UW Medicine
DEPARTMENT OF SURGERY

WINTER 2025

SURGERY SYNOPSIS

Chair's Message

DOUGLAS E. WOOD, MD, FACS, FRCSEd
The Henry N. Harkins Professor & Chair

Welcome to the Winter 2025 issue of *Surgery Synopsis*. Several months back, we planned for this issue to focus on collaboration. Collaboration, I believe, is the bedrock of good healthcare, good research, and good medical education. But how does collaboration in healthcare and in our department manifest? I believe collaboration starts with observing a need, realizing that there needs to be more than one person, a team – perhaps a multispecialty team – taking collective action to address a complex patient problem, a novel research theory, or to address significant educational challenges. Collaboration involves cooperation, communication, trust, respect, and understanding with an interdependent team to solve problems. I am proud that our department abounds in collaborative efforts – collaboratively working together is the strength of our department. We're highlighting several collaborative efforts in our department – some clinical, some research, some new collaborations, and some that have a long history in the department.

To begin with the new: the Department of Surgery (DoS), Division of Pediatric Surgery, is working with the Department of Obstetrics & Gynecology, Division of Maternal Fetal Medicine, and the Department of Pediatrics in a collaboration to develop a world class Fetal Surgery Center. It is with great enthusiasm that we announce that we've successfully recruited two faculty to join in this endeavor, Dr. **Shinjiro Hirose** and Dr. **Mary Austin**. Our joint efforts, and the collaboration between Seattle Children's Hospital and University of Washington (UW) Medical Center will make Seattle a destination for lifesaving fetal care. Please read more about this collaborative endeavor on **page 8**.

Another clinical collaboration is our Multidisciplinary Thoracic Aortic Program (MTAP), codirected by Dr. **Chris Burke**, Associate Professor in Cardiothoracic Surgery, and Dr. **Matthew Sweet**, Professor in Vascular Surgery. This multidisciplinary team manages challenging aortic diseases. Vascular Surgery and Cardiac Surgery each bring unique and complementary skill sets to optimize the care of patients with complex aortic diseases. The partnership at UW allows us to care for the most challenging patients with coordination of technology and surgical expertise. To learn more about this remarkable collaboration, view this short YouTube **MTAP video**.

Features

Chair's Message

The MTAP program is part of the UW Medicine Heart Institute, collaboratively offering the full spectrum of cardiovascular services. A significant aspect of the Heart Institute's operations is the collaboration with the relatively new Transplant Institute. The Transplant Institute oversees all of our solid organ transplant programs, including kidney, liver, lung and heart. Establishing the Transplant Institute has allowed for further expansion of our services regionally and allows for greater investments in new technologies. Read more about these two exceptional institutes on page 8.

Our plastic surgeons are the best example of daily clinical collaboration. Nearly all of us need the partnership of our reconstructive surgeons who help put people back together after trauma or surgery for cancer or other structural and soft tissue problems. Plastic surgeons are important partners with surgeons in our own department, and for many other specialties at UW Medical Center, Harborview, Seattle Children's, and the VA Puget Sound. They are essential collaborators who dramatically improve quality of life for our patients.

We have many collaborations in our research endeavors. One such collaboration is a Fred Hutchinson–UW collaboration in cancer immunotherapy research. Dr. **Venu Pillarisetty** leads the **Tumor Immune Microenvironment (TIME)** lab. Please read about this ground-breaking work on page 4.

Dr. **Christina Greene**, a pediatric cardiac surgeon, is working in translational research with a vascular biologist and a team at the **Seattle Children's Research Institute (SCRI)**, on the underlying causes of Coarctation of Aorta (CoA) – one of the most common congenital defects of the aorta. Read about this exciting research on page 9.

A long-time research effort can be found in our Vascular Surgery division. Dr. **Thomas Hatsukami** provides an overview of their remarkable faculty and research projects, focusing on the Specialized Center of Research (SCOR) Vascular Imaging Lab. Please read more about this on page 10.

Finally, our Burn Center participates in the **Northwest Regional Burn Model System (NWRBMS)**. The NWRBS is a national, federally funded research collaboration with

the goal of improving our understanding of burn care and rehabilitation. It is an outstanding collaboration. Please read more about this on page 11.

The department participates in local, regional and national collaborations as well. These include our local participation in the Seattle Surgical Society, which is an important collaboration with our community of surgeons from Swedish, Virginia Mason and our other hospital partners in Seattle. The immediate past-president of this organization is Dr. **Andre Dick**, Surgeon-in-Chief at Seattle Children's Hospital, and the current president is Dr. **Nicole White**, Section Chief of General Surgery at UWMC Northwest. These are essential relationships to fulfilling our mission of patient care and education within UW and in collaboration with our broader community.

Regionally and nationally, we have strong relationships and hold leadership positions in a number of professional societies and organizations. One of the most recent is the Pacific Coast Surgical Association annual meeting in Hawaii, with Dr. **Lorrie Langdale** completing her term as President of the association with the Presidential Address: **"A World of Difference – Forging a Lasting Legacy Through Happiness and Wisdom." Address Introduction >**

Educationally, we continue to grow and collaborate. Most recently, we are opening more rural surgery residency sites for General Surgery, adding Alaska Native Medical Center in Anchorage to our existing program in Billings, Montana. In addition, the Cardiothoracic training programs have added an important new clinical site in Coeur d'Alene, Idaho that will add important clinical experience for our integrated residents and fellows. We will feature these new sites in a later issue.

Our West Coast Collaborative Visiting Professor Program is successful and continuing in its third year. This program is a partnership between surgery departments at UW, OHSU, UC Davis, UCSF, and Stanford, where we rotate early to mid-career faculty as visiting professors at each other's programs for purposes of career development, networking, and development of clinical and research collaborations across our institutions. The visiting professors who've previously represented UW are Drs. **Teresa Kim** and **Suzanne Inchauste**, and this year's visiting professor is Dr. **Meghan Flanagan**. To further advance the benefits of this regional program, this year the department is participating in a new Visiting Professorship Exchange Program with our colleagues at the University of Michigan. We are excited about this new and separate program to elevate junior faculty. Please read more about that on page 29.

RETIREMENTS

We have several retirements happening within the next few months. All these wonderful colleagues have been here since their residency/fellowship years. They include Drs. **David Byrd**, **Mark Meissner**, **Lisa McIntyre**, and **Nicholas Vedder**. Please read about their careers and our tributes to them starting on page 19.

We also introduce you to several new faculty and our #GettingtoknowDoS features Dr. **Ryutaro Hirose**.

Finally, please read our Diversity column, written by Dr. **Estell Williams**, our Vice Chair of Diversity, Equity and Inclusion. To quote from the article "The incorporation of DEI and inclusive excellence is not an ideological exercise but an evidence-based imperative that strengthens surgical education, improves patient outcomes, and ensures the sustainability of the field. By reinforcing the principles of DEI, we stand firmly in providing exceptional clinical care, building a magnificently diverse work environment, and reaffirming our dedication to a just and effective healthcare system."

We appreciate your readership and enjoy bringing *Surgery Synopsis* to you.

Sincerely,

Douglas E. Wood, MD, FACS, FRCSEd
The Henry N. Harkins Professor & Chair
Department of Surgery
University of Washington

COLLABORATION COMMUNITY

TUMOR IMMUNE MICROENVIRONMENT (TIME) LAB

The cancer immunotherapy revolution has provided curative treatment for a subset of patients, but there remain many patients for whom these options do not yet exist. The University of Washington (UW) **Tumor Immune Microenvironment (TIME) Lab** in the Department of Surgery is focused on understanding the way immune cells in cancers function in order to develop better treatments for patients with cancer.

The **Fred Hutchinson Cancer Center** (FHCC) administers UW Medicine's oncology programs and offers numerous laboratories dedicated to the study of cancer, as well as high-quality core facilities available to UW faculty. Consequently, FHCC is home to many of the UW TIME Lab's closest scientific collaborators, all based in the FHCC Human Biology Division in particular. One of our collaborators, Dr. **Shivani Srivastava**, Assistant Professor, provides our lab with designer T cells that specifically target cancer cells, for our Department of Defense-funded project studying the effects of blocking the molecule interleukin-10 (IL-10) in colon cancer liver metastases. In addition to providing these cells for our experiments using human cancer slices, Dr. Srivastava's lab will perform experiments in mouse models to help answer the questions we are trying to answer.


Srivastava


Kemp


Gujral


Collisson

We are also working with Dr. **Christopher Kemp**, Professor, to develop new ways to predict whether individual patients with colorectal or pancreatic cancer will respond to different chemotherapy and immunotherapy drugs. Additionally, we are working with Drs. **Taran Gujral**, Associate Professor, and **Eric Collisson**, Professor and Director of Translational Integration, to explore the critical question of how scar tissues within cancers develop and how these areas impact the way the immune system recognizes and kills (or doesn't kill) cancer cells.

Importantly, the excellent core facilities at FHCC provide some services not readily available at UW, including advanced genomics (figuring out how cells in cancers and other tissues are programmed) and immunohistochemistry (staining tissues to determine cell types). All these FHCC collaborations are essential to the exciting work going on in the UW TIME Lab.

