



Penn Surgery Society NEWS

SUMMER 2014

The Penn Surgery Society News is published quarterly for its members, colleagues and friends of the Department of Surgery. For submissions, inquiries or comments, please contact clyde.barker@uphs.upenn.edu.

Penn Resident Research Activity



Doug Fraker

Vice Chair of Research

At Grand Rounds June 12 these 6 Penn Residents gave brief presentations of work done during their research rotations over the last 2-3 years. In July they resumed clinical rotations to finish residency training. Doug Fraker's summary of their accomplishments (below) is strong evidence that the Department continues to produce surgeon-scientists.

Overview

- ◆ 42 Papers – 22 First or Last Author (see pages 12-13)
- ◆ 43 Presentations
- ◆ 20 Posters
- ◆ 5 National Awards
- ◆ 2 Grants

National Awards

- ◆ **Best Clinical Research Presentation**, American Association of Endocrine Surgeons Meeting, 2014 - **Heather Wachtel**
- ◆ **Best Oral Presentation by a New Member**, Association for Academic Surgery - **Ned Bartlett**
- ◆ **Vivien Thomas Young Investigator Award**, American Heart Association - **JW MacArthur**
- ◆ **Leadership Scholarship for Residents and Associate Fellows**, American College of Surgeons - **Gbenga Okusanya**
- ◆ **C. Walton Lillehei Forum Winner**, American Association of Thoracic Surgery - **Gbenga Okusanya**

Research Residents 2012-2014



Ned Bartlett



Robert Caskey



Kay Lee



JW MacArthur



Gbenga Okusanya



Heather Wachtel

Grants, Book Chapters and Degrees

- ◆ American Heart Association Post-Doctoral Fellowship - **JW MacArthur**
- ◆ NIH T32 HL 007843 (PI: Parmacek) - **JW MacArthur**
- ◆ Master's Degree in Translational Research - **JW MacArthur**

Book Chapters

- ◆ **MacArthur JW, Woo YJ.** "Bone marrow cells and their role in repair after myocardial infarction" in Cardiac Regeneration and Repair, Vol I.: Pathology and Therapies. Eds. RK Li, RD Weisel. Cambridge: Woodhead Publishing, 2014; 236-46.
- ◆ **Caskey, RC, Liechty, KW.** Novel Animal Models for Tracking the Fate and Contribution of Cells in Diabetic Healing. In: R.G. Gourdie, T.A. Myers (eds.) Wound Regeneration and Repair: Methods and Protocols. 2nd Edition.
- ◆ **Caskey, RC, Nance ML.** Management of Pediatric Mild Traumatic Brain Injury. In: M Kappy (ed.) Advances in Pediatrics. Volume 61. (In Press)

(continued on page 12)

IN THIS ISSUE

From the Editor	2	Interns	11
HUP Surgical Legend	3-6	Lab Publications	12-13
Alan Wein/Appointments	7	Vascular Reception	14
Graduating Chiefs	8-9	Alumni News	15
Awards/Career Paths	10	Donna Muldoon	16



From the Editor

Clyde F. Barker, M.D.

When Mark Slaughter delivered the annual Julian Johnson lecture a few weeks ago he praised Dr. Johnson as a founder of cardiac surgery, a field that with only a few others he helped start just as he finished his HUP residency in 1939. As is customary, especially with the passage of time, Dr. Slaughter recalled only his virtues. The blemishes were forgotten. I think Dr. Johnson would have been disappointed, as I was, that nothing was said about him as a man. Though celebrated for his accomplishments this was a man full of blemishes, but unapologetic or possibly even proud of them. He was a man feared by many and detested by some but seemingly content with his motives, actions and impact. I decided it was high time for the Newsletter to feature this enigmatic surgical icon whose role in establishing Penn's modern department of surgery was as crucial as that of its other two founders Ravdin and Rhoads. It would be satisfying though high impossible if I could set the record straight and balance the virtues with the blemishes to capture his persona.

While seeking illustrations for the memoir I remembered that 50 years ago the *Saturday Evening Post* featured Julian Johnson on its cover. For a short time this magazine cover (Figure 1) had been tacked to the bulletin board in the doctors dressing room – until one of Johnson's many detractors tore it down. Since the picture has no caption, my wife wondered how I could recognize the masked figure. Once transfixed by staring into those penetrating blue eyes there was no mistaking him.

As I studied the image, long forgotten memories came flooding back. To stand opposite Dr. Johnson as he looked over his half glasses at you and hummed "Red River Valley" (which he tended to do if the blood loss was large during a difficult case) could produce a type of anxiety seldom experienced, the twinges of which I sometimes think I can still feel. The only thing more frightening than helping him on a tough case was to help him on an easy case which would allow him the leisure to teach the junior residents by quizzing them on surgical anatomy. Recently I took my copy of Johnson and Kirby's *Surgery of the Chest* off my bookshelf. It opened spontaneously, just as it did 50 years ago, to the section on the anatomy of the pulmonary veins. This was Dr. Johnson's favorite quiz subject and if you made a mistake he

would say "Doc maybe you better drop out and look that up." You would then have the embarrassing assignment of leaving the operating room to review anatomy.

This was a painful teaching style but I now realize that it was one of the things that while I was a resident made for a more personal relationship with him than I had with other attendings. I don't think I was alone in this. Maybe he cared more than others whether we were learning something as we helped him. True, many of the interpersonal exchanges generated something between uneasiness and terror but filtered now through half a century, (including 5 years as his resident and 10 as his faculty colleague) other exchanges were distinctly positive.

Although Johnson could be sarcastic or downright mean he usually had a reason. Most often it was his determination not to have a patient die on his watch at least not unless he had driven himself and his staff to their limits to prevent it- not such a bad attitude for a surgeon. In spite of these efforts many patients died in those early days of cardiac surgery. For example, of Johnson's first dozen patients to undergo open heart operations less than half survived. Many of the deaths took place on the table. Sharing these experiences forged close friendships amongst the residents on his team. Sometimes (especially when a patient survived) the comradery even extended to include "the old man."

