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A publication for friends and colleagues of
Jefferson's Department of Surgery
Spring 2016
Volume 11, Number 1

Surgical Solutions

Division of Acute Care Surgery Brings Coordinated Care to More Delaware Valley Residents

Members of the Acute Care Surgery team on the helipad at 11th & Walnut Streets in Center City: John Rittenhouse, MD, Joshua Marks, MD, Julie Donnelly (Program Coordinator), George Koenig, DO, Gary Lindenbaum, MD, Alannah Ryan, RN, CRNP, Pankaj Patel, MD, Murray Cohen, MD, Michael Weinstein, MD, and Jay Jenoff, MD.

Jefferson's Division of Acute Care Surgery keeps expanding its reach. The Center City campus has long maintained a Level I Trauma Center. Paoli Hospital, part of Main Line Health in Chester County, has been a Level II Trauma Center led by Jefferson surgeons since 2010. Then, the 2015 merger with Abington Hospital brought its established Level II Trauma Center into the Jefferson Health fold. A second Main Line Health hospital, Lankenau Medical Center, is in the final stages of becoming an accredited Level II Trauma Center thanks to its partnership with Jefferson (see "Surgeon Speaks"). And, most recently, Aria Health has expressed interest in tapping into Jefferson's demonstrated expertise to support its Level II Trauma Center in the Torresdale section of Northeast Philadelphia.

Add it all up, and you have one of the largest trauma systems in any metro area, says Murray J. Cohen, MD, FACS, Associate Professor and Director of the Division of Acute Care Surgery, which encompasses trauma, surgical critical care and emergency general surgery.

"Jefferson's Acute Care Surgery Division now has a presence not only in Center City, but also in Chester County and two locations in Montgomery County, including one near West Philly," Dr. Cohen says. "As we move forward with Aria, our footprint will extend to Northeast Philly, as well. Over time, we will standardize policies and protocols to ensure consistently high-quality care at every location."

Another key advantage of the Division's growing presence: patients with sub-specialty injuries, such as ophthalmologic and spinal cord or other complex orthopedic injuries, can be channeled to Jefferson's Level I Trauma Center more quickly and efficiently.

"That's better for the patients and it's better for the referring physicians, who know whom to call if they have to get someone out for a higher level of care," Dr. Cohen explains.

Jefferson-affiliated trauma centers all utilize JeffSTAT, a medical transportation service owned and operated by Thomas Jefferson University Hospital. This 24-hour service provides a seamless transportation and referral system, with advanced life support, critical care ambulances, medical helicopters and personnel with the advanced training necessary to route the sickest and most sub-specialized patients to the Center City location as quickly as possible after injury.

Telemedicine for Acute Care Surgery Patients

Patients also benefit from JeffConnect Virtual Rounds – a telemedicine solution designed to enhance communications during and after a hospital stay. During a stay, acute care surgeons use the system to hold videoconferences with patients' families – enabling face-to-face updates with relatives whether they're in the suburbs or another state. Following discharge, surgeons use JeffConnect Virtual Rounds to conduct some follow-up visits. Using their smartphones, patients can get the care they need without traveling to what is often a brief appointment.

From increasing its physical footprint to enhancing communications and convenience with JeffConnect Virtual Rounds, the Division of Acute Care Surgery represents a significant resource for a growing number of patients across the Delaware Valley.

For more information about using JeffConnect for On-Demand Virtual Care, Scheduled Online Visits, Remote Second Opinions and Consults, please visit: ***Jefferson.edu/JeffConnect***

Surgeon Speaks

Becoming an accredited Level II Trauma Center requires an incredible amount of time and effort. At most hospitals, it takes 18 months to implement the necessary infrastructure and coordinate all of the supporting processes. However, administrators at Lankenau Medical Center, in Wynnewood, PA, had a more ambitious goal. They wanted to reach "Trauma Ready" status in just six months, and they came to Jefferson for help getting there. In partnership with Jefferson's Division of Acute Care Surgery, the new Lankenau Medical Center Trauma Program opened on January 1, 2016. We'll be undergoing a State survey of the Trauma Program in June and aim to receive Level II accreditation in October of 2016.

Throughout the process, I've been impressed with the clinical and administrative resources at Lankenau. And, it's been rewarding to share Jefferson's research, clinical and academic expertise. Of course, the ultimate beneficiaries are the people of Lower Merion Township and the surrounding areas in Southern Montgomery and Northern Delaware Counties who now have high-quality trauma care in their community.

