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Pancreatic Cancer: When the Stakes are High...

Pancreatic cancer was once considered a “death sentence,” but with advances in surgical, endoscopic, and oncologic treatments, pancreatic cancer patients are now often getting a second chance.

Sherry Plevins, 59, an avid walker, was healthy her entire life, and even had 250 hours of unused sick time at her job as Administrative Assistant to the Chief Financial Officer of Trump Entertainment Resorts in Atlantic City. But an ongoing stomachache followed by yellowed eyes drove her to a local ER. She developed complications from a procedure, “coded,” revived, and was in a coma for a week before she was diagnosed with a neuro-endocrine tumor on her pancreas.

Sherry was referred to Thomas Jefferson University Hospital, where she underwent a mini-Whipple procedure, performed by

“The Jefferson staff was extremely kind, reassuring, compassionate. They responded to a telephone question within 5 minutes. That’s the Jefferson way.”

Charles J. Yeo, MD, the Samuel D. Gross Professor and Chair of Surgery. This procedure, an improvement upon the classic Whipple procedure, is a modified pancreas resection that preserves the entire stomach, the pylorus, and several



Pancreas cancer patient Sherry Plevins, shown outside her Trump Taj Mahal office, is beating the odds and enjoying life as a newlywed.

centimeters of the upper duodenum. This less radical procedure can result in a shorter hospital stay and fewer complications. Following surgery, Sherry was only in the hospital for six days. Sherry comments that, throughout the entire process, “the Jefferson staff was extremely kind, reassuring, compassionate. They responded to a telephone question within 5 minutes. That’s the Jefferson way.”

In Bristol, PA, Bill West also had cause for concern, even without a single symptom. After losing his twin brother Joe to a rare form of cancer, this 43-year-old electrical engineer was compelled to get tested. Initially no one (medically) felt that he

needed to be tested because he was healthy and symptom-free. Due to his persistence, he did undergo a series of tests and procedures that ultimately revealed a pre-cancerous pancreatic cyst, which Dr. Yeo removed by performing a mini-Whipple procedure. “I just wanted to be checked and it was a good thing. Another six months, and it would have been a different story. I am thankful every day for Dr. Yeo and his team because they saved my life, as did my twin brother Joe.”

To read more about Sherry, Bill and other patients, visit:

www.jeffersonhospital.org/pancreas



The Surgeon Speaks

Dr. Charles J. Yeo and Bill West catch up at the patient reunion and symposium.

On October 31, 2006, Jefferson hosted the first annual reunion of its pancreatic and related cancer surgery survivors — a group of over 80 patients and family members who came together to tell their stories, share their thanks, and learn about the progress being made at Jefferson.

Charles J. Yeo, MD, Samuel D. Gross Professor and Chair of Surgery, welcomed the attendees, most of whom he had personally seen through grim diagnoses to healthy outcomes. The day included a luncheon and presentations by faculty members on the latest research and clinical trials in pancreatic cancer (see details on page 3).

While both of the patients in the cover story had a “mini-Whipple”, their tumors were quite different. “The good news is that both have returned to the normalcy of everyday life,” says Dr. Yeo. “With the development of new diagnostic tests, improved surgical procedures, and more individualized drug therapies, the outlook for patients with pancreatic cancer is ever brighter.”

Charles J. Yeo, MD

Samuel D. Gross Professor and Chair of Surgery

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Jefferson
University and Hospital

**NSQIP Update**

In February 2006, the department began participating in the American College of Surgeons National Surgical Quality Improvement Program (NSQIP). The program is a national, validated, outcomes-based, risk-adjusted, peer controlled program designed to measure and enhance the quality of surgical care. It involves collecting data on 40 preoperative risk factors, 20 postoperative morbidities, and mortalities on patients undergoing major general and vascular surgical procedures.

Forty cases are selected from the surgical log every eight days to provide an appropriate sampling. A data validity and reliability audit was performed by NSQIP on 25 of these medical records, selected by them, from cases submitted between February and November 2006. The audit demonstrated an overall disagreement score of 0.45%, which is considered excellent. This score is a testament to the dedication of Randi Altmark, RN, BSN, CNOR, our Surgical Clinical Nurse Reviewer (SCNR) and a former Jefferson OR nurse, and her predecessor, Kathleen Hartman, RN, BSN.

