

FACULTY

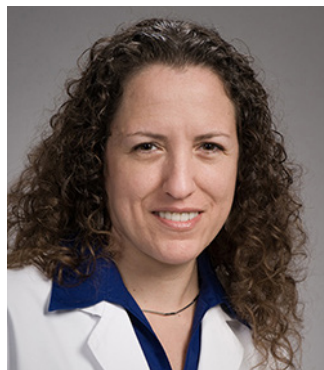


Dr. **Benjamin Anderson**, Professor, Division of General Surgery, announced the **publication** of the consensus statements and manuscripts from the 6th Breast Health Global Initiative Global Summit on Improving Breast Healthcare (BHGI) through Resource-Stratified Phased Implementation (Seattle 2018). This supplement, published in the journal *Cancer*, is the culmination of months of collaborative work by experts in breast and women’s health, cancer control, implementation science, economics, disparities, policymaking, public health, patient advocacy and health systems, with authors representing all resource settings across five continents.

Dr. Anderson explains, “This Cancer publication is the culmination of the BHGI mission going back to the first BHGI Global Summit held in Seattle in 2002. It has been an honor and privilege to engage with the 150 contributors and participants in the preparation of this supplement, which addresses core questions about how to implement breast care programs in limited resource contexts. While we were unable to bring together BHGI leadership for the planned publication launch at the Consortium of Universities for Global Health (CUGH) meeting that was canceled due to the COVID pandemic, we are planning a virtual launch with CUGH later in 2020 to share this information with the global health community that is still learning how global oncology fits within the global health agenda.”



Dr. **Kenneth Gow**, Professor, Division of Pediatric General Surgery, was elected a Fellow of the American Surgical Association (ASA) in April 2020. Dr. Gow expresses, “The ASA is considered by many to be of the most prestigious associations to join as a surgeon and therefore a great honor in my career thus far. I look forward to meeting and learning from great leaders in the field of surgery on how to lead others.”



Dr. **Elina Quiroga**, Associate Professor, Division of Vascular Surgery, was awarded the UW School of Medicine 2020 Minority Faculty Mentoring Award for providing encouragement and support for the career and development of minority mentees. This award recognizes the need for excellence in mentoring under-represented faculty groups to achieve diversity and inclusion—key elements that can unleash creativity and innovation so the health care needs of our region are met.

Dr. Quiroga expresses, “I am truly humbled and honored to receive the 2020 Minority Faculty Mentoring Award from

the UW School of Medicine, Committee on Minority Faculty Advancement, Center for Health Equity, Diversity and Inclusion and Office of the Dean. I’m fortunate to have learned from outstanding mentors myself, and it is thanks to them that I have the privilege and opportunity to work with mentees myself. There is much work ahead to address racism and health care injustice in medicine, and I am fortunate to work in a place that encourages action and continuous progress in identifying and dismantling inequity in care, culture, and policy.”

This annual award is supported through the Office of the Dean, Office of Academic Affairs, the Center for Health Equity, Diversity and Inclusion and the Committee on Minority Faculty Advancement.



Maier



O'Connell

Drs. **Ron Maier**, Professor & Chief and **Kathleen O’Connell**, Assistant Professor, Division of Trauma, Burn & Critical Care, published “**Trail blazers without blades: Surgeons as Palliative Care Physicians in Response to COVID-19**” in the *Annals of Surgery*.

Dr. O’Connell explains, “In this manuscript, we acknowledge the growing global need for palliative care services within the context of COVID-19 and the negative implications for surgical patients (i.e. delays in goals of care conversations due to limited bandwidth of the palliative care service). We highlight the opportunity for surgeons with an interest in palliative care to establish a role as a surgical palliative care champion within their group and provide resources for skill acquisition and community integration.”