Outside of the hospital this seemingly sadistic taskmaster was a different person. At the end of each 3 month rotation, he entertained his house staff team and spouses for dinner in his elegant house in Gladwyne. No other attending did this. On these informal occasions residents were surprised to find him disarmingly gracious. He even exhibited some homespun humor and told folksy stories reflecting his background as the son of a Baptist minister growing up in a small farming town in Kentucky. The spouses could not believe this soft-spoken Southern gentleman was the monster they had heard about.

Dr. Johnson and his wife always took a month's summer vacation usually traveling in Europe. Residents would be invited to stay in their house. Dode and I did this twice. We were delighted to leave our non-air conditioned apartment in West Philadelphia, but distinctly uneasy about the consequences if our 2 year old son should break something. Once I spilled some ink on the Johnson's expensive bedspread. When I confessed vowing to replace it, the offer was refused with a gentle smile.

As I progressed through the residency while keeping my guard up I increasingly valued my relationship with this enigmatic character. I also realized that I was learning as much about surgery (maybe more) by watching this master surgeon operate as I learned from other well- liked attendings as they patiently helped me struggle through operations.

Epitaph for a Surgical Legend

Julian Johnson (1906-1987)

In the 1960s HUP was an environment incredibly rich in unusual personalities, some of which belonged to the major figures in American Surgery. Examples of this were I.S. Ravdin, Jonathan Rhoads, Bill Fitts, Brooke Roberts and C. Everett Koop. Among these memorable individuals, Julian Johnson was for most surgical residents life's most unforgettable character. His name was Julian but we residents called him J.J. although never to his face. He was also called by some the meanest man in the world.

J.J. was almost an exact contemporary of Jonathan Rhoads, but these two giants could hardly have been more different. J.J. was one year older and finished his HUP residency one year before Rhoads. Fifty-five years later in writing his colleague's obituary, Rhoads recalled that as an intern he had helped Johnson, a first year resident, do a thyroidectomy. He observed that "the operation was done more smoothly and better than by any of the senior attendings. Johnson possessed extraordinary coordination of mind and body so that his hands seemed to carry out almost automatically the instructions of his brain." My assessment of his operative skill was not as analytic as Rhoads' but I know I never saw anyone as good. Virtually everyone who saw him agreed. The dichotomy in the native talents of Rhoads and Johnson were probably magnified by Johnson's residency training under Eldridge Eliason who emphasized technical proficiency while Rhoads' chief I.S. Ravdin, focused on surgical physiology and basic laboratory research.

After finishing his residency in 1939, Johnson was appointed to the HUP staff. He was assigned to develop thoracic surgery, a field at the time limited in Philadelphia to treatment of patients with emphysema and lung abscesses. Johnson's training in the new specialty was meager, being limited to 2 weeks in Boston where he observed a few lung operations performed by Edward Churchill at MGH and Richard Overhault at the Lahey Clinic.



Figure 1. From a safe vantage point, beautiful to watch the Roger Federer of Surgery

Johnson later said he had never witnessed any of the modern thoracic and cardiovascular procedures he subsequently performed before doing the operations himself. He was truly a self-trained thoracic surgeon. Yet quite soon Johnson was able to publish that in his first 20 pneumonectomies, there was only one death, a far better record than anyone else had reported up to that time. Evarts Graham in discussing the paper at a meeting predicted that as this young surgeon accumulated more cases his results would get worse. But they never did.

Only months after J.J. joined the HUP faculty, World War II began with Hitler's invasion of Poland. After enlisting in the army Johnson served from 1942-1945 in India as a member of General I.S. Ravdin's 20th General Hospital. There he managed the treatment of over 300 patients with thoracic trauma, most due to small arms fire or shrapnel from mines, bombs or grenades. Despite the challenges of jungle warfare, primitive facilities and associated injuries, the overall mortality of his patients was a remarkably low 7.4%

Johnson returned to HUP in 1945 just as Dr. Ravdin became Chairman of Surgery. At once he appointed the young Julian Johnson as Chief of Cardiothoracic Surgery, a position he held until his retirement in 1973. Early in his faculty career he conducted basic research in thyroid and biliary physiology. He also designed and built a defibrillator and reported 4 successful resuscitations from ventricular fibrillation.

His early clinical activity was in thyroid, pulmonary and esophageal surgery. In 1951 his practice expanded to include closed procedures on heart valves damaged by rheumatic fever. He also began a congenital heart surgery program at the Children's Hospital of Philadelphia. Soon after John Gibbons' first success-

Julian Johnson, Surgical Legend (continued from page 3)

ful use of cardiopulmonary bypass in 1953, Johnson initiated open heart surgery programs at HUP and CHOP. The early results of cardiac surgery were discouraging. Johnson first treated aortic stenosis with a mechanical dilator inserted through an incision in the left ventricle and manipulated blindly to force open (or fracture) the aortic valve. Of 161 patients, 51 died. After cardiopulmonary bypass allowed an open approach, he decreased the mortality to 20%. Yet with the open heart approach to mitral valve disease more than half of his first dozen patients died, many on the table. These early results were adversely influenced by Johnson's conviction that new operations should be offered only to very high risk patients whose advanced heart failure left them no options to surgical treatment however risky. He was critical of other heart surgeons, who in those early days because of concern over their own statistics, operated on good risk patients who J.J. thought could have waited until more experience accumulated. Nevertheless in 1964, Johnson and his associates (including Charles Kirby and Gordon Danielson) after accumulating substantial experience were able to report a combined series from the 2 institutions of 100 consecutive open heart operations with a remarkably low mortality of 10%. For the rest of his career Johnson's surgical results were always among the best.

