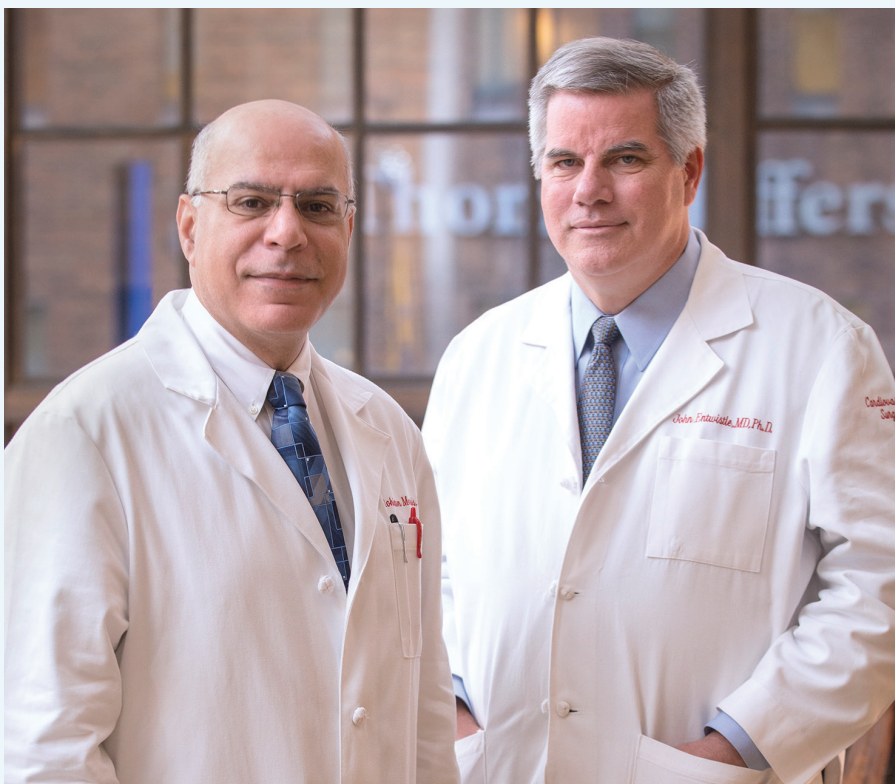


Surgical Solutions

Jefferson Health Names Rohinton J. Morris, MD, FACS, Chief of Cardiothoracic Surgery

Announcement marks first cross-campus appointment at the division level following Jefferson, Abington merger



Drs. Rohinton Morris, John Entwistle, and Mauricio Garrido (not pictured) now offer specialty cardiothoracic services, including heart transplantation and ventricular assist devices (VADs), to patients at both the Thomas Jefferson University Hospital and Abington Hospital campuses.

Jefferson Health has announced the appointment of Rohinton J. Morris, MD, FACS, as Chief of Cardiothoracic Surgery and Professor of Surgery in the Sidney Kimmel Medical College at Thomas Jefferson University.

In May, Jefferson and Abington Health completed a "hub and hub" merger – creating a new organization known as Jefferson Health, which includes 19,000 employees, 3,923 physicians, 3,081 (full-time) nurses and 1,751 inpatient beds. Such mergers are sparking a new era in urban/suburban access to some of the nation's finest clinicians, scientists, academicians and healthcare professionals.

Dr. Morris – Jefferson Health's first cross-campus appointment at the division level – and his team are beginning to deliver on the promise of better, more convenient access. Joined by John W. Entwistle, MD,

PhD, and Mauricio J. Garrido, MD, Dr. Morris is now seeing patients and guiding clinical operations on both the Thomas Jefferson University Hospital and Abington Hospital campuses.

"It allows truly patient-centric care. Patients can choose the time and location of their surgeries, as well as the most convenient location for their follow-up care."

"We are the first division that is clinically integrating, which is very exciting," says Dr. Morris, who had served as Chief of the Division of Cardiothoracic Surgery and Medical Director of the Heart and Vascular Institute at Abington Hospital since 2010. "We will serve as the model for

other divisions as we all work toward the goal of being able to deploy surgeons, physician assistants, nurse practitioners and other clinicians dynamically based on when and where demand is greatest."