Ehyal Shweiki, MD, BS Bioethics, FACS
Assistant Professor of Surgery,
Sidney Kimmel Medical College at
Thomas Jefferson University
Medical Director, Lankenau Medical Center
Trauma Program

In this issue

Overview

Charles J. Yeo, MD, FACS
Samuel D. Gross Professor and Chair
Department of Surgery

A Retreat Suggestion Comes to Fruition

Within this issue of Surgical Solutions, a great story unfolds. A little over one year ago, in March 2015, we held the first Department of Surgery retreat in some years. Several great ideas "bubbled up" out of that retreat, some dealing with clinical matters, some with education, and some with fostering research. One of the intriguing ideas that came out of the retreat was the hope that the Department of Surgery could provide pilot or startup funds to help faculty bring their research ideas to fruition. I want to thank those members of the Department who pushed hard on this idea, and additionally thank our Director of Surgical Research, Jonathan Brody, PhD, for making this suggestion a reality.

We have initiated a departmental mechanism that supports these grants. We call it Support of Surgery Research Activities (SSRA). In essence these are pilot grants. Several applications have been submitted to date. In this issue, you will read about the first grant, awarded to Dr. Michael Pucci, which was submitted, critiqued, approved, funded, and now been brought to fruition. With the help of many of our residents and surgical faculty, Dr. Pucci was able to focus on a very important element of general surgery...that is: safe laparoscopic cholecystectomy. This project was completed in near record time, presented at the Society of Gastrointestinal and Endoscopic Surgeons (SAGES) Annual Meeting on March 18th in Boston, and a manuscript has been submitted. The title of the manuscript is "Increasing Resident Utilization and Recognition of the Critical View of Safety During Laparoscopic Cholecystectomy: A Pilot Study from an Academic Medical Center".

It is wonderful to see Departmental funds dispersed for such worthwhile projects, have those projects brought to fruition, have the work accepted at a national meeting and submitted for publication. This is exactly what we had hoped.

It goes without saying that we would like to support more and more of these pilot SSRAs. We have been fortunate to be able to use dollars donated through philanthropy to help support this research mission. We need to step up our philanthropic efforts, and to call upon our grateful patients who have so generously given to help support research in the Department. These are exciting times. Hopefully more exciting times to come!

Clinical Integration

Critical View of Safety: First SSRA Study Educates Residents on Safer Cholecystectomy

Second year medical student Crystal Chen reviews OR photographs of laparoscopic cholecystectomies with Michael Pucci, MD, FACS.

Cholecystectomy – removal of the gallbladder – is among the most common surgical procedures, with an estimated 750,000 performed annually in the U.S. For more than two decades, laparoscopic cholecystectomy has been the standard of care. Generally speaking, the laparoscopic approach is associated with faster recovery times and less scarring for patients. However, the rate of major bile duct injury – a complication that can require additional surgery and even lead to death – has actually quadrupled from 0.1% with open cholecystectomy to 0.4% with laparoscopy.

In the first study funded by a Department of Surgery Support of Surgery Research Activities (SSRA) Grant, Michael Pucci, MD, FACS, explored how a better understanding of the problem and application of a longstanding method can help solve it. Known as the Critical View of Safety (CVS), the method helps surgeons correctly identify the cystic duct and cystic artery during laparoscopic cholecystectomy.

"Major bile duct injury typically occurs when surgeons misinterpret what they are seeing. They believe they're dissecting around the cystic duct, which connects to the gallbladder, when in fact it's the bile duct," explains Dr. Pucci, who was assisted by Crystal Chen, a second-year Sidney Kimmel Medical College student. "This can cause surgeons to accidently remove a section of the bile duct, which can have very dire consequences for the patient."

For the study, which ran from May to September 2015, Dr. Pucci and Chen recorded videos of about 50 laparoscopic cholecystectomy cases being performed by attending surgeons and residents. They paid particular attention to the moment just before each surgeon clipped the duct, scoring whether or not the surgeon achieved the CVS. The study revealed that surgeons were not achieving the CVS very often. Out of six possible points (two for each of the three criteria of the CVS), the average score was just 2.3.

From there, Dr. Pucci and Chen initiated a series of interventions. They spent a day talking with residents, emphasizing the importance of the CVS and its role within safe cholecystectomy. They asked faculty to allow residents to continue the dissection in order to achieve the CVS. Additionally, the surgeons and OR nurses performed a "time-out" prior to placing clips on the cystic duct to ensure the CVS had been achieved and documented with a photograph.

After those interventions, they studied photos from 50 new cases, and the resulting scores – averaging 4.3 out of 6 – were much improved. In addition, Dr. Pucci and Chen gave residents questionnaires before and after the interventions. There was a clear improvement in their understanding of the CVS and the concept of safe cholecystectomy.