Throughout his career Johnson continued to do a substantial amount of general surgery and to head one of the Department's two general surgery ("ward") teaching services. His versatility needed no justification. In fact, there was general agreement that J.J. could operate circles around other general surgeons, being faster and surer on gastrectomies, thyroidec-tomies, resection of aortic aneurysms or what have you, than other accomplished specialists in these procedures. An example of the confidence he had in his powers was that he chose himself as the best surgeon to operate on his wife for her peptic ulcer. Although Dr. Ravdin was also present as the nominal operator, J.J. asked him to drop out before the case was finished, telling his chief that he would finish the operation since he had "more recent experience."

As one of the first members of the American Board of Thoracic Surgery he maintained that "thoracic surgeons should be general surgeons and something more not something less," staunchly opposing the subsequently inevitable movement to forgo the requirement that thoracic sur-

geons pass the general surgery board exam before they were eligible for the thoracic board.

Unlike Dr. Rhoads', Johnson's propensity was for clinical surgery rather than basic research or achievement of prominence in surgical politics. Despite this he was an accomplished and highly regarded academic surgeon. His early research and publications dealt not only with cardiac surgery and physiology, but with a variety of other topics, including peptic ulcer disease, the function of the superior laryngeal nerves, the effects of biliary obstruction, the influence of diet on the liver and

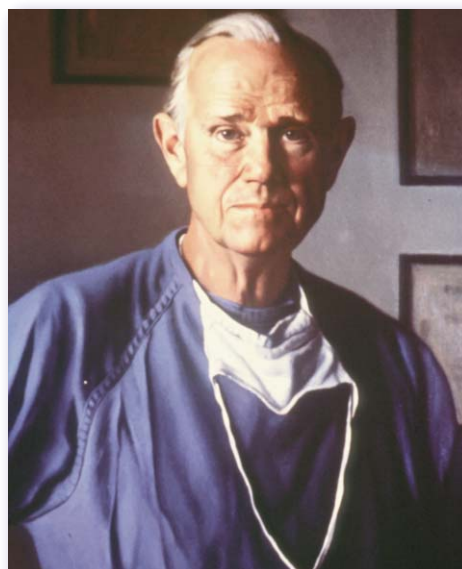
even treatment of fractures. Soon after John Gibbon's breakthrough success with cardiopulmonary bypass, Johnson with his junior faculty member Charles Kirby, perfected in the laboratory the pump oxygenator necessary to start HUP's open heart surgery program. He was probably best known for the book he published with Kirby on *Surgery of the Chest*. It became the standard in the field, and subsequently went through many editions and coauthors including his young colleagues and trainees John Waldhausen, Bill Pierce and Horace McVaugh.

Johnson's talents and accomplishments were well recognized nationally and internationally. He soon became a prominent member of all the important surgical societies including the Society of University Surgeons,

the American Surgical Association, the Society of Clinical Surgery and the International Surgical Group. He was elected vice president of the American Surgical Association (1955), president of the American Association of Thoracic Surgery (1962), president of the Society for Vascular Surgery (1960) and president of the Philadelphia Academy of Surgery (1970).

Ironically much better known at HUP than Johnson's accomplishments and honors, and perhaps more interesting was his dark side. As Dr. Rhoads put it in writing Johnson's obituary "he was never soft in his dealings with residents and for some he was too much of a disciplinarian." Dr. Rhoads could never call a spade a spade.

Ernie Rosato in a retrospective tribute to J.J. tried to excuse J.J.'s negative dealings with residents as "fueled by the frequent failures during the pioneering days of heart surgery" this being "the reason he drove himself and his protégés so hard, many finding him too harsh." Maybe so but like Rhoads, Ernie was far too generous.



At HUP Julian Johnson is remembered by this portrait as well as by an Annual Lectureship and an Endowed Professorship in his name.

In fact Dr. Johnson could be a real son of a bitch, a moniker he sometimes actually used for himself. He consistently struck terror into the hearts of junior residents and kept even the most seasoned of his trainees on edge. He was not a shouter but his sarcasm cut to the quick. He called students, interns and residents “doc” or “son” but his relationship with them was anything but filial. In an era when senior surgeons (perhaps especially cardiac and neurosurgeons) were not expected to caudle their trainees, he was an outlier. From his residents he expected no less than fanatical devotion to his patients, hard work to the point of their exhaustion and detailed accuracy and truthfulness. Pity the poor resident he caught cutting corners trying to make up a lab value or attempting to cover up a mistake. These were unforgivable sins. For lesser offenses in the OR such as falling asleep and mismanaging a retractor or clumsiness in tying a knot a sharp reprimand or rap on the knuckles would suffice. A mistake on an anatomy quiz was only one of a number of things that warranted abrupt dismissal from the OR.

Even the best residents were susceptible to such treatment. One (who later became department chairman) arrived late in the OR one day and found J.J. himself prepping the patient and then inserting a foley catheter. When this resident had tried to make amends and take over these preparations J.J. brushed him aside and said “Len, I’m not going to say anything about this now because I’ve got 4 years to make it up to you.” Another HUP faculty surgeon remembering his unhappy experience as a resident on the Johnson service during a memorial service for J.J. confided to a friend that he only showed up to be sure the old devil wasn’t coming back.

There are a plethora of such stories that his residents loved to tell but I believe it is more important to document that there was another side to this unusual character. If you could get beyond the fear generated by Johnson’s reputation and observation of his treatment of residents who failed to measure up to his expectations, there was quite a lot to J.J. on the positive side. Those interested in this side of the story, the minority view of J.J. and more about why I came to love the old SOB can read about it in my editor’s column.

In an odd way the relationship that evolved between Johnson and his residents was more intense and personal than with other more aloof senior faculty members. You always knew where you stood with him. He was quite predictable once you learned his relatively straight forward routines and what he expected of you

which was total dedication to patient care to the limit of your endurance even after a series of consecutive nights without leaving the hospital or sleeping. Residents who got into trouble were those who couldn’t master his routines, thinking that perhaps they should modify them or suggest improvements.