*Dr. **Venu Pillarisetty**, a professor in the section of Hepatopancreatobiliary Surgery, leads the UW TIME Lab and serves as Associate Medical Director of Surgical Oncology at the Fred Hutchinson Cancer Center and UW Medical Center.*

COLLABORATION COMMUNITY

THE UW MEDICINE HEART INSTITUTE AND ITS PARTNERS

INSTITUTIONAL CONTEXT AND COMPREHENSIVE CARE

The UW Medicine Heart Institute offers a full spectrum of cardiovascular services, including cardiology, advanced imaging, cardiac surgery, heart failure management, transplant services, and care for adult congenital heart disease. This comprehensive care model is underpinned by a multidisciplinary team of cardiologists, cardiothoracic surgeons, transplant surgeons, anesthesiologists, researchers, and other specialists, ensuring a holistic approach to patient treatment.

COLLABORATIVE FRAMEWORK WITH THE TRANSPLANT INSTITUTE

A significant aspect of the Heart Institute's operations is its collaboration with the Transplant Institute, particularly for heart transplant programs. The Transplant Institute manages a range of organ transplants, including heart, kidney, liver, and lung.

The Transplant Institute has experienced growth in other areas, with record numbers of kidney transplants in calendar year 2024 and the reboot of the living donor liver program with Transplant Professor Dr. **Shane Ottmann's** recruitment in January 2025 for both liver and kidney transplants. While these developments primarily focus on other organs, the expansion of perfusion services, including investments in products from XVIVO, Paragonix, and Transmedics, benefits all transplant programs, including heart. For instance, the lung program's purchase of a back-to-base device from XVIVO, with training starting and production eyed for April 2025, enhances organ preservation techniques that could indirectly support heart transplant efforts by expanding donor criteria and geographic service areas. Outreach efforts,

CARDIAC SURGERY TEAM'S FIRST ROBOTIC CASE

COLLABORATION COMMUNITY

THE UW MEDICINE HEART INSTITUTE AND ITS PARTNERS

Drs. Matthew Sweet and Chris Burke operating

including clinics in Anchorage, AK, and Kootenai, ID, planned for fiscal year 2026, further illustrate the institute's regional collaborative reach.

CARDIAC SURGERY LEADERSHIP AND SPECIALIZED PROGRAMS

The UW Heart Institute's Cardiac Surgery section has undergone notable leadership changes, reflecting the institute's dynamic approach to maintaining excellence. Dr. **Gabriel Aldea**, the former Chief of Cardiac Surgery and Surgical Director of the UW Medicine Heart Institute, retired in December 2024 after a distinguished career marked by pioneering leadership in mitral valve surgery, aortic aneurysm treatment, and catheter-based minimally invasive valve therapies. Under his stewardship, the institute became the only Mitral Valve Repair Reference Center in the Pacific Northwest, recognized by the American Heart Association and the Mitral Foundation. Dr. **Jay Pal**, Professor and Surgical Director of the Heart Transplantation and Mechanical Circulatory Support programs in the Division of Cardiothoracic Surgery, with expertise in complex cardiac procedures, has assumed the role of Chief of Cardiac Surgery, ensuring a seamless continuation of excellence.

Specific programs within cardiac surgery are led by specialized surgeons, enhancing the institute's capacity for advanced treatments. Dr. **Scott Deroo**, Assistant Professor of Cardiothoracic Surgery, leads the structural heart program with interventional cardiologist Dr. **James McCabe**, Medical Director of the Cardiac Catheterization Laboratory and Chief of Interventional Cardiology, building on his vast surgical expertise and focus on aortic valve conditions and treatment options. Dr. **Lara Oyetunji**, Assistant Professor of Cardiac Surgery, leads the partnership with the Puget Sound VA and in 2024 in collaboration with Dr.

TAVR Team at Veteran's Affairs Puget Sound Health Care System

COLLABORATION COMMUNITY

THE UW MEDICINE HEART INSTITUTE AND ITS PARTNERS

The American Heart Association's Mitral Valve Repair Reference Center Award presented to the UW Medical Center

Creighton Don, Professor of Medicine, Section Chief of Cardiology at the Puget Sound Veteran's Administration Hospital and UW Director of the Interventional Cardiology and Structural Heart Fellowships, began the Transcatheter aortic valve replacement (TAVR) program there to support local veterans with direct access to advanced treatment options. Drs. Oyetunji and **Mohamed Eldeiry**, Assistant Professor of Cardiac Surgery, also partner to continue the Mitral Valve Repair program, with Dr. Eldeiry directing the growth into a robotic cardiac surgery program. This initiative aims to expand the institute's capabilities for minimally invasive procedures, potentially improving patient recovery times and outcomes.

Another significant collaboration is the Multi-disciplinary Thoracic Aortic Program (MTAP), a joint initiative with Cardiac Surgery and Vascular Surgery. The MTAP Program is co-directed by Cardiac Surgeon Dr. Chris Burke, Associate Professor, and Vascular Surgeon Dr. Matt Sweet, Professor and Section Chief, and involves cardiac and vascular surgeons, along with colleagues in cardiology, advanced imaging and medical genetics, focusing on thoracic aortic conditions. The program, located at UWMC Montlake, offers both open and endovascular approaches and is at the forefront of emerging technologies like endovascular repair of the ascending aorta. This multidisciplinary approach ensures comprehensive care for patients with complex aortic diseases, enhancing outcomes through integrated expertise.

The Heart Institute's concerted efforts extend beyond UW Medicine, notably through its partnership with Seattle Children's Hospital and the UW Heart Institute's Adult Congenital Heart Disease (ACHD) Program. Dr. **David Mauchley**, an attending surgeon at Seattle Children's and associate professor at the UW, leads the cardiac surgery aspect of this program. In his role managing adult patients with congenital heart defects, the ACHD program can ensure continuity of care from pediatric to adult stages. This collaboration is crucial for patients with lifelong conditions, leveraging the expertise of both pediatric and adult specialists across the PNW with five outreach clinics including including Eastern Washington, Montana, and Alaska.

John Michael Maier
Partnerships Manager
UW Medicine Heart Institute

COLLABORATION COMMUNITY

UW MEDICINE FETAL CENTER

UW Medicine and Seattle Children's Hospital (SCH) are partnering to develop a nationally recognized Fetal Center that leverages the expertise and resources of both organizations. Building on the success of the maternal-fetal medicine programs at UW and SCH, the UW Department of Surgery (DoS) is participating in a multi-year strategic plan that includes expansion of maternal-fetal intervention procedures. As part of the expansion, the department has recruited two new surgeons and we are thrilled to announce that Drs. **Shinjiro Hirose** and **Mary Austin** are joining the Division of Pediatric General Surgery.

Dr. Shinjiro Hirose

Dr. Mary Austin

Dr. Hirose joined the department on March 1, 2025, as Professor and Chief of the Fetal Surgery Section of the Division of Pediatric General Surgery and Chief of the Division of Fetal Surgery, Seattle Children's Hospital. Dr. Hirose brings over a decade of clinical and programmatic leadership in fetal surgery, having previously served in concurrent roles as the Chief of the Division of Pediatric General, Thoracic and Fetal Surgery at the UC Davis; the Director of Pediatric Surgery for Shriners Hospitals for Children, Northern California; the Surgeon-in-Chief at University of California, Davis, Children's Hospital; and Director of the Fetal Care and Treatment Center at University of California, Davis.

Dr. Austin joins the department on August 25, 2025, as Professor and Director of Fetal Surgery at Seattle Children's Hospital. Dr. Austin is a pediatric surgical oncologist who has completed fellowships in pediatric surgery and surgical critical care. Dr. Austin has served at the rank of Professor and Director and Section Chief of the Pediatric Surgical Oncology Program, Department of Surgical Oncology, Division of Surgery at University of Texas MD Anderson Cancer Center Children's Hospital. In addition to her clinical leadership, she served as Program Director for the Pediatric Surgical Oncology Fellowship, also at University of Texas MD Anderson Cancer Center Children's Hospital.

The powerful combination of expertise that Drs. Hirose and Austin bring will help create and expand access to fetal interventions throughout the region, fueled by the combined resources of UW Medicine and SCH. Please join us in welcoming them to the Department of Surgery!

COLLABORATION COMMUNITY

SURGEON SCIENTISTS AND VASCULAR BIOLOGISTS WORKING TOGETHER

I joined Seattle Children's Hospital (SCH) in September of 2021 as a congenital heart surgeon and Principal Investigator at Seattle Children's Research Institute (SCRI) in the Norcliffe Foundation Center for Integrative Brain Research (NFCIBR). While a fellow at Stanford, I ran a small lab investigating the genomics of aortic valve tissue. To pursue my interest in translational biology and the transcriptomics of congenital heart disease (CHD), I established the Cardiac Surgery Tissue Bank at SCH in May 2022 and my lab at SCRI that same year. After discovering our shared interest, I began collaborating with Dr. **Mark W. Majesky**, an established federally funded developmental vascular biologist and principal investigator at SCRI. His previous work on vascular smooth muscle diversity changed thinking in the field. Together, with our team of experts, we have been characterizing the underlying mechanism of Coarctation of Aorta (CoA).

