**FROM THE CHAIR**

Perception is all. Those who interpret the world negatively may shout that the sky is falling. I don’t see it that way. When I look up, I see blue and clouds hovering calmly above. Anxiety and uncertainty are easy to come by these days, but can only define our reality if we refuse to recognize that which is fundamentally good.

At Emory, I have found that most of us share a relentless sense of optimism. Serving the needs of our stakeholders, be they patients, trainees, payers, caregivers, gift donors, or others, is an honor and a privilege, and we welcome each new day and the possibilities it brings to make a difference in their lives and pursuits.

Our reflex is to think of value in terms of quality when it is related to healthcare. Yes, we are passionately committed to improving all facets of the patient experience at Emory, but we also find value in residents who will cherish the lessons they have learned, in faculty whose technical and research skills are activated by humanity, and in breakthroughs and discoveries so significant that they catalyze new thinking, new concepts, and new ways to conquer old problems.

Value is not only a projection of worth; it is a validation of doing great things for the right reasons.

John F. Sweeney, MD
Joseph Brown Whitehead Professor of Surgery and Chair,
Department of Surgery
Emory University School of Medicine

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**Without Pause**

Since arriving at Emory in 2007 from the Baylor College of Medicine, John Sweeney hasn’t slowed his course. Barely one year after settling in as chief of the division of general and GI surgery, he became chief quality officer of the Department of Surgery.

He launched the department’s participation in such quality alliances as the University HealthSystem Consortium and the National Surgical Quality Improvement Program; enlisted teams from throughout the specialties that developed service-specific quality metrics and checklists, defined improvement areas, and designed strategies to tackle shortfalls; and undertook research collaborations aimed at reducing costs and lessening hospital readmissions.

When Christian Larsen left his position as department chair in 2013 to serve as dean of Emory’s School of Medicine, Sweeney was selected as interim chair. This past year, “interim” became “permanent,” and no one was surprised. “John is an individual of personal integrity, professional energy, and commitment to quality leadership who is extremely effective in building teams...”
through professional development and recruitment of top talent to complement his own leadership skills,” Larsen said. “He brings an exceptional background of surgical innovation and commitment to excellence, quality, and the highest level of patient care.”

**DOUBLE TAKE**

As the measurement and oversight of outcomes gained traction in the department, John Sweeney and Sebastian Perez, the department’s research informatics specialist, turned their focus towards lowering the cost of pursuing excellence and maintaining those outcomes.

“The future of surgical care promises a resource restricted environment, and payers will not be satisfied with large jumps in cost to sustain better outcomes,” says Perez. “To achieve the balanced relationship between quality and cost that patients deserve, we need to lower the expense of being good at what we do.”

To select the first set of projects for applying value improvement analyses, Perez and his team examined the costs per patient recorded by the cost-accounting systems of Emory University Hospital and outcomes data from such quality forums as the National Surgical Quality Improvement Program and the Society of Thoracic Surgeons General Thoracic Surgery Database. Perez and Sweeney then designed a standardized process improvement system based on Six Sigma and Lean methodologies, which use structured, collaborative team techniques to create roadmaps for investigation. Project teams were then charged with defining what changes were needed to cut costs or increase patient value and the steps to making those changes.

The gastric bypass OR cost reduction team, led by Edward Lin, set a goal of reducing the average $12,000 cost of gastric bypass by $1,200. The OR costs for three surgeons were calculated, and one was found to have significantly lower expenses. After digging deeper, the team traced the reduction to the surgeon’s use of a less expensive stapler. Upon determining that it functioned as well as its costlier cousins, the other two surgeons also began using the more economical stapler. After one year, the cost of gastric bypass at Emory dropped by a mean of $2,000.

Patrick Sullivan’s project, ERAS protocol compliance in colorectal surgery, aims for discharging patients sooner after colectomy while also reducing readmissions. ERAS (Enhanced Recovery After Surgery) is a multimodal perioperative care pathway for early patient recovery after major surgery. Sullivan’s team is tracking surgical oncologists’ compliance with such ERAS precepts as less reliance on opioids for pain management and attempting to get patients to walk the first night after surgery. As the surgeons have gradually aligned with ERAS, patient lengths of stay have indeed shortened, though other factors are also involved.

The final challenge will be to sustain such improvements. “Our standardized analytical system should help us with that as well, because one of its components is to create an environment where monitoring is built in,” says Perez.

**RIPE EFFECT**

Johns Creek Hospital joined Emory in 2010. Saint Joseph’s followed suit in 2012. Considering the complex logistics and substantial timeframes that accompany the establishment of Emory’s signature programs at new outposts, both facilities are relatively young carriers of the Emory brand. However, Emory continues to make major strides in resolving the substantial details and issues associated with growth, and the department is progressively opening new doors at these facilities that will contribute to its goal of setting the standard of care for multiple conditions and diseases in the Southeast and beyond.

