

POST-OP

*News update from the
Department of Surgery*

*Stony Brook University
School of Medicine*

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Long Island's First Pancreatic Cancer Center Established

*Designation by National Pancreas
Foundation Is Seal of Approval*

Stony Brook University Cancer Center has recently been designated by the National Pancreas Foundation (NPF) as a Pancreatic Cancer Center. It is the first NPF Cancer Center on Long Island, and one of only six in New York State.

Aaron R. Sasson, MD, professor of surgery and chief of our Surgical Oncology Division, directed the initiative and preparation for the screening process to gain the special NPF designation.

About the Pancreatic Cancer Center, Dr. Sasson is quoted in an article published by TBR News Media: "As opposed to one person leading this, there are many people here who are required to have an interest in pancreatic cancer.

"We are not only looking to build a great infrastructure for the treatment of pancreatic cancer, but we're also looking to build a team for research on pancreatic cancer."

Dr. Sasson points out that the Stony Brook Cancer Center already has a number of scientists pursuing research on pancreatic cancer, plus a record of using leading-edge treatments for it.



In addition to our surgical oncologists who specialize in the management of this disease, the Cancer Center's multidisciplinary Gastrointestinal Oncology Team includes a range of specialists in medical hematology/oncology, radiation oncology, gastroenterology, pathology, and radiology.

Other specialists at the Cancer Center who provide care for patients with pancreatic cancer include nutritionists and social workers.

NPF designation means we provide multidisciplinary care for the "whole patient" with a focus on the best possible outcomes and an improved quality of life.

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Our Vascular Services Established At Long Island Community Hospital

*New Access to Our Vascular Care
Benefits Patients on South Shore*

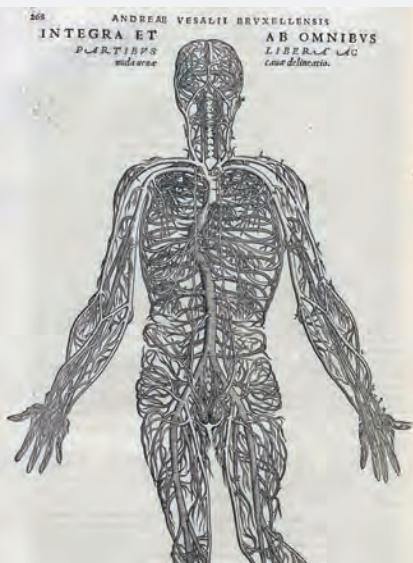
We are very pleased to announce that our Vascular and Endovascular Surgery Division is now offering its diverse clinical services at Long Island Community Hospital in Patchogue.

This clinical relationship with Long Island Community Hospital will benefit the growing South Shore community, and comes just a year after the start of a similar relationship with our trauma services.

"Our goal is to bring the most sophisticated vascular care closer to patients. By expanding our practice to Long Island Community Hospital, we will provide easier access to the latest and most advanced vascular and endovascular therapies for patients living on the South Shore, and will enhance the cardiology and trauma services currently offered there."

—Apostolos K. Tassiopoulos, MD, professor of surgery, vice chair for quality and outcomes, and chief of our Vascular and Endovascular Surgery Division

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Long Island's First Pancreatic Cancer Center Established

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Pancreatic cancer is a deadly disease. It is estimated that more than 55,000 people will be diagnosed with this cancer in the United States this year, according to the American Cancer Society, and that about 44,000 people will die of it.

Pancreatic cancer tends to go undetected until it is advanced. It grows fast in most cases. By the time symptoms of the cancer occur, diagnosing it is usually relatively straightforward.

Patients with this cancer have only an 8% survival rate five years after diagnosis. Survival rates are low because fewer than 10% of patients' tumors are confined to the pancreas at the time of the diagnosis.

In most cases, the malignancy has already progressed to the point where surgical removal is impossible.

A widely respected specialist in pancreatic cancer, Dr. Sasson is interested in screening and early detection as well as biomarkers. At least half of his work is related to pancreatic cancer. He has been selected for inclusion in the Castle Connolly Guide, *America's Top Doctors for Cancer*, as well as the Best Doctors in America database.

Approved NPF Cancer Centers have to go through an extensive auditing process and meet the criteria developed by a task force made up of invited subject matter experts and patient advocates.

NPF designation also means we are committed to advancing the treatment of pancreatic cancer through basic and clinical research to save more lives.

The criteria include having the required expert physician specialties such as pancreas surgeons, gastroenterologists, and interventional radiologists, along with more patient-focused programs such as a pain management service, psychosocial support, and more.

For patients and families coping with pancreatic cancer, there are inconsistencies in the level of care they receive at various hospitals. The NPF Cancer



Dr. Aaron R. Sasson is director of the Pancreatic Cancer Center.

PHOTO: LYNNE SPINNATO

Centers designation helps to facilitate the development of high-quality, multidisciplinary care approaches for the field.

NPF-designated centers also seek to advance research and lead the way for heightened awareness and understanding of pancreatic cancer among community physicians, allied health professionals, patients, families, and the general public.

A nonprofit organization founded in 1997, the NPF provides hope for those suffering from pancreatitis and pancreatic cancer through funding cutting-edge research, advocating for new and better therapies, and providing support and education for patients, caregivers, and healthcare professionals.

The NPF goes through an extensive screening process to designate Pancreatic Cancer Centers, recognizing those that focus on multidisciplinary treatment of pancreatic cancer.

The NPF offers this distinction only to those institutions that treat the "whole patient" and that offer some of the best outcomes and improved quality of life for patients with pancreatic cancer.

For consultations/appointments with our surgical oncologists who specialize in pancreatic cancer, please call (631) 444-8086.

"[Dr. Aaron R. Sasson] had a patient who was about 80 at the time of his diagnosis. His primary doctor told him to get his affairs in order. 'We operated on him and he lived another six or seven years,' Sasson recalls. 'He was grateful to see his grandchildren graduate and to see his great-grandbabies being born.' While every patient is unlikely to have the same outcome, Sasson said surrendering to the disease and preparing for the inevitable may not be the only option, as there may be other courses of action."

—TBR News Media

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Illustration of gastroschisis on page 7
courtesy of the Centers for Disease Control and
Prevention, National Center on Birth Defects
and Developmental Disabilities.



NPF Pancreatitis Center Designation Ensures Highest Level of Care

Stony Brook University Hospital has been designated by the National Pancreas Foundation (NPF) as a Pancreatitis Center. It is the first hospital in Suffolk County to have earned this designation, a respected seal of approval.

This NPF designation is important for those in our community who suffer from pancreatitis and who may find it a challenge to locate a medical center that has the ability to provide the necessary care.

NPF Pancreatitis Centers must demonstrate they provide multidisciplinary treatment of pancreatitis by treating the “whole patient” with a focus on the best possible outcomes and an improved quality of life.



The criteria to be an approved NPF center were developed by a team of outside experts and patient advocates.

In evaluating a center for designation, the NPF performs an extensive audit to determine that the center treats pancreatitis and provides patients with the highest level of care.

The center must meet strict criteria including having an extensive team of expert specialists such as gastroenterologists, pancreas surgeons, interventional radiologists, and pathologists with expertise in gastrointestinal disease.

The center must offer patient-focused programs such as a pain management service, psychosocial support, diabetes/endocrinology programs, and other services.

The center must be engaged in clinical trials for pancreatitis, have an auto-islet transplantation program, and more.

The center must also have at least two experienced surgeons with expertise in the principal leading pancreas procedures.

The optimal management of pancreatitis requires a multidisciplinary team with ample experience in caring for patients who have this complex disease. That's precisely what we have at Stony Brook with our pancreas surgeons and gastroenterologists.

Aaron R. Sasson, MD, a widely respected pancreas surgeon and specialist in pancreatic disease both malignant and benign, is director of the Pancreatitis Center. He coordinated the screening process to gain the special NPF designation.

Dr. Sasson explains: “The optimal management of pancreatitis requires a multidisciplinary team with ample experience in caring for patients who have this complex disease. That’s precisely what we have at Stony Brook with our pancreas surgeons and gastroenterologists.

“Our team also includes pain management specialists, nutritionists, and social workers, all of whom collaborate with us to provide the highest level of care for patients with pancreatitis.”

Dr. Sasson and fellow pancreas surgeon Georgios V. Georgakis, MD, PhD, both specialize in the complex procedures used to treat pancreatitis, including the Whipple procedure.

NPF designation also means we are committed to advancing the treatment of pancreatitis through basic science and clinical research to save more lives.

Pancreatitis is an inflammatory condition of the pancreas that is painful and at times deadly. Its main symptom is pain in the upper abdomen that may spread to the back, while people may feel the pain in different ways.

Each year in the United States, nearly 220,000 people will be afflicted with acute pancreatitis, and more than 80,000 people will be diagnosed with chronic pancreatitis.

Despite the great advances in critical care medicine over the past 20 years, the mortality rate of acute pancreatitis has remained at about 5%.

Diagnosis of chronic pancreatitis is often difficult, and treatment is frequently delayed. Patients with chronic pancreatitis often endure severe pain and malnutrition, and have a higher risk of pancreatic cancer.

University Hospital’s NPF designation ensures patients they will receive the highest level of care here at Stony Brook Medicine.

For consultations/appointments with our pancreas surgeons, please call (631) 444-8086.

Selected Recent Publications*

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* The names of faculty authors appear in boldface.

Offering Our Vascular Services To Patients on the South Shore

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Our vascular team provides diagnostic and therapeutic services for the entire spectrum of vascular disorders. Our surgeons perform a wide array of open and endovascular (minimally invasive) procedures for management of arterial and venous diseases. They have special expertise in:

- Open and endovascular repair of aortic aneurysms and aortic dissections
- Surgery and stenting for stroke prevention (carotid endarterectomy; carotid stenting; transcarotid artery revascularization)
- Treatment of peripheral arterial disease (PAD) with open and minimally invasive techniques
- Repair of traumatic arterial and venous injuries
- Surgery for diabetic foot ulcers
- Open and endovascular procedures for hemodialysis access
- Minimally invasive surgery for varicose veins and venous obstruction

About the addition of our vascular services at Long Island Community Hospital, Richard T. Margulis, president and chief executive officer there, says:

“We couldn’t be more proud to work with these incredible physicians who will be helping us to expand the services we offer to the community. Our top priority is always the serving community, and offering this new lifesaving care without the delay of transfer is a benefit that is beyond measurement.”

Our program in minimally invasive endovascular surgery offers a broad scope of diagnostic and treatment options which are unique in Suffolk County. Our team of nationally and internationally recognized expert physicians will now be providing daily these state-of-the-art services in the Patchogue area.

Now offering at Long Island Community Hospital a scope of diagnostic and treatment options for vascular care that are unique in Suffolk County.

As part of our vascular services, patients in Long Island Community Hospital will also have access to the services of our Center for Vein Care, which is fully accredited by the Intersocietal Accreditation Commission. Our vein care specialists provide treatment for:

- Acute deep vein thrombosis
- Chronic venous thrombosis
- Pelvic congestion syndrome
- Varicose and spider veins
- Venous ulcerations

Our specialists use the latest surgical and non-surgical techniques to treat varicose veins and spider veins of the leg, including new minimally invasive “endovenous” techniques that let patients get back to their normal activities in usually just a couple of days. No general anesthesia or hospitalization is required.

Our vascular surgeons have been recognized for many years for their clinical excellence by selection for inclusion in the Castle Connolly

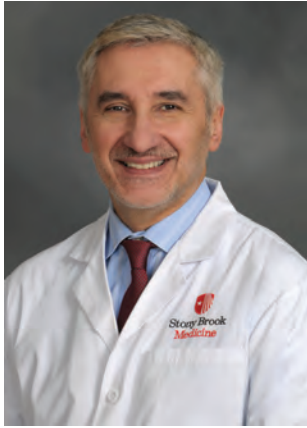
Guide, *Top Doctors: New York Metro Area*, representing the top 10% of physicians in the New York Metropolitan area.

Patients can be seen at our Patchogue office, which is just across the street from Long Island Community Hospital, at 100 Hospital Road, Suite 203.

For consultations/appointments with our vascular specialists at Long Island Community Hospital, please call (631) 638-1670.