For residents, working for Dr. Johnson was an experience that could be divided into three stages. The first stage was that of total intimidation. For example a favorite story of a future Chairman of Surgery at another School was that of having Dr. Johnson patiently watch him, as a resident, close a skin incision after a long operation. Dr. Johnson then, being dissatisfied with the quality of the skin closure without saying a word cut out every last suture and reclosed the wound himself, to emphasize how it should be done.

Another traumatic setting at this stage of the residency was “night report” at which time the junior resident on the service had

the assignment of telephoning Dr. Johnson to report on the postoperative patients. At the slightest suggestion that the resident was not in total command of the situation, Dr. Johnson would say “Son, maybe you better have a *doctor* call me.” By doctor he meant the chief resident, his junior faculty colleague or one of the two senior cardiologists that Dr. Johnson paid with his personal funds.

These were unquestionably traumatic experiences but generally speaking after the first month or two on the Johnson service, a resident began to feel more comfortable, his anxiety declined to a subliminal level and it was apparent that he had entered “stage 2.” He had learned the routine.

During night report he knew that Dr. Johnson preferred to hear only the vital signs, the hemoglobin, and the number of cc’s of blood in the chest drainage bottle. Additional information was volunteered by a junior resident only with some risk since Dr. Johnson expected any significant problem to be checked out and reported by his senior resident. Thus, for the junior resident who understood Dr. Johnson’s system the job was easy, at least it was if he understood that Dr. Johnson also expected total devotion and if necessary, the expenditure of the last ounce of energy in behalf of his patients. If you didn’t weaken you could complete “stage 2.”

It was also likely that by then you had been invited to the Johnson’s for dinner and you found that your wife considered Mary Johnson a lovely friend and Dr. Johnson, himself who was



Early days of open heart surgery

Julian Johnson, Surgical Legend (continued from page 5)

always gracious socially, to be an old softy. So your wife didn't believe any of the stories you had told her about the Johnson service. Residents at this stage of their training would sometimes say that the old man had mellowed. This was never true. A few days before he died Julian reminded me with thoughtful pride that he always ran "a tight ship." Some undiscerning senior residents found out to their dismay that he still had his eye on them at this stage. He hadn't mellowed or changed. He was just as disciplined as ever. *You* had changed.

You may not have realized it but you had learned his system. Because of this he knew he could rely on you and you had become "one of his boys". Although he seldom, if ever, addressed a compliment directly to you, you sometimes overheard his hallway conversation with another faculty member or consultant as he bragged about the quality of his residents and what good care they took of his patients. This affected a tremendous esprit de corps.

By this time you were probably the chief resident on his service and you were now ready for "stage 3," one of the more valuable learning experiences I've had in surgery. Dr. Johnson's extensive and varied surgical practice constituted a major resource of teaching material. He was a superb teacher of surgery in the style of that day. You learned from him entirely by watching him operate. This, however was an important and virtually unique experience since there were many including some of America's senior surgeons who said that he might be the finest technical surgeon in the world at that time.

It was also of great value to observe his pre and post-op care. During "stage 3," Dr. Johnson would confide strategy and reasoning on patient care. His approach to surgical treatment, both operative and non-operative, was beautifully direct and effective. He often said "you don't have to be a Ph.D. to be a good surgeon", in fact, he preferred the residents with outstanding practical skills to those more attracted to research, whom he denigrated as "salt water surgeons."

Occasionally he would let his guard down and reveal his compassion by confiding, after seeing a particularly high risk patient preoperatively, "I'd rather take a beating than operate on that patient, because the risk is so great". Quite often he would say "I am not quite sure what to do in this situation but I know what my old chief, Eli would do, so I think I'll do that." And just as Johnson knew what Dr. Eliason would do, the residents found they knew what J.J. would do in almost any circum-

stance. They had learned his way and it was a good way.

Mentioned earlier was the possibility that Johnson's negative dealings with residents stemmed from well concealed anguish over the many patient deaths during the early years of cardiac surgery. Maybe this did have something to do with it. If so it would help



On rounds with Julian Johnson, a sight to make the hairs on the back of your neck stand up

to explain his surprising early retirement. Unlike Dr. Rhoads who never retired, when Johnson turned 66 still in full command of his powers, walked out of the hospital and never came back.

Until then it had seemed to us that he lived only to operate. As it turned out he was devoted just as much to the avocations he had acquired during his small town Kentucky childhood but by necessity had neglected during his professional career. Now besides spending time with his wife and daughter, perhaps because his father was a minister, J.J. became an elder in the Baptist Church and later in his wife's Presbyterian Church. But during his 17 year retirement he

spent most of his time working on his hobbies. He was deeply interested in farming, (gardening) and hunting. His boyhood reputation as a crack shot had been enhanced during World War II when he shot and killed a leopard that was terrorizing the staff on the grounds of the 20th General Hospital in India. In his retirement he delighted in maintaining a huge vegetable garden on the grounds of his Gladwyne home and another on his farm in Southern Jersey. There with a few friends including 2 cronies from 20th General Hospital days (Paul McCray and Sargent Pepper) he would spend weeks at a time living in his hunting cabin on the Delaware Bay cooking the meals for the group, raising fresh vegetables and above all whenever possible, shooting ducks.

Who can know what Julian Johnson's motivation may have been. Was he really a vicious and unrepentant SOB as many thought? Or was he a misunderstood but dedicated teacher – or both, or something in between? Did he take pride in the important role he had played in training a generation of accomplished HUP surgeons? Or was he consumed by and content with his own remarkable skills and accomplishments? His interpersonal style left a lot to be desired but few if any could duplicate his moves in the operating room. It was an education to try.

Subsequent generations of HUP residents are poorer from not having the chance to fear and learn from this inscrutable master surgeon. Was he misunderstood or understood too well? Those who had the privilege of being his trainees and colleagues still think about him and wonder.