As of January 1, 2007, 1000 Jefferson cases with 30-day follow up have been submitted and are available for analysis. We recently received our Observed/Expected (O/E) outcomes ratios relative to comparable participating institutions. The findings from these reports are encouraging and will be used to form the basis for quality improvement action plans.

Herbert E. Cohn, MD

Anthony E. Narducci Professor of Surgery and Chair of Quality



Drs. Kaulback, Cohen, and Weinstein greet the JeffSTAT helicopter atop the Foederer Pavilion.

Acute Care Surgery Division Continues to Expand

The Acute Care Surgery Division treated more than 1200 trauma patients in 2006, continuing a rising trend in patient volume. And for good reason, says Murray Cohen, MD, Division Director. Jefferson is one of only 18 hospitals in the U.S. that are both an official Level 1 Regional Resource Trauma Center and a Regional Spinal Cord Injury Center. “More than 50 percent of our patients are referrals from other hospitals or community physicians,” Dr. Cohen explains. “With such a large and growing number of cases, our surgeons are not only highly trained and skilled, but practiced as well. When a patient comes to us, we have seasoned, experienced surgeons at the ready, 24/7. It is what sets Jefferson apart from other facilities.”

The division has six Board-certified surgeons on staff experienced in trauma, surgical critical care, and acute care surgery. “We have been practicing this triad of surgical care for some time now,” says Dr. Cohen, “and the patients clearly benefit: with such a large volume of critically ill patients, we have developed all of the resources to care for them.” This includes having veteran surgeons working nights and holidays as well as their

regular shifts. The end result is that patients are treated by senior surgeons and receiving the highest level of care from the outset.

Kris Kaulback, MD, Associate Director of Trauma and Assistant Professor of Surgery,

WHERE ARE THEY NOW

For Dr. Serene Perkins, a 2006 graduate of the General Surgery program, life after Jefferson brought a move to Pakistan. After joining the faculty of Oregon Health & Sciences University (OHSU), where she is starting an International Surgery Program, she has gone to rebuild surgical services at Kunhar Christian Hospital, in Garihabullah, Northwest Frontier Province — only two miles from the epicenter of the October 2005 earthquake.

Dr. Perkins reports, “One of the greatest challenges is the discrepancy between socioeconomic classes. Some of (my) patients do not have homes to which they can return. Thankfully, the hospital

emphasizes the impact this division is having on health care providers in the region. “Community internists are beginning to recognize how vital it is to send patients to Jefferson first, and they are comfortable and confident that their patients will be well cared for,” he says. Patients are being

“With such a large and growing number of cases, our surgeons are not only highly trained and skilled, but practiced as well.”

brought to Jefferson by the emergency medical squads and by physician-initiated transfer from other hospitals. JeffSTAT, a medical transportation service owned and operated by Thomas Jefferson University Hospital, currently operates a fleet of 17 vehicles, including two medical helicopters.

“The benefits to patients are obvious: better care and access. And it’s not just more efficient for the hospitals to have a dedicated center — patients are treated faster as they come in the door by our experts on staff,” says Dr. Kaulback, “It is all part of our commitment to putting the patient first.”

Resident Update

Dr. Serene Perkins and her family in the remote mountains of Pakistan

has been able to offer additional resources. And though we lack the most up-to-date equipment, we strive to provide the best surgical care possible.”

To learn more about Dr. Perkins’ current status, visit www.jefferson.edu/surgery/perkins.cfm.



Jonathan Brody, PhD and Hwyda Arafat, MD, PhD, conduct research that will lead to new pancreatic cancer treatment options.

Innovative Therapies for Pancreatic-Related Cancers

Pancreatic cancer patients come to Thomas Jefferson University Hospital because of the reputation, skill, and track records of its surgical staff, who perform a high volume of surgeries. However, this patient-centric approach to care is supported by an impressive research capability that also has significant impact on both the prevention and recovery of pancreatic-related diseases.