**HEART AND VASCULAR CONSOLIDATION**

The Emory Heart and Vascular Center has expanded from Emory University Hospital (EUH) and Emory University Hospital Midtown (EUHM) to Emory Saint Joseph’s Hospital (ESJH) and Emory Johns Creek Hospital (EJCH). Thoracic and vascular surgery services are in place at EJCH, and cardiac, thoracic, and vascular surgery services have extended to ESJH, one of which is the multi-disciplinary Emory Aortic Center, now the largest volume and highest acuity aortic program in Georgia.

The team of cardiothoracic surgeons that moves between these interconnected locations includes Edward Chen, Michael Halkos, Bradley Leshnower, Manu Sancheti, Eric Sarin, and recent Emory hires Steven Macheers, Jeffrey Miller, and Douglas Murphy, who have long-standing ESHJ practices. The team’s unique and overlapping areas of expertise in such areas as aortic disease, robotic surgery, and ventricular assist devices has widened the scope of the Heart and Vascular Center beyond metro Atlanta.

**TWO DISCIPLINES, MUTUAL GOAL**

An outgrowth of cardiothoracic surgery and cardiology’s increased presence at ESJH is that patients with persistent atrial fibrillation (AF)—cardiac arrhythmia that lasts more than seven days—or long-standing persistent AF—arrhythmia that lasts longer than one year—can now be eligible for the Convergent hybrid AF ablation procedure. Although intermittent AF can usually be managed with a percutaneous, endocardial approach by electrophysiologists, persistent or long-standing persistent AF is notoriously difficult to treat.

“This hybrid technique offers a minimally invasive alternative to the standard and potentially problematic therapies of medication and surgical or endocardial ablation,” says cardiothoracic surgeon Michael Halkos, who performs the procedure with electrophysiologist David DeLurgio. “It does not involve chest incisions or a cardiopulmonary bypass. Instead, it strives to restore regular rhythm to the heart by blocking the abnormal electrical signals that trigger and perpetuate AF’s irregular heartbeat, and may yield a more durable option for these patients than conventional therapy.”

The Convergent procedure involves the ablation of areas of the heart that correspond to cardiothoracic surgeons and cardiac electrophysiologists’ different approaches. After Halkos makes a small incision in the abdomen to gain access to the outside of the heart through the diaphragm, he applies radiofrequency ablation to produce lesions (scar tissue) on the heart in order to block the wayward electrical impulses. DeLurgio then enters the inside of the heart through a vein in the leg, uses advanced mapping techniques to make certain that the lesions are complete and connected, and ablates the pulmonary veins and other specific lesion sets.

“We would never have known that a simple thing like the choice of a stapler could make such a difference if we hadn’t compared components of the surgeons’ procedures,” says Sebastian Perez. The team of cardiothoracic surgeons that moves between these interconnected locations includes Edward Chen, Michael Halkos, Bradley Leshnower, Manu Sancheti, Eric Sarin, and recent Emory hires Steven Macheers, Jeffrey Miller, and Douglas Murphy, who have long-standing ESHJ practices. The team’s unique and overlapping areas of expertise in such areas as aortic disease, robotic surgery, and ventricular assist devices has widened the scope of the Heart and Vascular Center beyond metro Atlanta.

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“We would never have known that a simple thing like the choice of a stapler could make such a difference if we hadn’t compared components of the surgeons’ procedures,” says Sebastian Perez.
“We will be participating in a randomized clinical trial comparing hybrid AF ablation to conventional endocardial ablation for patients with long-standing persistent or persistent AF so that we can test the encouraging short-term results with longer-term follow-up,” says DeLurgio.

WIDENING THE PERIMETER
When Michael Clark, Peter H Doubler, Charles Lewinstein, Mark Mittenhal, J. Mark Rheuendaal, and Joseph Zarge joined our faculty in August 2014, they helped create the largest vascular surgery group in Georgia. In addition to bringing their respected and robust ESH-based surgical services into Emory’s clinical fold, they also contributed a new patient pool from clinics they had established in such outlying communities as Roswell, Cumming, Ellijay, Blairsville, and Blue Ridge. Within a network of high-end vascular surgical facilities at EUH, ESH, and EJCH, these doctors have joined with their Emory colleagues Shapra Arya, Luke Breustedt, Tom Dodson, Yazan Duwayri, and Ravi Veeraswamy to further optimize the quality of vascular surgical care Emory provides while increasing its volume of complex cases. Meanwhile, the Emory vascular surgery service at Grady Memorial Hospital, built from the ground up by Ravi Rajani, has solidified its position as downtown Atlanta’s go-to outlet for progressive endovascular care.