"Our SSRA grant enabled us to do this important work in training our residents and helping improve patient safety," Dr. Pucci says. "We will continue to study this – on a bigger scale, we hope – and continue working to find better ways of training our residents to be safe for the sake of our patients."

In the Spotlight

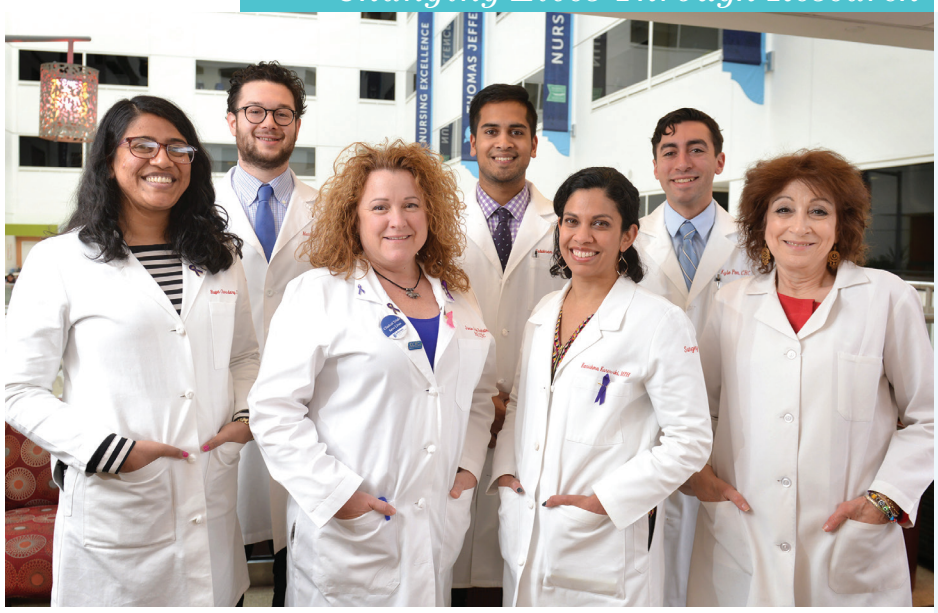
Dr. Angela A. Ramirez-Irizarry

While in San Juan last February for the American College of Surgeons' 66th Annual Puerto Rico Chapter Meeting, Jefferson colorectal surgeon Gerald A. Isenberg, MD, FACS, met someone who made history at Jefferson: Angela A. Ramirez-Irizarry, MD, FACS, FACPS, DABPS. Dr. Ramirez introduced herself following Dr. Isenberg's presentation on diverticular disease and shared her fond memories of Jefferson.

In 1961, Dr. Ramirez was accepted as the hospital's first female resident in General Surgery. (It was the same year that Jefferson Medical College first accepted women.) Dr. Ramirez later became the first woman in Puerto Rico to be board certified in Plastic, Reconstructive and Hand Surgery. Since then, she's founded and co-chaired a cleft palate clinic with her colleagues from Dentistry and served as founder and first president of the Caribbean Society for Surgery of the Hand among multiple other achievements. For years she also taught as an Associate Professor of Surgery at the Ponce School of Medicine.

Now 80, Dr. Ramirez still practices. She believes that as long as a surgeon has her mind and health, there's no reason to quit: "You should keep on being a surgeon – emulating the principles of ethics and compassion and the good practice of surgery that we were taught at Jefferson," she says. "We owe it to ourselves, to our patients and to our mentors."

For more about Dr. Ramirez's experiences at Jefferson, please read the full-length story at ***Jefferson.edu/AngelaRamirez.***



Clinical Research Team members Rupa Chowdary, Matthew Isenberg, MSW, Jamie Jay Rothstein, RN, CCRC, CCRP, Subikram "Raaj" Chandra, Karishma Kurowski, MPH, Kyle Peer, and Dee Rinaldi manage the administrative and regulatory aspects of all clinical trials in the Department of Surgery.

Clinical Research Team Supports Over 100 Diverse, Complex Trials

Faculty in the Department of Surgery are currently leading or participating in more than 100 clinical trials. Each has a distinct protocol and requires management of numerous components – from patient recruitment and informed consent to electronic data entry and management of subject care throughout the trial. All of these activities must comply with regulations imposed by the Food & Drug Administration (FDA), National Institute of Health (NIH) Collaborative Institutional Training Initiative (CITI) and Health Insurance Portability and Accountability Act (HIPAA), which require the protection of Personal Health Information.