Indeed, Dr. Morris says that one of the most exciting aspects of the Abington-Jefferson merger is the potential to "export" expertise to more sites: "It allows truly patient-centric care. Patients can choose the time and location of their surgeries, as well as the most convenient location for their follow-up care."

"I can envision a future where Jefferson Health will have seven or eight cardiothoracic sites with surgery performed at two sites," he continues. "For example, in the future a surgeon may see patients at a site in Lansdale one weekend morning and at a South Philly location one evening each week."

He believes that greater flexibility and less centralized care appeal not only to patients but also to physicians and health systems.

"The greater the number of physicians, the greater the diversity in methodology that you can learn," Dr. Morris explains. "By pooling our surgical resources, we can create more growth and learning opportunities. It offers the critical mass we need for more formal programs, such as a training program for cardiothoracic surgery."

Dr. Morris – who has authored or co-authored more than 40 research articles in peer-reviewed publications – serves as a medical reviewer for *Annals of Thoracic Surgery*, *Journal of Heart & Lung Transplantation and Circulation*. He has been named as a "Top Doc" several times in *Philadelphia* magazine's "Top Doctors" issues, and recognized by Castle-Connolly as one of "America's Top Surgeons."

Surgeon Speaks

Historically, medical care has been delivered in vertical siloes. Healthcare reform and the focus on outcomes is finally driving real change to how we deliver care.

The future will bring a horizontal approach. The oncology model has demonstrated the effectiveness of bringing together the right expertise to form "Tumor Boards."

The time has come for "Cardiology Boards." We need to join forces across Cardiology, Cardiothoracic Surgery, Vascular Surgery and Vascular Medicine.

To support the best possible outcomes, we need everyone rowing in the same boat. The Jefferson-Abington merger opens up exciting new opportunities to unify the way we diagnose and treat our patients.

Rohinton J. Morris, MD, FACS
Chief of Cardiothoracic Surgery,
Jefferson Health
Professor of Surgery,
Sidney Kimmel Medical College
at Thomas Jefferson University

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Overview



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

A Reflection on a Decade

On October 1, 2015, I celebrated a decade as the Gross Professor of Surgery at Jefferson. I am enormously proud of the accomplishments of our Department. The faculty has doubled in size, our clinical and operative volumes have risen, our complex case numbers have nearly tripled, philanthropy is up twenty-fold, we provide surgical services on a contractual basis at three new hospitals and our residents are outstanding. Our five vice chairs excel in their domains: clinical affairs, research, quality, education and Methodist Hospital. Jefferson is well represented on the national stage, at meetings, in journals, with NIH funding and with authorship of texts and monographs. Just last month, Jefferson and Philadelphia had a real chance to shine – first we hosted the Halsted Society and one week later, Pope Francis!

After five years of planning, the 89th Annual Meeting of the Halsted Society was hosted on campus on September 17th. The weather was perfect and our faculty shone brightly with an enormously successful local program in the Hamilton Building. Drs. Beekley, Tichansky, Chojnacki, Brody, Isenberg, Lavu, Doria, Tsangaris, Winter, DiMuzio, Frank, Greaney, Merli and Rosato all were superb in their topics, and delivered poised presentations. The attendees were treated to a visit to the Philadelphia Museum of Art to view the Eakins' works – "The Gross Clinic" and "The Agnew Clinic", as well as an evening at the Mütter Museum with guest speaker and Mütter biographer, Ms. Cristin O'Keefe Aptowicz. We received dozens of most favorable comments.



