because of this, “The Joy Luck Club” was one of those books that was influential in earlier parts of my adolescence /adulthood.

## Who is your favorite musician?

I’m going back to my old-school roots—Cyndi Lauper. Hers was the first music cassette I had. I will always have a happy place in my heart when I listen to her songs. SS: What is your favorite song by her? JC: I like “All Through the Night” or “Time After Time.” I enjoy her ballads quite a bit. Those poor people with me in the OR who are forced to listen to my favorite ballads!

## If you weren’t a surgeon, what would you probably be doing?

I’d say event planning would be something I’d like but more specific to smaller or family events that have a lot of personal touches, such as planning a wedding. But smaller events as opposed to larger to keep it as personal as possible.

## What surprised you the most about your current job?

The collaboration and collegiality between all the surgeons at UWMC is amazing. It is not at all like this in all institutions. Sometimes you can find it very lonely in medicine but the comradery here is beyond expectations and this role has given me the opportunity to work with fantastic and caring people. I am also very fortunate to have Dr. Saurabh Khandelwal as a direct partner. I’ve never met a more supportive and wonderful colleague in every sense of who he is as a person. He wants his patients, colleagues, and staff to succeed.

## What’s the best career advice you’ve ever received?

Pertinent to academic medicine—The best career advice I’ve received is: find a home; find societies where your voice can be heard; find a place that fits well with your values; be mindful of the message you want to portray in regards to your career; be careful not to spread yourself too thin; and find colleagues that you work well with.

## What are the unwritten rules of your work?

The Golden Rule: “Do unto others as you would have them do unto you.”

## What did you think you were going to be growing up?

I was always interested in science. In high school I won science awards and I even created a new science class. The school allowed me to create a comparative anatomy class. My science teacher was very, very supportive. I created the curriculum and ordered a variety of things for students to dissect. Even back in the day I found anatomy fascinating.



Judy as a child growing up in Hawaii

It’s just very interesting....biology breaking down to life being what it is.

## Do you have any hidden talents or surprising hobbies?

I was a Scottish highland dancer at Shorecrest High School in Shoreline, WA. We were the Shoreline Scots and we had our own dancing team in addition to the cheer and flag teams. Our team was so good that we did go on to competition in Scotland. I continued to dance, all the way up until surgical training.

## If you could know the absolute and total truth to one question, what question would you ask?

Is there intelligent life out in the cosmos? There’s the newest black hole discovery which brings us closer to answers to these questions. We just took our oldest daughter to the Seattle Pacific Science Center planetarium. I’m not a pro with astronomy but the planetarium did a basic astronomy presentation before the show. It’s amazing when you see the North Star then it can get you to thinking about nearby galaxies to it then galaxies beyond those. It’s very humbling



to think about the expansion and depth of space.

## What are you interested in that most people aren't?

Metabolics—the unsung part of physiology that is manifested in many ways as different disease processes—it is hard to treat it due to its complexity. There are so many levels of metabolics that are not well understood. Metabolic surgery is the most successful therapy to treat certain abnormalities, and as a metabolic surgeon I am happy to be able to offer this treatment option.

## What is your fondest childhood memory?

I grew up in Hawaii and my grandparents owned a restaurant so the restaurant business has been in my family for generations. The restaurant in Hawaii was in front of a canal and we used to try and catch the little crabs along the stone walls. We would take paperclips, put little pieces of chicken on them and lure the crabs up. It made for a lot of fun afternoons. Otherwise, being in an immigrant family and working in the family business meant the kids are either sitting in the basement reading, in the back of the kitchen on crates of vegetables and eggplant trying to peel them or going outside trying to catch crabs.

## What would be your ideal superpower?

Healing powers—I'd love to have the powers to heal others and myself. Like X-men's Wolverine, except have the powers to heal others as well.