CANCER TREATMENT AT EMORY JOHNS CREEK HOSPITAL
Winship Cancer Institute has deepened its footprint at EJCH with two newly hired surgical oncologists, Clleus Arciero, a rebranded and decoratively decorated Army Colonel, is offering his expertise in treating breast cancer, melanoma, and sarcoma, while Seth Rosen, a 14 year veteran of private practice in Atlanta, has launched the EJCH arm of Emory’s colon and rectal surgery program. Rosen will provide care to patients with the full spectrum of colon and rectal conditions, with particular focus on robotic-assisted colectomy and minimally invasive approaches to rectal cancer. Both surgeons will coordinate care with Emory medical and radiation oncologists, oncology nurses, nutritionists, and other oncology providers.

NEW LEADERSHIP ON THE HORIZON
After serving five years as chief of the division of vascular surgery and endovascular therapy, Thomas Dodson will return to devoting 100% of his focus to clinical practice in January 2016. “Back in the day when I was doing my fellowship at Emory, Dr. Dodson was a great model for how an academic surgeon should interact with peers, trainees, and patients,” says William D. Jordan, Jr., who will become the new vascular surgery chief in January. “It is an honor to take up where he left off, and I welcome working with him and all the other great vascular faculty at Emory.” Upon completing his vascular surgery fellowship at Emory in 1994, where he also obtained his MD, Jordan returned to the site of his general surgery residency, the University of Alabama at Birmingham. He was appointed chief of vascular surgery at UAB in 1996, program director of the vascular surgery fellowship in 2002, and the Holt A. McDowell, Jr. Professor and Director of Vascular Surgery and Endovascular Therapy in 2007. His clinical specialties include the minimally invasive treatment of aortic aneurysm, aortic diseases, renal artery conditions, carotid artery diseases, and peripheral vascular diseases. Jordan’s focus on the development, evaluation, and implementation of new methods of treatment for peripheral vascular disease has been fueled by a variety of grants. His most recent trials-based investigations include being National Principal Investigator of Gore & Associates’ evaluation of the Gore® EndoAnchor for repair of aneurysm of the descending thoracic aorta, and serving as International Co-PI of a registry that is capturing data on the use and outcomes of Aptus EndoAnchors, which are applied during primary endovascular aneurysm repair to enhance an endograft’s inherent fixation and sealing mechanisms.

As he prepares for his move to Atlanta, Jordan has already opened lines of communication with our vascular surgery faculty and been integral to several major discussions involving future directions of the division.

Expertise Ethic
Developing dexterity in research is not only vital for residents planning to become academic surgeons, but also those intending to focus on clinical practice.

The skills required for conducting basic science and clinical investigations—adroit decision-making, multidisciplinary collaboration, in-depth analysis, concise communication of conclusions—are applicable to either career path. Not all of the following residents are guaranteed to spend as much time in the laboratory as they do in the operating room, but their future stakeholders will benefit regardless.
Society of Clinical Oncology enabled her to present at the annual ASCO Gastrointestinal Cancers Symposium in San Francisco. Her abstract, co-written with mentor and surgical oncologist Shishir Maithel and others, concluded that the length of the proximal margin is not associated with local recurrence, recurrence-free survival, or overall survival for an abdominal-approach resection of proximal gastric adenocarcinoma.

Blayne Sayed, mentored by transplant immunologist Mandy Ford, and Steven Kim, mentored by transplant surgeon scientist Andrew Adams, won research awards from the American Society of Transplantation (ASTS) and the American Society of Transplant Surgeons (ASTS). Sayed’s ASTS-funded study is concerned with the increased incidence and severity of rejection following renal and liver transplantation in patients on belatacept-based immunosuppression regimens, while Kim’s ASTS scientist scholarship will support a series of non-human primate studies designed to translate tolerance induction strategies involving mesenchymal stromal cells to clinical application.

SWIMMING WITH THE TIDE

Whether it be a sudden trip to the emergency room or a monitoring visit for a chronic condition, the likelihood of a patient’s initial and perhaps central clinical contact being a physician assistant is now commonplace. The growing ubiquity of PAs in all fields is influenced by increases in patient volume, current and projected clinician shortages; the need for doctors to carve out more time for research, teaching, or to develop new skills; and the increasing role of advanced practitioners in the healthcare environment for Emory residents. “As I observed the professional relationship between us early on, I was immediately intrigued, particularly since most PAs I spoke to on my rotations said that this was their biggest learning curve once they started working.” Jeavons was attracted to the program by the breadth of medical conditions she would encounter, the expected to perform daily rounds; present patients articulately and accurately; describe and implement treatment plans; give educational presentations to physician, PA, and RN staff; perform invasive diagnostic and therapeutic procedures; and become proficient in all surgical aspects of perioperative care. “Rather than focus on specific specialties during their second six months, Brock and Jeavons are coming as wide a skills base as possible by rotating through the general surgery, vascular, surgical oncology, trauma, and thoracic services and affiliated facilities. When they finish in January 2016, they believe they will be better able to make informed and sound choices when they apply for PA positions.”