The Halsted Society in Lubert Plaza at Jefferson

Meet Our Surgical Interns



Adam Olszewski, MD, Geoffrey Kozak, MD, Stephen Gadomski, MD, Mohammad Khoshevisan, MD, Zachary Callahan, MD, Richard Zheng, MD, Courtney Devin, MD, Ellen Caparosa, MD, May Jean Counsilman, MD (not pictured)

Clinical Integration

Acute Care Study Explores Link Between Tracheostomy and Long-Term Outcomes of Critically Ill Patients



Pankaj H. Patel, MD, FACS

Tracheostomy – placement of a tube through an incision in the trachea, or windpipe – is routinely performed on a variety of patients in Medical Intensive Care Units (MICUs) and Surgical Intensive Care Units (SICUs). "Trach" patients may include those who will be spending a long time on a ventilator, as well as individuals who are neurologically impaired or need relief from a breathing obstruction.

Pankaj H. Patel, MD, FACS, Jefferson trauma surgeon and Assistant Professor, Sidney Kimmel Medical College at Thomas Jefferson University, recently co-authored an article in the Herald Scholarly Open Access (HSOA) Journal of Emergency Medicine, Trauma and Surgical Care. The article shared the findings of a first-of-its-kind study exploring the long-term outcomes of tracheostomy in critically ill patients. Dr. Patel conducted the study in collaboration with Bharat K. Awsare, MD, and Michael Baram, MD, and Fellows Ricardo Restrepo, MD, and Daron Kahn, MD, in the Department of Medicine, Division of Pulmonary and Critical Care, at Jefferson.

As Dr. Patel explains, prior studies have described the benefits of tracheostomy in terms of short-term results, such as Intensive Care Unit (ICU) length of stay, hospital-acquired pneumonia and duration of mechanical ventilation. However, most of those studies simply examined 30-day mortality. This new study was designed to determine longer-term survival of those who received a tracheostomy after a critical illness.

"We wanted to understand how many patients survive at least a year after receiving a tracheostomy following respiratory failure," he says.

The team performed a retrospective analysis of 430 Jefferson patients who had undergone tracheostomies. With strict adherence to HIPAA privacy rules, they gathered one-year death data by cross-matching Social Security numbers with the death master file

of the National Technical Information Service. That enabled the study team to identify deaths no matter where they occurred geographically.

They found that only about three-quarters (74 percent) of patients survived to be discharged from the hospital, with none of the deaths attributable to the procedure itself. At one year, the overall survival rate was 53 percent – with variations among patients from the MICU (46 percent), the Neurologic Intensive Care Unit (NICU; 59 percent) and the SICU (63 percent).

Dr. Patel says the study's findings suggest that tracheostomy is a marker for patients who may not survive a year – and that the need for the procedure should perhaps prompt patients and their families to think carefully about long-term goals.

"An example could be an elderly patient with a high cervical spinal-cord injury who is at high risk of mortality from infection," he notes. "Does that person want to be paralyzed and permanently dependent on a ventilator? Similarly, patients in the MICU who have multiple organ dysfunction syndrome may want to consider carefully whether or not to undergo a tracheostomy."

"These findings suggest they may be better off opting for palliative measures over more aggressive procedures," he says.

Further investigation may focus on identifying a subset of patients at highest risk of early mortality. The results would arm physicians with more hard data to share with patients and their family members to enable well-informed decisions about treatment plans.

The Department has welcomed an impressive new group of categorical interns including one graduate of Sidney Kimmel Medical College. The interns were selected from over one thousand applicants to our program. These doctors, who recently matched with Jefferson, started on June 20, 2015. Please welcome:

- Zachary Callahan, MD** University of Cincinnati College of Medicine
- Ellen Caparosa, MD** University of Pittsburgh School of Medicine
- Courtney Devin, MD** Tulane University School of Medicine
- Stephen Gadomski, MD** Vanderbilt University School of Medicine
- Geoffrey Kozak, MD** Sidney Kimmel Medical College at Thomas Jefferson University
- Richard Zheng, MD** Stony Brook University School of Medicine

We are also pleased to welcome back the following Sidney Kimmel Medical College 2015 graduates as preliminary interns in general surgery: **May Jean (MJ) Counsilman, MD, Mohammad (Mo) Khoshevisan, MD, and Adam Olszewski, MD.**



In the Curtis Building laboratories, Drs. Jordan Winter, Jonathan Brody, and Suzan Lanza-Jacoby join forces to disrupt the energy supply of pancreatic cancer cells.