Introducing New Faculty

We are very pleased to introduce the following new members of the faculty of the Department of Surgery:



Jorge M. Balaguer, MD
Cardiothoracic Surgeon

Title
Associate Professor of Surgery

Board Certification
Cardiac Surgery (Argentine College of Cardiovascular Surgeons)

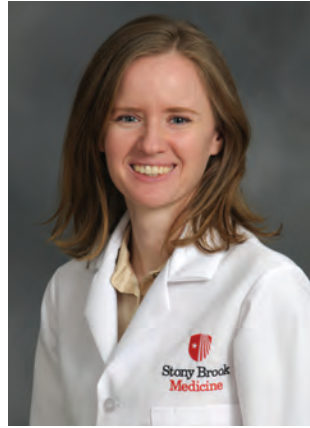
Education
MD
U of Buenos Aires (1979)

Residency Training
General Surgery, Finochietto Hospital (Buenos Aires, Argentina)

Fellowship Training
Adult Cardiac Surgery, U of Massachusetts

Adult Cardiac Surgery, Brigham & Women's Hospital (Harvard U)

- Clinical Interests/Expertise**
- Multi-arterial bypass surgery
 - Off-pump coronary bypass
 - Hybrid coronary revascularization (bypass + coronary stenting)
 - Minimally invasive coronary surgery
 - Robotic assisted coronary surgery
 - Trans-myocardial laser revascularization
 - Reoperative coronary surgery
 - Transcatheter aortic valve replacement (TAVR)
 - Surgery for infective endocarditis
 - Minimally invasive & robotic cardiac surgery



Irina Kovatch, MD
Trauma/General Surgeon

Title
Assistant Professor of Surgery

Board Certification
Surgery
Surgical Critical Care

Education
MD
SUNY Downstate (2007)

Residency Training
General Surgery, SUNY Downstate

Fellowship Training
Trauma/Critical Care, Stony Brook U

- Clinical Interests/Expertise**
- Pre- & post-operative critical care of surgical patients
 - Surgical management of injured patients
 - Basic & advanced minimally invasive & laparoscopic surgery
 - Tracheostomy & tracheotomy
 - Management of gastrointestinal & endocrine diseases
 - Treatment of acute surgical abdomen & abdominal compartment syndrome
 - Management of single & multiple organ failure
 - Repair of hernias
 - Surgical treatment of benign soft tissue tumors
 - Insertion of vascular access devices
 - PEG & open gastrostomy tube placement



Aleksandra Krajewski, MD
Plastic Surgeon

Title
Assistant Professor Surgery

Board Certification
Surgery

Education
MD
U of Connecticut (2009)

Residency Training
General Surgery, U of Connecticut
Plastic Surgery, U of Pittsburgh

- Clinical Interests/Expertise**
- Reconstructive & aesthetic surgery
 - Craniofacial & pediatric plastic surgery
 - Microsurgery
 - Breast reconstruction after cancer
 - Breast reduction & augmentation
 - Face & neck lifts
 - Nose surgery
 - Treatment of facial fractures
 - Reconstructive surgery for burn patients
 - General liposuction & tummy-tuck surgery
 - Melanoma surgery
 - Gender affirmation surgery
 - Life after weight loss

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Continued from Page 3

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Helping a Girl to Keep Dancing With Novel Reconstructive Surgery

When Advanced Multidisciplinary Surgery Is Needed, Stony Brook Is the Answer



PHOTO: JEANNE NEVILLE

Delaney Unger with Drs. Jason C. Ganz (l) and Fazel A. Khan.

Delaney Unger has always met the world with a smile. And the talented young dancer is known for her energy and drive. So it was a shock when Delaney was diagnosed with a rare type of bone cancer.

For a while, it looked like 12-year-old Delaney might never dance again. But now she's dancing and pursuing her dreams, thanks to a surgical procedure at Stony Brook Children's Hospital that transformed her ankle into a knee and preserved her mobility.

Delaney was diagnosed with osteosarcoma, a rare type of bone cancer, in her left leg just above the knee. While still reeling from the diagnosis, she and her parents Noah and Melissa had to decide on treatment options.

Delaney herself, with support from her parents and physicians, chose to undergo a 13-hour rotationplasty surgery, which took place in April

2017. First the bottom of her thigh bone, knee, and part of her lower leg were surgically removed.

Then her lower leg, rotated 180 degrees with its foot facing backward, was attached to her thigh bone. Her ankle joint was placed in the position of the knee to create a natural, functioning knee joint.

Delaney received a prosthesis which fits over the backwards foot and extends up the thigh. This allowed her to have motor power to walk, jump, dance and play. The toes provide important sensory feedback to the brain.

First performed in 1930 and subsequently modified in the 1990s, rotationplasty surgery converts the knee into a hip and the ankle into a knee.

Her surgery required a multidisciplinary team effort involving Jason C. Ganz, MD, of our Plastic and Reconstructive Surgery

Division, and two orthopedic specialists Fazel A. Khan, MD, and Nicholas Divaris, MD.

Dr. Ganz, whose expertise includes limb reattachment, explains there was careful pre-surgical planning, to ensure that Delaney's incisions would heal properly after the surgery and that her ankle would function well in its new role as her knee.

"At this point, it's incredibly rewarding to see her as a normal kid again," says Dr. Ganz.

Speaking about her recovery, Delaney says, "Having a backwards foot is definitely different, but now it feels normal." She danced in a recital earlier this year, performing lyrical, hip hop, and jazz dance routines.

"What Delaney's achieved is amazing and she'll get stronger and stronger as she gets back to her life," says Dr. Khan.

Delaney will continue to visit Stony Brook Children's for follow-up appointments during the next five years.

Her parents, Noah and Melissa, say it was a relief to have Delaney treated at Stony Brook, so close to their Selden home. The proximity allowed one parent to be home with Delaney's twin brother, Cameron, while the other parent stayed at the hospital with Delaney.

Inspired by her own cancer journey, Delaney wants to become a pediatric oncologist when she is older.

When asked how she maintains a positive attitude, she says, "Keep up with your passion. Don't give up on anything you want to do, and don't let one thing that's in your life ruin your whole life."

For consultations/appointments with Dr. Ganz, please call (631) 444-8210.

Recent Publications

Continued from Page 5

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Our Pediatric Surgery Team Helps Infant Survive Life-Threatening Birth Defect

Prevalence of Gastroschisis Is on the Rise In Our Region and across the Nation



Homeward bound Christian Rojas with his mother and father and Dr. Christopher S. Muratore (center) at Stony Brook Children's Hospital. PHOTO: JOHN GRIFFIN



PHOTO: JEANNE NEVILLE

Christian Rojas, of Port Jefferson Station, was born at Stony Brook Children's Hospital last year on May 5th at 35 weeks with a life-threatening condition of the abdominal (belly) wall called gastroschisis (pronounced gas-TRAHS-ki-sis).

Through a series of operations, Christopher S. Muratore, MD, chief of pediatric surgery, and his team at Stony Brook Children's Hospital, were able to save the baby, untwist the bowel, and rescue him in time.

The baby was able to go home from the hospital after three months of post-op care. His story was featured in *Newsday*, our regional newspaper, where the headline read "Stony Brook Helps Infant Survive Congenital Disorder."

Christian weighed in at a low birth weight of 5 pounds 7 ounces, but by August he was nearly 11 pounds and hitting some key targets. More good news!

Gastroschisis is a birth defect of the abdominal wall. The baby's intestines are found outside of its body, exiting through a hole beside the belly button. The hole can be small

or large and sometimes other organs, such as the stomach and liver, can also be found outside of the baby's body.

Gastroschisis requires surgical repair soon after birth, and is associated with an increased risk for medical complications and mortality during infancy.

The Centers for Disease Control and Prevention (CDC) estimates that about 1,871 babies are born each year in the United States with gastroschisis, but several studies show that recently this birth defect has become more common, particularly among younger mothers.

CDC researchers recently found that over 18 years, the prevalence of gastroschisis more than doubled in the United States. More research is needed to understand what is causing the increase.

The *Newsday* article, written by Delthia Ricks, highlighted Dr. Muratore's description of the baby's case as "extraordinarily complicated and marked by an extreme twist in the bowel, a condition called midgut volvulus; the contortion threatened the bowel's blood supply."

"Many babies with gastroschisis will suffer the consequence of intestinal failure," Dr. Muratore was quoted as saying. Soon after Christian was born, Dr. Muratore and his pediatric surgery team embarked on a series of surgeries to save the baby's life.

"When we recognized the intestine was twisted, we did what we needed to do to untwist it," he explained.

Dr. Muratore worked closely with a team of five surgeons, 10 neonatologists—newborn care specialists—and a squad of nurses. Christian was monitored around the clock since arriving in Stony Brook Children's neonatal intensive care unit (NICU).

Dr. Muratore pointed out that he and his Stony Brook colleagues see a number of babies in our area with gastroschisis. Stony Brook Children's treats about 10 cases of it annually.

"Outcomes in gastroschisis have changed dramatically in the past four decades, with the advent of improved neonatal intensive care unit, surgical, obstetric, and nutritional care. Overall, survival went from 50% to 60% in the 1960s to greater than 90% currently. . . . The improved survival and diminished morbidity from gastroschisis may be noted from the fact that up to 60% of children will report psychological stress at the absence of a normal umbilicus, and this may be the most prevalent long-term issue requiring reconstruction in some cases."

—"Advances in Surgery for Abdominal Wall Defects," *Clinics in Perinatology* (2012)



Baby with gastroschisis.

Offering State-of-the-Art Laser Treatment for Severe Burn Scars

*Leading the Way in Patient Care
With Leading-Edge Technology*

The Suffolk County Volunteer Firefighters Burn Center of University Hospital—the only designated burn care facility in Suffolk County—has recently acquired truly state-of-the-art laser technology for treating burn scars, called UltraPulse SCAAR FX.

This fractional CO₂ laser has emerged in recent years as the premier tool for improving the texture and elasticity of severe burn scars.

The SCAAR FX laser technology allows for advanced treatment of a variety of severely damaged skin lesions that require synergistic coagulation and ablation for advanced resurfacing (hence, SCAAR).

“We are very pleased we can now offer laser therapy to modify burn scars when they occur,” says Steven Sandoval, MD, assistant professor of surgery and medical director of the Burn Center, who led the initiative to acquire the SCAAR FX laser.

We are the first in Suffolk County to offer SCAAR FX laser treatment for burn scars.

“For the last several years we have had to send patients to Nassau University Medical Center in neighboring Nassau County, and as far as Shriners Hospital in Boston, for this type of scar management.

“Now we have, for the first time in Suffolk County, the ability to offer this care to improve range of motion, quality of life, and overall functionality.”

For these reasons, the advanced laser technology that makes SCAAR possible is a welcome addition to the world-class care that Stony Brook University Hospital provides to the people of Suffolk County.

SCAAR FX laser treatment is minimally invasive, compared with surgical scar revision. It offers patients an attractive new option. Its power and precision enable Dr. Sandoval to customize treatments for all degrees of burn scars, from small to the most severe, with optimal comfort and healing time.

SCAAR FX uses a unique ablation/coagulation ratio to substantially improve the structure of deep contracted lesions by restoring more normal collagen deposition. This maximizes results, minimizes thermal damage, and reduces treatment time.

SCAAR FX creates a pattern of small microscopic channels that break down the stiffness of the scar and triggers production of restored tissue representing normal skin. The result is deep dermal regeneration that dramatically improves the elasticity and appearance of the patient’s scar back toward normal skin.

When it comes to improving the smoothness and the little elevations that are so bothersome to the burn

patient, and especially when it comes to the stiffness of the scar, the SCAAR FX laser has no competition, according to several experts in the field of burn care.

Recently, a panel of eight prominent American academic and military dermatologists and plastic surgeons with extensive experience in laser treatment of scars published a consensus report in *JAMA Dermatology* that concluded “laser scar therapy, particularly fractional ablative laser resurfacing, represents a promising and vastly underused tool in the multidisciplinary treatment of traumatic scars.”



PHOTO: JEANNE NEVILLE

Dr. Steven Sandoval

Center created the Suffolk County Volunteer Firefighters Burn Center Fund to help support special clinical and research initiatives. The Burn Center was renamed in 2013 in honor of their dedicated support of it.

For consultations/appointments with Dr. Sandoval for SCAAR FX treatment, please call (631) 444-8329.



The Suffolk County Volunteer Firefighters Burn Center has approximately 200 inpatient admissions per year, with more than 1,500 clinic appointments last year. It is designed and equipped to meet the special needs of burn patients, and is certified by the American Burn Association. The original center, an eight-bed unit, was established in 1985.

