

2010

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# Surgical Solutions

## What Makes A Surgeon of Choice: Dr. John Maxwell

Assistant Professor Pinckney Johnstone (John) Maxwell IV, MD, is a colorectal surgeon who strikes the delicate balance of saving lives, winning his patients' trust, advising students, and expanding Jefferson's community presence. In addition to performing surgery and seeing patients, Dr. Maxwell is also actively involved as faculty advisor to the Gibbon Surgical Society, comprised of hundreds of aspiring medical students at Jefferson (see "About the Surgeon" at right).

"People did the same for me in my training," says Dr. Maxwell, "and I feel it's my responsibility to give back as much as I can." A South Carolina native, Dr. Maxwell was fellowship-trained at Jefferson; he earned his medical degree from the Medical University of South Carolina and completed his residency at Louisiana State University in New Orleans. His daughter was born two days before Hurricane Katrina, and he spent the next two years working in the heart of "Cajun country" in Lafayette, Louisiana.

"That's where I began to see the subtle differences in caring for patients in a community setting as opposed to a large urban center," says Dr. Maxwell. He is now helping expand the Jefferson colorectal surgery practice to Methodist Hospital, a community-based hospital in South Philadelphia. He spends a day there each week in the OR and on endoscopic cases, and trains medical students on the Methodist rotation. For another weekly half-day, Dr. Maxwell offers prophylactic colorectal care in an office setting at St. Agnes Medical Center, also on South Broad Street.

Dr. Maxwell knows only too well that colorectal surgery can be a matter of life and death. Gene Benko, 72, came to Jefferson in an ambulance from Toms River, NJ, in September 2009 with a massive lower GI bleed. "I was in such critical condition that a priest came twice



**With Dr. Maxwell's help, Gene Benko of Toms River, NJ, has come a long way since he arrived at Jefferson with a gastrointestinal hemorrhage in September 2009.**

to read me my last rights," recalls Mr. Benko. He interviewed three medical teams when he arrived at Jefferson before choosing Dr. Maxwell, "because he was young, and energetic," Mr. Benko says.

*"I chose the right surgeon. Dr. Maxwell is extremely conscientious. I know I'm in good hands."*

Ultimately Dr. Maxwell needed to perform a laparoscopic total abdominal colectomy. "He was there when I woke up," says Mr. Benko "with the good (and bad) news" that he had been able to stop the bleeding and save Mr. Benko's life, but removing the entire colon required an ileostomy—a procedure that brings the intestine to the surface of the abdomen,

to emit intestinal waste. "A small price to pay to be alive," says Mr. Benko.

Three months later Dr. Maxwell performed another surgery to close and reattach the intestine. Despite some complications, which required a third procedure, Mr. Benko is extremely grateful for the care he received. "I chose the right surgeon," he says. "Dr. Maxwell is extremely conscientious. I know I'm in good hands, and I'm determined to get myself better with his help." While Mr. Benko sees an internist and other specialists closer to his home near Toms River, he says he will always make the trip to Philadelphia to see his surgeon of choice.

Read more about Gene Benko's story at [www.jeffersonhospital.org/genebenko](http://www.jeffersonhospital.org/genebenko)

### About the Surgeon



**Officers of the Gibbon Surgical Society stand in front of the portrait of John H. Gibbon Jr., MD hanging in 620 Curtis. Pictured are Jordan Bloom, President; Rachel Choron, Vice President; Fiona Chory, Technical Skills Coordinator; and Patrick Hartendorp, Education Coordinator.**

I know so many students who speak highly of Dr. Maxwell. We are fortunate to have him serve as the faculty advisor to our society. The students on his service love him. He goes out of his way to bring students into a surgical case and makes sure that every student feels that his or her involvement matters to the team. He offers a lot of positive reinforcement and helps to create incredible opportunities for the many Jefferson students considering a surgical career.

At our first Gibbon Society meeting of the year, he gave out his cell phone number to a handful of newly elected students he'd just met, inviting us to contact him any time. As we plan the year's activities, he's always available—even on weekends—to answer questions or offer advice. Because he is so generous with his time and expertise, the students benefit tremendously from direct access to a surgeon of his caliber.