To navigate those complexities, the Department relies on the Clinical Research Team, led by Jamie Jay Rothstein, RN, CCRC, CCRP. The team is supporting a wide variety of clinical trials that are open and accruing patients in the following specialties: bariatric, cardiothoracic, colorectal, pancreatic, transplant, trauma and vascular surgery.

"As just one example, we're supporting Dr. Adam Berger with a Phase 2 international multi-center trial of a compound that could function as a personalized vaccine therapy for melanoma patients," Rothstein says. The team is working with Dr. Berger on nine other trials, including the INTEGRATE study, which is following patients with cutaneous melanoma who have had the DecisionDx-Melanoma gene expression assay performed.

Additionally, the team is coordinating with Dr. Melissa Lazar on a clinical trial for patients diagnosed with breast cancer. The goal: to determine if standard of care lumpectomy (SOC) or SOC lumpectomy along with use of a MarginProbe® device offers greater safety and effectiveness. The device is designed to help surgeons quickly achieve "clean margins" by identifying cancerous (malignant) tissue in the surrounding tissue of the tumor in real time, rather than waiting for an assessment from the pathologist.

"Management of the protocol can play a critical role in a clinical trial's success or failure," Rothstein says. "I am proud of the talented team that we have assembled to support the Department's robust and expanding clinical trial program."

Meet the Team

Rothstein's team now includes six Clinical Research Coordinators (CRCs) and a Clinical Research Specialist.

Matthew Isenberg, MSW, CRC II, joined the team in 2013. He identified, screened, interviewed and recruited eligible patients for the Department's highest-accruing trial studying a pancreatic cancer vaccine from NewLink Genetics. He is now the lead coordinator on this trial.

Karishma Kurowski, MPH, CRC II, joined the team in 2014. She is skilled in navigating protocols, collecting data, and obtaining informed consent, including educating subjects about clinical protocols, required therapies and procedures, and answering subject questions.

Rupa Chowdary and Subikram "Raaj" Chandra are each lead CRCs for their own trials and are responsible for many activities – from preparing for subject visits and completing source documentation to entering data into the Electronic Data Capture system promptly after each visit. Another key responsibility: the time-consuming task of reporting adverse events (AEs) and serious adverse events (SAEs) per FDA guidelines.

Other members of the team include Kyle Peer, who joined last year as a Clinical Research Specialist and Dee Rinaldi, CRC II, who joined the team in April.

"Management of the protocol can play a critical role in a clinical trial's success or failure," Rothstein says. "I am proud of the talented team that we have assembled to support the Department's robust and expanding clinical trial program."

Milagros "Milly" Yax and Dominique Vicchairelli

With more than 25 combined years of experience, Dominique Vicchairelli and Milagros "Milly" Yax have made helping others the focus of their careers. Before joining the Department of Surgery, Yax worked as a medical assistant, most recently with Jefferson Internal Medicine in Voorhees, NJ. Since becoming Clinical Coordinator in Surgery last November, she no longer checks patients' vitals or assists physicians with exams – but she's found a new way to make a difference. Yax is responsible for assisting patients of Harish Lavu, MD, FACS, and Jordan M. Winter, MD, FACS, who both specialize in pancreatic cancer surgery.

Since 2009 Vicchairelli has provided the same service for the patients of Charles J. Yeo, MD, FACS, the Samuel D. Gross Professor and Chair of Surgery and Co-Director of the Jefferson Pancreas, Biliary and Related Cancer Center. As Clinical Coordinators, they each serve as their patients' primary point of contact – from scheduling the initial appointment and navigating diagnostic tests and referrals through treatment and follow-up.

"I enjoy taking care of our patients from beginning to end," Yax says. "They get to know me, and we build a relationship. They know they can come to me with questions or concerns. I think it makes a huge difference for them to have my email address and direct phone number versus talking to someone different every time they call. It's much more personalized."

In addition, Vicchairelli provides administrative support for the Jefferson Pancreas Tumor Registry (JPTR), which collects information from pancreatic cancer patients and family members who enroll in the study. The registry, established in 2008, now has well over 500 people enrolled: 65% have sporadic (non-hereditary pancreatic) cancers, 14% have familial (hereditary) pancreatic cancers, 14% are non-affected family members and 7% have closely related conditions. All registrants are asked to complete an extensive questionnaire. The Registry is directed by Theresa P. Yeo, PhD, and Harish Lavu, MD.

"I know it's a lot of paperwork, but it's so important for our patients and their families to complete it," Vicchairelli says. "The data is invaluable in helping us study the disease, so we can understand not only the genetic components but also potential environmental and occupational risk factors."