The Burn Center quickly gained the enthusiastic backing of the volunteer firefighters of Suffolk County, who soon after the establishment of the Burn

Before (left): Patient’s hand following severe burn injury and subsequent skin grafts, showing residual hypertrophic scars—raised, thick, wide—with worst scar contracture (tightening of healed skin) patient had experienced. **After** (right): Hand after series of four treatments with SCAAR FX, showing reduction of scar tissue. Marked improvement in scar flexibility and functionality of hand was observed. (Prior to transfer to Stony Brook from upstate hospital just after burn injury, patient was told she might lose hand which, fortunately, was saved here.)

Achieving Higher Lung Cancer Survival Rates with Multidisciplinary Care

Study of More Than 4,000 Patients Shows Better Survival with Team Approach

Lung cancer remains the leading cause of cancer death worldwide with a five-year survival rate of 17%. The need for ways to improve survival is clear.

A new Stony Brook study of short- and long-term survival outcomes of more than 4,000 lung cancer patients reveals that patients treated under a multidisciplinary model of care have significantly higher survival rates at one, three, five, and 10 years post diagnosis compared to patients treated with a standard or traditional model of care.

The study—titled “**Survival Outcomes among Lung Cancer Patients Treated Using a Multidisciplinary Team Approach**” and published online in *Clinical Lung Cancer*—was conducted by Thomas V. Bilfinger, MD, ScD, professor of surgery and director of the Lung Cancer Evaluation Center (LCEC), and his colleagues at Stony Brook Medicine.

This study represents the first large-scale published investigation in the United States documenting the significant survival benefit of a multidisciplinary care approach to the diagnosis and treatment of patients with lung cancer.

Stony Brook’s Lung Cancer Evaluation Center was established in 2000 to implement the multidisciplinary care approach to evaluate, treat, and monitor patients with lung cancer.

Hospitals nationwide typically use a standard model of care when treating lung cancer patients. While this model offers multiple services to patients such as surgical, radiation oncology, oncology, and imaging services, the responsibility of care generally falls on the patient, and communication and coordination between all groups are often segmented.

The LCEC multidisciplinary model of care coordinates all aspect of patient care through a core group that meets regularly to plan each patient’s care on an individual basis.

The core group involves specialists from multiple departments involved in patient care, such as medical oncology, surgery, radiation oncology, pathology, imaging, pulmonology, and nutrition. Patients’ primary care physicians are also involved in the coordinated care, and cancer database experts are involved to investigate outcomes measures on a case-by-case patient basis.

“There is near universal interest in deploying multidisciplinary structures of care to improve outcomes in lung cancer, but to date implementation of such models has been slow because of the lack of supporting data,” says Dr. Bilfinger.

“Our findings show data that outcomes are improved with a multidisciplinary care and communications model, and should be

considered as a ‘best practice’ guideline for treating all lung cancer patients.”

The findings from the Stony Brook study add to a limited but increasing evidence base supporting the use of the multidisciplinary approach in cancer care and its survival benefits.

The researchers used the Stony Brook University Cancer Center registry to identify patients diagnosed and treated from 2002 to 2016. They compared 1,956 patients participating in the multidisciplinary care model and 2,315 patients receiving traditional care.

After adjusting for biases and matching data, they found that, overall, patients participating in the multidisciplinary process had a one-third survival advantage out to 10 years.

The five-year survival rates for those receiving the multidisciplinary model form of care was 33.6%, compared to 23.0% for those receiving the traditional care approach—a finding that illustrates patients are living longer with the multidisciplinary model of care.

Dr. Bilfinger and colleagues also point out that this model may be particularly effective when diagnosing lung cancer at an earlier stage.

For patients diagnosed in stage 1 of disease, the one-year survival rate is 92.4% with the multidisciplinary model versus 79.2% with standard care. The



Dr. Thomas V. Bilfinger

five-year survival rates for stage 1 diagnosed patients are 52.5% and 32.8%, respectively.

Co-authors of the study are Barbara Nemesure, PhD, of the Department of Family, Population and Preventive Medicine; Roger Keresztes, MD, of the Department of Medicine; Denise Albano, DNP, of the Department of Surgery, and Muhammed Perwaiz, MD, of the Department of Medicine.

The LCEC continues to build its multidisciplinary team model for treating and monitoring lung cancer patients, and expects to expand this practice at other Stony Brook-affiliated hospitals and clinics.

To make an appointment at the Lung Cancer Evaluation Center (Stony Brook or Southampton office), please call 631-444-2981.

“We sought to determine whether a multidisciplinary team (MDT) approach to lung cancer care yields superior outcomes to a traditional care model. The present investigation included more than 4,000 patients and compared the survival outcomes between lung cancer patients participating in an MDT program and those receiving traditional care. The results suggest a significant survival benefit with the MDT approach for the diagnosis and treatment of lung cancer.”—Bilfinger et al.

Clinical Trial Aims to Advance Care For Disabling Post-Thrombotic Syndrome

Providing New Therapy to Reduce Disease Severity and Improve Quality of Life

Most people are unaware of deep venous thrombosis (DVT) and its possible consequences. DVT is a blood clot in a deep vein, usually in the legs. It is one of the leading causes of death in the United States.

These blood clots can be dangerous if they break off and travel to the lungs. When this happens, it causes a serious, potentially life-threatening condition called pulmonary embolism (PE).



PHOTO: JEANNE NEVILLE

Dr. Antonios P. Gasparis

The precise number of people affected by DVT/PE is unknown, although as many as 900,000 people could be affected (1 to 2 per 1,000) each year in the United States, according to the Centers for Disease Control and Prevention.

PE is the most serious complication of DVT. In addition, nearly one-third of people who have a DVT will have long-term complications caused by the damage the clot

does to the valves in the vein. This condition is called post-thrombotic syndrome (PTS).

There is broad consensus that C-TRACT addresses a health question of major importance to patients, physicians, and the U.S. healthcare system.

PTS is a common long-term complication of lower extremity DVT, and often causes pain, swelling, and skin changes (sometimes including venous wounds) in the affected limb. In some cases, the symptoms can be so severe that a person becomes disabled.

The Chronic Venous Thrombosis: Relief with Adjunctive Catheter-Directed Therapy (C-TRACT) clinical trial is a multicenter, randomized controlled clinical trial designed to determine if the use of image-guided, endovascular therapy is an effective strategy to reduce PTS disease severity and to improve quality of life in patients with established disabling PTS.

In this study, all patients will receive high-quality standard PTS care, and approximately 50% of patients will be randomly assigned to receive endovascular therapy, which consists of stent placement for iliac vein obstruction in the legs.

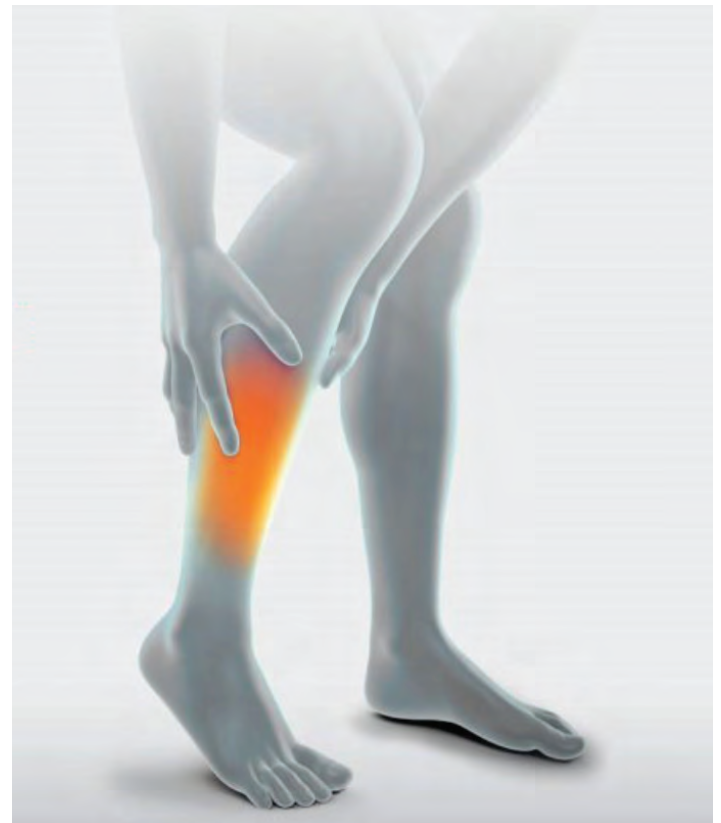
Patients will be followed for two years. The main outcomes assessed will be the degree of improvement in PTS severity, quality of life, venous ulcer healing, safety, and cost-effectiveness.

Antonios P. Gasparis, MD, professor of surgery (Vascular and Endovascular Surgery Division) and director of the Center for Vein Care and the Non-Invasive Vascular Lab, is leading the participation of Stony Brook Medicine in this study.

The study is funded by the National Heart, Lung, and Blood Institute of the National Institutes of Health and led by the Washington University School of Medicine.

The need for the C-TRACT trial has been endorsed by multidisciplinary organizations including the American College of Phlebology, American Venous Forum, North American Thrombosis Forum, Society of Interventional Radiology Foundation, and Society for Vascular Medicine. There is broad consensus that C-TRACT addresses a health question of major importance to patients, physicians, and the U.S. healthcare system.

For questions about this trial at Stony Brook, please call the Center for Vein Care at (800) 345-VEIN (8346).



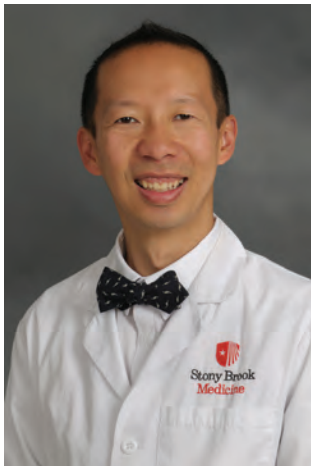
Understanding Pain in Head and Neck Cancer

The Benefits of Advanced Multidisciplinary Care

Outside of survival, pain is the most important concern for patients with head and neck cancer. These patients may suffer debilitating pain before, during, and after their cancer treatments.

The most frequent cause of pain during treatment is chemotherapy/radiation-induced oral mucositis, which involves 80% of patients. It worsens not only their quality of life but may also limit treatment.

Oral mucositis—inflammation from damage to the tissue that lines the inside of the mouth—



Dr. David K. Lam

is probably the most common, debilitating complication of cancer treatments.

This complication can lead to several problems in addition to pain, such as nutritional problems due to the inability to eat, and increased risk of infection due to open sores in the mucosa.

Oral pain in patients with head and neck cancer often inhibits speaking, eating, drinking or swallowing, and sometimes reduces treatment

compliance and dose intensity, thus limiting the potential effectiveness of cancer treatments.

Here, David K. Lam, MD, DDS, PhD, professor of surgery and chief of oral and maxillofacial surgery, answers frequently asked questions about pain associated with head and neck cancer and how this pain is managed.

A specialist in head and neck cancer, Dr. Lam is internationally renowned for his expertise in pain management and research.

Q: What are the different types of head and neck cancer pain?

There are generally three major causes of pain in patients with cancer: cancer-related (93%), treatment-related (21%), and/or unrelated to cancer or its treatments (2%).

Cancer-related pain may be a consequence of cellular, tissue, and systemic changes that occur during cancer proliferation, invasion, and metastasis (spread in body). Cancer progression may result in tissue damage and/or nerve injury through various mechanisms, such as infiltration, obstruction, compression, and fracture; and consequent exacerbation of cancer-related pain.

Cancer treatments such as surgery (e.g., postsurgical pain), radiation (e.g., mucositis), and medical therapy (e.g., chemotherapy-induced peripheral neuropathy) may contribute to treatment-related pain.

Patients with cancer may also suffer at the same time from various acute and/or chronic

pain conditions unrelated to cancer or its treatments, such as sprains, toothaches, arthritis, and fibromyalgia.

At Stony Brook we appreciate the uniqueness of each individual person suffering with cancer pain.

Q: What do chemotherapy and radiation do to the body that results in pain?

Advances in cancer treatment, such as intensity-modulated radiation therapy, have significantly reduced treatment-related side effects. However, both radiation and chemotherapy still affect normal tissues, with oral mucositis being the most common painful complaint.