CoA is one of the most common presentations of CHD, and the most common congenital defect of the aorta, affecting 1 per 2,500 live births. CoA causes the aorta to become narrowed, which in turn obstructs blood flow to the lower body, and if untreated, may lead to death. We hypothesize that CoA is caused by breakdown of the smooth muscle cell (SMC) compartment border between neural crest derived SMCs of the 6th pharyngeal arch and paraxial mesoderm-derived SMCs of the dorsal aorta during mid-gestation.

This exciting work would not be possible without the contribution of the amazing team at SCRI, who have all been instrumental to the progress of this project: **Geoffrey Traeger**, BS, Dr. **David Han**, **Akshay Venkatash**, MSI, **Marty Ross**, BS, MS, and **Amy Leonardson**, BS/MS. This successful collaboration between surgeon scientist and vascular developmental biologist has enhanced the work of both principal investigators and their engaged teams, and is one of the beacons of the bright future of SCRI and SCH.

Marty Ross | Akshay Venkatesh | David Han | Geoffrey Traeger | Amy Leonardson | Mark Majesky

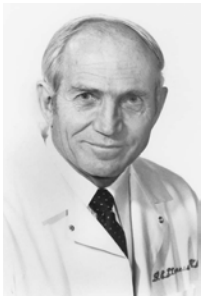
*Dr. **Christina Greene** is a cardiothoracic surgeon at Seattle Children's Hospital and an assistant professor of surgery at the University of Washington School of Medicine. Her clinical and research interests focus on complex neonatal and biventricular repair.*

Dr. Greene's current research focuses on translational science and the genetics and proteomics of congenital heart disease. Her goal is to better understand what makes certain tissues grow or not grow in patients with common congenital heart diseases like hypoplastic left heart syndrome, tetralogy of Fallot and coarctation of the aorta.

Support for Dr. Greene's research also comes from the Department of Surgery, who continue to make investments in promising surgeon-scientists.

COLLABORATION COMMUNITY

SCOR AND THE VASCULAR IMAGING LAB: A TEAM EFFORT



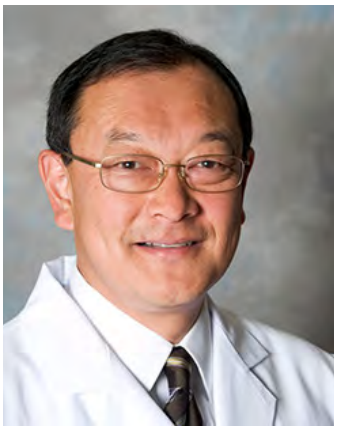
Dr. Donald Eugene Strandness

For decades, vascular surgery research at the University of Washington (UW) has benefitted from the collegial, collaborative environment fostered by my predecessors that continues to this day. My mentor, Dr. **Donald Eugene Strandness**, Jr., former chief of the Vascular Surgery Division, was a pioneer in developing collaborative, multidisciplinary teams in vascular research. In the 1970s, working with a group of engineers at the UW, Dr. Strandness was instrumental in the development of the first duplex ultrasound scanner. In 1990, he received a Specialized Center of Research (SCOR) grant in Coronary and Vascular Diseases from the National Institutes of Health. This grant enabled him to assemble a large team of investigators to study mechanisms of atherosclerosis progression and disease recurrence after vascular reconstruction. The team included experts in pathology (David Gordon, Charles Alpers, Stephen Schwartz, Marina Ferguson), statistics (Nayak Polisar, Robert Bergelin), and bioengineering and vascular imaging (Kirk Beach, Paul Detmer, David Burns, Gene Zierler, Jean Primozich).

Dr. Chun Yuan

As a research fellow in Dr. Strandness' lab, I worked on a SCOR project validating three-dimensional ultrasound images against histology findings from excised carotid endarterectomy specimens. During this time, I met Dr. **Chun Yuan**, Professor Emeritus, Radiology, Professor Emeritus, Bioengineering (Medicine); who joined UW with the vision of developing MRI techniques to identify high-risk features of atherosclerotic lesions. Building on the SCOR project's approach and connections, we established the Vascular Imaging Lab, currently located at UW South Lake Union. Over the next 25 years, we expanded our multidisciplinary efforts to develop novel vessel wall MRI and AI-assisted image analysis techniques with collaborators in Radiology, Electrical Engineering, and Bioengineering. We examined local atheroma characteristics and systemic and hemodynamic factors associated with rapid atherosclerosis progression with co-investigators in Cardiology, Vascular Surgery, Radiology, Biostatistics, and Mechanical Engineering. We served as a core image analysis lab in clinical trials assessing novel therapies aimed at atheroma stabilization or regression. We also examined the association between medium and large artery cerebrovascular disease and cognitive decline. Without this cross-departmental participation, this work would not have been possible.

I am deeply grateful to Drs. Strandness, Jr., Alexander Clowes, former chief of the Vascular Surgery Division, and Stephen Schwartz, former professor of Pathology, and one of the founders of modern vascular biology, for their mentorship. I also thank many past and present co-investigators, students, and fellows in the Vascular Imaging Lab for their efforts in support of the lab's mission, my colleagues in Vascular Surgery at UW and the VA Puget Sound, and the many individuals who volunteered to participate in this research.



*Dr. **Thomas Hatsukami** is the V. Paul Gavora and Helen S. and John A. Schilling Endowed Chair in Vascular Surgery, a vascular surgeon at Vascular Laboratories at Harborview and UW Medical Center, and professor of surgery at the University of Washington School of Medicine.*

COLLABORATION COMMUNITY

THE COMMUNITY THAT COMPRISES THE NORTHWEST REGIONAL MODEL SYSTEM

The Northwest Regional Burn Model System (NWRBMS) is a federally funded research program housed within the UW Medicine Regional Burn Center at Harborview Medical Center. The goal of the NWRBMS is to improve our understanding of burn care and rehabilitation. Our work is a collaborative effort between our research participants, community advisory board (CAB), burn center staff and providers, the Burn Model System (BMS) Data Center, partner BMS centers, and our research team. Additionally, we work with the Model System Knowledge Translation Center to develop and disseminate patient-driven, evidence-based, and consumer-tested burn injury rehabilitation **educational materials** that are freely accessible to the public.

The participants of our longitudinal study answer patient reported outcomes (PRO) measures which help us understand their experiences of recovery and rehabilitation. Our participants and their caregivers also have consumer-tested our rehabilitation education and collaborated with our research team to publish peer-reviewed literature. Our CAB advises on our research projects to ensure that the NWRBMS focuses on issues that are salient to people living with burn injuries. Our burn center staff and providers support the NWRBMS by facilitating our research, engaging with and informing our studies, and disseminating our burn rehabilitation education. We are thankful for the community that supports and engages in the work we do. For more information, visit the **NWRBMS site**.

Caitlin Orton, MPH
Research Coordinator
Northwest Regional Burn Model System
Department of Surgery
Division of Trauma, Burn & Critical Care Surgery

DIVERSITY IN DOS

A MESSAGE OF UNITY

Our Department of Surgery (DoS), like every academic institution across the nation, finds itself in unprecedented times. Strain is being placed on the research dollars we receive, the type of research we can perform and the clinical care we provide. However, it is moments like these that allow us to reflect on how far we have come as a department, that have allowed us to have tremendous growth to attract outstanding clinical colleagues, researchers, and trainees. The commitment we have as a department to provide compassionate and high-quality patient care, train future generations of surgical leaders, and conduct research in a collegial environment which embraces diversity and promotes inclusiveness, ensures that we will be steady when there are attempts to undermine our mission. These principles our department embodies are not merely ideological preferences but are substantiated and proven approaches to bettering patient safety, clinical outcomes, and institutional success.

DoS members at dinner with Dr. Carter at Marjorie restaurant in the Central Area Seattle

Left to right: back row: Barclay Stewart, Chris Marfo, Tam Pham, Estell Williams, Andre Dick, Damien Carter. Front row: Giana Davidson, Doug Wood, Lara Oyetunji, Elina Quiroga

Dr. Damien Carter during his Grand Rounds talk

We all know that investing in attracting amazing talent leads to training the best surgeons; those surgeons go on to have profound impacts in the field. One such example is Dr. **Damien Carter**, the 2025 Diversity Visiting Professor, who delivered an excellent grand rounds where he shared his impactful research on burn resuscitation and modulation of the inflammatory response to injury. Dr. Carter earned his medical degree from the University of Illinois College of Medicine in Chicago. He completed his residency in general surgery at the University of Washington (UW), where he also completed an NIH/NRSA T32 research fellowship in Trauma and Burns immunopathology. He subsequently completed a Burn & Surgical Critical Care Fellowship at Harborview Medical Center (HMC)

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in Seattle, WA. Dr. Carter specializes in burn care including acute management, critical care, and burn reconstructive procedures. He also serves as the medical director of the Burn & Soft Tissue Service (BST) at Maine Medical Center. As the second African-American residency graduate, and the first African-American male residency graduate in 2014 and fellowship graduate in 2015, Dr. Carter embodies the type of impact our department has within the surgical community. Claims that diversity within any academic environment undermine merit-based advancement are disingenuous and inaccurate. DEI does not replace meritocracy but centers it by ensuring all individuals, regardless of their background, have equitable access to opportunities. Historically, women and racial minorities have been disproportionately excluded from surgical leadership positions, necessitating proactive inclusion efforts to establish a truly level playing field (Freeman et al., 2022).