For more information about the JPTR or to download questionnaires, please visit ***Jefferson.edu/Pancreasregistry***

James Gilmartin of Hamburg, PA

Nearly 25 Years After Beating Colon Cancer, Grateful Patient Establishes Endowment to Support Cancer Research

James Gilmartin can't believe he's still alive.

When he was diagnosed with colon cancer in May 1991, Gilmartin was certain that his bout with the disease would have an unfavorable end; so certain that he left his job of 30 years as a public school administrator and began preparing for the worse.

"I didn't know whether I'd be alive six months later, so I retired," Gilmartin recalled.

His primary physician at the time – who happened to be a Jefferson graduate – reviewed Gilmartin's test results and recommended Jefferson as the best place to receive cancer treatment.

Gilmartin was paired with former Chair of Surgery at Jefferson, Francis E. Rosato, MD. A renowned pioneer in cancer treatment and surgical techniques, Dr. Rosato was best known for having performed the region's first liver transplant in 1984.

Under Dr. Rosato's care, Gilmartin received a colonic resection and began 26 weeks of chemotherapy at Jefferson. Gilmartin says he felt compassion from everyone he encountered at Jefferson throughout the entire process of his treatment and recovery.

"During the recuperation period after my surgery, I was able to walk the halls of Jefferson and everybody treated me with the greatest deal of respect," Gilmartin said. "The facilities were great, the nursing staff was great. I was very fortunate because I had Dr. Rosato and he was well known, very well respected, and his bedside manner was great. There was just a feeling of contentment that I was in good hands."

It's been nearly 25 years since Gilmartin's initial diagnosis and the condition he once thought would end his life has not recurred.

Gilmartin's wife Pauline, however, passed away after a nine month bout with ovarian cancer in 2009.

To honor both his wife's fight and the lifesaving treatment he received at Jefferson, Gilmartin named Jefferson as a beneficiary in his will and established an endowed fund to support cancer research in Jefferson's Department of Surgery.

"When my wife passed away and I had to update my will, Jefferson was uppermost in my thoughts because they had saved my life," he said.

"My wife died of ovarian cancer, and I, of course am a colon cancer survivor, so I made a bequest to Jefferson for cancer research. It was an easy decision. I'm here today because of Jefferson. My gift is visible evidence of my respect for Jefferson."

To learn about the various ways to support the Department of Surgery, please visit Jefferson.planneddgiving.org or contact Lara Goldstein, MBA, in the Office of Institutional Advancement at ***215-955-8797*** *or* ***lara.goldstein@jefferson.edu.***

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Philadelphia, PA 19107
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Jefferson Surgical Solutions
is published by
Thomas Jefferson University and
Thomas Jefferson University Hospital.

Jennifer Brumbaugh, MA, Editor-in-Chief

Susan Murphy, Writer

Robert Neroni, Photography

CS 16-1207

620 Curtis Building
1015 Walnut Street
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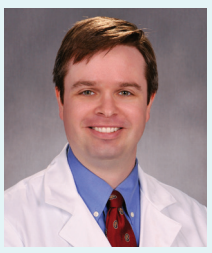
Alliric I. Willis, MD, has joined the Division of General Surgery. Dr. Willis completed his internship and then two years of surgical residency at Washington University School of Medicine in St. Louis (WUSTL), Barnes-Jewish Hospital. He then completed a two-year research fellowship in the Department of Surgery at Yale University prior to completing his residency training at WUSTL. Dr. Willis then completed an additional two-year fellowship in Surgical Oncology at the Fox Chase Cancer Center. He is board certified and specializes in the areas of breast, melanoma and endocrine surgery.

Congratulations to **Hitoshi Hirose, MD, PhD, FACS**, on his promotion to Professor. Dr. Hirose works in the Surgical Cardiac Care Unit.



Congratulations to **Michael Kammerer, MD**, on his promotion to Assistant Professor. Dr. Kammerer is a member of the Division of Minimally Invasive, Metabolic and Bariatric Surgery.

Epic Champion Jo Starr, RN

Epic@Jeff Update
The primary goal is to establish a unified, consistent and complete Jefferson chart for every patient. The system will be implemented in two phases: outpatient records on November 26, 2016, and inpatient records on April 1, 2017. Leading the effort are 34 super users in the Department of Surgery including Jo Starr, RN, the Department's Epic Champion, and seven faculty members: **Drs. Babak Abai, Scott Cowan, Michael Kammerer, Gary Lindenbaum, Joshua Marks, Michael Pucci,** and **Alliric Willis**.

For more news about the Department follow us on social media. **JeffersonSurgery** **@JeffSurgery**