Oral mucositis starts as acute inflammation of the oral mucosa and pharynx after radiation or chemotherapy exposure that results in soreness, redness, and minor ulcers; but can progress to severe mucositis with extensive ulcers and redness that make swallowing difficult or impossible.

A secondary infection may occur that results in even more extensive tissue injury. Eventually the tissues heal and fibrose (toughen), with most lesions resolving within two to four weeks after stopping radiotherapy or chemotherapy.

Q: How is head and neck cancer pain managed?

The optimal management of head and neck cancer patients with pain requires the identification of the likely causes of pain. If the pain is from the cancer itself, treatment of the cancer can resolve the pain.

Maintaining good oral care and nutrition is the most effective way to lower the risk and minimize the progression of oral mucositis.

Locally applied agents (e.g., ice chips, local anesthetics, artificial saliva spray), systemically applied agents (e.g., opioids, indomethacin), and oral microbial load reduction agents (e.g., antibacterials, anti-fungals, anti-virals) may be used for symptomatic treatment.

Q: What medicines are used to treat head and neck cancer pain?

The World Health Organization has developed a three-step ladder for pain management in adult cancer patients. This approach of administering the right medicine in the right dose at the right time is inexpensive and 80-90% effective.

Step 1 includes non-opioid analgesics, such as aspirin, non-steroidal anti-inflammatories, and acetaminophen, for mild pain; step 2 includes opioids, such as codeine or oxycodone along with non-opioids, for moderate pain; and step 3 includes stronger opioids, such as morphine or Dilaudid, along with non-opioids, for severe pain.

Adjuvant medications such as anti-depressants or anti-convulsants may be used to decrease the anxiety and fear associated with cancer pain. Specialized treatments, such as a nerve block, where a local anesthetic is injected around a nerve can also help.



Our department's founding chairman was Harry S. Soroff, MD, who assembled the original faculty and defined the leadership role and dynamic character of the department. Dr. Soroff had been recruited to build it, in 1973, by the second dean of medicine, Marvin Kuschner, MD.

Dr. Soroff came to Stony Brook from Tufts University, where he was a leader in both patient care and research.

Early in 1974, Dr. Soroff recruited distinguished professor Clarence Dennis, MD, PhD—famous for inventing the heart-lung machine and pioneering open heart surgery, as well as for building the surgery department at SUNY Downstate—to join the faculty and help build our department. Dr. Dennis arrived in 1975.

During the first several years of the department's development, prior to the opening of University Hospital in 1980, the Northport VA Medical Center was used as our primary clinical site.

Since then, the department's continued and steady growth has demonstrated its commitment to Stony Brook Medicine's four-fold mission of excellence in patient care, education, research, and community service.



THE SOROFF YEARS (1974-1989)

This early period saw the organization of our original educational consortium of hospitals; the establishment of our general surgery residency program; and the implementation of our curriculum for medical students.

Dr. Soroff was chief of the original Gastrointestinal Surgery Division, which not only provided general surgical care, but also trauma care and burn care, first at the VA Medical Center, then at University Hospital.

The Vascular Surgery Division and Transplantation Division were both established in 1977.

The period immediately following the opening of University Hospital was one of prodigious clinical growth. During the 1980s, the department continued its transformation from a group of "generalists" into groups with more specialized skills both in the clinical areas and in research.

The 1980s witnessed the creation of the Pediatric Surgery Division; Cardiothoracic Surgery Division (performing the only open heart surgery in Suffolk County, with the first done in 1983); Surgical Oncology, Trauma/Surgical Critical Care Division (including Suffolk County's only Burn Center and the Living Skin Bank); and Otolaryngology-Head and Neck Surgery Division.

In 1986, outside reviewers—all prominent surgery chairmen—reported they were very impressed with the progress of our faculty in building first-rate patient care, education, and research programs.



THE ABUMRAD YEARS (1992-1996)

In 1989, Felix T. Rapaport, MD, professor of surgery and chief of transplantation, assumed leadership of the department, serving as acting chairman until Najji N. Abumrad, MD, joined the faculty as chairman in 1992.

Dr. Abumrad furthered the development of the department, establishing in 1993 our comprehensive Breast Center that became the Carol M. Baldwin Breast Care Center.

Also in 1993, the department was successful in gaining accreditation for its residency program in otolaryngology-head and neck surgery. In addition, during this period the department expanded its services to the East End of Long Island with the establishment, in 1994, of the Life Care Center in Hampton Bays.

The Abumrad years also saw the creation of the Plastic and Reconstructive Surgery Division, as well as the Surgical Research Division, which established a number of "core" laboratories available to all investigators within the department to facilitate their research efforts.

In 1995, the department opened Long Island's only Skull Base Institute to provide multidisciplinary cranial base surgery. That same year, the department performed the county's first cochlear implant surgery, and began to provide the only service of this kind in the area.



History of Our Department: 1974 to Present

The Stony Brook University Department of Surgery was founded in 1974 following the opening of the School of Medicine, in 1971, under the visionary leadership of Edmund D. Pellegrino, MD, the first dean of medicine and first vice president of health sciences at Stony Brook.



THE RICOTTA YEARS (1997-2008)

In 1997, John J. Ricotta, MD, came from the University at Buffalo, where he had distinguished himself as a leader, to join the faculty as chairman.

Dr. Ricotta oversaw continued dynamic growth in the department, in particular the expansion of diverse programs including the establishment of the accredited surgical critical care residency, colon and rectal surgery residency, and integrated (five-year) vascular surgery residency programs.

During his tenure as chairman, Dr. Ricotta grew the department's faculty significantly, hiring several of our current leaders who continue to distinguish the department's clinical and academic excellence; namely,

- Alexander B. Dagum, MD, chief of plastic and reconstructive surgery
- Allison J. McLarty, MD, director of our ventricular assist device program
- David A. Schessel, MD, PhD, chief of otolaryngology-head and neck surgery
- Richard J. Scriven, MD, director of our general surgery residency program
- Apostolos K. Tassiopoulos, MD, chief of vascular and endovascular surgery
- James A. Vosswinkel, MD, chief of trauma, emergency surgery, and surgical critical care



THE ROSENGART YEARS (2009-2012)

In 2009, Todd K. Rosengart, MD, was appointed chairman, after serving as interim chairman for a year. Dr. Rosengart joined our faculty in 2006 as chief of cardiothoracic surgery, and continued to serve in that role while chairman, as well.

By this time, the department's faculty had grown to 36 full-time members. There were five approved residency and fellowship programs: general surgery; otolaryngology-head and neck surgery; colon and rectal surgery; vascular surgery; and surgical critical care.

Among the department's achievements under Dr. Rosengart's leadership are the creation of the Colon and Rectal Surgery Division; the opening of our outpatient office in Smithtown to provide greater access to our clinical services; and the establishment of our Surgical Skills Center, which as a high-tech resource center further enhanced our ability to provide a leading-edge training experience for all our surgery residents.

During Dr. Rosengart's time at Stony Brook, the Department of Surgery grew and prospered. The faculty had attained nearly 50 full-time members.

The number of hospital surgical procedures performed by the department grew over 30% during the three years of Dr. Rosengart's leadership as permanent chairman, topping 8,000 for the first time in our history, and the revenues of the department grew from \$18 million in 2009-10 to \$25 million in 2011-12.

The research and education programs, likewise, prospered under Dr. Rosengart's leadership, as seen in the launch of our highly successful annual Research Day and a department research seed grant program, and in the full reaccreditation with commendation of the general surgery residency program, as well as accreditation of three fellowship programs.



THE TALAMINI YEARS (2013-NOW)

Mark A. Talamini, MD, joined the Department of Surgery as chairman in 2013, the fifth in our history. He is a national leader with a history of surgical innovation.

During the first five years of his tenure, Dr. Talamini presided over the continued growth of the department's faculty, reaching a total of more than 60 full-time members.

The successes of his recruitment efforts include the addition of our chief of surgical oncology Aaron R. Sasson, MD; our chief of cardiothoracic surgery Joanna Chikwe, MD; and our chief of pediatric surgery Christopher S. Muratore, MD.

The following developments in the progress and advancement of the department have occurred so far under the leadership of Dr. Talamini:

- The opening of our multiple offices in Centereach, including the Vascular Center with its Center for Vein Care and the General/Gastrointestinal Surgery Bariatric & Metabolic Weight Loss Center
- The establishment of the multidisciplinary Hernia Center, Gastroparesis Center, Pancreatic Cancer Center, and Pancreatitis Center
- The expansion of our practice locations throughout Suffolk County, including Commack (Advanced Specialty Care), Southampton (Southampton Hospital), and Patchogue (Long Island Community Hospital)

In 2017, the American College of Surgeons designated Stony Brook Trauma Center as the highest-level trauma center for adults and children, making Stony Brook Suffolk County's only Adult and Pediatric Level 1 Trauma Center.

That same year, Stony Brook University Hospital opened two fully-equipped hybrid operating rooms with the most up-to-date imaging technology, making Stony Brook the first hospital in the Northeast to have such state-of-the-art operative capability.

Our residency and fellowship training programs grew to include our plastic surgery residency (integrated six-year residency), podiatric surgery residency, venous and lymphatic medicine fellowship, and mastery in general surgery fellowship.

In 2018, our residency program in general surgery graduated eight residents, bringing the total number of surgeons trained in the department to 243 since the establishment of the residency program.

Understanding Pain In Head and Neck Cancer

Continued from Page 11

The Stony Brook difference in pain management is the multidisciplinary approach used for it.

Q: What are the side effects of medicines?

Common side effects of analgesics for cancer-related pain may include nausea, vomiting, itching, constipation, and drowsiness. We can change the dosage, the time the medicine is taken, or the medicine itself to reduce side effects.

Our team can also work with patients to help manage any side effects experienced with cancer pain management, including nutrition therapy, complementary and alternative medicines, and other services.

Q: Is complementary/alternative medicine effective in treating head and neck cancer pain?

Various complementary and alternative medicine therapies have been demonstrated to improve quality of life, sleep, mood, stress, and anxiety in cancer patients, which may indirectly alleviate cancer pain.

Acupuncture, transcutaneous electrical nerve stimulation, supportive group therapy, self-hypnosis, and massage therapy may provide relief in cancer pain. Relaxation/imagery can improve oral mucositis pain.

Q: Are there ways patient themselves can control head and neck cancer pain?

Maintaining an open and regular dialogue about their pain with their cancer team helps optimize pain control and minimize side effects. Patients

with head and neck cancer can maintain good oral hygiene and nutrition, be well-rested, and practice self-hypnosis, massage, and relaxation/imagery to better control their cancer pain.

Q: What is new in pain research that's improving management of head and neck cancer pain?

Although recent preclinical models of cancer pain appear to better reflect the complex pain states observed in cancer patients and have identified various potential therapeutic targets, it is unlikely that a single treatment will target all of the different cancer pain-related symptoms in patients, and so combined treatment strategies should be investigated in preclinical models.

The existence of multiple peripheral and central mechanisms in different cancers may not only provide a rational basis for the use of combination therapy in cases where a single agent is not sufficient, but may also serve to usher in the era of personalized cancer pain medicine.

Using advancements in genomics and proteomics, the development of diagnostics targeting an individual patient's unique cancer cell mediators and genetic makeup may not only provide targeted analgesic therapy but may potentially eliminate ineffective analgesics, reduce adverse drug reactions, lower costs, and improve quality of life.

At Stony Brook our physician-scientists are always working to advance pain management.

Q: What is the Stony Brook difference in treatment for head and neck cancer pain?

Multidisciplinary care. Through the broad training and experience of our multidisciplinary team of clinicians and scientists at the Stony Brook Cancer Center and Department of Anesthesiology Center for Pain Management, we appreciate the uniqueness of each individual person suffering with cancer pain.

The goal of our treatment is to help patients gain control over their pain and lead normal, active, and meaningful lives at home and in their community.

Our pain team includes dedicated experts in pain medicine who work closely with our patient's referring physician. Our program not only meets current standards for care of cancer pain, but also works to improve future care through education and research.

We study novel analgesic targets in preclinical and clinical studies, keep abreast of new advances, and, if appropriate, can refer patients to research studies on pain problems for which answers are still needed.

For consultations/appointments with Dr. Lam, please call (631) 632-8975.