2014 Distinguished Graduate Award of the Perelman School of Medicine

Alan Wein is the recipient of the 2014 Distinguished Graduate Award of the Perelman School of Medicine of the University of Pennsylvania. Established in 1982. This is the School's highest award. Among the 62 recipients are four Nobel Prize laureates and seven Lasker Award winners. Others have been distinguished scientists, department chairs and other leaders in American Medicine. Eight have been HUP trained surgeons (Jonathan Rhoads, C. Everett Koop, James Hardy, Clyde Barker, James Thompson, Standley Dudrick and Alan Wein).

At Penn, Dr. Wein has held positions along the entire professional spectrum as student, researcher, clinician, and now as Professor and Chief of Urology and Director of the Residency Program in Urology. In 2012, Dr. Wein was a recipient of The Edward L. Keyes Medal, of the American Association of Genitourinary Surgeons. The Keyes Medal is recognized as the top individual citation in urology and has been awarded rarely since its inception in 1926.

Among his many honors, Dr. Wein is a recipient of the



**Founders Professor
in Urology**

Urodynamics Society Lifetime Achievement Award, both the Distinguished Service and the Distinguished Contribution Awards of the American Urological Association, and the Ferdinand C. Valentine Award of the New York Academy of Medicine.

Dr. Wein has held editorial board positions on 15 journals, authored over 925 scientific publications or chapters and over 785 editorials, and written, edited, or coedited over 30 books. He is editor-in-chief of the gold standard textbook in urology, Campbell-Walsh Urology.

His laboratory is recognized for numerous contributions to the physiology of the lower urinary tract, and Dr. Wein is widely acknowledged for his simplified and now commonly used approach for classification, evaluation, and management of lower urinary tract disorders.

He was awarded an honorary PhD from the University of Patras, Greece, in 2005. He was conferred the status of Honorary Professor of the Federal State Institute of Urology by the Russian Ministry of Healthcare and Social Development in 2010.

Post Fellowship Appointments of 2012 HUP General Surgery Chief Residents

♦ **Dustin Bermudez**

Community Practice, Rex Surgical Specialists
Raleigh, North Carolina

♦ **Clayton Brinster**

Visiting Fellowships on endovascular devices, Instituto del Tórax, Hospital Clinic de Barcelona (Barcelona, Spain), and Klinikum Nürnberg (Nürnberg, Germany)
Then Staff Surgeon, Division of Vascular Surgery at the Ochsner Clinic, New Orleans, Louisiana

♦ **Peter Jenkins**

Assistant Professor of General Surgery, Critical Care, and Trauma, Indiana University and Affiliate Researcher at the Regenstrief Institute, Indianapolis, Indiana

♦ **Robert Lewis**

Community Practice, Colon and Rectal Surgeons
Hartford, Connecticut

♦ **Ronald Parsons**

Assistant Professor of Surgery
Emory Transplant Center
Emory University School of Medicine
Atlanta, Georgia

♦ **Matthew Santore**

Assistant Professor of Surgery
Department of Surgery, Division of Pediatric Surgery
Emory University School of Medicine
Atlanta, Georgia

♦ **Anupama Sharma Saigel**

Assistant Professor of Surgery, Breast Surgeon
Columbia/Presbyterian Medical Center
New York, New York

♦ **Chadwick Wu**

Hand and Microsurgery Fellowship
Yale University, New Haven, Connecticut

Career Paths of the 2014 Graduating Penn Chief Surgical Residents

Myron Allukian, III, MD, MA



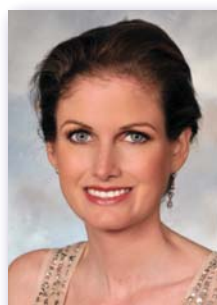
Dr. Allukian graduated from Wesleyan University in 2001 with a BA/MA in Chemistry. He then entered the Brown-Dartmouth Medical School Program, where he received the Henry Thomas Randall Prize in surgery and his degree from Brown Medical School. He began general surgery residency at the Hospital of the University of Pennsylvania in 2006. After his third year of clinical training, Myron spent three years conducting research in fetal cardiac regeneration under the guidance of Dr. Kenneth Liechty, Dr. Joseph Gorman, and Dr. Robert Gorman. As a result of these endeavors, Myron published research in many journals, and presented at several national meetings. At the end of this year, he will move with his wife, Lindsay, and son, Myron IV, to Cincinnati, Ohio, for his pediatric surgery fellowship at Cincinnati Children's Hospital.

Nina M. Bowens, MD



Dr. Bowens graduated from Harvard University in 2001 with a major in neuroscience. She received her medical degree from Cornell Medical College in 2006. While at Cornell she was elected to Alpha Omega Alpha. She received the Cornell Prize for excellence in surgery and the Glasgow-Rubin Memorial Achievement Award. During her general surgery training she spent three years in the laboratory of Dr. Michael Parmacek investigating vascular developmental biology. During this time she served as the Resident Executive Chair. She was the recipient of the Eastern Vascular Society Surgical Resident Award in 2010 and the Gordon P. Buzby Surgical Leadership award in 2011. She will pursue fellowship training in Vascular surgery at New York Presbyterian Hospital- Columbia/Cornell.

Holly L. Graves, MD



Dr. Graves graduated from the University of Michigan with a major in Biology and a minor in Applied Statistics. She then attended the Columbia College of Physicians and Surgeons for her medical degree. Upon graduation, she received the prestigious Allen O. Whipple Award. In 2007, she began her general surgery residency at the University of Pennsylvania and shortly thereafter she met her loving and dedicated husband, Dr. Sanjay Kasturi. Her research years were spent under the guidance of Dr. Czerniecki. Dr. Graves's research focused on breast cancer, with a specific emphasis on biomarkers in ductal carcinoma in situ. However, upon completing her fourth year vascular rotation, she ultimately decided to pursue vascular surgery as a career. She will continue her training as the vascular surgery fellow here at the University of Pennsylvania.

