

Department of Surgery NEWS

WINTER/SPRING 2013

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Newsletter contact: Jo-Ann.Dugdale@hitchcock.org



CHAIR'S NOTE | RICHARD B. FREEMAN JR., MD

Richard B. Freeman Jr., MD

Colleagues:

It is my pleasure to present the third Department of Surgery Newsletter. In this issue we highlight the impressive research work our residents are accomplishing across all of our subspecialties. The institution of our weekly health Services Research Meeting, led by Dr. Phil Goodney, has provided a multispecialty forum for developing innovative clinical research ideas, refining of grant proposals and protocols, and presenting work in anticipation of publication or presentation at national meetings.

Since July 2012, a total of 13 Department of Surgery trainees have presented their work at eight regional or national meetings, including the New England Surgical Society meeting, the Congress of Neurological Surgeons annual meeting, the New England Urologic Association's annual meeting, the American Society of Plastic Surgeons Meeting and the International Cutaneous Lymphoma Meeting. We are proud of their work and pleased to be able to support them in their efforts. In this issue we highlight the experience one of our residents has had in the Veteran's Administration Clinical Scholar's Program as another indication of the research opportunities we provide.

In other news, our Cardiac Surgeons led by Dr. Joseph DeSimone in collaboration with Dartmouth-Hitchcock (D-H) Cardiologists, have successfully launched our Trans Cutaneous Aortic Valve (TAVR) program, which will bring aortic valve repair to many patients too frail or ill to undergo the traditional open surgical aortic valve replacement. We have continued to develop our community surgery program through the leadership of Richard Barth, Section Chief of General Surgery, and we expect this effort to spread to the sections of Otolaryngology, Urology and Neurosurgery in the near future.

Our ability to continue to support our outstanding house staff to develop their research careers depends on your help. Our resident research fund provides funding for their travel, research expenses, tuition for some courses and other educational opportunities. Please help support resident research and education within our Department (see page 9).

Thank you



RESIDENCY PROGRAM HIGHLIGHT
NEUROSURGERY
BY DAVID ROBERTS, MD

SECTION CHIEF, NEUROSURGERY

NEUROSURGERY RESIDENCY PROGRAM DIRECTOR

The Dartmouth Neurosurgery Residency Program has continued to garner national recognition and awards. There were 62 papers and chapters published and 35 papers presented at regional and national meetings in 2011-2012.

Kimon Bekelis won the *Scoville Award* for the best resident paper at the New England Neurosurgical Society meeting for his work on the diagnostic yield of CT angiography in non-subarachnoid hemorrhage, and received a *Dandy Fellowship* from the Congress of Neurological Surgeons (CNS) to investigate inflammatory response in intracranial aneurysms using nanoparticle imaging. Bekelis was also elected to the AANS Young Neurosurgeons Committee.

Chief Resident **Atman Desai**, who will go to Johns Hopkins next year for a fellowship in complex spine surgery, received national media attention for his study showing an inverse correlation between the population density of neurosurgeons and motor vehicle accident mortality. Valedictorian of his medical school class at Cambridge, Desai was elected to AOA this past spring.



Atman Desai, MD, left, and Scott Lollis, MD

Dartmouth medical student **Pablo Valdes** defended his PhD thesis on fluorescence-guided tumor resection, won a Hitchcock Foundation grant award and spent the past year with us as a postdoctoral fellow.

Ziev Moses, a fourth-year Dartmouth medical student, won *Best Resident Poster* in the Tumor Section of this year's CNS meeting for his work on the correlation of microvessel density with 5-ALA-induced tumor fluorescence.



Kimon Bekelis, MD



Atman Desai, MD



Pablo Valdes, PhD



Ziev Moses

VA QUALITY SCHOLARS

Learning from Research, Advancing Surgical Care

Young surgeons in training within D-H's academic health system are asked to do one or two years of research as part of their residency experience. With a wide variety of research opportunities available, residents have many choices. Some choose to get a Master's degree in public health or business. Others travel to third-world countries to do their projects.

For **Jessica Wallaert, MD**, a third-year surgical resident, it was an easy decision. "I knew I wanted to focus primarily on doing outcomes research in vascular surgery because my mentors, especially Dr. Phil Goodney, have been the vascular surgeons who've been very involved in that work," she explains.

Wallaert recently completed a two-year research fellowship funded by the VA Quality Scholars—a national program offered through the Veteran's Health Administration in collaboration with The Dartmouth Institute for Health Policy and Clinical Practice (TDI). The program supported her salary and graduate work at TDI.