Stony Brook Medicine

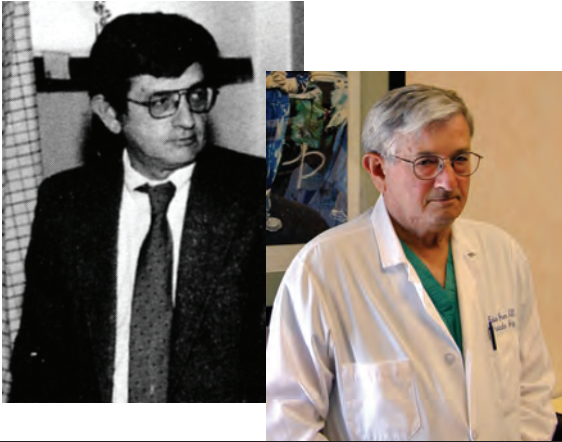
If you need surgery, why should you consider an academic medical center?

The answer is clear: to be in the place where the newest and the best surgery is being developed, practiced, and taught. And to be cared for by a team of the brightest, most engaged minds in medicine. This is what patients get at Stony Brook Medicine, where we are committed to innovation. **Our team is always asking, How can surgery be better?**

The physicians and other healthcare professionals of Stony Brook Surgical Associates—the clinical practice of the Department of Surgery—provide comprehensive care for both adults and children with a wide variety of problems requiring surgery.

In keeping with Stony Brook Medicine's mission of excellence in patient care, we offer specialized surgical services with several clinical programs and facilities unique in our region.

For our multiple practice locations and the phone numbers to call for consultations/appointments with our physicians, please see Page 23.



IN
MEMORIAM
of
TWO
FOUNDERS



CREDIT FOR ALL PHOTOS: GERALD BUSHART

Dr. Fabio Giron
(1931-2018)

Our emeritus professor Fabio Giron, MD, PhD, died last November at the age of 87. He was living at the time with his wife Marilou in Cedar Grove, NJ. The founder of our Vascular Surgery Division, Dr. Giron had served the Department of Surgery with distinction for 25 years as a surgeon, teacher, and scholar.

Dr. Giron joined our faculty in 1977, when he started his position here as professor of surgery and chief of vascular surgery at the VA Medical Center in Northport, which then served as our clinical campus. From 1980 until his retirement in 2002, he served as chief of vascular surgery at University Hospital.

Dr. Giron was an early leader in the field of vascular surgery and contributed to its recognition as a specialty in the United States.

The Department of Surgery's vascular surgery fellowship, which he directed, was established in the early 1980s when it was in the vanguard as a specialty training program. The program has produced a number of highly acclaimed vascular surgeons throughout the country and abroad.

People called Dr. Giron "a surgeon's surgeon" and his advice was highly sought after here on Long Island and elsewhere. He was vice chairman of the department for many years.

Following his retirement, Dr. Giron continued to participate actively in our weekly vascular surgery conference and our morbidity and mortality conference.

In 2008, he was appointed professor emeritus of surgery, and returned to contribute as a voluntary consultant to our education programs for both medical students and surgical residents.

Dr. Giron was widely recognized for the breadth and depth of his knowledge, and he gave numerous memorable lectures on vascular disease and management to third-year medical students doing their general surgery clerkship.

For being a model academic surgeon, Dr. Giron was honored by the establishment in 2011 of the Fabio Giron Teaching Award in Vascular Surgery presented annually by our Vascular and Endovascular Surgery Division. The awardee is chosen by our vascular residents and fellows.

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Dr. Cedric J. Priebe Jr.
(1930-2019)

Our emeritus professor Cedric J. Priebe Jr., MD, died last January at the age of 88. The founder of our Pediatric Surgery Division, Dr. Priebe dedicated himself to the advancement of the surgical care of children and the Department of Surgery for nearly four decades.

Dr. Priebe joined our faculty in 1982 as professor of surgery and chief of pediatric surgery. In 2007, after 25 years of distinguished service at Stony Brook, he retired from our full-time faculty.

However, not wanting to quit entirely, Dr. Priebe continued to serve on a part-time basis, contributing to our quality assurance initiatives and also to our educational programs. Right up to very recently, he would routinely attend our weekly pediatric surgical conference.

Dr. Priebe began his distinguished career as an academic pediatric surgeon during the period when the specialty of pediatric surgery was originally developed, in the decades following the Second World War.

He received his MD in 1955 from Cornell Medical College,

and went on to complete his general surgical residency at Roosevelt Hospital in New York City. He then served in the United States Air Force as a general surgeon for five years.

After caring for a number of complicated pediatric surgical patients, he was stimulated to enter a two-year fellowship in pediatric surgery at Ohio State University's Columbus Children's Hospital under the direction of Dr. H. William Clatworthy Jr. that ended in 1967.

Following this training in pediatric surgery, Dr. Priebe returned to practice at Roosevelt Hospital and serve on the faculty at Columbia University. There he developed an academic career and rose to be an associate professor of surgery.

After 12 years he then became a full professor and chief of pediatric surgery at Louisiana State Medical Center and Charity Hospital and director of surgical education at Children's Hospital in New Orleans.

In 1982, when Stony Brook University Hospital was new, and the Department of Surgery was transforming from a

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ALUMNI NEWS

Since 1975 when our first graduating residents entered the profession of surgery, 243 physicians have completed their residency training in general surgery at Stony Brook Medicine. The alumni of this residency program and our other residency and fellowship programs now practice surgery throughout the United States, as well as in numerous other countries around the world—and we're proud of their diverse achievements and contributions to healthcare.

Dr. Darlene J. Goldstein ('79) has recently retired following a full career as a cardiothoracic surgeon. She practiced in Morristown, NJ, with Mid-Atlantic Surgical Associates, now the largest volume cardiac surgery group in the New York–New Jersey tri-state area.

Dr. Edward R. Samper ('80) continues to practice in Louisiana at the Winn Parish Medical Center, in Winnfield.

Dr. Pierre Castera ('89), a colorectal surgeon, is in private practice in Kansas City, MO, where he has been since 1993 when he completed his fellowship training. He is a senior partner with Colorectal Surgery Associates. His special interests include sphincter-preserving surgery for rectal cancer, laparoscopic colorectal surgery, and surgery for complex anorectal cases.

Dr. Steven J. Busuttill ('94) is a vascular surgeon practicing at Geisinger Community Medical Center in Scranton, PA. His special interests include carotid disease, aortic aneurysms, peripheral artery disease, dialysis access, and venous disease. His research interests include surgical quality improvement and appropriateness of care.

Dr. Daniel J. Char ('00) is a vascular surgeon in Ridgewood, NJ, and is affiliated with Valley Hospital, a 451-bed, acute-care facility. He specializes in endovascular surgery. He has been selected for inclusion in the Castle Connolly guide, *America's Top Doctors*.

Dr. Elliott H. Chen ('04), a plastic and reconstructive surgeon, has been promoted to associate professor of surgery at the University of South Carolina. His special interests are craniofacial surgery, pediatric plastic surgery, cleft care, facial trauma, adult reconstruction, and wound healing.

Dr. Scott Halbreiner ('13) completed his training in cardiothoracic surgery at the Cleveland Clinic and joined the staff at Allegheny General Hospital in Pittsburgh, where he practices as a cardiothoracic surgeon and serves as associate program director of the thoracic residency program. His special interests are adult cardiac surgery, aortic surgery, cardiopulmonary transplantation, and minimally invasive cardiac surgery. He also has a position as biomedical engineering adjunct faculty in the College of Engineering at Carnegie Mellon University. This summer, he will be working on an engineering research project titled "Flexible Electronic Biosensors to

Monitor Cardiac Output." The overall goal of this project is to design, fabricate, characterize, and deploy flexible sensors that can be affixed to the surface of structures in the heart. These tethered sensor arrays will record pressure and flow waveforms, data that can be used to calculate cardiac output after major operations such as heart transplants.

Dr. Hussna Wakily ('13), now practicing in Oceanside, San Diego County, specializes in general surgery, colorectal surgery, and breast surgery. After graduating from Stony Brook, she completed her fellowship training in minimally invasive and bariatric surgery at Beth Israel Deaconess Medical Center, Harvard teaching hospital. She then worked in private practice at Lenox Hill and Mount Sinai in Manhattan, after which she moved back to Boston to join the Harvard Medical Faculty Physicians group as an academic surgeon for Beth Israel Deaconess Medical Center. She is happy to now be back in the "beautiful weather" of California where she is originally from. In addition to her clinical practice, she currently serves as an editor for the journal *Surgical Endoscopy*, as well as a hernia committee member for the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES). She recently was awarded Top Doctor 2019 in General and Breast Surgery.

Dr. Soojin Ahn ('14) joined the faculty of the surgery department at Icahn School of Medicine at Mount Sinai as an assistant professor, after completing her fellowship in breast surgery at Mount Sinai Medical Center. Recent publications include:

- **Ahn S**, Elnekaveh B, Schmidt H, Weltz C, Pisapati K, Port E. Defining the need for imaging and biopsy after mastectomy. *Ann Surg Oncol* 2018;25:3843-8.
- **Ahn S**, Port ER. Genetic testing in patients with newly diagnosed breast cancer: room for improvement. *J Clin Oncol* 2017;35:2221-3.
- **Ahn S**, Wooster M, Valente C, et al. Impact of screening mammography on treatment in women diagnosed with breast cancer. *Ann Surg Oncol* 2018;25:2979-86.

About her imaging/biopsy after mastectomy study, she says: "Autonomy and choice in treatment are encouraged, and can be empowering for patients, but decision-making can also result in anxiety, fear, and distress. Some patients might choose more extensive surgery with the hope that this will eliminate the need for breast imaging and biopsy later when, in fact, this is not necessarily the medically beneficial course." Asked about the clinical implications of the study's findings in an interview published on Healio.com, she said: "We live in an age in which clinicians need to be practicing evidence-based medicine. We need to be more informed and have better expectations for what we tell our patients."

{ ALUMNI NEWS SUBMISSIONS }

To submit alumni news online, please visit the Department of Surgery website at www.medicine.stonybrookmedicine.edu/surgery/about/news/alumni

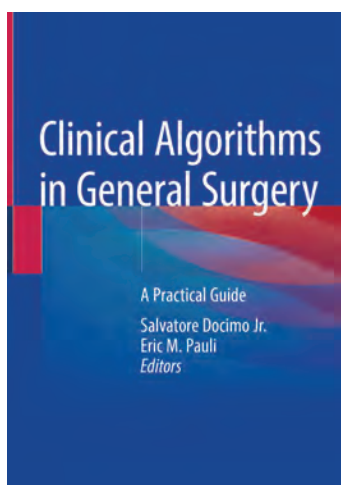
DIVISION BRIEFS

Bariatric, Foregut, and Advanced Gastrointestinal Surgery

The division has started **providing outpatient bariatric and foregut surgery services** at our new location in Patchogue (100 Hospital Road). This is in addition to our ongoing accredited program at Long Island Community Hospital, offering bariatric surgical procedures (e.g., sleeve gastrectomy, gastric bypass). We are now able to provide the **complete gamut of bariatric and foregut surgery to South Shore patients**, right in the community.

Dr. Salvatore Docimo Jr., assistant professor of surgery, just published *Clinical Algorithms in General Surgery: A Practical Guide*, issued by Springer, the prestigious international science publisher.

This 873-page text comprising 43 chapters takes the major pathologies of the systems commonly studied in general surgery and presents them in a unique format based on algorithms.



Dr. Docimo is the book's co-editor, as well as a contributing author. Numerous authors of chapters are faculty and residents of our department.

Dr. Aurora D. Pryor, professor of surgery and vice chair for clinical affairs, and chief of bariatric, foregut, and advanced gastrointestinal surgery, in April became **president of the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES)**, representing over 6,500 surgeons worldwide.

Dr. Pryor will serve as president for one year (2019-20) followed by an executive year as past president. She has been an active member of SAGES for the past two decades, with several different leadership roles.

Founded in 1981, the mission of SAGES is to improve quality patient care through education, research, innovation, and leadership, principally in gastrointestinal and endoscopic surgery.

Dr. Pryor has recently been nominated for **membership in the Alpha Omega Alpha Medical Honor Society**. The criteria for nomination include scholarly achievement, demonstrated professionalism, leadership capabilities, adherence to ethical standards, fairness in dealing with colleagues, and achievement in medicine.

Dr. Pryor continues to host a **leadership development course for women surgeons**. The next one will take place at the annual Women's Leadership in Surgery Conference to be held in October at New York University.