Research has consistently shown that diversity within healthcare teams directly correlates with improved patient care. A study published in *JAMA Surgery* found that racial and gender diversity among surgeons enhances patient satisfaction and outcomes, particularly for marginalized populations (Nunez-Smith et al., 2020). Patients often adhere more closely to treatment plans when they feel understood and represented, which is especially critical in surgical decision-making and postoperative care. Marginalized communities continue to experience disproportionately higher rates of surgical complications, morbidity, and mortality. Implicit bias and systemic inequities play a significant role in these disparities (Soto et al., 2021). DEI initiatives are essential in actively addressing these inequities through targeted outreach, culturally competent care, and an equitable allocation of resources to ensure all patients receive the highest quality of care regardless of background.

Dr. Elina Serrano, PGY-6

Top left: Dr. Kene Ojukwu, UCLA Pathologist
Bottom right: Dr. Emily Palmquist, Breast Surgical Oncologist. Top right and bottom left: residents at pathology for surgeons

This commitment to addressing these surgical complications is highlighted by the work of Dr. **Elina Serrano**, PGY-6. Dr. Serrano first authored a paper entitled "Trial Participation and Outcomes Among English-Speaking and Spanish-Speaking Patients with Appendicitis Randomized to Antibiotics" where she and her co-authors investigated inequitable outcomes in patients with limited English proficiency (Serrano et al. 2023). Surgeons like Dr. Serrano ask the critical questions to ensure all patients, regardless of background or language receive equitable care, and it is surgeons with that lens that we seek to train to help advance the care of our patients.

This important work is further emphasized in the innovation our faculty embark upon to enhance the education of our trainees. Dr. **Emily Palmquist**, Assistant Professor of General Surgery and a breast surgical oncologist, partnered

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with Dr. **Kene Ojukwu**, an anatomic pathologist at UCLA, to develop a pathology curriculum for surgeons to teach surgical, radiology and pathology residents breast pathology diagnosis to enhance interdisciplinary understanding of disease diagnostics.

Furthermore, fostering inclusive excellence strengthens the surgical workforce by creating an environment where diverse talent can thrive, ultimately addressing workforce shortages and reducing burnout (Laurencin & Murray, 2021). Institutions that prioritize DEI see higher retention rates among underrepresented professionals, helping to mitigate the long-standing issue of attrition among minority surgeons. Data from the Association of American Medical Colleges (AAMC) reveal that institutions with structured DEI programs report higher patient satisfaction scores and lower readmission rates. Furthermore, numerous studies demonstrate that cultural competency training reduces medical errors and improves diagnostic accuracy (Smedley et al., 2003). Programs designed to support underrepresented groups in surgery, such as mentorship and pipeline programs, aim to correct disparities in opportunity rather than disadvantage others (Gomez et al., 2023). DEI results in long-term financial gains, including reduced litigation costs, lower staff turnover, and improved institutional reputation. Hospitals and academic centers with strong DEI programs frequently attract higher funding, particularly for research and community outreach (Balsa & McGuire, 2001). These efforts are highlighted in our DoS's engagement through local outreach events. We encourage all of our DoS community to consider volunteering for one of the many events, including:

AMERICAN ASSOCIATION OF THORACIC SURGERY (AATS) ANNUAL MEETING

MAY 3RD 1:00-3:30PM
SEATTLE SHERATON HOTEL

Dr. Leah Backhus

Attendees must be registered to attend the conference to participate. Dr. **Leah Backhus**, former faculty member and one of the founding members of the **DoS Diversity Council**, serves as the chair of the AATS Mentorship and Diversity committee. As an educator, Dr. Backhus is the Thelma and Henry Doelger Professor of Cardiothoracic Surgery and Associate Program Director for the Thoracic Track Residency at Stanford University. Please contact Dr. Lara Oyetunji **oyetunji@uw.edu** if you plan to attend the conference and would like to volunteer.

ASSOCIATION OF SURGICAL EDUCATION (ASE) ANNUAL MEETING

MAY 8TH
SHERATON GRAND SEATTLE'S CIRRUS BALLROOM

Dr. Sabrina Sanchez

This event hosts 150-200 high school students from across Washington state, including rural Washington and Eastern Washington, at the Seattle Convention Center on May 8th. Former UW graduate and Boston Medical Center trauma surgeon and surgical critical care intensivist Dr. **Sabrina Sanchez**, Chair of the ASE Citizenship and Global Responsibility Committee, is leading this initiative along with the **UW Center for Workforce Inclusion and Healthcare System Equity** (WIHSE). The Washington, Wyoming, Alaska, Montana, & Idaho (WWAMI) **Institution for Simulation in Healthcare** (WISH) will offer hands-on experiences for students at this annual conference, encouraging them to pursue careers in medicine and surgery. Please email Dr. Williams at **estellw@uw.edu** if you would like to volunteer.

DIVERSITY IN DOS

COLLEGE SUCCESS FOUNDATION CAREER DAY

MAY 10TH 9:00AM-2:00PM
UW HEALTH SCIENCES EDUCATION BUILDING

This event will feature Surgical Oncology, Breast Surgery, Urology, OB/Gyn and Genetics working with 150 high school students from preparatory schools along the peninsula teaching reproductive health and disease pathology on May 10, at the UW Health Sciences Education Building 9am-2pm. Please email Dr. **Estell Williams** at **estellw@uw.edu** if you would like to volunteer.

The incorporation of DEI and inclusive excellence is not an ideological exercise but an evidence-based imperative that strengthens surgical education, improves patient outcomes, and ensures the sustainability of the field. By reinforcing the principles of DEI, we stand firmly in providing exceptional clinical care, building a magnificently diverse work environment, and reaffirming our dedication to a just and effective healthcare system.

Warm regards,

Estell Williams, MD
Vice Chair, Diversity Equity & Inclusion
Assistant Professor
Division of General Surgery

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Getting To Know DoS

Ryutaro Hirose, MD

Professor & Chief, Division of Transplant Surgery
Interim Chief of Pediatric Transplant Surgery
Surgical Director, UW Medicine Transplant Institute

IN YOUR MEDICAL EDUCATION JOURNEY, DID YOU ALWAYS WANT TO BE A SURGEON?

That's a great question. Well, let me just tell you a little bit about myself. Both my parents were physicians (ophthalmic surgeons), and me and my three other sibs are all surgeons. But the answer is, no, I didn't know from the very beginning that I wanted to be a surgeon.

I got an inkling in my very first year of medical school. A pretty famous cardiothoracic and heart transplant surgeon named Keith Reemtsma saw that I was a first-year medical student, and he invited me to scrub on a heart transplant, and that's the first case I ever scrubbed in as a first-year medical student. After I scrubbed in, I was astonished and blown away when, after the patient was put on cardiopulmonary bypass, the heart was taken out. So, I'm looking at the chest cavity on a guy who has no heart anymore.

And then they take this heart out of a cooler, this other heart, and it just looks like a piece of meat from the butcher, and they sew in the blood vessels. They unclamp, and it fills up with blood, and then he defibrillates it, and all of a sudden it starts pumping away. And he literally leaned over and said, "Isn't that the coolest thing you've ever seen?" And I said, "Yes, Dr. Reemtsma, that is the coolest thing I've ever seen." I was sort of hooked at that point, and when I first thought about being a surgeon. I confirmed that I did want to be a surgeon once I did my third-year clerkship rotation as a med student. The reason why I wanted to do surgery is that I thought I could be both an internist and a surgeon at the same time, and one of the specialties you can do that in is transplant. So that's how I got into surgery.

Dr. Hirose at Jimi Hendrix Park in Seattle

WHAT IS YOUR AREA OF RESEARCH? AND HOW DID YOU GET INVOLVED AND INTERESTED IN IT?

My current areas of academic inquiry and research has to do with health services, research and national policy, and how national policy affects patients, and the way I got into it is, I started off by serving on committees, such as committees on UNOS—UNOS is the United Network of Organ

Getting To Know DoS

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Sharing. That's the body that holds the OPTN contract, the organ procurement and transplantation network contract, and they're the body that makes policy. I got involved at the committee level, on the Liver Committee. As a vice chair, and eventually chair, I realized that there's so much thought and preparation and modeling that goes into creating national policy that this really sparked my interest in health services research. So, that's why I eventually chose to focus in on that for the last decade.

I'm also interested in disparities of access from all sorts of different aspects: geographic disparities, disparities according to socioeconomic status and those sorts of things. I'm very interested in not just studying it but intervening to help equity of access of different populations, in transplant.

WHAT HAVE YOU FOUND MOST CHALLENGING IN YOUR SURGICAL CAREER?