—Jordan Bloom, JMC Class of 2011

*The Gibbon Surgical Society promotes surgery to medical students on campus through lectures and events. John H. Gibbon Jr., MD, Jefferson professor and chairman of surgery (1956-1967), is renowned in medical history as the inventor of the heart-lung machine, which made possible the world's first successful open-heart operation at Jefferson in 1953. Dr. Gibbon focused international attention on Jefferson by ushering in a new era of cardiac surgery.*

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Overview



**Charles J. Yeo, MD**

Samuel D. Gross Professor and Chair, Department of Surgery

**Summer reading!**

Mixed amongst the thrillers that I read this summer, two important nonfiction works held my attention. Both focused on a topic of interest to all of us – improvement of the U.S. health care “system”.

First, former Senate majority leader Tom Daschle, in his short book *Critical: What We Can Do About The Health-Care Crisis* gives us an abbreviated history of past health care reform in America, cautiously uses patients’ sad stories to depict the current crisis, nicely portrays the complexities of our “system”, and proposes a solution which is analogous to the Federal Reserve Board (which oversees our very complicated financial system). Daschle’s thesis is that a Fed-like Health Board would insulate our health care delivery system from political pressure, insure that experts review policy and share accountability, and could lead to an improved standard of care for our patients, at a lower cost.

Second, best selling author and surgeon Atul Gawande, in his book *The Checklist Manifesto: How To Get Things Right* nicely shows just how complex the care of our patients has become with modern medicine. He argues that the era of the Middle Ages’ “master builder” has necessarily ended, as current day management of patients exceeds the ability of even the most talented clinician to provide all encompassing care. Using lessons from the airline and space industries, Gawande shows how the implementation of specific, focused checklists have yielded remarkable success – decreasing the incidence of central line infections, improving ICU care, and in the operating room: reducing errors, wrong-site surgery, retained foreign bodies and overall mortality rates.

Both of these books are concise and quick reads. In my mind, both are required reading for physicians whose ultimate goal is to improve the care delivered to our patients.

Clinical Integration



**Core members of the Jefferson Vascular Center’s multidisciplinary team. Pictured clockwise from left are Co-Director Laurence Needleman, MD; Atul Rao, MD (Surgery); Director Paul J. DiMuzio, MD (Surgery); Taki Galanis, MD (Internal Medicine); Joshua Eisenberg, MD (Surgery); Walter Kraft, MD (Internal Medicine); and Co-Director Geno Merli, MD (Internal Medicine).**

# Vascular Center Offers Leading-Edge, Integrated Care

Since the Jefferson Vascular Center was launched in July 2009, this comprehensive program has been co-directed by Paul J. DiMuzio, MD, FACS, the William M. Measey Professor of Surgery and Director of the Division of Vascular and Endovascular Surgery. The co-directors are Geno Merli, MD, Senior Vice President and Chief Medical Officer of Thomas Jefferson University Hospital (TJUH), and Laurence Needleman, MD, Associate Professor of Radiology and Director of the Division of Abdominal Imaging.

*“The Vascular Center brings these specialties together under one roof”*

“The Vascular Center brings these specialties together under one roof for patients with problems affecting the arterial, venous and lymphatic circulatory systems,” says Dr. DiMuzio. “Patients can get a surgical opinion, have a noninvasive vascular study, be cleared preoperatively, and have a medical evaluation of an issue that doesn’t require surgery—all in the same day.” Other programs offer these services, he says, but are rarely organized under one roof in a way that creates a seamless experience for the patient. “Our patients receive state-of-the-art care quickly and efficiently,” Dr.

extremity atherosclerosis. The physicians also evaluate and treat all forms of venous disease, including performing minimally invasive procedures for varicose veins right in the office as well as comprehensive evaluation and management of thrombotic disorders. Additionally, the center includes a comprehensive, on-site wound care program centered on hyperbaric oxygen therapy.