Dr. Pryor in February **chaired the foregut program** at the Minimally Invasive Surgery Symposium, held in Las Vegas.

The annual symposium provides lectures, surgical video presentations, and discussion/debate by world-renowned experts on advanced laparoscopic techniques for managing metabolic disorders, hernia, foregut, and diseases of the colon.

Dr. Samer Sbayi, assistant professor of surgery, director of exigent general surgery, and chief of the mastery in general surgery fellowship, is the **only Shouldice-trained surgeon in the United States** who performs the **pure tissue (mesh-free) hernia repair**, known as the Shouldice procedure. Over one third of his Shouldice patients are from out of state.

Dr. Sbayi's exigent general surgery service was the subject of the following podium presentation given at the annual SAGES meeting, held in April in Baltimore: **"The Effect of the Adoption of an Acute Care Surgery [ACS] Service Model on Volumes of Laparoscopic Cholecystectomy at a Tertiary Care Center"** (co-authors: Altieri MS, Yelika S, Pryor A, Tang J, Nie L, Fu Y, Talamini M, Sbayi S).

The study found: "The initiation of the ACS model at a tertiary center helped increase the number of concurrent cholecystectomies from 28.21% to 40.2% in six years. Patients undergoing cholecystectomy were more likely to have acute cholecystitis, be older, and with more co-morbidities."

Our general surgeons operate the exigent general surgery service, which streamlines

the care of patients presenting in the emergency room with acute abdominal conditions. Providing minimally invasive treatment in most cases, the service decreases both the time to surgery and the length of stay in the hospital.

Dr. Sbayi's **mastery in general surgery fellowship** now has three fellows who are rotating at Eastern Long Island Hospital (ELIH) in Greenport and Southampton Hospital for subspecialist experience and helping to maintain a permanent presence for general surgery services at ELIH. They also help facilitate transfers to University Hospital.

One of the main objectives of this fellowship is to enable surgeons to gain the skill set needed for serving smaller "rural" communities desperate for general surgeons. Our fellows have a broad exposure to surgical care, including laparoscopy, colorectal, urology, and obstetrics-gynecology.

Dr. Sbayi in April traveled to **Ecuador on a medical mission** with the fellows and also general surgery residents to give them a global surgery experience. During the weeklong mission, they provided care for many underserved patients who needed hernia repairs and gallbladder removal procedures.

Our **short-stay recovery program**, in which Dr. Pryor and Dr. Sbayi are leaders, is going into its third year and growing. This program keeps patients postoperatively in an extended recovery setting if they need just an overnight stay. It frees up beds for those who need them the most after being admitted from the emergency room. Patients are very pleased with it, and we are currently planning to present it to other surgical departments to encourage expanded usage.

Dr. Konstantinos Spaniolas, associate professor of surgery and associate director of the Bariatric and Metabolic Weight Loss Center, in November gave the following presentations at the ObesityWeek conference in Nashville:

- Best practices/breaking old habits (invited presentation at “Enhanced Recovery after Bariatric Surgery” course).
- Gas-filled balloon clinical trial (invited presentation at “Balloon Endoscopy Didactic” course).

ObesityWeek, sponsored by the American Society for Metabolic & Bariatric Surgery and the Obesity Society, is the preeminent annual scientific and educational conference covering the full scope of the obesity issue.

Dr. Spaniolas in October gave the following presentation at the American College of Surgeons Clinical Congress in Boston: “**Evidence-Based Approach to Inguinal Hernia Repair:** Open, Laparoscopic, Robotic.”

Breast Surgery

Division faculty **Dr. Brian J. O’Hea**, associate professor of surgery and chief of breast surgery, **Dr. Anastasia Bakoulis**, assistant professor of surgery, and **Dr. Patricia A. Farrelly**, assistant professor of surgery, are participating in the Alliance A011202 clinical trial that aims to **reduce the need for surgery to remove lymph nodes** in breast cancer patients.

This randomized phase III trial studies axillary (armpit) lymph node dissection to see how well it works compared to axillary radiation therapy in treating patients with node-positive breast cancer treated with neoadjuvant chemotherapy followed by surgery.

The goal of the trial is to determine whether or not radiation without axillary lymph node removal is as effective as both together, as well as monitoring complication rates and arm problems (pain, swelling, functional disability, range of motion) in each treatment group.

Dr. Bakoulis in March gave a presentation for our Surgical Grand Rounds series, titled “**Benign Breast Disease: To Cut or Not to Cut?**”

She reviewed the new guidelines for non-malignant breast lesions. There has been a significant shift in indications for surgical intervention, while the breast surgeon’s role now encompasses careful **risk stratification on a case-by-case basis**.

Cardiothoracic Surgery

Dr. Thomas V. Bilfinger, professor of surgery and director of the Lung Cancer Evaluation Center, is participating in multiple clinical trials of **minimally invasive transcatheter aortic valve replacement (TAVR) for aortic stenosis** (blockage) in low-risk patients.

TAVR is an established therapy for patients with symptomatic severe aortic stenosis who are extreme, high, or intermediate risk for surgery.

Dr. Bilfinger is a co-author of the study published last October that found TAVR to be safe in low-risk patients with symptomatic severe aortic stenosis, with low procedural complications rates, short hospital length of stay, zero mortality, and zero disabling stroke at 30 days.

Dr. Henry J. Tannous, associate professor of surgery, has been **appointed chief of cardiothoracic surgery and co-director of the Heart Institute**.

Dr. Tannous will replace **Dr. Joanna Chikwe**, professor of surgery, who will depart in September for Cedars Sinai in Los Angeles, where she has been recruited to be the **inaugural chair of its Department of Cardiac Surgery**.

Colon and Rectal Surgery

Dr. Marvin L. Corman, professor of surgery, was **celebrated in a feature article** about him and his career appearing in the winter issue of *Inside Surgery* published by Beth Israel Deaconess Medical Center (he’s a Harvard general surgery resident alumnus—class of ’71).

Dr. Corman last fall was honored by Central High School of Philadelphia (America’s second oldest high school)—his alma mater—being **inducted into the hall of fame** there for “his accomplishments in the field of colon and rectal surgery, as a medical author, and as professor of surgery at Stony Brook University School of Medicine.”

Dr. Paula I. Denoya, associate professor of surgery and director of the colon and rectal surgery residency, in January gave two talks at the New York Society of Colorectal Surgeons meeting held at the Penn Club in New York, presenting the following studies:

- Anal and perianal Paget’s disease: reviewing the literature to create a case series and discover new insights [authors: Yelika S, Carey E, Dickler C, Fong C, Denoya P]

- Majority of patients undergoing colorectal cancer resection 2010-2018 have not participated in colorectal screening programs [authors: Fong C, Joseph D, Li E, Denoya P]

Both studies will be presented in June at the annual scientific meeting of the American Society of Colon and Rectal Surgeons to be held in Cleveland.

Otolaryngology-Head and Neck Surgery

Dr. Melissa M. Mortensen, assistant professor of surgery and director of the otolaryngology–head and neck surgery residency, in October was awarded funding from the Department of Surgery’s Small Grants Program for her research project titled “**A Cohort Study Investigating Postoperative Laryngopharyngeal Reflux in Bariatric Patients Following Laparoscopic Sleeve Gastrectomy and Roux-en-Y Gastric Bypass.**”

The project aims to evaluate the impact of bariatric surgery on laryngopharyngeal reflux (LPR) by comparing the prevalence and progression of postoperative LPR in two cohorts of patients undergoing either laparoscopic sleeve gastrectomy (LSG) or Roux-en-Y Gastric bypass (RYGB).

LPR results from stomach acid refluxed into the throat as a consequence of gastroesophageal reflux disease (GERD). It can occur without heartburn, making it difficult to diagnose. This is why LPR is sometimes called “silent reflux.”

If LPR is left untreated, it can cause serious damage to the tissues of the throat, upper airway, and the lungs. LPR can also lead to serious problems including vocal cord nodules, subglottic stenosis (airway narrowing), granulomas, and even cancer.

Bariatric surgery with either RYGB or sleeve gastrectomy (SG) has been proven to reduce the complications of obesity.

In the last few years, LSG has been increasing in its popularity as the procedure of choice for the management of morbid obesity. According to data from the Michigan Bariatric Surgery Collaborative, SG in 2013 has surpassed RYGB surgeries.

However, recent literature suggests SG may actually exacerbate or cause GERD. Reports have shown that LSG is associated with both increased severity of reflux in some patients, and an increase in de-novo incidence of GERD in others.

In light of this data, we could assume LSG increases the risk of LPR, as well. However, no current literature supports this. Dr. Mortensen's research will contribute to the lack of literature.

Pediatric Surgery

The **Pediatric Trauma Symposium**, hosted by the Stony Brook Trauma Center, took place last fall on West Campus. It was well attended by physicians, nurses, advanced practice nurses, physician assistants, EMS, and physical therapists involved in the resuscitation, care, and rehabilitation of injured children.

Sessions included the latest advances in pediatric balanced resuscitation, assessment and treatment of hemorrhagic shock, pediatric extra-corporeal membrane oxygenation, initial treatment of a child with traumatic brain injury, field management of cervical-spine injuries, and non-accidental trauma in children.

Dr. Richard J. Scriven, associate professor of surgery and director of the general surgery residency, is the **winner of the 16th annual Michael A. Maffetone Community Service Award** for his "tireless work in communities in need here and in Africa, Ecuador, and Puerto Rico."

The Maffetone Award recognizes a current employee of Stony Brook Medicine or the Long Island State Veterans Home who demonstrates outstanding community service in education, healthcare, human services, arts and culture, diversity, safety, or injury prevention.

Preference is given to activities directed at eliminating disparities in access to quality healthcare. Partisan political activities, sectarian religious activities, or service that is part of the nominee's normal job responsibilities are excluded from consideration.

Dr. Scriven has a long history of community service outside his normal job responsibilities ever since joining our faculty in 2001, from serving as a member of the Stony Brook Fire Department to traveling on international medical missions to provide care for the needy.

Most recently, Dr. Scriven in March went on a weeklong mission to the Galápagos Islands of Ecuador. The trip was sponsored by Blanca's House, a Long Island-based organization of volunteer healthcare professionals who provide free medical treatment to people without access to good healthcare.

Plastic and Reconstructive Surgery

Duc T. Bui, MD, associate professor of surgery and director of breast reconstruction, together with general surgery resident **Dr. Jocellie Marquez** and division colleague **Dr. Sami U. Khan**, in October was awarded funding from the Department of Surgery's Small Grants Program for their research project titled "**Changes in the Attitudes and Practices of Plastic Surgeons Regarding Antibiotic Prophylaxis, Acellular Dermal Matrix Use, and Closed-Suction Drains in Immediate Breast Reconstruction.**"

The project aims to perform an updated survey of practicing plastic surgeons on their current use of postoperative prophylactic antibiotics, acellular dermal matrix, and closed-suction drain management in immediate breast reconstruction since the 2016 publication of the division's study showing short-term 24-hour perioperative prophylactic antibiotics use is equivalent to the extended regimen.

Dr. Bui and his co-investigators will document any shift in paradigm. By analyzing plastic surgeons' preferences and perceptions, they hope to establish a consensus and aid in the development of guidelines to assist with postoperative management of the breast reconstruction patient.

Dr. Sami U. Khan, associate professor of surgery and director of cosmetic surgery, has been **elected to serve a three-year term on the executive council** of the Mayo Clinic's Priestley Surgical Society.

The Priestley Surgical Society is a Mayo Clinic alumni association society for surgeons who, like Dr. Khan, trained at Mayo. Dr. James T. Priestley, a prominent Mayo surgeon with a national and international reputation, founded the society in 1965.

The society currently consists of more than 600 members, made up primarily of Mayo surgical alumni from throughout the world, who meet once a year for scientific exchange.

Dr. Khan in October gave the following invited lecture at the society's annual meeting, held in Boston: "**Venous Thromboembolism (VTE) Prophylaxis in Outpatient Plastic Surgery.**"

Dr. Khan in October was **elected chairman of the bylaws committee** of the American Society of Plastic Surgeons/Plastic Surgery Foundation.

Dr. David K. Lam, professor of surgery and chief of oral and maxillofacial surgery, has received a **\$1.7 million NIH Fast-Track grant** in collaboration with NuShores Biosciences. He is the principal investigator for the Stony Brook team, and will be validating a novel bone scaffold for reconstruction of traumatic and cancer defects in craniofacial tissues.