The most challenging thing for me is that I'm a pretty impatient guy, and they say patience is a virtue—I need more of that. And when I see a problem that I'd love to fix, I'd like to fix it as quickly as possible. But unfortunately, things don't move along at the pace that I want them to, more often than not, so I have had to learn to be very persistent and resilient, and not take defeat as the final word on something, and just continue to try to follow guiding principles. Although, Einstein said, the definition of insanity is doing the same thing over and over and expecting a different outcome. The truth is, I think, in some realms, if you just keep on persisting and persisting, and know that you're on the side of right sometimes it actually works out in the end. I think my biggest challenge is the pace at which institutions and other structures can move without agility and without the kind of pace that I would like.

WHAT IS SOMETHING YOU'VE ACCOMPLISHED THIS PAST YEAR THAT YOU'RE MOST PROUD OF?

When I say I've accomplished it, transplant is the ultimate in team sport, so I don't accomplish anything by myself. My success is based on the success of my team. One of the things I'm very proud of is to have helped with the growth of kidney transplantation at the University of Washington. I've been here just a year, and we've gone from having done 200 kidney transplants a year

Ryutaro (Ryo) (right) with his brothers Kenzo (left) and Shinjiro (middle)

Rapid Fire

WHAT IS YOUR GO-TO SNACK?

My go-to snack is kimchi on rice.

WHAT IS YOUR FAVORITE GUILTY PLEASURE?

My favorite guilty pleasure is to sit on a couch all day long, starting on a Sunday, starting with the morning games, then the afternoon games, then the evening games, and not moving from the couch except to go grab food.

WHO IS YOUR INSPIRATION AND WHY?

My inspiration for my career is Dr. Nancy Ascher. She created the liver transplant service at University of California San Francisco. She's been my teacher and mentor and advisor for my entire career.

IF A MOVIE WAS MADE ABOUT YOUR LIFE, WHO WOULD PLAY YOU?

That guy that does the *Masked Singer*, Ken Jeong. He's a funny guy. He was a physician, wasn't he? Right.

Getting To Know DoS

Ryutaro Hirose, MD

Professor & Chief, Division of Transplant Surgery
Interim Chief of Pediatric Transplant Surgery
Surgical Director, UW Medicine Transplant Institute

Dr. Hirose's children Kyoko and Kentaro Hirose

consistently for the last several years to 250 transplants a year, and that's not me doing it. That's the entire team doing it. But to be the catalyst or to help lower the barriers to doing that is something that I'm pretty proud of. It means that 50 people more per year are being helped to get off dialysis and extend their lives than there was before that time.

WHAT IS THE BEST CAREER ADVICE YOU'VE EVER RECEIVED?

The best career advice, I would say, is to make sure you love what you do.

Your career is not just a destination—you have to enjoy the journey. "If you're not enjoying the journey, you may be on the wrong path. That's the kind of advice I also give to medical students and residents, too. I would say, pursue what you love, and make sure you love it.

WHAT ARE YOU KNOWN FOR? PROFESSIONALLY OR PERSONALLY?

Professionally I'm known to be a persistent and convincing debater when it comes to changing people's minds about certain things, such as organ allocation, policy or distribution policy. Outside the realm of professionalism, I'm known to love food, both cooking it, making it, and eating it. Whenever I get together with a bunch of friends, or even just strangers, they understand that if they leave things up to me that they'll eat well.

WHAT IS THE LAST BOOK YOU READ?

The last book I read was, "The Hunter" by Tana Finch. It's a pretty good crime thriller.

WHAT TV SHOW ARERE YOU CURRENTLY WATCHING?

I'm watching two. One is *Cross*, which is about an investigator looking at a serial murderer and trying to solve that crime. The other is, *Jack Ryan*. Before that, I watched *The Bear* and thoroughly enjoyed it. It's about creating a restaurant in Chicago, which is right up my alley.

Dr. Hirose poses with famous musician Jake Shimabukuro, in Hawaii

DR. DAVID BYRD RETIRES

It is with a combination of joy, appreciation, and a touch of sadness that I write this tribute to Dr. David Byrd in recognition of his retirement 43 years after his arrival at the University of Washington (UW). In 1982, Dr. Byrd began his surgical career at the UW as a general surgery resident. After completing a fellowship in surgical oncology at MD Anderson Cancer Center, he returned to the faculty at UW in 1992, where he has been ever since.

As the first fellowship-trained surgical oncologist, he has fingerprints on all surgical cancer care in and outside our department. He brought sentinel node mapping and biopsy to the region, first for melanoma and then breast cancer. He taught most of the surgeons in the Pacific Northwest to do the procedure as well, and did so safely and collaboratively. Throughout his career he was a builder and forger of relationships, leading to an explosion in cancer surgeons and surgery within UW.

As a teacher he was unmatched. He was awarded the John K. Stevenson Award for Teaching Excellence in the UW Department of Surgery (DoS) three times, despite concerted efforts to encourage new recipients. He was adored by medical students, capped by receiving the Faculty Distinguished Teaching Award in 2000 from the School of Medicine, and gave the graduation commencement address that same year. Ask any graduate of our residency program, and they will all list him among the greatest teachers and instructors of Surgery.

He led the UW, Seattle Cancer Care Alliance (now Fred Hutchinson Cancer Center, FHCC) in all aspects of surgical cancer care for decades. He served as the original Chief of Surgical Oncology (all surgical disciplines) at the FHCC from 2008 – 2023. He even served as the Interim Medical Director of the entire Seattle Cancer Care Alliance from August 2020 – October 2021. He was always the surgeon everyone turned to for care, help and leadership.

Despite being a reluctant researcher and writer (merely a matter of "time in the day"), he collaborated with countless colleagues, resulting in 80 peer-reviewed publications and ten book chapters. In addition, he expanded Surgical Oncology, which now has eight additional surgical oncology faculty and five breast cancer surgeons.

Most importantly, he made a personal and professional impact on so many colleagues. I asked a few to comment:

FROM DR. RHEA UDYAVAR, ASSISTANT PROFESSOR, DIVISION OF GENERAL SURGERY

David is the epitome of a senior partner who successfully ushers junior faculty through their transition into practice. He has mentored and sponsored countless junior colleagues and was specifically instrumental to my career through his guidance and support when I joined the faculty in 2022. Early on he boosted my confidence by showing trust in my judgment, while also making himself available whenever I requested his presence in the operating room or his opinion on a difficult case. He also serves as an example of how to build community within your professional sphere by treating the individuals around you with respect and empathy and cultivating rapport. This has proven to be a pivotal part of his success in leadership roles and is inspiring to junior faculty aspiring to clinical leadership. I could never have envisioned a better senior partner in my first position out of training, and I am beyond grateful for David's partnership.

FROM DR. DAVID FLUM, PROFESSOR, DIVISION OF GENERAL SURGERY & VICE CHAIR OF RESEARCH

Aside from being the "surgeon's surgeon" and spending a career putting patients' needs above all else, David has been a pillar of the faculty. He mentored and served as confidant, colleague and friend to dozens

of faculty; always there for a supportive word, helping think through complex cases or challenging patient-family-surgeon dynamics. In word and deed, he helped shape and buttress faculty as they navigated the challenging path of building an academic career. David was usually the first to reach out to a colleague when they had a rough complication or were having a tough time at home. David was also the first one many of us called when we got scary news about our own health, helping us navigate the complex health system, and the emotional roller coaster that came with it. He was quick to congratulate and celebrate the same colleagues when they received an award, had a baby or got promoted. He was a friend you need, even when you didn't know you needed one. Lastly, throughout his career David walked the talk about prioritizing family, putting their needs before all else. He has been a wonderful partner to the love of his life, Cindy, navigating the twists and turns of growing older, and spreading all the love to their granddaughter, Lemony. In this way too, he served as a great role model for his colleagues and trainees alike.

FROM DR. SARA JAVID, PROFESSOR, SECTION CHIEF, BREAST SURGERY, DIVISION OF GENERAL SURGERY

David was a big part of why I decided to come to UW. As you well know, he is a savvy recruiter and the best of the best in terms of "selling" UW. He (accurately I may add) shared with me how collaborative and nurturing a place/division we were, and how supportive colleagues were of one another, how brilliant the people we worked with were both in our division and in our multi-disciplinary world of breast; the strength of our multi-disciplinary clinic, and the research prowess of the FHCC. He also emphasized the important balance between work and family, and touted the draw of the Pacific Northwest in terms of access to mountains, sea, and so many family-friendly activities. Once here at UW, he followed through with all of these, both in the OR (coming by to see if a helping hand was needed those first couple years in practice) to supporting me through a tough surgical complication, to sponsoring me to become a leader within our division—he recommended me for the SCCA Leadership Development program years ago, helped me gain access to the National Cancer Database via his role with

Dr. Byrd's residency portrait

the American Joint Committee on Cancer/ Commission on Cancer, overall helping me become Breast Section Chief. David has always been supportive, but never overbearing, has provided constructive feedback without coming across ever as critical. He has been and will remain a tremendous mentor and friend to me.

SOME INTERESTING THINGS ABOUT DAVID...