“I scrub in, first assist, and observe many different types of surgeries,” says Brock. “I’ve learned different styles, techniques, and instrument preferences, which will allow me to adapt quickly and be a more efficient first assistant to the surgeons I work with.”
A DAY IN THE LIFE OF A CHIEF RESIDENT

Josh Rosenblum came to Emory in July 2011 from Case Western Reserve University School of Medicine in Cleveland. During the 2015-2016 academic year, he served as administrative chief. His responsibilities included providing resident-level administrative support and advice to the program director and generating call and rotation schedules for the majority of the residency. He plans to continue at Emory as a fellow in cardiothoracic surgery. The following is his documentation of one clinical shift among many:

04:30 | Out of bed, showered, got dressed. Grady greens today. Coffee to go.
05:15 | On shift. Looked at vitals and labs. No major incidents... yet.
05:30 | Round on the floor with the intern. Woke up patients. Checked everyone for changes and made plans for the day.
06:50 | Morning report from last night’s team. Always interesting to see what they’ve been up to.
07:15 | Ran the patient list with faculty, earlier plans revised. Figured out what trouble the ICU/Consult resident has been stirring up.
07:30 | Started the first case for the day, laparoscopic ventral hernia. Dr. Subramanian running to the second OR, I suspect it’s a patient with severe hemorrhoids. Sorry, PGY3.
09:00 | Quick rounds in the ICU with the PGY3 between cases. Some sick patients, some stable, no surprises.
09:30 | Second case, laparoscopic cholecystectomy. Took the PGY3 through the case, always makes me sweat (now I get what attendings go through), but PGY3 gets it done without a hitch.
11:30 | Saw a few consults with the PGY3 after checking in to make sure the intern and, more importantly, all the floor patients are still alive and functioning. Need to find someone to operate on.
12:30 | Lunch at the Grady Cafeteria. Hallelujah for the new Chick-fil-A.
13:30 | Help out with some work on the floor. Tracheostomy changes, dressing changes. Once an intern, always an intern.
15:00 | Work on Morbidity and Mortality Report for the week. We were busy, lots to talk about.
16:30 | GI Tumor Board. Dr. Russell says she has some cases coming up, but I have yet to find them.
18:00 | Expecting that last-minute ER consult, maybe a perforated gastric ulcer, small bowel obstruction, or perirectal abscess. Anything’s possible. Round on the floor and ICU, make sure everyone is tuckied in for the night.
19:30 | Out the door for home, another busy day tomorrow. Trauma call. Two weeks ago it was 35 admits, five operations, 28 hours in house. Long day, but that’s what every surgery resident does, has done for decades, and will do for decades to come.

MOBILE LEARNING

As a clinical fellow in transplantation of the Institute of Liver Studies at King’s College London, considered the busiest liver transplant program in Europe, Miriam Cortes Cerisuelo was deeply affected by her experiences with patients struggling with transplant rejection or the acute side effects of traditional immunotherapy regimens. “I learned how important the study of immunology was firsthand, and I wanted to be part of it,” she says.

With the support of Nigel Heaton, one of the founders of King’s liver transplant program, and Alberto Sanchez-Fueyo, head of King’s Institute of Liver Studies, Cortes Cerisuelo was selected to be the first fellow from King’s to come to Emory as a visiting scholar in liver transplant.

“Coming to America and working at Emory was a once in a lifetime opportunity,” she says. She arrived in March 2015 and began working with Mandy Ford, scientific director of the Emory Transplant Center (ETC), and Joseph Magliocca, surgical director of adult and pediatric liver transplantation. She is assisting Dr. Ford with investigations of the role alloreactive Th17 memory cells play in belatacept resistance rejection in liver and kidney transplant recipients—Emory surgeons and scientists helped pioneer belatacept, which is considered to be a less toxic alternative to standard immunosuppressants.

She is also working with Magliocca on a porcine liver transplant model that is testing aspects of organ storage at normal physiologic temperatures. The current method for slowing the metabolism of donor organs is cold storage, a less than optimal technique for maintaining organs of marginal quality. Magliocca hopes to promote organ storage at normal physiologic temperatures, which could make marginal organs more viable.