"It was really nice to have two years of 'protected' time to focus on research," says Wallaert, who is now back in the full swing of doing her clinical rotations. "What's great about the VA Quality Scholars, a highly successful group led by Drs. Mark Splaine and Greg Ogrinc, is it gives you exposure to a variety of things—quality improvement, administration in health care, and outcomes research in health care. And there are national leaders in each of those arenas that you get to network with on a regular basis, which is really incredible."

Wallaert settled on outcomes research as her niche, working with the VA Outcomes Group, a team of physician researchers and fellows from a variety of clinical disciplines who share a common concern about the excesses of American medicine. "The main focuses of my

CONTINUED ON PAGE 5



Third-year surgical resident Jessica Wallaert, MD, (center) recently completed the VA Quality Scholars fellowship—a two-year program that combines outcomes research and quality improvement in health care. "The experience helped me choose what kind of surgeon I want to be, and it's made me appreciate how important it is to have research behind the care we provide," says Wallaert.

VA QUALITY SCHOLARS CONTINUED

LEARNING FROM RESEARCH, ADVANCING SURGICAL CARE

research involved defining appropriate candidates for carotid revascularization and improving the quality of care we provide to diabetics who are undergoing surgery,” she explains.

All in all, Wallaert considers the time she dedicated to research to have been well spent. “I felt like it was a very productive two years for me,” she says. “I had six first-author publications, each based on a different study. I got my Master’s degree in health services research. And I wrote a grant, which got funded and I was able to serve as principle investigator.”

One of the keys to having a successful research fellowship, she says, is finding the right mentor. “That’s one of the things that I tell residents who are looking to go into this fellowship,” says Wallaert. “You need to find a mentor that you can work well with, who’s going to challenge you and guide you through the two years, so you can get the most out of it. For example, Dr. Goodney pushed me to not only publish my papers but to present them. As a result, I got to present at a lot of regional and national meetings.”

“It was a privilege for me, and my colleagues in the VA Outcomes Group, to mentor Jessie during her research fellowship,” says Goodney. “She made it very easy. She thought of great research questions and then worked very hard to answer them. All that I did was to help ‘steer the ship’ a little, and I couldn’t be more pleased with her success. I think her efforts serve as an outstanding example for her colleagues in our residency program.”

“I think my research experience impacted me in a couple of very important ways,” says Wallaert. “It helped me choose what kind of surgeon I want to be—an academic vascular surgeon, as opposed to being a private practice vascular surgeon. And it’s made me appreciate not only what’s involved in doing research, but also how important it is to know the literature, and to actually have evidence behind the care we provide.”

RESIDENT INTERVIEWS

Dermatology had 28 candidates interview; seven faculty members participated in the interview process. Two candidates traveled from California.

General Surgery had 79 candidates interview; 24 faculty members participated in the interview process. One candidate traveled from New Mexico.

Neurosurgery had 30 candidates interview; six faculty members participated in the interview process. One candidate traveled from California.

Otolaryngology had 20 candidates interview; eight faculty members participated in the interview process. One candidate traveled from California.

Vascular Surgery had 20 candidates interview; eight faculty members participated in the interview process. One candidate traveled from Texas.

NEW TECHNOLOGY IN CARDIOTHORACIC SURGERY

Transcatheter Aortic Valve Replacement

BY JOSEPH DESIMONE, MD
CARDIOTHORACIC SURGERY

The evolution of aortic valve replacement at Dartmouth-Hitchcock Medical Center (DHMC) has progressed to the next major advancement in structural cardiac technologies. In 2011, DHMC was accepted into the second iteration of the largest trial of Transcatheter Aortic Valve Replacement (TAVR).

Since that time we have been actively enrolling a wide range of patients into the study. Patients with severe aortic stenosis who are symptomatic but who are not candidates for surgery, as well as high-risk and even moderate-risk surgical candidates can be offered alternative therapy to conventional surgery.

Currently, DHMC offers a wide variety of options for patients interested in TAVR. If a patient is high-risk or non-operative, there are FDA approved indications for commercially available valves that can be placed through the femoral artery (trans femoral) or inserted through the apex of the heart (trans apical). If patients are moderate- or high-risk and wish to participate in the PARTNERS II study, we offer both the trans femoral and the trans apical approach. Moreover, the study allows for a greater variety of valve sizes, giving patients the broadest range of options.