William Hiesinger, MD



Dr. Hiesinger graduated cum laude from Dartmouth College with a BA in Psychological and Brain Sciences. He then attended medical school at the University of Pennsylvania School of Medicine where he was elected to the Alpha Omega Alpha Honor Medical Society and earned both the Clyde F. Barker and the Dr. I. S. Ravdin prizes in surgery. After completing his medical degree in 2007, he continued on at Penn for his general surgery training. Following his second year of training, he spent two years in the cardiovascular research laboratory of Dr. Y. Joseph Woo investigating novel mechanisms of myocardial angiogenesis and tissue mechanics. This was funded in part by a Thoracic Surgery Foundation for Research and Education grant. As a result of this work, he was a finalist for the American Heart Association Vivien Thomas Young Investigator Award, and recipient of the Jonathan E. Rhoads Research Award in 2011. Next year he will pursue fellowship training in cardiovascular surgery at the University of Pennsylvania.



The Annual Chief Residents' Dinner, June 14 at the Union League, Philadelphia

Caroline E. Reinke, MD, MSPH, MSPH



Dr. Reinke graduated from Duke University with a degree in Biological Anthropology and Anatomy and a minor in Mathematics in 2003. She received her medical degree from Duke University School of Medicine in 2007 and that year began her general surgery residency at Penn. During her research years she earned her Master of Science in Health Policy degree and authored several publications with the support of Rachel Kelz (and the entire Kelz family). She was awarded the ASCRS General Surgery Resident Research Initiation Grant. During these years she was also a fellow in the Center for Health Improvement and Patient Safety at UPHS. She was the recipient of the Gordon P. Buzby Surgical Leadership Award and the Jonathan E. Rhoads Research Award. Caroline will be continuing her training next year as a Minimally Invasive Surgery fellow at Duke. She will be moving back home to North Carolina with her husband Luke and son Thomas. She is grateful to the entire Penn faculty and staff for an amazing 7 years of mentoring, education and friendship.

Eduardo Rodriguez, MD



Dr. Rodriguez received his medical degree from the Luis Razetti School of Medicine at University Central of Venezuela in Caracas. He moved to the United States and began general surgery residency at the Hospital of the University of Pennsylvania in 2007. After his third year of clinical training, Eduardo spent two years in the laboratory of Dr. Ali Naji. He presented his research at numerous national meetings. During his research time, he also worked with Dr. Emile Mohler. As a result of these endeavors, Eduardo published research in the Journal of Vascular Surgery. At the completion of his general surgery training, he will move with his wife, Carmen, closer to home to warm sunny Tampa, where he will pursue fellowship training in vascular surgery at the University of South Florida.

2014 Award Recipients

Penn Center of Surgical Excellence Award

- ♦ Edmund K. Bartlett, MD
- ♦ Brett L. Ecker, MD
- ♦ Avery C. Miller, MD

Top Gun Award

- ♦ Edmund K. Bartlett, MD
- ♦ Brett L. Ecker, MD
- ♦ Avery C. Miller, MD

William Y. Inouye Resident Teaching Award

- ♦ Olugbenga T. Okusanya, MD

William Y. Inouye Faculty Teaching Award

- ♦ Robert E. Roses, MD

Leonard D. Miller Teaching Award

- ♦ Myron Allukian, III, MD, MA

Ernest F. Rosato Faculty Teaching Award

- ♦ Robert E. Roses, MD

Leonard J. Perloff Chief Resident Teaching Award

- ♦ Myron Allukian, III, MD, MA

Jonathan E. Rhoads Resident Research Award

- ♦ John W. MacArthur, MD

Gordon Buzby Surgical Leadership Award

- ♦ Olugbenga T. Okusanya, MD

Keith Reemtsma Surgical Resident of the Year Award

- ♦ William Hiesinger, MD

Surgical Mentorship Award

- ♦ Rachel R. Kelz, MD, MSCE

Career Paths of 2014 HUP Fellowship Graduates

Niamey Wilson (Breast Surgery)

Saint Francis Hospital, Co-Director of the Women's Comprehensive Health Center, Hartford Connecticut

Suzanne Gillern (Colon and Rectal Surgery)

Tripler Medical Center, Oahu, Hawaii

Youssef Tahiri (Craniofacial Surgery)

Riley Children's Hospital, Indiana University
Pediatric Craniofacial and Plastic Surgeon, Indianapolis, Indiana

Christopher Bibbo (Microvascular Surgery)

Chief, Foot & Ankle and Lower Extremity Preservation Services, Department of Orthopedics, Marshfield Clinic
Marshfield, Wisconsin

Christopher Pannucci (Microvascular Surgery)

Assistant Professor, Division of Plastic Surgery
University of Utah, Salt Lake City, Utah

Andrew Lightfoot (Robotic Surgery)

University of Iowa, Davenport, Iowa

J. Geoffrey Allen (Robotic Surgery)

Cardiac Surgery Staff
Kaiser Permanente, San Francisco, California

Tejal Brahmbhatt (Traumatology, Surgical Critical Care and Emergency Surgery)

Assistant Professor of Surgery
Boston University Medical Center, Boston, Massachusetts

Tareq Kheirbek (Traumatology, Surgical Critical Care and Emergency Surgery)

Assistant Professor of Surgery
Brown University, Providence, Rhode Island

Stephanie Nitzschke (Traumatology, Surgical Critical Care and Emergency Surgery)

Instructor in Surgery, Brigham and Women's Hospital
Boston, Massachusetts

Brian Smith (Traumatology, Surgical Critical Care and Emergency Surgery)

Assistant Professor of Surgery, University of Pennsylvania

Somnath Chattopadhyay (Transplant Surgery)

Consultant, Hepatobiliary Surgery and Liver Transplantation
Mumbai, India

Scott Damrauer (Vascular Surgery)

Assistant Professor of Surgery, University of Pennsylvania

Welcome

New Residents

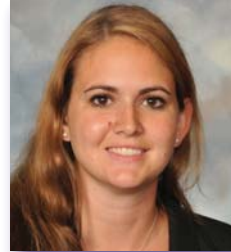
General Surgery Program



Seth Concors
New York Univ.