1. He plays acoustic guitar and I've heard he has done some jam sessions with our very own Dave Flum.
2. He finally bought a new car after owning the same Prius for the past 14 years! He swore by the Prius's leg room but I'm still not buying it!
3. Proud Grandpa to Lemony, now ~1 yr old, who lives in Eastern WA.
4. Cared for his mother in his own home for the final year of her life.
5. About to go on an Antarctica cruise with Cindy and is most excited to see penguins up close (penguins meet Big Byrd, ha!).
6. He loves to golf and is now very much enjoying not having to wake up to an alarm clock every day.

He is a faithful leader, tremendous clinical surgeon, caring and committed teacher, and friend to this community. We will not be the same without him walking these halls daily, but more importantly, we would not be what we are today without his lasting contributions. Thank you, David.

With warm regards,

Brant Oelschlager, MD
Professor & Chief
Division of General Surgery

DR. NICK VEDDER RETIRES

As leaders draw near to the conclusion of their tenure, some of them can be regarded as having been highly effective, known for nurturing and growing the program with which they were charged. Others can be viewed as transcendent figures who utterly transformed the environment around them leading to an entity that in many ways is barely recognizable from that with which they started. Still other leaders can approach the end of their time with a body of work and an approach to it that has become modern day folklore even prior to their departure. The number of leaders that accomplish all three of these things can be counted on one hand. The Division of Plastic Surgery now prepares to add Nick Vedder's name to that pantheon of transformational leaders in plastic surgery.

Dr. Vedder's historical arc has been inextricably linked to the University of Washington (UW) for decades. He trained at a time in which the only route to plastic surgery was via a complete surgical training program in another discipline. His general surgery training was here at the UW, and his plastic surgery training at Massachusetts General Hospital (MGH) represents the only time that he left the UW during postgraduate training and his career. After three years in Boston, he returned to become one of the very few plastic surgery faculty here at UW, working alongside other legendary plastic surgery names like Drs. Loren Engrav and Joe Gruss. Also, upon his return to Seattle, he became the very first in a long and distinguished line of hand surgery fellows here at the UW. Many may not know that the hand surgery training program at this institution is a completely integrated and cooperative effort between the Departments of Surgery (DoS) and Orthopaedic Surgery & Sports Medicine and the level of cooperativity is exceptional in the world of hand surgery. Dr. Vedder's time as the very firsthand fellow foreshadowed his ongoing approach to collaboration throughout his career.

After just under a decade on the plastic surgery faculty, Dr. Vedder took the reins of the program from Dr. Engrav and has provided a steady hand on the tiller ever since. His time in this role has most notably been marked by what in many ways is exponential growth of the work and the people in the Division of Plastic Surgery. From reconstructive microsurgery to craniofacial surgery to gender surgery and to new research realms, Dr. Vedder has been the chief recruiter in getting dynamic and determined faculty partners who fan out to all the compass points in plastic surgery.

Dr. Vedder accepting the Plastic Surgery Foundation's Distinguished Service Award

The Nick Vedder folklore is something that will likely live on in our division for decades. He has been fiercely determined and is known for unfailingly going to the mat for his people. His witticisms and adages on life in general and plastic surgery practice specifically, many using the colorful language employed by all sailors like himself, have become somewhat of an insider code language for our residents and faculty members. Dr. Vedder's influence outside of the four walls of UW Medicine Plastic Surgery is just as significant. He has

Dr. Vedder poses in front of his resident portrait

served in leadership or has been president of just about every plastic surgery organization that one can think of and again, his work in that arena has been transformational for plastic surgery education and practice.

As we approach the culmination of Nick Vedder's 25-year tenure as Chief of the Plastic Surgery Division, it's hard to overstate his influence throughout the DoS and on many of us individually. Our division will certainly benefit from highly effective, and even transformational leadership in the future. But it's unlikely any future division chief will match Nick Vedder's folkloric time. We wish him fair winds and following seas as he navigates to his next waypoint.

SOME REFLECTIONS FROM DR. VEDDER—

"I got interested in vascular surgery for a while, but it wasn't until I was a fourth-year resident in surgery when a new plastic surgery faculty member came in and performed microvascular surgery. It just blew my mind."

He and his wife, Susan Heckbert, MD, couples matched at the University of Washington.

"It was my third choice, after University of California-San Francisco and Massachusetts General Hospital for surgery residency," he notes. "But coming to UW turned out to be the beginning of my world."

"Over 3 decades ago (!) Doug Wood, as a Massachusetts General Hospital (MGH) Surgery Chief Resident (going into CT there), and I, as an MGH Plastic Surgery Chief resident, would spend Saturday mornings together doing "'Saturday Morning Chief Residents' Clinic" there. As Doug is quick to point out, he and I have been friends longer than he has known his wife, Johanne!

When I was a resident, Ron Maier was a brand-new attending at Harborview, along with Patch Dellinger. Mika Sinanan started the year before me, but finished the year after me, as he did his PhD at The University of British Columbia. David Byrd and Tom Hatsukami followed me the next year. Those were the "golden years" of UW Surgery!"

Thanksgiving 2024 - Dr. Vedder's family, including wife, Susan Heckbert, MD, PhD, UW Professor of Epidemiology, daughter Katie, and son, Nick.

"I'm looking forward to not getting up at 4:30 in the morning for conferences and meetings-- and I'm looking forward to very few Zoom calls lasting late into the night," he says. "I'm also excited to do a lot more sailing, which is my passion, and traveling with my wife."

With warm regards,

Jeffrey B. Friedrich, MD, MC
Professor
Division of Plastic Surgery

DR. LISA MCINTYRE RETIRES

CELEBRATING THE CAREER AND LEGACY OF DR. LISA MCINTYRE

After a distinguished career dedicated to education, patient care, and medical advancement, Lisa McIntyre, MD, FACS is retiring, leaving behind a legacy that will continue to inspire generations of physicians and surgeons.

A LIFELONG COMMITMENT TO MEDICINE AND EDUCATION

Dr. McIntyre's journey began with her education at the University of Washington, where she earned both her Bachelor of Science in Zoology (1989) and her Doctor of Medicine (1995). She pursued her training in general surgery at the University of Utah and the UW, culminating in a fellowship in Surgical Critical Care at Harborview Medical Center (HMC).

Her passion for surgery was matched by her dedication to teaching and mentoring the next generation of medical professionals. She joined the faculty in the Division of Trauma, Burns, and Critical Care Surgery at the UW in 2003 and steadily rose through the ranks, attaining the rank of Professor of Surgery in 2022.

A LEADER IN SURGICAL EDUCATION AND QUALITY IMPROVEMENT

Dr. McIntyre played an instrumental role in surgical education, particularly in the training and mentorship of surgical residents. Since 2005, as Associate Program Director for the General Surgery Residency at the UW, she helped shape one of the nation's most rigorous and respected training programs. From 2009 to 2019, she also served as Director of Surgery Resident Education in Quality Improvement & Patient Safety, ensuring that surgical training emphasized both technical skill and patient-centered care.

Beyond the classroom and operating room, Dr. McIntyre was a pioneer in patient safety and quality improvement. Her leadership in standardizing Morbidity and Mortality (M&M) conference processes improved patient care across institutions. She co-led efforts to develop "QMaster," an IT tool designed to integrate adverse event tracking into surgical training and quality improvement initiatives. As Chair of the Harborview Medical Staff Quality Improvement Committee (MQIC) for 16 years, she led hospital-wide efforts to ensure the highest quality of care across the institution and fostered collaboration among the many services serving trauma patients. These innovations have had a lasting impact on medical education and our hospital systems.

Above all, Dr. McIntyre exemplified servant leadership, always putting the needs of her students, residents, and patients first, ensuring they had the knowledge, confidence, and support to excel in their careers and provide the highest level of care.

HONORS AND RECOGNITION

Throughout her career, Dr. McIntyre has been widely recognized for her contributions to surgery and education. She received the UW Medicine Service Excellence Award (2007), has been named one of Seattle Met Magazine's Top Doctors for many years, and was honored with the Stevenson's Faculty Teaching Award (2018) for her excellence in mentoring surgical residents. Her commitment to training and professional development extended nationally, where she worked closely with the American College of Surgeons to advance surgical education standards.

To her patients, Dr. McIntyre was a lifesaver. A recent patient described her as an angel, "This angel came to me in the form of Dr. McIntyre. I nearly died from injuries received from a work-related injury…I was circling the drain until Dr. McIntyre pulled me out… She is beautiful and modest and she has no idea what a hero she is."

A LASTING IMPACT ON THE MEDICAL COMMUNITY

Dr. McIntyre's contributions to HMC, the UW, and the broader medical community, have shaped countless careers and improved surgical education nationwide. She has been a mentor, advocate, and role model for medical students, residents, and colleagues, instilling in them a passion for learning and a commitment to excellence.

Dr. McIntyre's
resident portrait

As she steps into retirement, Dr. McIntyre leaves behind a legacy of innovation, dedication, and compassion. While her presence will be greatly missed in the surgical and academic community, her influence will live on through the many students and colleagues she has trained and inspired.

We thank Dr. McIntyre for her decades of service and wish her the very best in this next chapter of her life.