## this or that

Rain or snow?  
**SNOW**

Libraries or museums?  
**MUSEUMS**

Summer or winter?  
**SUMMER**

Sweet or savory?  
**SAVORY**

Reading or writing?  
**READING**

Boat or plane?  
**BOAT**

Puzzles or board games?  
**BOARD GAMES**

Ketchup or mustard?  
**MUSTARD**

Chocolate or vanilla?  
**CHOCOLATE**

Fruit or vegetables?  
**FRUIT**

iPhone or Android?  
**IPHONE**

Tablet or Computer?  
**COMPUTER**

Tea or coffee?  
**TEA**

Text or call?  
**CALL**

Cats or dogs?  
**DOGS**

Movie or book?  
**MOVIE**

Mountains or beach?  
**BEACH**

Cardio or Weights?  
**CARDIO**

Big Party or Small Gathering?  
**SMALL GATHERING**

Facebook, Twitter or Instagram?  
**INSTAGRAM**

Online Shopping or Shopping in a Store?  
**SHOPPING IN A STORE**

Movie at Home or Movie at the Theater?  
**MOVIE AT HOME**

Marvel or DC comics?  
**MARVEL**

- Wonder Woman or Catwoman?  
**WONDER WOMAN**
- Thor or Iron Man  
**THOR**

City or Countryside?  
**CITY**

Swim in a pool or in the sea?  
**POOL**



## Faculty Researcher Highlight— Dr. Venu Pillarisetty



**When Dr. Venu Pillarisetty joined the UW Department of Surgery as a new Surgical Oncologist in 2009, he was among a small group of “true believers” in the potential of immunotherapy for cancer. His goal was to learn more about the body’s immune response to pancreatic cancer in order to figure out ways to strengthen this response to provide therapeutic benefit to patients. Although there has been a well-publicized revolution in cancer immunotherapy over the past decade, few patients with pancreatic cancer or other advanced gastrointestinal malignancies are able to benefit from these advances.**

A major focus of Dr. Pillarisetty’s strategy to help create effective immunotherapies for these diseases has centered on developing new model systems and establishing critical collaborations with other clinicians and scientists. Over four years ago, Dr. Pillarisetty, now Associate Professor in the Division of General Surgery, Dr. Raymond Yeung (Professor, Division of General Surgery), and Dr. Ian Nicholas “Nick” Crispe (Professor of Pathology) developed a plan to study live human tumor slices in culture to gain novel insights into the tumor microenvironment. This planning led to the purchase of a vibratome, which, to the lay person, looks a bit like a tiny deli slicer and can be used to make perfect slices of tissue while causing minimal damage to the cells. Drs. Xiuyun Jiang and

Heidi Kenerson, research scientists in the Pillarisetty and Yeung labs, respectively, then worked tirelessly to develop consistent protocols to grow tumor slices in culture for study. Similarly, members of Dr. Crispe’s lab developed techniques to grow normal and diseased liver slices in culture to be able to study the unique liver microenvironment.

Importantly, as the Pillarisetty lab focuses on the tumor immune microenvironment (TIME), the slice culture method preserves not only the cancer cells and scar tissue that make up cancer, but also the various types of immune cells that enter the cancer as part of the body’s defense mechanism. One of the exciting findings by the Pillarisetty lab was recently published in the journal *Clinical Cancer Research* ([DOI: 10.1158/1078-0432.CCR-19-0081](https://doi.org/10.1158/1078-0432.CCR-19-0081)) and describes how the immune cells that enter pancreatic cancers have an untapped ability to kill cancer cells. In fact, simply combining two classes of immunotherapy drugs led to dramatic activation of immune cells against the cancer within the slice culture system. Dr. Y. David Seo, a General Surgery resident who recently completed a two-year fellowship in the Pillarisetty lab and was the manuscript’s first author, worked with other lab members and numerous collaborators to provide a compelling rationale for testing this drug combination in the clinic.

In addition to research scientist Xiuyun Jiang, there are currently three surgical residents working in the lab. Dr. Kevin Sullivan is presently finishing his lab fellowship and is preparing a manuscript detailing the ability of interleukin-10 blockade to modulate macrophage and T cell interactions to enhance anti-tumor activity in colorectal cancer liver metastases. Drs. Sara Daniel and Kevin Labadie are both completing their first of two years in the lab and are pursuing areas of inquiry that build on the lab’s prior findings, while also working to develop new projects. In collaboration with Dr. Teresa Kim (Assistant Professor, Division of General Surgery) and Dr. David Zhen (Assistant Professor of Medicine), Dr. Pillarisetty founded the UW TIME Lab, to create an ideal environment for cross-disciplinary collaboration in studying the tumor immune microenvironment.