Phillip Dowzicky
Penn



Jennifer Fieber
Yale



Victoria Gershuni
Washington Univ.



Elizabeth Sonnenberg
Penn



Robert Swendiman
Univ. of North Carolina



Charles Vasquez
UCLA

Plastic Surgery Program



Cassandra Ligh
Duke



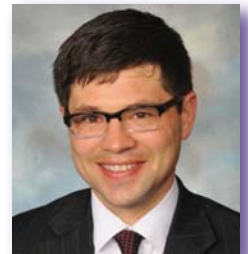
Jason Wink
Penn

Cardiac Direct Program



Chase Brown
Case Western Reserve Univ.

Vascular Direct Program



Jon Quatromoni
Penn

Urology Program



Jose Pulido
Penn



Alexander Skokan
Penn



Marshall Strother
Washington Univ.



Ibardo Zambrano
Penn

Research Productivity of Residency Class of 2016

(continued from front cover)

This list represents the laboratory work of the residents who finished their research rotations in June 2014.

Space limitations precluded listing the titles of the 43 Presentations and 20 Posters at scientific meetings by this resident class.

Publications

Wachtel H, Bartlett EK, Kelz RR, Cerullo I, Karakousis GC, Fraker DL. "Primary hyperparathyroidism with negative imaging: A significant clinical problem." *Annals of Surgery*. In press.

Wachtel H, Cerullo I, Bartlett EK, Kelz RR, Cohen DL, Karakousis GC, Roses RE, Fraker DL. "Long-term blood pressure control in patients undergoing adrenalectomy for primary hyperaldosteronism." *Surgery*. In press.

Ullery BW, Wachtel H, Raper SE. "Sister Mary Joseph's nodule presenting as a large bowel obstruction: a case report and brief review of the literature." *J Gastrointest Surg*. 2013 Oct; 17(10):1832-5.

Kathreen P. Lee, Rachel R. Kelz, Benoit Dube, Jon B. Morris. Attitude and Perceptions of the Other Underrepresented Minority in Surgery. *Journal of Surgical Education* (Accepted)

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Zgheib CW, Allukian MW, Xu JC, Morris Jr MW, Caskey RC, Herdrich BJ, Hu J, Joseph H, Gorman III JH, Gorman RC, Liechty KW. Mammalian Fetal Cardiac Regeneration Following Myocardial Infarction is Associated with Differential Gene Expression Compared to the Adult. *Annals of Thoracic Surgery* (accepted)

Caskey RC, Zgheib C, Morris MW, Allukian M III, Dorsett-Martin W, Xu J, Wu W, Liechty KW. Dysregulation of Collagen Production in Diabetes Following Recurrent Skin Injury: Contribution to the Development of a Chronic Wound. *Wound Repair and Regeneration* (accepted)

Bartlett EK, Wachtel H, Fraker DL, Vollmer CM, Drebin JA, Kelz RR, Karakousis GC, Roses RE. Surgical Palliation for Pancreatic Malignancy: Practice Patterns and Predictors of Morbidity and Mortality. *J Gastrointest Surg*. 2014 Mar 27. [Epub ahead of print]

Bartlett EK, Fetsch P, Filie AC, Abati A, Steinberg SM, Wunderlich JR, White DE, Stephens DJ, Marincola FM, Rosenberg SA, Kammula US. Human Melanoma Metastases Demonstrate Non-Stochastic Site-Specific Antigen Heterogeneity that Correlates with T Cell Infiltration. *Clin Cancer Res*. 2014 Mar 19. [Epub ahead of print]

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Okusanya OT, Scott M, Low DL, Morris JB. The Partial Underlay Preperitoneal with Panniculectomy (PUPP) Repair for Incisional Abdominal Hernia in the Morbidly Obese. *Surg Obes Relat Dis.* Epub 2013 July 31

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Quatromoni JG, Predina JD, Bhojnagarwala P, Judy RP, Jiang J, De Jesus E, Kapoor V, Cheng G, Okusanya OT, Eruslanov E, Singhal S. Adenoviral Based Immunotherapy Provides Local Disease Control in an Orthotopic Murine Model of Esophageal Cancer. *Journal of Immunotherapy.* In Press.

Okusanya OT, Holt DE, Heitjan DE, Deshpande CG, Venegas OG, Jjiang J, Judy RP, DeJesus E, Madajewski B, Oh K, Wang MD, Albelda SM, Nie S, Sunil S. Intraoperative Near-Infrared Imaging Can Identify Pulmonary Nodules. *Annals of Thoracic Surgery* (Accepted)

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*Co First Author.

Okusanya OT, Deshpande CG, Barbosa EM, Aggarwal C, Simone CB, Jiang J, Judy RP, DeJesus E, Albelda SM, Nie S, Low PS, Singhal S. Molecular Imaging to Identify Tumor Recurrence Following Chemoradiation in a Hostile Surgical Environment. *Molecular Imaging.* (Accepted)

Vascular Society Meeting in Boston

In June the 2014 Vascular meeting in Boston was again a triumph for Penn Surgery. For the third consecutive year Ron Fairman was Program Chairman. He was also honored in two special ways. He was presented with a prestigious award, The Presidential Citation. He was also elected Vice President of the Society for Vascular Surgery and will become President in 2017. Since the founding of the Society in 1946, of Penn surgeons, only Dr. Fairman and Julian Johnson (in 1960) have been so honored.

Scientific sessions were moderated by Drs. Fairman, Jackson and Wang.

Pictures are from the reception hosted by Dr. Fairman for Penn Vascular Surgery fellows and faculty.

Listed are the papers presented at the meeting by Penn Fellows:

1. *Impact of Acute Post-Operative Limb Ischemia Following Cardiac and Thoracic Aortic Surgery* S. M. Damrauer, N. Desai, X. Wang, G. J. Wang, B. M. Jackson, E. Y. Woo, J. E. Bavaria, R. M. Fairman.