REBECCA PETERSEN MD, MSC, FACS

Associate Professor &
Program Director for the
General & Preliminary Surgery
Residency Programs

"For the past few decades, Dr. Lisa McIntyre has been the unwavering rock of our residency program. Her wisdom, creativity, and common sense have shaped not just our training program, but the countless residents who have had the privilege of learning from her. She has been a guiding force, always leading with grace, dry humor, and an unmatched dedication to surgical education. On a personal note, I can't imagine this program without her. She has been a mentor, a problem solver, a sounding board, and a friend. I have always admired her ability to balance the demands of this role while never losing sight of what truly matters—supporting the people around her. Dr. McIntyre, you are truly fabulous, and we are all better because of you. While I know we will miss you tremendously, your impact on this program and on all of us will be felt for years to come. Wishing you nothing but joy and adventure in this next chapter—you have more than earned it!"

CHIEF CLASS OF 2025

"Dr. McIntyre has been the standard setter for Harborview surgery residents over decades, leading us amidst changes in faculty, resident complement, and an evolving system. Through all of this, she has found a way to maintain and exemplify the exceptionally high standard we've all come to expect on the HMC trauma teams. She is a skilled surgeon and an excellent teacher to residents at all levels of training. She will be greatly missed and her years of dedication to the residency is immensely appreciated."

With warm regards,

Eileen Bulger, MD
Professor & Chief
Division of Trauma, Burn & Critical Care
Surgery & Surgeon-in-Chief,
Harborview Medical Center

DR. MARK MEISSNER RETIRES

Dr. Mark Meissner, a world-renowned vascular surgeon, will retire this summer after an outstanding 40-year career at the University of Washington (UW). Recognized as a leading authority in venous surgery, he has significantly shaped the field through his research, leadership, and mentorship. Dr. Meissner completed his residency and fellowship at UW after earning his medical degree from the University of Colorado. He currently holds the prestigious Peter Gloviczki Chair of Venous and Lymphatic Surgery, the only such chair in the United States dedicated to venous surgery. His leadership extends across multiple professional organizations, including past presidencies at the American Venous Forum, the American Vein and Lymphatic Society, and the Foundation for Venous and Lymphatic Disease. He currently serves as the President of the Intersocietal Accreditation Commission (IAC Vein Centers). Over his career, he has delivered hundreds of invited lectures worldwide and authored more than 150 peer-reviewed articles and 50 book chapters. I had the opportunity to ask Dr. Meissner to summarize key memories from his time at UW.

WHY/HOW DID YOU CHOOSE YOUR SPECIALTY?

"When I entered medical school in 1982, my tentative plan was to become a pediatrician. However, I did my general surgery rotation at Denver General Hospital and fell in love with surgery. I entered general surgical residency in 1985 thinking that I would return to Colorado to practice general surgery. Based on excellent mentorships by Drs. Gene Strandness, Gene Zierler, Ted Kohler, Kaj Johansen, and Greg Moneta, I made the decision to pursue vascular surgery after my third-year vascular surgery rotation at the VA hospital. I truly enjoyed the technical aspects of vascular surgery and the ability to follow patients over their lifetime."

MEMORABLE UW RESIDENCY EXPERIENCE

Reflecting on his residency, Dr. Meissner highlights a pivotal encounter with Dr. Gene Strandness, a legendary vascular surgeon. As a surgical intern, he missed a lung nodule on a preoperative chest X-ray, a mistake that deeply concerned him. Nervous about admitting the error, he immediately did so and was met with unexpected understanding.

"I finally went in and informed him of my error," Dr. Meissner recalls, "and he immediately forgave me with the comment that 'the patient needed the operation anyway, and it wouldn't have changed anything'." This experience not only taught him the importance of honesty and attention to detail but also forged a lifelong mentorship and friendship with Dr. Strandness.

"There are several messages to this," he reflects. "Always pay attention to the details no matter how busy you are, always be honest and admit your errors—your mentors are very forgiving of honest mistakes—and be open to friends and mentors coming from unexpected places."

He advises residents and fellows to cherish their training. "Enjoy your training," he says. "Every patient, no matter how mundane, is a learning opportunity. You will make great friends with your mentors and colleagues and have very little of the administrative burdens."

UW FACULTY EXPERIENCE AND EVOLUTION OF VENOUS SURGERY

As a faculty member, Dr. Meissner finds the clinic to be the most valuable setting for teaching surgical judgment and decision-making. "I think that the clinic is where our residents really learn the nuanced judgment and decision-making skills that make a great surgeon," he explains.

Venous disease has undergone remarkable progress during his career, though it remains significantly behind arterial disease in terms of research and understanding. He describes the past 30 years as the "golden age of venous disease," marked by major advancements in treatments such as superficial venous ablation, thrombus extraction, and venous stenting.

Dr. Meissner's
resident portrait

"Not only have there been incredible advances in the procedures that we do," he says, "but we are still making advances in the subtleties of venous anatomy, hemodynamics, and pathophysiology."

Despite these achievements, there is still much to learn. *"The next decades will likely bring improvements in our understanding of why some patients get venous ulcers or venous-origin chronic pelvic pain while others don't," he predicts. "We will see improved diagnostics to reliably measure venous flow and pressure non-invasively, and improved interventions including alternative anticoagulants and prosthetic venous valves."*

RETIREMENT PLANS

Dr. Meissner looks forward to spending more time with his family, which includes six children and six grandchildren. One of his greatest passions outside of medicine is skiing. He has been participating in ski racing through the Pacific Northwest Master's program and hopes to dedicate more time to the sport in retirement.

"I grew up racing both alpine and cross-country in high school and was much better at cross-country," he shares. "Although few of my friends were involved, and it was not my first choice."

Meissner family

At age 16, he broke his tibia and was brought down the mountain by a ski patrolman, briefly inspiring him to pursue ski patrol as a career. "After being brought down the mountain by a ski patrolman named Alan Pasternack, being a professional ski patrolman was transiently my career of choice," he says, "but my parents vetoed that idea."

REFLECTIONS ON HIS CAREER

Dr. Meissner expresses deep gratitude for his time at UW. "I am grateful to have worked in the Department of Surgery at the University of Washington for the past 40 years," he says. "It has been the career opportunity of a lifetime."

Beyond professional achievements, what he values most is the camaraderie within his division. *"Perhaps most important has been the collegial relationship all of us in our division enjoy—I hope that others would agree, but it truly is family and one of the things that I will truly miss."*

Dr. Meissner leaves behind a remarkable legacy of innovation, mentorship, and dedication to vascular surgery. His contributions have shaped the field and will continue to influence generations of surgeons. As he embarks on this new chapter, he does so with appreciation for a fulfilling career and excitement for the adventures ahead.

With warm regards,

Niten Singh, MD
Professor & Chief
Division of Vascular Surgery

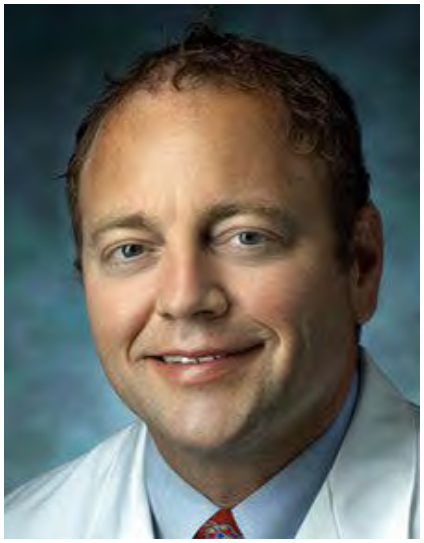
DEPARTMENT OF SURGERY WELCOMES NEW FACULTY

CHRISTOPHER CROWE, MD

ASSISTANT PROFESSOR

DIVISION OF PLASTIC SURGERY

Christopher Crowe, MD, is a hand and upper extremity surgeon with a particular interest in complex nerve injury, tetraplegia, and spasticity reconstruction. Originally from California, he earned his undergraduate degree in pharmacology from the University of California, Santa Barbara, and his medical degree from Stanford University School of Medicine. He completed his Plastic and Reconstructive Surgery residency at the University of Washington, followed by a Hand and Microvascular Surgery fellowship at the Mayo Clinic in Rochester, Minnesota. Dr. Crowe pursued additional specialized training in peripheral nerve surgery in Florianópolis, Brazil, and completed a pediatric hand and upper limb fellowship at the Shriners Hospital for Children. His research focuses on clinical outcomes in reconstructive hand surgery, nerve injury, and the surgical management of upper motor neuron syndrome. Outside of the hospital, he enjoys exploring the Pacific Northwest with his wife, cooking, and collecting vinyl.



SHANE OTTMANN, MD

PROFESSOR

DIVISION OF TRANSPLANT SURGERY

Shane Ottmann, MD, is a transplant and general surgeon born in Missouri who attended medical school at the University of Missouri, completed his surgical residency at Walter Reed Army Medical Center, and his transplant fellowship at University of Pennsylvania. He is joining us from Johns Hopkins in Baltimore where he served as the director of liver transplant and living donor kidney transplant. His practice includes liver, kidney, pancreas transplant, living donor nephrectomies, donor hepatectomies, hepatobiliary surgery, and general surgery on transplant patients. Dr. Ottmann joins the Division of Transplant Surgery as Professor of Surgery and will be primarily based at Seattle Children's Hospital and the UW Medical Center-Montlake. He is the Surgical Director of the Living Donor Liver Transplant (LDLT) Program, and Surgical Director of the Liver Transplantation Program. When not in the hospital, Dr. Ottmann enjoys traveling, hiking, skiing, and spending time with his family.