"This NIH award recognizes the profound early results of NuShores' NuCress scaffold technology in long bones, and we aim to validate it as a **revolutionary advancement in craniofacial bone healing** and transformational technology for surgeons challenged with not only restoring form but also function in patients with craniofacial defects," says Dr. Lam.

“Hopefully, the findings following this 2.5 year grant will result in future clinical trials of the same product at Stony Brook Medicine.”

Surgical Oncology

Georgios V. Georgakis, MD, PhD, assistant professor of surgery, in October was awarded funding from the Department of Surgery’s Small Grants Program for his research project titled “**Activity of HSP 90 Inhibitor with Surgery + Heat-Activated Chemotherapy for Colorectal Cancer.**”

The project aims to improve treatment of peritoneal carcinomatosis (PC) when different types of cancer spread in the abdominal (peritoneal) cavity. The presence of PC is an ominous sign, and its treatment is difficult with current modalities, with only months to gain in overall survival.

Dr. Georgakis expects the project will result in a change on how patients with PC are treated, and provide a cost-effective way of testing novel regional therapies. Ultimately, the project will lead to the development of new strategies to treat patients with PC.

Vascular and Endovascular Surgery

The Vascular Center has been named a **Center of Excellence for transcrotid artery revascularization (TCAR)** by Silk Road Medical, the developer of the procedure. It is only one of two designated centers on Long Island.

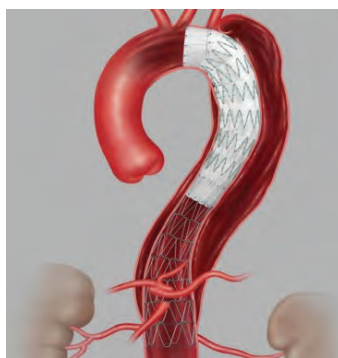
TCAR is a minimally invasive stroke prevention procedure that temporarily diverts blood flow from the brain to prevent plaque fragments from dislodging and causing a blockage. Our surgeons then filter the blood before

returning it to a vein in the groin, and a stent is implanted directly into the carotid artery to stabilize the plaque and prevent strokes.

Mohsen Bannazadeh, MD, assistant professor of surgery, in October was awarded funding from the Department of Surgery’s Small Grants Program for his research project titled “**Spatial and Temporal Characterization of Fibrin as It Pertains to Deep Vein Thrombosis and Its Resolution.**”

The project aims to elucidate the blood clot formation with the perivascular inflammatory process in venous thromboembolism, which is a major cause of morbidity and mortality in the United States. Better understanding of how these blood clots form will make a major contribution to population health.

Dr. Shang A. Loh, associate professor of surgery, director of the vascular surgery residency and fellowship, and associate director of the Aortic



Center, in April performed our **first implantation of the new Zenith stent graft to treat aortic dissections.**

This was the first use on Long Island of the newly approved device. **Dr. Henry J. Tannous**, chief of cardiothoracic surgery, assisted Dr. Loh with the procedure.

Another minimally invasive option for endovascular repair of aortic dissections recently FDA approved, the Zenith Dissection Endovascular System provides physicians a less invasive alternative to open surgery for repair of type B dissections of the descending thoracic aorta.

Aortic dissection is a tear that occurs between the innermost and middle layers of the aorta. When the inner layer of the aorta tears, blood flows through the tear, which causes the inner and middle layers of the aorta to separate (dissect) creating two channels.

The false channel can cause serious problems ranging from occlusion of vital vessel branches, which can be life-threatening, to degeneration into aortic aneurysms with risk of rupture in the future.

The Zenith Dissection System is the **first system ever approved specifically for treating type B dissections.**

Acute aortic dissection is an infrequent but catastrophic disorder. Classically described as a patient complaining of an abrupt onset of severe “tearing” chest pain, presentations can often be more subtle.

Until the advent of minimally invasive options for treating aortic dissections, medical management often failed, leading to aneurysm formation. Traditional open surgery for emergent complications of the dissection carried a high mortality and complication rate.

With significantly lower mortality and complication rates, endovascular treatment of aortic dissections with stent grafts has become of the treatment of choice.

Dr. Loh has obtained **vascular surgery privileges at St. Catherine of Siena Medical Center** in Smithtown.

Dr. Apostolos K. Tassiopoulos, professor of surgery and chief of vascular and endovascular surgery, last fall was elected **president of the New York Society for Vascular Surgery.** He will serve one year in this leadership role.

The society’s membership comprises vascular surgeons either in practice or in training within the New York metropolitan and surrounding area. Its mission is to advance clinical knowledge, innovative treatments and surgical techniques, research, and collaboration in the field of vascular and endovascular surgery.

Dr. Tassiopoulos has received a grant from the society for a project titled “**Electronic Medical Record-Based Early Diagnosis of Abdominal and Thoracic Aortic Aneurysms.**” In March, he gave a presentation about it at the annual meeting of the Society for Clinical Vascular Surgery, held in Boca Raton.

The **Tenth Annual Venous Symposium**—directed by **Dr. Antonios P. Gasparis**, professor of surgery and director of the Center for Vein Care, and **Dr. Nicos Labropoulos**, professor of surgery—took place in April in New York.

The symposium, which delivers practical education and updates on the current knowledge and management of venous disease, has become one of the premier international conferences on issues and treatment related to vein pathology.

For more information, visit www.venous-symposium.com.

Dr. Fabio Giron

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Born in Sanlucar de Barrameda, Spain, in 1931, Dr. Giron received his MD with honors (*premio extraordinario*) in 1954 from the University of Valladolid. In 1960, he completed his surgical training in Madrid, after which he served on the surgical faculty of the University of Madrid for four years.

In 1964, Dr. Giron came to the United States. From then until 1970, he pursued research at Tufts-New England Medical Center Hospital in Boston for two years, and then further clinical training in vascular surgery at Mount Sinai Hospital in New York for two years under the tutelage of Dr. Julius Jacobson.

People called Dr. Giron “a surgeon’s surgeon” and his advice was highly sought after here on Long Island and elsewhere.

Subsequently, he served for two years as a member of the surgical faculty of Tufts University, from which he received his PhD in 1970, for his thesis entitled “The Effects of Nonpulsatile Flow on the Cardiovascular Control Mechanisms.”

During his tenure at Tufts, Dr. Giron contributed to the pioneering work done on external counterpulsation with Harry S. Soroff, MD, later the founding chairman of our Department of Surgery. This innovative non-invasive procedure is currently used for the treatment of chronic or unstable angina and in patients with congestive heart failure.

In 1970, Dr. Giron moved to New York to join the surgical faculty of the Mount Sinai School of Medicine, and to serve as chief of vascular surgery at the VA Medical Center in the Bronx. He then came to Stony Brook in 1977, at the invitation of Dr. Soroff.

Highly respected by his peers, Dr. Giron distinguished himself as one of the “Doctors of Excellence” featured in numerous editions of the Castle Connolly Guide, *Top Doctors: New York Metro Area*.

Dr. Giron is remembered by those who worked with him for his genius, his humanity, and his humor, but most of all for his expertise in the operating room. He is remembered, as well, by those many students and trainees he taught the art of surgery.

Beyond his professional life, he is further remembered as an expert fisherman who knew the waters of the North Shore better than anybody else, and for his lifelong adoration for the game of soccer (he was a die-hard Barça fan) and for his fascination with politics.

Dr. Cedric Priebe

Continued from Page 15

group of “generalists” into groups with more specialized skills, Dr. Priebe became the founding chief of the Pediatric Surgery Division.

At Stony Brook, Dr. Priebe developed a strong patient care service, and was recognized as a meticulous surgeon, tireless teacher, and a mentor of surgical faculty, residents, and medical students.

Dr. Priebe was loved by his patients and their families, and he was a model for the next generation of pediatric surgeons.

Now, with more than 3,000 outpatient visits and more than 1,000 surgeries annually, we have the largest pediatric surgery program in Suffolk County.

Longtime colleague Dr. Richard Scriven, who worked closely with Dr. Priebe since 2001 when he joined our Pediatric Surgery Division, remembers: “Dr. Priebe was loved by his patients. For a complicated child, it was not unusual for him to spend hours with them on the ward or in the office.

“Dr. Priebe was a model for the next generation. He believed it was the highest honor for a parent to entrust their most precious gift to us for their surgical care.”

During Dr. Priebe’s academic career he was active in research involving the causes of intestinal ischemia that may occur in premature newborn infants. His pediatric surgical interests focused on newborn congenital anomalies, pediatric tumors, and childhood trauma.

Dr. Priebe served on multiple national committees of pediatric surgical societies, and published articles on numerous pediatric surgical topics. Following his retirement from our full-time faculty, he continued to serve as an editorial consultant for the *Journal of Pediatric Surgery*, the leading journal in the field.

In 2010, to further support our mission of excellence in education, Dr. Priebe became the principal donor of the fund and leader of our campaign to establish the Cedric J. Priebe Jr., MD, Endowed Pediatric Surgery Lectureship.

The Priebe Lectureship fund now supports an annual visiting professor’s presentation centering on a current clinical or research issue in pediatric surgery. This lecture presentation, given as part of our Surgical Grand Rounds program, focuses on new methods to improve patient

care, as well as new research in the field of pediatric surgery.

This lectureship was one of Dr. Priebe’s dreams—to help advance the education at Stony Brook of surgeons caring for children—and it remains part of his legacy in the Department of Surgery.

Beyond that, Dr. Priebe desired to have his legacy grow not only through the pediatric surgery lectureship but also through the creation of a dedicated children’s hospital here at Stony Brook—a hospital just for kids that offers every clinical specialty and that would be competitive with similar hospitals throughout the country.

This dream of Dr. Priebe’s has finally been realized. Stony Brook Children’s Hospital is the first of its kind in Suffolk County, offering the most advanced pediatric specialty care in the region. It occupies two floors in the sparkling new Hospital Pavilion.

Our present chief of pediatric surgery Dr. Christopher Muratore adds: “Dr. Priebe really wanted to see the formal opening of our new Children’s Hospital, which will take place in the near future but too late for him. He long thought a hospital dedicated to caring for children would be critical for our growth, expansion of services, and potential to optimize children- and family-centered healthcare.”

For those who wish to honor Dr. Priebe now and help ensure the longevity of the Priebe Lectureship, donations to the fund established to support it are encouraged. To obtain more information, please call the Stony Brook Medicine Advancement Office at (631) 444-2899.

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*CME credit through the
School of Medicine*

Surgical Grand Rounds

Our Surgical Grand Rounds program is designated for a maximum of 1 AMA PRA Category 1 Credit™. The weekly Surgical Grand Rounds lectures are generally held on Wednesday morning, from 7:00 to 8:00 am, in the Health Sciences Center (level 2, lecture hall 1).

Topics cover the full range of current surgical concerns, focusing on clinical issues of interest to practicing physicians and surgeons. Featured speakers include distinguished visiting professors from the nation's top universities and medical centers, such as:

- Bauer Sumpio, MD, PhD, chief of vascular surgery, Yale U ("The Diabetic Foot: The Achilles Heel for Surgeons")
- Julie A. Freischlag, MD, dean of medicine, Wake Forest U, and former chief of surgery, Johns Hopkins U ("Clinical and Personal Comparative Effectiveness")
- William B. Inabnet III, MD, chief of surgery, Mount Sinai Beth Israel ("Recent Innovation in Minimally Invasive Endocrine Surgery")
- Steven D. Schwartzberg, MD, chief of surgery, U at Buffalo ("What Should Surgeons Be Thinking about in the New World Order?")

For more information, please call (631) 444-7875. Lectures are suspended during the summer months and resume in September.

Breast Conference

The weekly breast conference of our Breast Surgery Division is designated for a maximum of 1 AMA PRA Category 1 Credit™. It takes place every Friday from 7:30 to 8:30 am in the Pathology Conference Room 766 on Level 2 of University Hospital. We discuss breast cancer planning and treatment options with our multidisciplinary team.

The case presentations and discussions rely on national breast cancer standards (as defined by the National Comprehensive Cancer Network). In this way, we afford best clinical practice for our patients, as well as provide continued medical education at the same time. Both of these essential components of our breast conference aim to bridge the gap between historical clinical practices and newer leading-edge treatments.