Dr. Lanza-Jacoby Secures Two-Year Grant from NIH National Cancer Institute

Team to study novel compound that blocks glucose transporter protein crucial to cancer cell growth

Jefferson researcher Susan Lanza-Jacoby, PhD, has been awarded a two-year grant by the National Institutes of Health (NIH) National Cancer Institute (NCI) to study the use of energy restriction mimetics to slow the progression of pancreatic cancer, reduce the incidence of pancreatic ductal adenocarcinoma and improve the survival rate. Dr. Jacoby formally initiated the project in September with Jonathan Brody, PhD, Director of Surgical Research and Co-director of the Jefferson Pancreas, Biliary and Related Cancer Center, and Jordan Winter, MD, FACS, Associate Professor, Sidney Kimmel Medical College at Thomas Jefferson University.

As Dr. Jacoby explains, cancer cells require a lot of glucose, or energy, to grow. Energy restriction mimetics is the process of limiting glucose to hinder cancer cell growth. In one of her previous studies, Dr. Jacoby found that cutting the caloric intake of mice by 25 percent reduced the number of animals who developed pancreatic cancer. For this new study, the team will test whether and to what extent a new compound, known as CG5, has the same effect. They are collaborating with the Ohio State University medicinal chemist, Dr. Ching-shih Chen, who developed the compound. While Jefferson's is the first study to focus on CG5 for pancreatic cancer,

previous studies have found that the compound inhibits the growth of colorectal and prostate cancer cells in mice.

"By inhibiting glucose metabolism, the compound acts, in a sense, like food or calorie restriction," she says. "More specifically, CG5 inhibits the glucose transporter 1 protein, or GLUT1, which is necessary for glucose to get in the cell and be broken down into energy. The hope is that by inhibiting GLUT1, CG5 will 'starve' pancreatic tumors."

While Jefferson's is the first study to focus on CG5 for pancreatic cancer, previous studies have found that the compound inhibits the growth of colorectal and prostate cancer cells in mice.

This early-stage study will use transgenic mice in which every cell contains additional foreign DNA. This extra DNA enables researchers to study gene function or regulation and to model human diseases. Researchers will be analyzing whether and how much the compound inhibits carbohydrate metabolism and transport and utilization of glucose.

When Dr. Yeo left Johns Hopkins in October of 2005 to lead the Department of Surgery at Jefferson, he had big plans. Over the last ten years, the improvements have been dramatic across the board thanks to the support and contributions of five faculty members he selected to serve as vice chairs:

Jonathan Brody, PhD, Vice Chair for Research, supervises and facilitates research activities in the Department. To support and publicize research initiatives, Dr. Brody manages a pilot grant program for the surgical faculty, a research seminar series, and a bi-annual resident research symposium. He works with other faculty to strengthen the research infrastructure, encourage faculty interests, increase investigator initiated clinical trials, expand the departmental grant portfolio, and establish a clinically useful biobank.

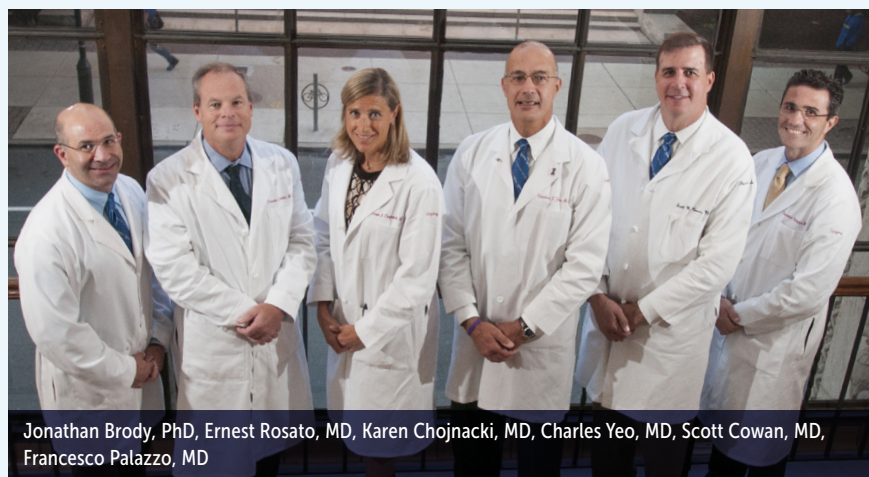
Ernest Rosato, MD, Vice Chair for Clinical Affairs, is responsible for supervising many elements within the clinical domain including faculty roles, the maintenance of surgical outcomes, safety and volume. Dr. Rosato works closely with Dr. Yeo to develop strategies for clinical growth, faculty recruitment and retention, and program development within the Department and across Jefferson Health.