2. *Isolated Infrarenal Aortic Dissection and Penetrating Aortic Ulcer: A Nonmorbidity Condition* D. A. Nation, Y. Etkin, H. I. Litt, G. J. Wang, B. M. Jackson, R. M. Fairman, E. Y. Woo

3. *Trends in EVAR Length of Stay over a Decade at a Tertiary Academic Institution* Y. Etkin, B. M. Jackson, E. Y. Woo, P. Foley, J. Rohrbach, R. M. Fairman, G. J. Wang.

4. *Use of "Fall-back" Techniques for IVC Filter Retrieval Leads to 100% Technical Success* Y. Etkin, J. Glaser, D. A. Nation, P. Foley, G. J. Wang

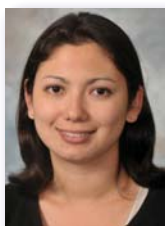
5. *Use of Computational Fluid Dynamics Studies in Predicting Aneurysmal Degeneration of Acute Type B Aortic Dissections* E. K. Shang, D. P. Nathan, R. M. Fairman, J. E. Bavaria, R. C. Gorman, J. H. Gorman, B. M. Jackson



News of Alumni and Friends

Faculty, Residents, Alumni of Penn Surgery
email your news to Clyde Barker
clyde.barker@uphs.upenn.edu

- ◆ In April Penn Surgery featured prominently at the 2014 Meeting of the American Surgical Association in Boston. **Heather Wachtel, MD** (PGY3) did an excellent job presenting this paper from Doug Fraker's laboratory. Wachtel H, Bartlett EK, Kelz RR, Cerullo I, Karakousis GC, Fraker DL. *"Primary hyperparathyroidism with negative imaging: A significant clinical problem."*



Jim Markmann, MD, PhD and **Heidi Yeh, MD** also had a paper.

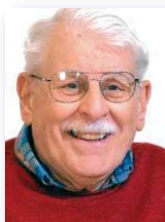
Inducted as new members were **Mark Mitchell, Jeff Carpenter** and **Pat Reilly**.

John Daly, former Jonathan Rhoads Professor and Chief of Surgical Oncology at HUP, was elected Vice President of the Association.

- ◆ **Jon Oderico** (HUP Chief Resident 1994) has been promoted to Full Professor with tenure in the Department of Surgery at the University of Wisconsin.



- ◆ **Anne Ravdin, RN, BSN** (long time HUP OR nurse and now Clinical Education Coordinator for the Division of Traumatology, Surgical Critical Care and Emergency Surgery) reports that her father **William D. Ravdin** died on March 30, 2014. He was I.S. Ravdin's last surviving child. Bill Ravdin was not a doctor but was a great friend of our department. When he spoke at the memorial tribute to his late father, on I.S.R.'s 100th birthday his appearance and especially his voice were eerie, so like his father's that they brought back memories. His reminiscences as well as others about I.S. Ravdin were published and are available in the Fitts Library.



- ◆ **Ali Naji, MD, PhD** was the honoree of the April 2014 Promise Ball of the Juvenile Diabetes Research Foundation.



- ◆ **Michael Fitts**, Dr. William T. Fitts' son after 14 years as Dean of Penn's Law School has become President of Tulane University.



- ◆ **Arnold Relman, MD**, former Chairman of Medicine, University of Pennsylvania (1968-1977) died June 17, 2014.

- ◆ **Derek Brinster, MD** (HUP Chief Resident 2003) Has been appointed Director of Aortic Surgery for the North Shore - Long Island Jewish Health System, based at Lenox Hill Hospital in NYC in July.



New Faces

- ◆ **Satoshi Furukawa, MD** (HUP Chief Resident 1991) has joined the faculty of the Division of Cardiovascular Surgery as Professor of Clinical Surgery and Chief of Cardiothoracic Surgery at Pennsylvania Hospital.



Promotions

- ◆ **Rachel R. Kelz, MD, MSCE**
Endocrine and Oncology Surgery -
Promoted to Associate Professor
in the Clinician Educator track



- ◆ **Jesse A. Taylor, MD**
Plastic Surgery -
Promoted to Associate Professor
in the Clinician Educator track



- ◆ **Joshua I.S. Bleier, MD**
Colon and Rectal Surgery -
Promoted to Associate Professor
in the Academic Clinician track



- ◆ **Gary B. Korus, MD**
Gastrointestinal Surgery -
Promoted to Associate Professor
in the Academic Clinician track



- ◆ **Julia C. Tchou, MD**
Endocrine and Oncology Surgery -
Promoted to Associate Professor
in the Academic Clinician track





Penn Surgery

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3400 Spruce Street
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SUMMER 2014

Remembering Donna Muldoon

Donna Muldoon died in March 2014, after more than three decades of service at HUP and in the Department of Surgery. After spending several years as Supervisor of Admissions and Appointments in 1985 she began working with Dr. Rhoads as his Administrative Assistant. During the many years that Dr. Rhoads edited the journal *Cancer* she served as its Managing Editor, a role for which she was well qualified as a former high school English teacher.

In 1997 Donna, with John Rombeau, authored a highly regarded biography of Dr. Rhoads, *Jonathan E. Rhoads, Quaker Sense and Sensibility in the World of Surgery*. She was also an Editorial Assistant for Dr. Rombeau while he was Editor of the *Journal of Enteral and Parenteral Nutrition*.

After Dr. Rhoads' death in 2002 she became Dr. Barker's Administrative Assistant. She was a valuable resource for the Department because of her extensive knowledge of the leaders and academic aspects of American and International Surgery.

Donna will be remembered as bright, hard working and generous. Her desk top was a consistent source of cheese, pastries and other snacks that she made available for staff, faculty, students and residents. An animal lover, she frequently turned up with presents for her friends' pets.

As her health declined she persisted in coming in to work until shortly before her death, though this required the use of taxi cabs and a wheel chair which she used as a walker. Donna will continue to be missed by all.



Editorial Board:

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