Dr. Pillarisetty is also active in the realm of clinical research in the areas of pancreatic surgery and enhanced recovery after surgery (ERAS). He and Dr. Daniel recently published a study detailing



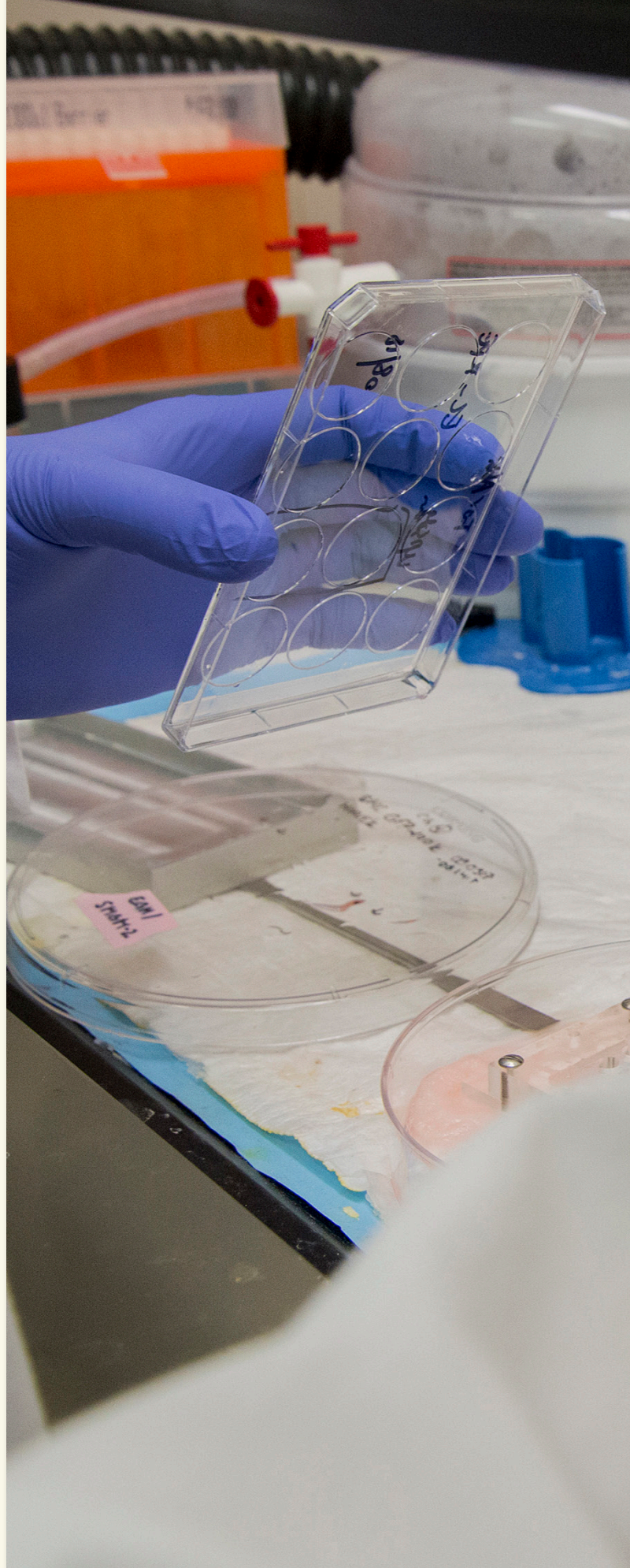
## Faculty Researcher Highlight— Dr. Venu Pillarisetty (*cont.*)



Left to right: Drs. Teresa Kim, Y. David Seo, Kevin Sullivan, Venu Pillarisetty, Kevin Labadie and Sara Daniel

UW Medical Center's successful implementation of an ERAS pathway that led to five-day length of stay for the majority of patients undergoing the Whipple procedure, which is among the largest of abdominal operations. Dr. Pillarisetty is also currently running an investigator-initiated clinical trial testing the effect of lanreotide, a somatostatin analogue, on pancreatic leaks following pancreas resections. This novel phase 2 clinical trial is being performed with the assistance of Reba Blissel, a research coordinator with the Institute of Translational Health Science (ITHS), and Dr. Arezou Abbasi, a visiting scholar who will soon be appointed as a senior fellow in the Department of Surgery.

Overall, Dr. Pillarisetty is grateful for the opportunity that he has had in the Department to pursue a multi-faceted career that includes being the Medical Director of Continuous Performance Improvement at the Seattle Cancer Care Alliance (SCCA), beyond his research work. The innovative work that he's doing in the clinic and laboratory have the potential to revolutionize both the art and science of cancer care in the coming decade.





# UW Medicine

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## DEPARTMENT OF SURGERY

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