When Cortes Cerisuelo returns to King’s, she will be an attending in adult and pediatric liver transplant. She plans on maintaining collaborative contact with Ford, Magliocca, and other ETC scientists.
Balance with intent

The department’s 2015 research portfolio was a varied mix of foundational, corporate, and federal awards from the Agency for Healthcare Research and Quality, AVON Foundation, Carlos and Marguerite Mason Trust, Georgia Research Alliance, American Heart Association, CDC, FDA, Bill and Melinda Gates Foundation, Department of Defense, and others.

In one arm of PARTNER 1, all non-operative candidates received TAVR, while in the other, patients considered at high-risk were randomized between surgical valve replacement and TAVR. The reduced mortality among non-operative patients in particular inspired the FDA to approve the SAPIEN valve for this class of patients in 2011. “We concluded that the procedure should be the new standard of care for patients who are unable to undergo traditional surgical therapies,” says Thourani.

Fast forward to the 64th Annual Scientific Session of the American College of Cardiology meeting in San Diego, March 2015. Thourani and Babaliaros were part of the team that presented the five year outcomes of both the inoperable and the high-risk patients from the PARTNER 1 trial in a highly anticipated, late breaking clinical trials session. They announced that the data showed that TAVR as an alternative to surgery for these patients resulted in clinical outcomes similar to surgical replacement.

The ability of our faculty to attract funding from a variety of sources has been essential to the department’s continued research prominence, though maintaining this position still requires NIH support as well.

Early in the year, the Blue Ridge Institute for Medical Research published its ranking tables online of NIH funding for 2014. Emory Surgery ranked 12th in NIH awards for all departments of surgery nationwide, and narrowly missed being in the top 10 by only $630,000.

“In a time of more and more people competing for far less money, these rankings portray a department where the long standing luminaries and the next generation of top surgeon-scientists are working together to develop and innovate for the good of patients everywhere,” says Craig Coopersmith, the department’s vice chair of research and himself a holder of four R01s and a T32 training grant.

PROOF OVER TIME

Vinod Thourani was PI of his first grant when he was an Emory cardiothoracic surgery research fellow in 1998. After joining our faculty in 2005, he began to receive a steady stream of corporate and foundational grants as PI and Co-PI. By 2007, he and Robert Guyton, chief of cardiothoracic surgery, and interventional cardiologists Vasilis Babaliaros and Peter Block were Co-PIs of the Emory site of PARTNER 1, a pivotal, multi-center study that tested transcatheter aortic valve replacement (TAVR) with the SAPIEN valve, developed by Edwards Lifesciences. Emory was one of 22 sites nationwide—and the only one in Georgia—in the study.

TAVR was conceived as a less-invasive procedure for high-risk patients with aortic stenosis, a narrowing of the aortic valve that prevents normal blood flow. Traditionally, 20-30 percent of these patients were considered inoperable, while the remainder had to undergo surgical valve replacement, which involves opening the chest and stopping the heart. In TAVR, doctors make a small incision in the groin or chest wall, feed the new valve made of cow heart tissue mounted on a wire mesh on a catheter through the opening, and place the new valve where it is needed.
FIGHTING CANCER ON TWO FRONTS
Increased cancer survivorship has ramped up the development of new technologies for the early detection and targeted therapy that is partially responsible for lower mortality rates. It has also influenced more vigilant oversight, management, and improvement of survivors’ quality of life. At Emory, Lily Yang continues to be an innovator in the former field, while Theresa Gillespie is a leading investigator in the latter.

BREAKING CELLULAR ROADBLOCKS
Lily Yang’s translational research in novel cancer imaging and targeted therapeutic agents is funded 100% by the NIH. In 2015, her existing projects were joined by a new U01 partnership platform grant from the National Cancer Institute (NCI) Alliance for Nanotechnology in Cancer. The award received the NIH’s highest impact score of 10, an uncommon ranking that reflects the review panel’s opinion that the proposal could have a sustained influence on the field.

The project is essentially a five-year continuation of her team’s 2010-2015 NCI-funded effort to design a magnetic nanoparticle strategy for targeted therapy and treatment monitoring for pancreatic cancer.

"Our primary aim is to devise a targeted, multifunctional nanoparticle platform for overcoming the physical barriers of tumor stroma that obstruct drug delivery in pancreatic cancer so that we can efficiently deliver potent therapeutic agents into tumor cells," says Yang, who is sharing PI status with her long-standing collaborator, Emory radiology and imaging scientist Hui Mao.

Stroma is the connective tissue that supports organs and provides nutrients and regulatory signals to cells, but tumor stroma becomes dense and fibrotic in pancreatic cancer, creating an obstacle to drug delivery and a micro-environment to support the aggressive nature of cancer cells. "The development of a stroma-breaking nanoparticle platform could be a game changer in the treatment of pancreatic cancer as well as other stroma-rich cancers," she says.