The center’s team of physicians currently sees close to one hundred patients a week, and for the past year Dr. DiMuzio and Joshua Eisenberg, MD, FACS have performed roughly 80 vascular procedures a month. The center’s capacity has expanded even further with the recruitment of a third vascular surgeon, Atul Rao, MD, in August 2010.

“The full implementation of the Electronic Medical Record (EMR) system has been a tremendous asset as well,” says Dr. DiMuzio. “We can handle a higher volume of patients and patient satisfaction has been excellent.” The facility, located on the sixth floor of the Gibbon Building at Jefferson, houses the offices of all six physicians, eight exam rooms, three fully equipped ultrasound rooms, and the hyperbaric oxygen unit. Dr. DiMuzio adds that “the difference it has made in our patients’ experience is quite noticeable.”

Read more about the Jefferson Vascular Center at [www.jeffersonhospital.org/JVC](http://www.jeffersonhospital.org/JVC)

Meet Our Surgical Interns



Jefferson surgeons are currently assisted by an exceptional group of categorical interns. These doctors, who recently matched with Jefferson, started on June 20, 2010 (l to r):

Meredith Harrison, MD, Drexel University  
Philip Batista, MD, University of Connecticut  
Sean Devitt, MD, Jefferson Medical College

Timothy Carter, MD, SUNY Downstate  
Julie Monteagudo, MD, University of Connecticut  
Melanie Sion, MD, Georgetown University

We are also pleased to welcome back another Jefferson Medical College graduate, Suh Yueh Lim, MD, as a preliminary intern in General Surgery.



## Changing Lives Through Research



**Dr. Berger is heading the new Section of Surgical Oncology at Jefferson in Center City while working to expand oncology services to Northeast Philadelphia through Nazareth Hospital. At the same time, he is working on formalizing a curriculum and continuing his work on several clinical studies.**

# Dr. Adam Berger Heads New Section of Surgical Oncology

Adam Berger, MD, FACS has been named Chief of the new Section of Surgical Oncology in the Department of Surgery. The section's specialty overlaps with several divisions in the Department of Surgery and therefore includes surgeons specializing in many areas, including pancreatic cancer, breast cancer, and thyroid cancer.

*"So far, five out of eight patients in our current trial have had pathologically complete responses"*

Dr. Berger is taking on this latest administrative challenge in addition to his ongoing clinical, research and educational responsibilities. His efforts have not gone unnoticed. As a Cancer Liaison Physician at Jefferson, Dr. Berger recently received an *Outstanding Performance Award* for going above and beyond the scope of the normal duties of serving as a liaison between the Hospital's cancer program and the American College of Surgeons Commission on Cancer.

As Section Chief, Dr. Berger's first task will be formalizing a surgical oncology curriculum for medical students and

residents. Jefferson will also be applying for an NIH T-32 training grant to allow one surgical resident to be more formally trained in oncologic basic science for two years during his or her residency. Dr. Berger will be a co-investigator on this grant.

In addition to his clinical and educational responsibilities as Section Chief, Dr. Berger is the Principal Investigator (PI) for a number of national and international clinical studies. As a surgeon, Dr. Berger feels a responsibility to encourage his patients to enroll in clinical trials. "We are often the first doctor that a patient sees after his or her diagnosis, and we form a strong bond," he says. "Part of my role is to advise my patients and emphasize the potential impact of their involvement in clinical trials for cancer research."

One such trial is a randomized trial of two surgical techniques for pancreaticojejunostomy (connecting the pancreas to the jejunum) in patients undergoing a Whipple procedure, to treat cancerous tumors of the pancreas. "There have not been a lot of randomized prospective trials on these techniques," says Dr. Berger, "This is the largest study to date." So far the technique that favored invagination of the pancreas

*Joseph Cozzitorto, is a Research Associate at the Jefferson Center for Pancreatic, Biliary and Related Cancers.*

### How did you come to work at Jefferson?

My wife, Ellen, had been diagnosed with pancreatic cancer, and our physician in Princeton recommended that we come to Jefferson for her surgery. I had worked for 25 years in the field of molecular biology, so during one of our visits, I inquired whether the department was doing any research. Dr. Yeo thought my experience was a good fit for Dr. Jonathan Brody, who was about to establish a new lab dedicated to pancreatic cancer. That was in 2006, and I've been commuting from my home in South Brunswick, NJ, ever since.