With the addition of TAVR to the many therapies that we offer patients with cardiac and vascular disease, the Heart and Vascular Center at DHMC continues to expand its footprint. The approach is collaborative with cardiology, vascular surgery and anesthesiology. This uses the expertise of each subspecialty keeping cardiac surgery relevant in the future.



Cardiothoracic surgeon Joseph DeSimone, MD (left), and interventional cardiologist John Robb, MD (right), are helping to lead a national phase-II clinical trial to test the effectiveness of Transcatheter Aortic Valve Replacement. The promising new minimally-invasive procedure gives hope to patients like 92-year-old Herbert Childs of Bennington, VT (center), who are too frail to undergo surgery to replace their valve. Childs had the procedure done in April as a trial participant and is recovering well.

NEW FACULTY
General Surgery

Sean D. Bears, MD
Medical School:

MD, University of Health Sciences, Chicago Medical School, Chicago, IL, 1993

Residency: Stamford Hospital, Stamford, CT, General Surgery, 1993-98

Board Certification:

General Surgery, 2000, 2010


Brent C. White, MD
Medical School:

MD, Duke University School of Medicine, Durham, NC, 2000

Residencies: Dartmouth-Hitchcock Medical Center, Lebanon, NH, General Surgery, 2000-02; Dartmouth-Hitchcock Medical Center, Lebanon, NH, General Surgery, 2003-06

Fellowships: VA Outcomes Group, Veterans Health Administration, White River Junction, VT, Surgical Outcomes Research, 2002-03; Emory University Hospital, Atlanta, GA, Minimally Invasive Surgery, 2006-08

Board Certification:

General Surgery, 2007

Pediatric Urology

David R. Chavez, MD

Medical School: MD, Dartmouth Medical School, Hanover, NH, 1988

Internship: Oregon Health Sciences University, Portland, OR, General Surgery, 1988-89

Residencies: Stanford Hospital & Clinics, Stanford, CA, General Surgery, 1989-91; Dartmouth-Hitchcock Medical Center, Lebanon, NH, Urology, 1991-95

Fellowships: Beth Israel Hospital, Boston, MA, Endourology, 1995-96; Duke University Medical Center, Durham, NC, Pediatric Urology, 1996-97

Board Certifications: Urology, 1999; Pediatric Urology, 2010

AWARDS & PERSONAL ACCOMPLISHMENTS

Tim Siegel, MD passed the Board exam in palliative care medicine.

Kerry Smith, MD has been awarded a \$50,000 grant from the NCCC to study pancreas cancer in mouse models.

Stefan Holubar, MD received a Dow-Crichlow award.

Cherie Erkmen, MD received the Esophageal Pathway Award.

Payne Stanifer, MD won best poster (out of 54 posters presented) at the New England Surgical Society.

Meredith Sorensen, MD was awarded second place in the paper competition at the New England Surgical Society.

Emily Ridgway, MD has become Board Certified in Plastic Surgery.

Gary Freed, MD has become Board Certified in Plastic Surgery.

Carolyn Kerrigan, MD graduated from MHCDs (Master of Health Care Delivery Science).

CARE PATH AWARD

The Department of Surgery is pleased to announce that Thoracic Surgery is the 2012 winner of the second annual Care Path Award.

The \$25,000 prize was presented to the team by D-H CEO and President, Jim Weinstein, on November 28th for their development of a care path for esophageal cancer patients. Led by Cherie Erkmen, MD, the team also included Anne McGowan, PA; Marcia Lowes; Betsy Maislen, APRN; Kathryn Abraham, RN; Ellen Parker, RN; Melissa Friedman and Wendy Oliver.

Dr. Erkmen plans to use the money to establish a patient network, allowing patients to connect with each other for support and to also provide patient education materials.

The submissions for the Care Path competition were evaluated on several criteria areas, including the presence of evidence-based guidelines, policies and/or evidence reviews, the number of patients benefitted, the potential for better health outcomes, the ability to implement and the opportunity for cost-savings. This year's emphasis was on the teams' abilities to measure their progress.



Above, Dr. James Weinstein presents the second annual Care Path Award to Dr. Konstantin Dragnev while Dr. Richard Freeman looks on. Left, Drs. Weinstein and Dragnev review the esophageal cancer care path presentation.