Using insights derived from their prior studies, including a more refined understanding of tumor stroma biology and structure and the identification of multimodal, imaging-capable, therapeutic nanoparticles for targeting particular cellular receptors in cancer and tumor stromal cells, Yang, Mao, surgical oncology division chief Charles Staley, surgical oncologist David Kooby, medical oncologist Basset El-Rayes, and radiologist Magdora Lipowska plan on using the grant to create new and even more powerful nanoparticle drugs for imaging, stromal-penetration, and enhanced targeted delivery of chemotherapy drugs.

INVESTIGATING ISSUES IN SURVIVORSHIP AND CARE
Theresa Gillespie’s affinity for clinical, health services, and population-based investigations was formed by direct patient contact during her early years.

"I started my healthcare career in public health as a Peace Corps volunteer and then an oncology nurse, which provided me with a foundation for the critical components of the patient棉 experience involving multiple cancer types, from novel interventions to outcomes.

In their meeting of the minds, Theresa Gillespie’s leadership in health services research dovetails seamlessly with Martin Sanda’s pursuit of new surgical and non-surgical approaches to cancer care.

Lily Yang and Hui Mao’s Emory team is one of only five programs nationally receiving awards from all three funding phases of the NCI’s nanotechnology alliance.

Four of her current projects are focused on patients’ quality of life post-treatment and are funded by TrueNTH, a global prostate cancer survivorship research consortium sponsored by an international charitable organization dedicated to men’s health, the Movember Foundation.

For the first undertaking, Gillespie and Emory Urology chair Martin Sanda are Multi-Pis of the Emory site within a network of other cancer centers in the U.S., Canada, Australia, New Zealand, and the UK. The network is charged with enacting studies that will examine and compare the effectiveness of interventions focused on self-management, social support networks, decision making, physical well-being and nutrition, survivorship care plans and navigation, and sexual recovery after treatment for prostate cancer.

Gillespie, Sanda, and their multi-disciplinary team are evaluating strategies for symptom management after prostate cancer treatment, interventions to promote physical activity and optimal nutrition, novel approaches to improve sexual function after surgery and radiation, and the impact of patient navigation on adherence to survivorship care plans.

Gillespie is also the National PI for a TrueNTH randomized trial investigating different approaches to providing social support for prostate cancer patients, partners, and caregivers. Using a web-based portal that is part of TrueNTH’s U.S.-based program, participants are enrolled and randomized to one of three interventions: one-on-one support matched with a trained coach-patient with similar stage of disease and treatment received; online support network monitored by a professional; or access to online web resources.

"We learned that in high risk patients, the transcatheter aortic valve does not differ from the traditional open surgical valve replacement in terms of mortality," Thourani says. "This was a win for the intervention because we had long-term data that the function of the new transcatheter valve did not show any deterioration over time."

During the same session, the results of the PARTNER SAPIEN 3 trial in intermediate risk patients were reported, which showed that TAVR can be performed at the Emory site within the southeast."

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New Faculty

Breast cancer surgeon CLÉTUS ARCIERO, MD, served as program director of the general surgery residency and chief of both general surgery and surgical oncology at Dwight D. Eisenhower Army Medical Center in Fort Gordon. During his 25-years of service in the United States Army, he received such medals as the Legion of Merit. He recently retired as a Colonel.

L. RAUL BADELL, MD, did his general surgery residency, abdominal organ transplantation fellowship, and research fellowship in transplant immunology at Emory. His clinical practice consists primarily of kidney-pancreas transplantation. His research interests involve immunology and optimizing the use of belatacept in kidney transplant recipients.

Prior to Emory, WENDY GREENE, MD, was associate director of trauma and surgical critical care at Howard University Hospital. She is now the director of the Acute and Critical Care Surgery Service of Emory University Hospital and an attending in the hospital’s Surgical Intensive Care Unit.

After completing his Emory abdominal transplantation fellowship, RAYMOND LYNCH, MD, joined the University of Kansas Medical Center. In 2014, he was awarded the American Society of Transplant Surgeons Vanguard Prize for his studies of accommodation after renal transplantation. He specializes in adult and pediatric liver and kidney transplantation and hepatopancreato-biliary malignancies.

SHARON MURET-WAGSTAFF, PHD, MPA, is involved with establishing an interdisciplinary leadership group to coordinate team training activities at both Emory University and Grady Memorial hospitals. She is also a member of the advisory board of the Carlos and Davis Center for Surgical Anatomy and Technique. Before Emory, she was vice chair of faculty development and innovation for the Department of Anesthesiology, Critical Care and Pain Medicine, Beth Israel Deaconess Medical Center.

SEETHAL REDDY, PHD, is a psychologist for the StrongLife Program of Children’s Healthcare of Atlanta, which evaluates and treats childhood obesity through a multi-specialty and evidence-based approach. As the first psychologist to be hired by the Department of Surgery, she will collaborate on clinical and research projects with pediatric surgery chief Mark Wulkan and other Emory pediatrics surgeons.