Two world-class Jefferson researchers, Hwyda Arafat, MD, PhD, and Jonathan Brody, PhD, are making tremendous inroads toward understanding the science and genesis of pancreatic-related cancers. Their goal is to manage or halt the progress of disease through innovative and diverse therapies.

Dr. Arafat, Assistant Professor of Surgery, has a PhD in cell biology and immunology. A native of Egypt, she is currently investigating pancreatic cancer as it pertains to the renin-angiotensin system involved in hypertension. She is also interested in the use of anti-hypertension medications already on the market to help treat pancreatic cancer. “I have the patient on my mind everyday,” she says. “It is my motivation, my hope that our research can help to make the disease manageable.”

In 2005, when Dr. Arafat began a multidisciplinary approach in the lab that expanded her work on diabetes, she began to

see correlations between patients who received hypertension medications and a decrease in cancer occurrences. “Clinical trials are just a year away that will help us understand whether the hypertension therapies work, as well as the science behind them,” explains Dr. Arafat.

Since joining the Jefferson faculty as Assistant Professor in 2006, Dr. Brody has concentrated on the complex molecular genetics of pancreatic cancer. After earning a PhD from the Johns Hopkins School of Medicine, he completed post-doctoral training in oncology with Scott E. Kern, MD, who is world-renowned for his work in the genetics of pancreatic cancer. Together they

“Clinical trials are just a year away that will help us understand whether the hypertension therapies work, as well as the science behind them.”

revolutionized a basic molecular biology technique (now patented) called DNA electrophoresis, making it possible to see genetic results five times faster with cleaner results.

Donna Guinto, C-TAGME Certified Training Administrator of Graduate Medical Education Programs

Donna Guinto is a 22-year employee of Jefferson who has worked as the Coordinator of the Surgical Residency Program since 1994. She manages the administrative and supervisory activities of the 51-resident program.

How do you prepare for selecting next year's residents?

In September, I begin downloading applications. I do the preliminary screening with the attendings doing the final review. This year we received close to 1100 applications. It's a highly competitive process, with only six slots available each year.

What qualities do you seek in an applicant?

In addition to academic achievement, preparedness, and communications skills, we select candidates based on qualities such as motivation, honesty, and integrity. We look for team players — people whose determination is fueled by a personal commitment to helping others — patients and colleagues alike.

How do residents benefit from Jefferson's rich academic tradition?

Jefferson was the second hospital in the U.S. to be directly associated with a medical school — a real pioneer in

A patient's tumor is collected during surgery and then studied in the lab to understand its specific genetics. Dr. Brody seeks to use this information to develop anti-cancer therapies through medication that will be suited to the individual patient.

“By studying a tumor's genesis, we can begin to understand the series of events that led up to making a cell cancerous,” he says. “We will then have isolated the molecular defects-what went wrong-and can find a better, more targeted, and sophisticated approach for drug therapies.” Dr. Brody explained that, just as we now know which antibiotics work best for specific bacterial



Donna Guinto in front of “The Board” — hundreds of photographs documenting the lives of past and present residents.

combining patient care with formal education. In the mid-1850s, the department prospered under the leadership of Samuel D. Gross, MD, known then as the “Emperor of American Surgery.” Our faculty carry on his legacy of surgical innovation and passion for clinical education.

What are some of skills that your job requires?

Multitasking — I manage the logistics of the program such as residents' work hours and schedules and monitor accreditation, board, and institutional requirements. I document the evaluation processes and counsel residents in solving problems in their personal and professional lives. It's a big job, but it comes with great satisfaction, too.

strains, “we are striving to do the same for pancreatic cancers, and we are already seeing some very positive results.”

Doctors Arafat and Brody are at the forefront of research in the field today. Dr. Arafat was one of the Jefferson physicians to represent Jefferson at the distinguished 2006 Southern Surgical Association Meeting in Florida last November, where she presented some of her recent findings. It is their goal to leverage this work in the lab to ensure that patients survive pancreatic cancer in increasing numbers and go on to live long and healthy lives.