CALENDAR OF EVENTS
Department of Surgery Grand Rounds

3/22/13	Vascular Surgery	David Stone, MD & Alexander Horvath, D-H
3/29/13	Pediatric Surgery	Andrea Stroud, MD, D-H
4/5/13	General Surgery	Timothy Siegel, MD, D-H
4/12/13	Cardiothoracic Surgery	James Yun, MD, PhD, D-H
4/19/13	General Surgery	Nick Perencevich, MD, Concord Regional Hosp.
4/26/13	Neurosurgery	
5/3/13	Transplant Surgery	
5/10/13	General Surgery	Matthew Harold Katz, MD, M.D. Anderson Cancer Center, Houston, TX
5/17/13	Vascular Surgery	
5/24/13	Otolaryngology	
5/31/13	Plastic Surgery	Lawrence B. Colen, MD Norfolk Plastic Surgery
6/7/13	Department of Surgery	
6/14/13	General Surgery	
6/21/13	Vascular Surgery	
6/28/13	General Surgery	Kevin S. Hughes, MD Massachusetts General Hospital, Boston, MA

GIVING BACK: DONATIONS

With a gift to the Department of Surgery at D-H, you can make a resident's dreams come true and advance a young doctor's career in real and meaningful ways. To make a gift today, go online to http://dartmouth-hitchcock.org/surgery_donate or make a check out to MHMH with "Dept. of Surgery" in the memo line and mail it to:

**Office of Development
D-H and the Geisel School of Medicine
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Lebanon, NH, 03756-0001**

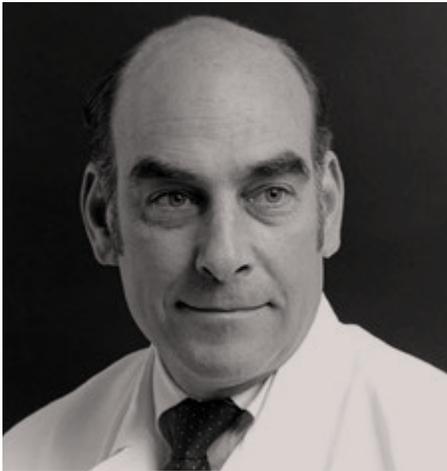
For more information, contact Rick Peck, Director of Gift Planning, at (603) 653-0735. Our residents and faculty thank you for your generosity.

KEEP IN TOUCH

Alumni News: We are interested in what you are up to now and any individual accomplishments. Send a quick note and your contact information to Jo-Ann.Dugdale@Hitchcock.ORG

IN MEMORIAM
Robert (Bob) Crichlow, MD

DOS Chair 1980–1995



Dr. Crichlow was a general surgeon who joined the faculty of Dartmouth Medical School in 1972. He was appointed a full professor in 1978 and served as Chair of the Department of Surgery at Mary Hitchcock Memorial Hospital from 1980 until he retired in 1995. He was also the William and Bessie Allyn Professor of Surgery.

He completed his surgical training at the Hospital of the University of Pennsylvania, serving as chief resident in his final training year. He was appointed Assistant Instructor in Sur-

gery in 1962 and later was promoted to Associate Professor of Surgery in 1972. At Penn, he also began a decades-long clinical career as a general surgeon. In 1972, when he joined the faculty at Dartmouth Medical School, the institution was in the process of expanding from a two- to three-year degree-granting program.

As Chair of the Department of Surgery, Dr. Crichlow helped develop programs, funding and recruitment for both the Section of Vascular Surgery and for Pediatric Surgical Services. He also helped lay the groundwork for renal transplantation at D-H and, with industry support, established a laboratory for clinical research and training of surgeons in advanced laparoscopic techniques.

In his retirement, he and his wife Marilyn became enthusiastic supporters of Opera North and Bob served on the company's board of trustees. They also audited music courses at Dartmouth.

C. Everett Koop, MD

U.S. Surgeon General 1981-89



PHOTO BY JON GILBERT FOX

Dr. Koop passed away on February 25, 2013 at the age of 96 at his home in Hanover, NH.

He was appointed Deputy Assistant Secretary for Health in February 1981 and was nominated for U.S. Surgeon General by President Reagan later that year. His nomination was confirmed by the U.S. Senate in 1981 and he served as the Surgeon General of the United States from 1982–1989.

Dr. Koop will perhaps be most remembered for four facets of his professional work: Abortion, Tobacco, AIDS, and Baby Doe and the Rights of Handicapped Children. American Medical Association president, Jeremy Lazarus, commented, "Because of what he did and the way he did it, he had a dramatic impact on public health."