Karen Chojnacki, MD, Vice Chair for Education, is responsible for facilitating the educational mission of the Department, including overseeing the educational program for 40 surgical residents. In her role as Program Director, Dr. Chojnacki develops the resident lecture series, implements rotation and call schedules, manages resident recruitment, and maintains program

compliance with the ACGME surgical residency requirements. Dr. Chojnacki and her education team work continuously to maintain the surgical residency's status as a top tier program. In conjunction with the Dean's office, she facilitates educational opportunities for faculty development including seminars and workshops on teaching methods.

Scott Cowan, MD, Vice Chair for Quality, is responsible for overseeing the development, implementation and tracking of quality and safety initiatives within the Department. As Surgeon Champion for the American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP®) at Jefferson and Vice President of the Pennsylvania NSQIP Consortium, Dr. Cowan is establishing Jefferson as a leader in promoting surgical quality and safety. The Department's new Quality Based Initiative in Resident Training (QBIRT) program (led by surgical residents with Dr. Cowan's guidance) has already demonstrated a direct and significant positive impact on patient care.

Francesco Palazzo, MD, Vice Chair at Methodist, is responsible for all professional, administrative, and research activities within the Department of Surgery at Methodist Hospital in South Philadelphia. Dr. Palazzo continually assesses performance and elicits improvements to the care and services provided at Methodist. Under his leadership, two Methodist "white papers" have been completed. Dr. Palazzo also teaches third and fourth year students from Sidney Kimmel Medical College and Jefferson surgery residents during their Methodist Hospital rotation.



Jonathan Brody, PhD, Ernest Rosato, MD, Karen Chojnacki, MD, Charles Yeo, MD, Scott Cowan, MD, Francesco Palazzo, MD

"We will see if we can inhibit the growth of what we call precursor cancerous lesions – advanced lesions in the pancreas that progress to pancreatic cancer," Dr. Brody explains. "We'll also be exploring how the compound affects the RNA binding protein, HuR, which we've been studying in our laboratory for a number of years."

"In other studies, we've found that inhibiting HuR makes pancreatic cancer cells more sensitive to chemotherapy. We hypothesize that the CG5 compound may also inhibit HuR, thereby yielding better chemotherapy outcomes."

Dr. Jacoby emphasizes that this is a very early-stage, mouse-model study, and it will take extensive research, including additional animal studies and a toxicity profile, to determine whether or not the CG5 compound can be safely used in humans.

"It's too soon to translate this for humans," she notes. "Ultimately, though, the goal is to develop a drug that will alter metabolism to reduce the incidence and progression of pancreatic cancer – without requiring people to slash their caloric intake."



John "Woz" Wozniak and his son, Sean, in Ocean City, NJ

Grateful Patient Initiates 'Woz Challenge' to Raise Funds for Pancreatic Cancer Research

John "Woz" Wozniak has been a regular visitor to Jefferson's Center City campus for more than a quarter century. Through his career as a mechanical contractor, the Philadelphia native has helped design, build and maintain the hospital's facilities and mechanical systems. Last year, he transitioned from vendor to patient when, as an otherwise healthy 55-year-old, he was diagnosed with Stage III pancreatic cancer.