While at Atlanta Colon & Rectal Surgery, SETH ROSEN, MD, initiated several new procedures at Wellstar Cobb and Emory Johns Creek hospitals, including the procedure for prolapsing hemorrhoids (PPH), Doppler-assisted hemorrhoid artery ligation, transanal endoscopic microsurgery, and stapled trananal resection of the rectum, which he was the first surgeon to perform in Georgia.

NEIL SAUNDERS, MD, completed his general surgery residency at Emory, followed by a complex general surgical oncology fellowship at Ohio State University. His clinical specialties are robotic surgery, endocrine surgery, and malignancies of the thyroid, adrenal, and parathyroid glands. His primary research interests are thyroid cancer, surgical outcomes, and quality improvement.

SUBHADRA SHASHIDHARAN, MD, received her medical degree from the Bangalore Medical College of Bangalore, India. She did her general surgery residency at St. Agnes Hospital, Baltimore, and fellowships in cardiothoracic surgery and congenital cardiac surgery at the University of Southern California. She is primarily based at Children’s Healthcare of Atlanta at Egleston and Scottish Rite hospitals.

JAMIL STETLER, MD, was raised in Atlanta. After obtaining his MD at Wake Forest University School of Medicine, he returned to his hometown and did his general surgery residency and minimally invasive surgery fellowship at Emory. During his fellowship, he was mentored by Edward Liu, Scott Davis, and Ankit Patel, whom he has now joined as a member of the surgical weight-loss team of the Emory Bariatric Center.

PREETI SUBHEDAR, MD, received her MD from Marshall University. She completed her general surgery residency at Emory and a breast fellowship at Memorial Sloan Kettering Cancer Center. Her clinical specialty is treating patients with breast disease, while her research pursuits include investigating healthcare disparities in breast cancer treatment and developing treatment methods tailored to breast cancer molecular subtypes.

“The outcomes measured will include physical function, health-related quality of life, adherence to guideline-concordant care, and costs and cost-effectiveness of interventions,” says Gillespie. “The study is available across the entire country, and specifically targets minority, rural, and underserved populations who may not have access to local social support services. Our goal is that the depth and breadth of these research studies involving prostate cancer survivors, their partners, and caregivers will address gaps in cancer care and ultimately enhance patient outcomes for this very common cancer in the U.S. and across the world.”

FRAMING A LEGACY

For 13 years, the Annual Department of Surgery Research Day has showcased the basic and clinical science research of our students, postdocs, residents, and fellows. Prior to the abstract call for the 2015 installment, the Research Advisory Committee, which is responsible for planning and managing the program, aptly renamed the event the William C. Wood Research Symposium in honor of a catalyzing figure in the department’s research heritage.

Dr. Wood was the fourth Joseph B. Whitehead Chair of the Emory Department of Surgery, and during his service from 1991-2009, guided its ascendance to new heights of excellence in clinical care, education, and research. When Dr. Wood came to Emory from Massachusetts General Hospital, where he had been directing surgical oncology, the department had no NIH grants. By the time he stepped down from the chair’s office, however, the department had begun regularly placing in the upper stratum of academic departments of surgery receiving NIH funding.

In addition to the role his forward thinking, recruitment savvy, and ability to cultivate potential played in this evolution, his own success as an internationally respected contributor to the advancement of cancer therapy—most specifically breast cancer treatment—was an abiding source of inspiration to the department’s clinical and basic scientists.

Dr. Wood retired from the Emory Clinic and took his work across the Atlantic in 2011. He became the first academic dean of the Pan-African Academy of Christian Surgeons (PAACS), and oversaw the academic aspects of ten PAACS-sponsored residencies training surgeons in Africa. He also began working towards establishing affordable and sustainable cancer care in Africa’s developing countries.
Faculty appointments & awards

Shelly Abramowicz, DMD, MPH
- Site Vendor, Oral and Maxillofacial Surgery, Programs, Commission on Dental Accreditation

Andrew Adams, MD, PhD
- Scientific Review Committee, Transplantation and Immunology Research Network, American Society of Transplantation
- Editorial Board, American Journal of Transplantation

Maxim Al Sahli, MD, PhD
- Editorial Board, Archives of Surgical Oncology

Bahaudin Alkoufi, MD
- Congestive Program Committee, Western Thoracic Surgical Association

Shipes Arya, MD, SM
- NCRP Winter 2015 National Clinical and Populations Research Award, American Society of Heart Failure

Gary Bouloux, DDS, MD, MDSc
- Special Committee on Parameters of Care, American Association of Oral and Maxillofacial Surgeons

Luke Brewster, MD, PhD, MA
- 1% Club, Emory University School of Medicine
- Grants and Scholarship Committee, Vascular and Endovascular Surgery Society

Kenneth Cardona, MD
- Trans-Atlantic Retromaxillary Surgery Working Group

Grant Carlson, MD
- 2013 Excellence in Patient Satisfaction Award, The Emory Clinic

Edward Chen, MD
- Chief, 2016 Adult Cardiac Skills, American Association for Thoracic Surgery

Longevity

The following Department of Surgery faculty and staff have honored Emory Medicine with 25 or more years of service. Their loyalty and commitment to Emory’s patient care, discovery, and education enterprise is a humbling reminder that the strength and durability of an organization begins with the quality of its people.