### What did your prior experience involve?

I did Plant Molecular Biology, while working for EniChem America, an Italian startup company and American Cyanamid Corporation, which specializes in agricultural chemistry. At American Cyanamid I isolated genes of agronomic interest and generated mutations that would allow plants to survive in the presence of herbicide. I had also done biomedical and basic research in academia and for other companies in molecular biology. The way I look at it is that every other job I've had was a preparation for the work I do now.

has resulted in fewer pancreatic leaks and fewer adverse patient outcomes. Dr. Berger presented this research at the Annual Meeting of the Southern Surgical Association in 2008.

A second trial for which Dr. Berger is a PI studies the use of a new drug—ZD6474—in combination with chemotherapy and radiation prior to surgery for patients with esophageal cancer. Dr. Berger conceptualized and designed the study in consultation with AstraZeneca. "Most trials report a pathologically complete response rate of about 20 percent," says Dr. Berger. "So far, five out of eight patients (63 percent) in our current trial have had pathologically complete responses—meaning the tumor has been entirely eliminated—which is very encouraging."

Dr. Berger is also a surgical co-investigator for a multi-institutional trial through the Radiation Therapy Oncology Group, the first Phase III trial to compare the effects of chemotherapy and radiation versus chemotherapy alone



## On the Job

### What do you do in Dr. Brody's lab?

I do cloning work, which involves isolating certain genes from cultures of mammalian cells or clinical samples of patient tumors and inserting them into plasmids so that they can be used in experiments. We also investigate drug activity in cultured cells that have been transfected with these genes. I have co-authored several articles on our findings. I also manage the lab, which includes two residents, a PhD investigator, a research assistant, and volunteers. As the lab's Principal Investigator, Dr. Brody always has creative ideas for experiments that keep the projects moving forward. It's a very team-oriented environment.

for pancreas cancer patients following surgical removal of the head of the pancreas. "Unlike in the United States, European physicians tend to think the combined treatments are worse for the patient's long-term survival and quality of life," says Dr. Berger. Approximately 900 patients will be enrolled, in Europe, Canada, and the United States. "This study has been a long time in the making," says Dr. Berger, "but the results will be groundbreaking for how we treat pancreatic cancer."

This surgical oncology expertise is now accessible beyond the Jefferson Center City campus. Dr. Berger provides surgical oncology services to Nazareth Hospital in Northeast Philadelphia as a part of the Jefferson Cancer Network. The Nazareth team also includes five Jefferson medical oncologists and radiation oncologists. Dr. Berger notes, "Our goal is to reach out and bring our first-rate care to surrounding communities."



Those Who Give

News in Brief

**The Kristen Olewine Milke Breast Cancer Research Fund**

When Kristen Olewine Milke, a Harrisburg native, was diagnosed with breast cancer in 2003, she sought the best place to have her surgery. Her nephew, a surgeon at Memorial Sloan-Kettering Cancer Center, told her she would receive excellent care at Jefferson, and she soon became the patient of breast surgeon Dr. Ronald Weigel (currently the Head of Surgery at the University of Iowa) and Clinical Associate Professor Steven Copit, MD, who performed her reconstructive surgery.

"I became very close to the doctors who treated me," says Ms. Olewine Milke. "This was before the Breast Care Center had been formalized, but I received that same thoughtful, coordinated care—where the oncologists, surgeons, chemotherapy treatments, and nursing care were all seamless. I realized I wanted to do more, to have an impact on others' lives."