This CME activity, which involves case presentations as well as a mini lecture series, aims to meet the educational needs and advance the knowledge of our audience. Subject matter for the mini lecture series is developed from patient presentation dilemmas, clarification of practice guidelines, and most current medical journal articles. We also use morbidity and mortality data as an impetus to discuss quality improvement issues.

For more information, please call (631) 444-5976.

Cardiothoracic Lung Cancer Tumor Board

The Cardiothoracic Lung Cancer Tumor Board of our Cardiothoracic Surgery Division is designated for a maximum of 1 AMA PRA Category 1 Credits™. It takes place biweekly from 4:00 to 5:00 pm in the Pathology Conference Room on Level 2 of University Hospital.

This board is an interdisciplinary panel with case studies/presentations on diagnostic workup, prognostic indicators, working stage, clinical guidelines, research protocols, treatment planning, and recommendations for practice in lung cancer.

For more information, please call (631) 444-2981.

Head and Neck Tumor Board

The Head and Neck Tumor Board of our Otolaryngology-Head and Neck Surgery Division is designated for a maximum of 1 AMA PRA Category 1 Credit™. It takes place on the first and third Tuesday of every month from 7:30 to 8:30 am in the Pathology Conference Room on Level 2 of University Hospital.

This board was established to provide a multidisciplinary team to streamline and improve the care of cancer patients given in the hospital and on an outpatient basis, as well as to streamline the way collaborating departments/physicians/treatment plans work together and address how each can be tailored to specific patients.

For more information, please call (631) 444-7661.

Surgical Oncology Upper GI Tumor Board

The Surgical Oncology Upper GI Tumor Board of our Surgical Oncology Division is designated for a maximum of 1 AMA PRA Category 1 Credit™. It takes place every Tuesday from 7:30 to 8:30 am in the Oncology Conference Room 664 on Level 2 of University Hospital.

This board is an interdisciplinary panel with case studies/presentations of diagnostic workup, prognostic indicators, working stage, clinical guidelines, research protocols, treatment planning, and recommendations for practice in surgical oncology/upper GI.

For more information, please call (631) 444-8086.

Vascular Surgery Conference

The Vascular Surgery Conference of the Vascular and Endovascular Surgery Division is designated for a maximum of 2 AMA PRA Category 1 Credits™. The weekly conferences are generally held on Wednesday morning, from 8:00 to 10:00 am, in the Health Sciences Center in the surgery department classroom (level 19, room 025).

Topics cover the full range of concerns related to the diagnosis and management of vascular disease, with case presentations. Presentations are made by surgical residents, as well as the director of the non-invasive vascular lab and attending physicians.

For more information, please call (631) 444-2037/-2683.



University Hospital under construction in the late 1970s. See Pages 12-13 for picture of it now, plus our history.

PRACTICE LOCATIONS

Stony Brook Surgical Associates

Stony Brook University Hospital

101 Nicolls Road
Stony Brook, NY 11794
(631) 444-4000 (tel)

Heart Institute University Hospital

Level 5
101 Nicolls Road
Stony Brook, NY 11794
(631) 444-6590 (tel)
(631) 444-8963 (fax)

Cancer Center / Carol M. Baldwin Breast Care Center

3 Edmund D. Pellegrino Road
Stony Brook, NY 11794
(631) 638-1000 (tel)
(631) 444-6348 (fax)

Surgical Care Center

37 Research Way
East Setauket, NY 11733
(631) 444-4545 (tel)
(631) 444-4539 (fax)
and
222 Middle Country Road
Suite 209
Smithtown, NY 11787
(631) 638-2800 (tel)
(631) 638-2830 (fax)

Otolaryngology-Head and Neck Surgery (ENT)

37 Research Way
East Setauket, NY 11733
and
500 Commack Road
Suite 102
Commack, NY 11725
(631) 444-4121 (tel)
(631) 444-4189 (fax)

Plastic & Cosmetic Surgery Center

24 Research Way
Suite 100
East Setauket, NY 11733
(631) 444-8210 (tel)
(631) 444-4610 (fax)

Bellavie MedSpa

23 South Howell Avenue
Suite F
Centereach, NY 11720
(631) 638-3950 (tel)
(631) 638-3947 (fax)

General/Gastrointestinal Surgery Bariatric and Metabolic Weight Loss Center

23 South Howell Avenue
Suite D Centereach, NY 11720
and
500 Commack Road
Suite 102
Commack, NY 11725
and
100 Hospital Road
Suite 203
Patchogue, NY 11772
~ General Surgery
(631) 638-3969 (tel)
(631) 638-0050 (fax)
~ Weight Loss
(631) 444-BARI (2274) (tel)
(631) 638-1227 (fax)

Comprehensive Hernia Center

23 South Howell Avenue
Suite D
Centereach, NY 11720
and
37 Research Way
East Setauket, NY 11733
and
222 Middle Country Road
Suite 209
Smithtown, NY 11787
and
500 Commack Road
Suite 102
Commack, NY 11725
and
100 Hospital Road
Suite 203
Patchogue, NY 11772
(631) 638-0054 (tel)
(631) 638-0050 (fax)

Vascular Center & Center for Vein Care

23 South Howell Avenue
Suite G
Centereach, NY 11720
and
500 Commack Road
Suite 102
Commack, NY 11725
and
100 Hospital Road
Suite 203
Patchogue, NY 11772
and
225 West Montauk Highway
Hampton Bays, NY 11946
and
240 Meeting House Lane
The Schenck Building
Southampton, NY 11968
and
676 County Road 39A
Southampton, NY 11968
~ Vascular Center
(631) 638-1670 (tel)
(631) 638-1691 (fax)
~ Center for Vein Care
(800) 345-VEIN (8346) (tel)
(631) 638-1691 (fax)

Advanced Specialty Care

500 Commack Road
Suite 102
Commack, NY 11725
~ All Services but ENT
(631) 444-4545 (tel)
(631) 444-4539 (fax)
~ Otolaryngology (ENT)
(631) 444-4121 (tel)
(631) 444-4189 (fax)

Stony Brook Surgical Associates @ Long Island Community Hospital

100 Hospital Road
Suite 203
Patchogue, NY 11772
~ General/Gastrointestinal
Surgery
(631) 638-3969 (tel)
(631) 638-0050 (fax)
~ Thoracic Surgery
(631) 444-1820 (tel)
(631) 444-8963 (fax)
~ Trauma Care
(631) 444-4545 (tel)
(631) 444-6176 (fax)
~ Vascular Care
(631) 638-1670 (tel)
(631) 638-1691 (fax)
~ Weight Loss
(631) 444-BARI (2274) (tel)
(631) 638-1227 (fax)

Outpatient Services Center

225 West Montauk Highway
Hampton Bays, NY 11946
(631) 723-5000 (tel)
(631) 723-5010 (fax)

Stony Brook Cardiology and Specialty Care

676 County Road 39A
Southampton, NY 11968
(631) 638-1670 (tel)
(631) 283-5927 (fax)

Stony Brook Southampton Hospital

240 Meeting House Lane
Southampton, NY 11968
(631) 726-8200 (tel)

Please visit the
Department of Surgery
websites:

Patient Care

surgery.stonybrookmedicine.edu

Academics

medicine.stonybrookmedicine.edu/surgery

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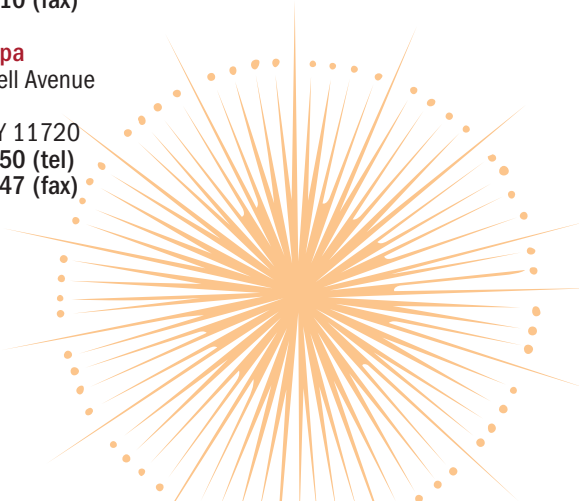
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Stony Brook Medicine

Stony Brook Surgical Associates

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BARIATRIC SURGERY

(631) 444-2274 (tel)
(631) 638-1227 (fax)

Andrew T. Bates, MD
Salvatore Docimo Jr., DO, MS
Aurora D. Pryor, MD
Konstantinos Spaniolas, MD

BREAST SURGERY

(631) 638-1000 (tel)
(631) 638-0720 (fax)

Anastasia Bakoulis, DO
Patricia A. Farrelly, MD
Brian J. O'Hea, MD

BURN CARE

(631) 444-4545 (tel)
(631) 444-6176 (fax)

Steven Sandoval, MD
James A. Vosswinkel, MD

CARDIOTHORACIC SURGERY

(631) 444-1820 (tel)
(631) 444-8963 (fax)

Jorge M. Balaguer, MD
Thomas V. Bilfinger, MD, ScD
Joanna Chikwe, MD
Allison J. McLarty, MD
Henry J. Tannous, MD

COLON AND RECTAL SURGERY

(631) 444-4545 (tel)
(631) 444-7784 (fax)

Marvin L. Corman, MD
Paula I. Denoya, MD
Jill C. Genua, MD
Kathreen P. Lee, MD
Arnold R. Leiboff, MD
William B. Smithy, MD

GENERAL/GASTROINTESTINAL SURGERY

(631) 444-4545 (tel)
(631) 638-0050 (fax)

Andrew T. Bates, MD
Salvatore Docimo Jr., DO, MS
Polikseni Eksarko, MD
Jill C. Genua, MD
Georgios V. Georgakis, MD, PhD
Kathreen P. Lee, MD
Michael F. Paccione, MD
Aurora D. Pryor, MD
Jerry A. Rubano, MD
Daniel N. Rutigliano, DO
Steven Sandoval, MD
Aaron R. Sasson, MD
Samer Sbayi, MD, MBA
Jessica R. Schnur, MD
Marc J. Shapiro, MD
Konstantinos Spaniolas, MD
Mark A. Talamini, MD, MBA
James A. Vosswinkel, MD

OTOLARYNGOLOGY-HEAD AND NECK SURGERY (ENT)

(631) 444-4121 (tel)
(631) 444-4189 (fax)

Sidrah M. Ahmad, MD
Lukasz Czerwonka, MD
Melissa M. Mortensen, MD
Joshua M. Rosenthal, MD
Ghassan J. Samara, MD
David A. Schessel, MD, PhD

PEDIATRIC SURGERY

(631) 444-4545 (tel)
(631) 444-8824 (fax)

Charles V. Coren, MD
Erica R. Gross, MD
Helen Hsieh, MD, PhD
Christopher S. Muratore, MD
Richard J. Scriven, MD

PLASTIC AND RECONSTRUCTIVE SURGERY

(631) 444-8210 (tel)
(631) 444-4610 (fax)

Christopher S. Bellber, MD
Duc T. Bui, MD
Alexander B. Dagum, MD
Jason C. Ganz, MD
Tara L. Huston, MD
Sami U. Khan, MD
Aleksandra Krajewski, MD
David K. Lam, MD, DDS, PhD

PODIATRIC SURGERY

(631) 444-4545 (tel)
(631) 444-4539 (fax)

Valerie A. Brunetti, DPM
Bernard F. Martin, DPM

SURGICAL ONCOLOGY

(631) 444-8086 (tel)
(631) 444-7871 (fax)

Georgios V. Georgakis, MD, PhD
Aaron R. Sasson, MD

TRAUMA/SURGICAL CRITICAL CARE

(631) 444-4545 (tel)
(631) 444-6176 (fax)

Polikseni Eksarko, MD
Randeep S. Jawa, MD
Irina Kovatch, MD
Michael F. Paccione, MD
Jerry A. Rubano, MD
Daniel N. Rutigliano, DO
Steven Sandoval, MD
Marc J. Shapiro, MD
James A. Vosswinkel, MD

VASCULAR SURGERY

(631) 638-1670 (tel)
(631) 638-1691 (fax)

Mohsen Bannazadeh, MD
Antonios P. Gasparis, MD
Pamela S. Kim, MD
Angela A. Kokkosis, MD
George J. Koullias, MD, PhD
David S. Landau, MD
Shang A. Loh, MD
Nicholas Sikalas, MD
Apostolos K. Tassiopoulos, MD

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Academics: medicine.stonybrookmedicine.edu/surgery



Please see Page 23 for
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