PICTURED, L TO R: BRENDA ZACHARY, ADMINISTRATIVE ASSISTANT, TRANSPLANT; BARBARA PETTITTI, MD, PROFESSOR OF SURGERY; JEAN YOUNGBLOOD, APRN, FNP, MSN, RN, NURSE PRACTITIONER, ORAL AND MAXilloFACIAL SURGERY; TINA MCDELLRY, PA, VASCULAR SURGERY; GINA WHITE, SENIOR RESEARCH PROJECT COORDINATOR, SURGERY; KAREN WYATT, ADMINISTRATIVE ASSISTANT, TRANSPLANT; ANDREA WILSON, MD, PROFESSOR OF SURGERY; GUILLAUME COLLAY, ADMINISTRATIVE ASSISTANT, GENERAL AND GI SURGERY; ROBERT Guyton, MD, DISTINGUISHED PROFESSOR, UNIVERSITY OF GEORGIA; ANNETTE HADLEY, SENIOR RESEARCH SPECIALIST, GENERAL AND GI SURGERY; KIRK KANTER, MD, PROFESSOR OF SURGERY; MELISSA MCGRORIOUDALE, SENIOR RESEARCH PROJECT COORDINATOR, TRANSPLANT; NANCY REYNICS, RN, FNP; PICCILO ROSS, NP-C, THORACIC SURGERY; ANTONETTE STYBLO, MD, ASSOCIATE PROFESSOR OF SURGERY; VERTIS WALKER, SENIOR ADMINISTRATIVE MANAGER, SURGERY; KELLIE WILLIAMS, NP-C, CAROTID THORACIC SURGERY; REBECCA WILLIAMS, RN, MANAGER, ORAL AND MAXilloFACIAL SURGERY

GLORIA COLLEY, ADMINISTRATIVE ASSISTANT, GENERAL AND GI SURGERY

NOT PICTURED: CONNIE ARMOUR, RN, ORAL AND MAXilloFACIAL SURGERY; LAURA BRANTLEY, PATIENT SERVICES COORDINATOR II, GENERAL AND GI SURGERY; CHRISTINE BUCKNOR, PATIENT SERVICES COORDINATOR II, CARDIOTHORACIC SURGERY; BRENDA ZACHARY, ADMINISTRATIVE ASSISTANT, TRANSPLANT; BARBARA PETTITTI, MD, PROFESSOR OF SURGERY; JEAN YOUNGBLOOD, APRN, FNP, MSN, RN, NURSE PRACTITIONER, ORAL AND MAXilloFACIAL SURGERY; TINA MCDELLRY, PA, VASCULAR SURGERY; GINA WHITE, SENIOR RESEARCH PROJECT COORDINATOR, SURGERY; KAREN WYATT, ADMINISTRATIVE ASSISTANT, TRANSPLANT; ANDREA WILSON, MD, PROFESSOR OF SURGERY; GLORIA COLLEY, ADMINISTRATIVE ASSISTANT, GENERAL AND GI SURGERY; ROBERT Guyton, MD, DISTINGUISHED PROFESSOR, UNIVERSITY OF GEORGIA; ANNETTE HADLEY, SENIOR RESEARCH SPECIALIST, GENERAL AND GI SURGERY; KIRK KANTER, MD, PROFESSOR OF SURGERY; MELISSA MCGRORIOUDALE, SENIOR RESEARCH PROJECT COORDINATOR, TRANSPLANT; NANCY REYNICS, RN, FNP; PICCILO ROSS, NP-C, THORACIC SURGERY; ANTONETTE STYBLO, MD, ASSOCIATE PROFESSOR OF SURGERY; VERTIS WALKER, SENIOR ADMINISTRATIVE MANAGER, SURGERY; KELLIE WILLIAMS, NP-C, CAROTID THORACIC SURGERY; REBECCA WILLIAMS, RN, MANAGER, ORAL AND MAXilloFACIAL SURGERY

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To give to Emory Surgery, please contact Jimmy Owen, director of development for the Department of Surgery, james.p.owen@emory.edu, 404.778.5429.