Ms. Olewine Milke learned about the breast cancer research that Dr. Weigel was then doing, a role assumed today by Susan Lanza-Jacoby, PhD. Her work includes investigating the possible role of diet as well as nonsteroidal anti-inflammatory drugs (NSAIDs) like aspirin and ibuprofen on reducing the risk of breast cancer. "I am deeply honored that Kristen continues to support surgical research, seven years after she became my patient," says Dr. Copit. "Her generosity will



**Kristen Olewine Milke and her father Benjamin Olewine, III, enjoying downtime at a family get together outside of Harrisburg, PA. After years of working together at the family business, they now work to support philanthropic causes that have special meaning for the family.**

affect how we treat breast cancer patients in years to come."

"It's great to be able to support the ongoing research in the department," she says, "especially given how hard it is for researchers to find funding today. I don't have the skills to be a researcher myself," she continues, "but it seems only right to try to help, out of gratitude for the good care I received."

Ms. Olewine Milke and her father, Benjamin Olewine, III, work together to support philanthropic causes that have special meaning for the family, including children's medicine, wildlife conservation, education and the arts. Over many decades, Mr. Olewine transformed the Harrisburg grocery store his father had started into a food distribution company that was ultimately bought by the Sysco Corporation. He turns 89 years old in October and continues to go to the

office each day. Ms. Olewine Milke was Senior Vice President of Sysco Food Services of Central Pennsylvania until 2005, when she retired to devote herself full-time to philanthropic work.

Jefferson is still involved in Ms. Olewine Milke's care seven years later. "Were I to need surgery again, I would seek out Dr. Copit first and foremost," she says. "In the mean time, I'm glad to support Jefferson in seeking the best possible ways to meet the needs of breast cancer patients."

For additional information about planned giving, or to make a contribution to the Department of Surgery, please contact Lara Goldstein in the Jefferson Foundation at **215-955-8797** or **lara.goldstein@jefferson.edu**.

**Alec C. Beekley, MD, FACS**, has joined the Division of Acute Care Surgery. Until recently, Dr. Beekley served as a Lieutenant Colonel in the U.S. Army Medical Corps stationed at Madigan Army Medical Center in Ft. Lewis, Washington. He served as a staff surgeon in both Afghanistan and Iraq. His focus will be acute care and bariatric surgery.

**Jonathan Brody, PhD**, has been named the Director of the Division of Surgical Research. His research focuses on pancreatic cancer and targeted therapies.

**Nicholas Cavarocchi, MD, FACS**, has joined the Division of Cardiothoracic Surgery. Most recently, he served as Director of the Heart Transplant Program and the Co-Director of the Heart and Vascular Intensive Care Unit at Penn State Milton S. Hershey Medical Center. He will serve as the Director of the Surgical Critical Care Unit.

**Drs. Steven Copit, Eugene Kennedy, and Francis Rosato, Jr.** each received the Dean's Award for Excellence in Education and **Drs. Gerald Isenberg and Barry Mann** received the Dean's Citation for Faculty Mentoring at this year's Faculty Awards Dinner.

**George J. Koenig Jr., DO**, has joined the Division of Acute Care Surgery. Dr. Koenig recently completed a fellowship in Critical Care and Acute Care Surgery at the Johns Hopkins Hospital. He will provide care at both Jefferson University Hospital and the outreach trauma program at Paoli Hospital.

**Stacey Milan, MD**, a 2009 graduate of the residency program, has joined the Division of General Surgery. Dr. Milan recently completed a fellowship in Endocrine Surgery at Yale-New Haven Hospital. Her primary focus will be endocrine surgery.

**Atul S. Rao, MD**, a 2008 graduate of the residency program, has joined the Division of Vascular and Endovascular Surgery. Dr. Rao recently completed a two-year fellowship in Vascular Surgery at the University of Pittsburgh Medical Center. He will provide care at both at Jefferson University Hospital and Methodist Hospital.

**Charles J. Yeo, MD, FACS**, recently performed his 1,000th Whipple procedure—typically performed to treat malignant tumors involving the pancreas, common bile duct or duodenum. Only one other surgeon in the United States has reached this milestone for this procedure.

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