Wozniak was among the 15 percent of pancreatic cancer patients who are candidates for the Mini-Whipple procedure, which he underwent at Jefferson on October 13, 2014. In recovery, Wozniak's first thought was to ask his surgeon, 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, what he could do to show his gratitude to Jefferson. Dr. Yeo joked, "Give me a million dollars" before explaining the dire lack of funding for pancreatic cancer research.

That jovial suggestion led to the "Woz Challenge" – a grassroots, patient-driven campaign. As soon as he was back on his feet, Wozniak reached out to his circle of family, friends, colleagues and fellow alumni of La Salle College

High School, where his 16-year-old son currently studies. His loved ones rallied around him, helping produce a video about his experiences and spread the word about the need for more funding.

Since kicking off the Woz Challenge, Wozniak has helped raise \$46,100 – and counting – for the cause. And he has no plans to stop anytime soon. He says he remains grateful for the gift of life and for the support and prayers he's received over the past year.

When he isn't receiving follow-up care, he devotes each day to going to church, exercising to stay fit, and spending as much time as he can with his son, mother and other family and friends. He's also committed to being an outgoing – and outspoken – advocate for pancreatic cancer research: "Every time I go somewhere, I talk about this and send people the video," he says. "I never thought I would do something like this, but I think this is my calling."

To contribute to the Woz Challenge in support of pancreatic cancer research, please visit advancement.jefferson.edu/Wozniak or contact Lara Goldstein, MBA, in the Office of Institutional Advancement at 215-955-8797 or lara.goldstein@jefferson.edu.



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News in Brief



Joshua Marks, MD (SKMC '07), has joined the Division of Acute Care Surgery. Dr. Marks completed his surgical residency training at Thomas Jefferson University Hospital in 2013. During his residency he completed a one year research fellowship in the Division of Traumatology at the Hospital of the University of Pennsylvania (HUP). He completed an additional two-year fellowship program in Trauma and Surgical Critical Care at HUP in 2015. Dr. Marks is dual certified in Surgery and Surgical Critical Care.



Congratulations to **Qiong (John) Yang, MD**, on his promotion to Clinical Assistant Professor. Dr. Yang is an intensivist in the Jefferson Surgical Cardiac Care Unit (SCCU).
Charles J. Yeo, MD, Samuel D. Gross Professor and Chair of Surgery, was honored at a ceremonial portrait unveiling on October 21st. The event celebrated Dr. Yeo's contributions over his ten year tenure as Department Chair. The portrait, painted by Joseph Q. Daily, now hangs on the sixth floor of the Curtis Building.

A Fond Farewell



James W. Fox, IV, MD (SKMC '70), Professor and former Chief of Plastic and Reconstructive Surgery at Sidney Kimmel Medical College and Thomas Jefferson University Hospital concluded his 37 years of service at Jefferson on August 1, 2015.

Dr. Fox earned his bachelor's degree from the University of Notre Dame and his medical degree from Jefferson Medical College, now Sidney Kimmel Medical College at Thomas Jefferson University. He completed his internship and residency in General Surgery at Jefferson, winning the John H. Gibbon Surgical Prize and the College of Physicians and Surgeons Best Surgical Resident Award and Stipend. He went on to complete a fellowship in Plastic and Reconstructive Surgery at the University of Virginia.

In 1976, Dr. Fox returned to Jefferson as an Assistant Professor in Plastic and

Reconstructive Surgery. He joined Dr. J. Wallace Davis, one of his mentors and fellow Sidney Kimmel Medical College graduate, in private practice at Jefferson. As a testament to his clinical skills, Dr. Fox has been included in the "Top Docs" in Philadelphia list for 36 consecutive years.

Dr. Fox has published prolifically, led prestigious surgical societies and chaired innumerable committees, including over two decades as chairman of Jefferson Alumni Giving. He was made a Jefferson Fellow and awarded the Jefferson Gold Headed Cane for personal philanthropy in 1984 and the Jefferson Achievement Award for Medical Excellence in 2006. Dr. Fox has left an indelible mark on Jefferson which will be evident for many years to come.

Dr. Fox and his wife of 47 years, Kathleen, live in Gladwyne. They have three children and six grandchildren. We wish them the best and thank them for their service at Jefferson.