Three Recent Gifts to the Department of Surgery

Dr. J. Wallace (Wally) and Gail G. Davis gave in excess of \$1.7 million to establish the Dr. J. Wallace and Gail G. Davis Chair in Surgery. Their gift represents the remainder value of a charitable trust they established in 1997. The couple were longtime residents of Gladwyne, PA; Dr. Davis passed away in 2002, and his wife Gail in May of 2006. Dr. Davis had a long and devoted relationship with

“... Everyone spoke of Wally with the same fondness, gratitude, and admiration.”

Jefferson. His father, Warren B. Davis, MD, founded the Jefferson plastic and reconstructive surgery practice in 1913, and Wally was born in his offices at 135 S. 18th Street (where the practice remained until 1996). A 1942 graduate of Jefferson Medical College, Wally is described as the “quintessential Jefferson surgeon.” He retired in 1988 but remained an extremely influential figure for his friends



Dr. J. Wallace and Gail G. Davis at home in the mid-1990's.

and colleagues alike. John Moore, MD, describes him as a “guiding light.” “I inherited several of his patients,” Dr. Moore explains, “and from bank presidents to the most underprivileged—everyone spoke of Wally with the same fondness, gratitude, and admiration. He was a consummate gentleman and a unique person who is greatly missed.”

The 25th Century Foundation has made a significant contribution to the Pancreatic and Related Cancers Surgical Research and Education Fund. Lin Buck, a board member of the foundation, lost her mother Ann Hosterman to pancreatic cancer, just six weeks after her diagnosis. This loss inspired Lin and her husband Jim, whose parents established the foundation in 2000, to support Jefferson's efforts under the leadership of Charles J. Yeo, MD, a renowned alimentary tract surgeon and the Samuel D. Gross Professor

and Chair of Surgery. The grant will support the development of Jefferson's Pancreatic Cancer Website, to provide patients and their families with tools to learn about pancreatic cancer and make informed decisions.

Anton H. Rosenthal (Tony) and Ruth E. Ganister, his wife and partner in the West Chester law firm of Rosenthal and Ganister, have pledged \$25,000 to the Division of Colon and Rectal Surgery. The commitment is made in grateful recognition of the care and attention that Gerald Isenberg, MD, provided to Tony after his diagnosis of colon cancer. Tony and Ruth are also partners in the Camden RiverSharks and Long Island Ducks minor league baseball teams.

To make a gift to the Department of Surgery, please contact Lara Allan Goldstein at **215-955-8797** or Lara.AllanGoldstein@Jefferson.edu

- **Charles J. Yeo, MD**, Samuel D. Gross Professor and Chair of Surgery, is Editor-in-Chief of the latest (sixth) edition of *Shackelford's Surgery of the Alimentary Tract*, published in 2007 by Elsevier. Dr. Yeo also received the 2006 Distinguished Physician Award from the Hellenic Medical Society of New York.



Keith Meslin, MD

- **Jonathan Brody, PhD**, has joined the Division of Surgical Research. He comes to Jefferson from Johns Hopkins University, where he was an Instructor in advanced programs in biotechnology. Dr. Brody's laboratory aims to optimize chemotherapy treatments for pancreatic cancer.
- **Lisa Marcucci, MD (JMC Class of 1991)**, has joined the Division of Acute Care Surgery. She recently completed a fellowship in Surgical Critical Care at the Johns Hopkins Hospital. Dr. Marcucci's *Avoiding Common ICU Errors*, the second of an eight-book series, was published in December 2006 by Lippincott, Williams and Wilkins.
- **Keith Meslin, MD**, has joined the Division of Colon and Rectal Surgery. Dr. Meslin completed a fellowship in colorectal surgery at St. Francis Hospital in Hartford, CT, and several years in private practice before coming to Jefferson. He specializes in minimally invasive techniques.
- **Francis E. Rosato Sr., MD**, pioneering Jefferson surgeon, teacher, and chairman of surgery for 22 years died of blood cancer on October 18, 2006. For more information about Dr. Rosato, visit www.jefferson.edu/surgery/news.cfm.
- **Maurizio Iaria, MD**, a Clinical Fellow in the Division of Transplant Surgery, received the Young Investigator Award from the 2006 World Transplant Congress held in Boston, MA.
- A new virtual tour of surgical services offered by the department can be viewed online at www.JeffersonHospital.org/surgery.

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