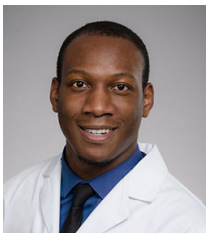
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RESIDENTS



Dr. **Dara Horn**, Research Resident in the T32 Postdoctoral Research Fellowship in Trauma, Injury and Inflammation under Principal Investigator **Grant O’Keefe**, published **“Predictors of Mortality, Limb Loss, and Discharge Disposition at Admission Amongst Patients With Necrotizing Skin and Soft Tissue Infections”** in the *Journal of Trauma and Acute Care Surgery*. (February 2020)

Using the Harborview Medical Center’s Necrotizing Skin and Soft Tissue (NSTI) registry, Dr. Horn sought to validate a number of previously identified predictors of mortality. In addition, because mortality in NSTI has declined over time, she also sought to identify risk factors for outcomes pertinent to patient quality of life, including limb loss and skilled nursing facility discharge. She found patient characteristics and comorbidities, laboratory data, and infection site and etiology were important indicators of adverse outcome. Of note, she demonstrated that patients with perineal NSTI had significantly lower odds of death compared to those without perineal involvement. She also found that among limb NSTI, patients who were transferred from another institution had significantly greater odds of amputation. She hopes this study will further inform triage and operative decisions and help guide future goals of care discussions.



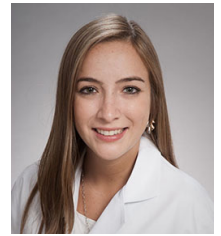
Dr. **John Monu**, General Surgery R4, published **“Evaluating Knowledge, Attitudes, and Beliefs About Lung Cancer Screening Using Crowdsourcing”** in the *Journal CHEST*. (February 2020)

Dr. Monu examined the multifaceted problem of underutilization of lung cancer screening. Lung cancer screening is recommended by the

United States Preventive Services Task Force (USPSTF) for high-risk current and former smokers. Using an online crowdsourcing platform to recruit individuals eligible for lung cancer screening according to USPSTF criteria, Dr. Monu explored various factors to develop an understanding of how they contribute to low screening rates. This study assessed high-risk individuals’ knowledge, attitudes towards, and beliefs related to lung cancer screening. Dr. Monu found that a minority of individuals at high risk for lung cancer are aware of screening, however, the majority believe that early detection of cancer saves lives. Additionally, these individuals would pursue screening if it was recommended by their primary care physician. These findings suggest that patient and physician-facing interventions to increase knowledge pertaining to lung cancer screening, in combination with continued provision of smoking cessation information, may increase willingness to screen among individuals at high-risk for lung cancer.

Dr. **Francys Verdial**, General Surgery Chief Resident, published two articles in *CHEST Journal*:

“Safety and Costs of Endobronchial Ultrasound-Guided Nodal Aspiration and Mediastinoscopy” (March 2020)



There remains debate over the best invasive diagnostic modality for evaluating mediastinal nodal pathology and stage lung cancer. We compared the risks and costs of endobronchial ultrasound (EBUS)-guided nodal aspiration and mediastinoscopy in a large national cohort. We found that, when performed as isolated procedures, EBUS is associated with lower risks and costs compared with mediastinoscopy. In this study, we focused on one side of the coin, risk and cost, to better understand how these procedures compare in these two important areas in the real world. Future studies comparing the effectiveness of EBUS versus mediastinoscopy in the community at large will help determine which procedure is superior or if trade-offs exist.

“Multidisciplinary Team-Based Management of Incidentally Detected Lung Nodules” (April 2020)

Over 1.5 million Americans are diagnosed with an incidentally detected lung nodule each year. While practice guidelines attempt to balance the benefit of early detection of lung cancer with the risks of diagnostic testing, adherence to these guidelines is low. Our research group sought to better understand lung nodule care delivery in the context of a multidisciplinary specialty clinic. We asked, “What is the rate of guideline adherence in our **multidisciplinary lung nodule clinic** and when do we deviate from guidelines? Can our experience be used as a model for navigating complex care decisions?” We found that guideline-concordant care was recommended in approximately two-thirds of patients and that the most common reason for recommending guideline-discordant care was concern for two different diagnoses that would each benefit from early detection and treatment. Our data suggest that a multidisciplinary nodule clinic may serve as a system-level intervention to promote guideline-concordant care, while also providing a multidisciplinary basis by which to deviate from guidelines to address the needs of this heterogeneous patient population.