MOHAMED ELDEIRY, MD

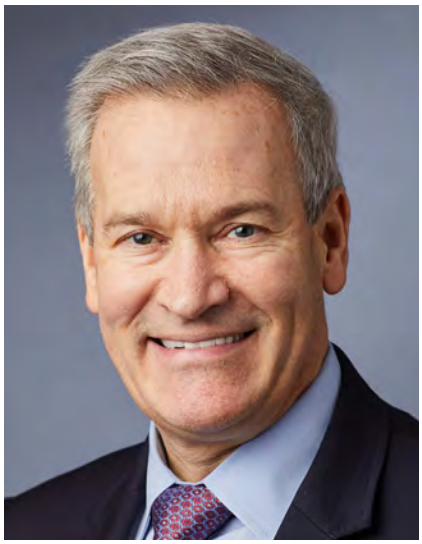
ASSISTANT PROFESSOR

DIVISION OF CARDIOTHORACIC SURGERY

Mohamed Eldeiry, MD, is a cardiac surgeon joining the University of Washington (UW) Medical Center-Montlake campus from Colorado. With a passion for both medicine and engineering, he is excited to

bring robotic cardiac surgery to the Pacific Northwest, where he will help develop and expand this innovative program. Dr. Eldeiry began his medical career at the University of Colorado Medical School, then completed a general surgery residency and a cardiothoracic surgery fellowship at the University of Colorado. His interest in robotic surgery grew after working with several renowned providers, which led him to complete a robotic cardiac surgery fellowship at Ascension St. Thomas in Nashville, Tennessee.

Outside of work, Dr. Eldeiry enjoys spending time with his family, hiking, building Legos with his son, and caring for their turtle, Simisima. He is excited to start this new chapter at UW and contribute to advancing cardiac care in the region.



DAVID MULLIGAN, MD

CLINICAL PROFESSOR

DIVISION OF TRANSPLANT SURGERY

David Mulligan, MD, is an acclaimed abdominal organ transplant surgeon from the Mayo Clinic and a passionate leader in organ donation. Dr. Mulligan received his medical degree from the University of Louisville, where he also completed his internship in general surgery and his residency in urologic surgery. He spent 15 years with the Mayo Clinic in Arizona where he worked with a team that is famous for steroid-sparing immunosuppression, protocol biopsies to study early inflammatory markers that lead to chronic kidney damage, and the use of donor kidneys with acute kidney injury for successful transplantation as well as successful use of machine perfusion. Collaboratively, Dr. Mulligan and his colleagues performed more than 3,500 solid organ transplants with outstanding clinical outcomes.

As a researcher, Dr. Mulligan has been a principal investigator in multiple trials, including studies on diabetes mellitus and hepatitis C virus, as well as donor and recipient outcomes in living donor transplantations, and organ allocation and distribution in the U.S.

More recently he served as Chief of the Division of Transplantation and Immunology, Director of the Yale-New Haven Transplantation Center (YNHTC), and Professor of Surgery at Yale School of Medicine from 2013 to 2022, and the Director of Transplant Innovation and Technology at Yale. After becoming Professor Emeritus at Yale, he has moved to Reno, NV to help architect the build of a kidney and liver program for Renown Health and also perform perform living donor liver transplants at University of Washington in Seattle with their existing incredible team. In his free time, he loves spending time with his family, running, biking, hiking, swimming, traveling, and watching movies!

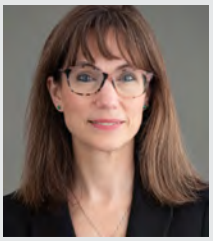
VISITING PROFESSORSHIP EXCHANGE PROGRAM

In July 2024, **Douglas Wood**, MD, FACS, FRCSEd, Chair of the Department of Surgery (DoS) announced two exciting opportunities for the 2024-2025 academic year to support and sponsor our early and mid-career faculty.

This year, the DoS is participating in a new Visiting Professorship Exchange Program with our colleagues at the University of Michigan. This program is open to all assistant professors. It offers a unique opportunity for professional growth and collaboration with our colleagues from the University of Michigan. We are delighted to host Dr. Annie Pugel Ehlers, Assistant Professor, Department of Surgery, University of Michigan and Associate Chief for Surgery Education for the VA Ann Arbor Healthcare System. Dr. Ehlers completed medical school, general surgery residency and the Advanced Minimally Invasive fellowship here at the University of Washington (UW). We are excited to welcome her back soon in May 2025.

The DoS is in its third year of participation in the West Coast Collaborative Program. This is an academic partnership between Oregon Health Sciences University (OHSU), University of California San Francisco (UCSF), University of California at David (UC Davis), Stanford, and UW that aims to bolster faculty development and advance the careers of our junior and mid-career faculty. This program is open to assistant professors in their fourth year or above, and associate professors at the UW. This year, the selected UW representative will be hosted by Stanford. In November 2025, the DoS will host Dr. Merisa Piper, Assistant Professor, in the Division of Plastic and Reconstructive Surgery and Associate Program Director, Plastic Surgery Residency, from UCSF.

Participation in these programs is made possible by the Kelly and Carlos Pellegrini, M.D., Endowed Fund for Leadership Development. This endowment was created to support programs and activities that foster collaboration and leadership development.



Dr. Gretchen Schwarze

30TH ANNUAL HELEN & JOHN SCHILLING LECTURE

On March 21, 2025, the Department of Surgery (DoS) is fortunate to welcome Dr. **Gretchen Schwarze** as our Visiting Professor for the 30th Annual Helen and John Schilling Endowed Lectureship. Dr. Schwarze is the Morgridge Professor of Vascular Surgery and a professor in the Departments of Surgery and Medical History and Bioethics at the University of Wisconsin. She is a practicing vascular surgeon and health services researcher who also directs the hospital ethics committee. She is a renowned researcher of informed consent, high-stakes decisions, and end-of-life care for older patients with complex illnesses. We look forward to her research presentations and her lecture entitled “Strengths and Limitations: Reflections on Data, Measurement, and Surgeon Communication.”

The Surgery Research Symposium and Schilling Lecture are made possible by a generous gift from the late Helen Schilling in honor of her husband Dr. John Schilling. The DoS will host three events dedicated to showcasing research: an ePoster- presentation on March 19th, a roundtable on March 20th, concluding with the Symposium on March 21st. We look forward to celebrating the remarkable research of our residents and fellows, the faculty mentorship that supports their work, and an opportunity to learn from our distinguished visiting scholar.

DoS Community

DEPARTMENT OF SURGERY 2024 HOLIDAY PARTY

The Department of Surgery faculty, trainees, and staff gathered to celebrate another successful year. This year's event took place at the prestigious Edgewater Hotel, beautifully located on the waterfront in Seattle, WA. The gathering provided an opportunity for the department to reflect on their achievements, foster camaraderie, and look forward to the challenges and opportunities that lie ahead.

in the media

listen

BEHIND THE KNIFE PODCAST

January 20, 2025

"Clinical Challenges in Surgical Palliative Care: Goals-of-Care Conversations"


O'CONNELL


HARUTA


DICKERSON


WANG

Dr. **Kathleen M. O'Connell**, Associate Professor
Division of Trauma, Burn & Critical Care Surgery

Dr. **Ali Haruta**, Acting Assistant Professor
Division of Trauma, Burn & Critical Care Surgery

Dr. **Lindsay Dickerson**, General Surgery R4

Dr. **Virginia Wang**, General Surgery R3

read

"Breaking Barriers In Heart Health: Dr. Lara Oyetunji On Prevention, Bias, And Advocacy"

The Seattle Medium
March 2, 2025


OYETUNJI

Dr. **Lara Oyetunji**, Assistant Professor
Division of General Surgery

mark your calendar

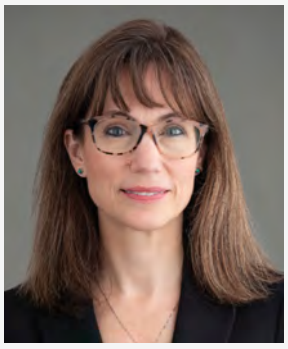
30TH ANNUAL HELEN & JOHN SCHILLING LECTURE

FRIDAY, MARCH 21, 2025
UW TOWER, M LEVEL AUDITORIUM

"STRENGTHS AND LIMITATIONS: REFLECTIONS ON DATA, EASUREMENT, AND SURGEON COMMUNICATION"

GRETCHEN SCHWARZE, MD, MPP, FACS

Morgridge Professor of Vascular Surgery
Professor of Surgery, and of Medical History and Bioethics at the University of Wisconsin



EVENT DETAILS

UW Medicine

DEPARTMENT OF SURGERY

Surgery Synopsis is an in-house newsletter published on a quarterly basis to highlight the clinical, 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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