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A Bold Benchmark

Richard W. Hevner Board of Trustees Thomas Jefferson University

Richard W. Hevner served in the U.S. Marines and is an executive with Wells Fargo Advisors, LLC. While he may not seem an obvious choice to spearhead a bold breast cancer initiative, that’s exactly what he’s doing as part of his role on the Sidney Kimmel Cancer Center Advisory Council. Known as Project 200K by 2024, the initiative aims to increase mammograms within the Jefferson Enterprise to 200,000 per year in just six years. It’s a goal that Hevner is passionate about achieving: “By increasing the number of mammograms, we can also perform more biopsies and surgical procedures and, ultimately, save more lives. To do it, we need to improve access and ensure quality and consistency throughout the enterprise.”

The Project 200K by 2024 benchmark is the latest institutional challenge issued and navigated by Hevner. While Chair of the Board of Trustees, he led the merger of Thomas Jefferson University and Thomas Jefferson University Hospital, as well as the mergers with Abington, Aria, Philadelphia University and Kennedy. He also spearheaded Jefferson’s novel model of shared governance. His ongoing leadership was recently recognized with the investiture of Isidore Rigoutsos, PhD, as the first Richard W. Hevner Professor of Computational Medicine in the Jefferson College of Life Sciences.

Jefferson Breast Care Center Offers Innovative and Comprehensive Care

Jefferson Breast Care Center recently hosted a Breast Cancer and Related Diseases Symposium for patients, families and other members of the public. On Saturday, October 20, they gathered in the Dorrance H. Hamilton Building on Jefferson’s Center City campus to learn about some of the latest advances in clinical treatments and research into breast cancer.

The Jefferson Breast Care Center now offers patients a seamless experience from diagnosis to treatment—weaving together breast imaging, pathology, radiation and medical oncology, and surgical oncology, along with the region’s leading plastic surgeons for cosmetic mastectomies and reconstructions.

“We have extensive experience with skin-sparing mastectomies and surgical techniques to save the nipple and areola,” explains Surgical Director Theodore N. Tsangaris, MD, MBA, FACS. “These techniques can help reduce much of the emotional and cosmetic impact of breast cancer surgery. As I explain, ‘This isn’t your grandmother’s mastectomy.’”

In addition to pioneering leading surgical techniques, the Center is a leader in clinical trials — reflecting a commitment to cutting-edge diagnostic and treatment options. The program was the second-highest-accruing site for the national SHAPE trial, which studied the impact of routine resection of cavity shave margins (that is, additional tissue removed following partial mastectomy).

“Historically, about three in 10 patients would need to come back in for a follow-up surgery,” says Dr. Tsangaris. “By changing the way we present the tumor to pathologists, we have reduced the number of false positives and decreased the rate of re-excisions to under one in 10.”

Another study, led by Adam Berger, MD, FACS, is exploring intraoperative radiation for partial mastectomy patients. The study is testing the efficacy of a single dose of radiation immediately after resection versus the traditional approach of returning for multiple doses after discharge from the hospital.

Center leadership also participates in Jefferson’s Surgical Oncology Working Group, which is exploring ways to further increase access to cancer care at Jefferson. To that end, the program is planning extended hours and additional clinics to serve patients outside Center City, including locations in South Philadelphia, Northeast Philadelphia, New Jersey and the Main Line. Between Dr. Tsangaris and his colleagues — Drs. Adam Berger, Melissa Lazar, Alliic Willis and Surgical Director Theodore Tsangaris, MD — patients can schedule a consultation with a Jefferson breast surgeon at a convenient time, close to home.

Complementing these efforts is an initiative aimed at increasing breast cancer awareness and prevention by screening a far greater number of patients. The initiative — known as Project 200K by 2024 — is being spearheaded by the Jefferson Enterprise and Sidney Kimmel Cancer Center – Jefferson Health (see sidebar). The goal is simple, compelling and ambitious: to perform 200,000 mammograms per year by 2024, to coincide with Jefferson’s bicentennial. That is nearly double the current volume.

The goal is simple, compelling and ambitious: to perform 200,000 mammograms per year by 2024.

“Our multidisciplinary team is taking a good look at current capacity across all Jefferson sites, so we may identify new ways to screen more women,” Dr. Tsangaris says. “We want to increase our treatment of low-income and diverse populations — making our world-class treatment and innovative clinical trials available to more patients throughout the Delaware Valley.”

For more information about the Jefferson Breast Care Center, please visit: JeffersonHealth.edu/Breast
1968—Fifty years on….

As a senior member of the surgical community here at Jefferson, I have immense faith in our future. It is worth underscoring the famous quote of George Santayana, "Those who cannot remember the past are condemned to repeat it."

Events this year have prompted me to recall the crucial events of my teenage years, specifically the year 1968. Three sources have served to underscore my memories: a CNN special, the Jan/Feb issue of Smithsonian entitled “The Year that Shattered America,” and an exhibit at the Minnesota History Center in St. Paul, MN. Seismic events occurred in 1968. (1) in January, the Tet offensive; (2) in March, President Johnson announced he would not run for reelection; (3) on April 4, Martin Luther King Jr. was assassinated in Memphis; (4) on June 4, Robert F. Kennedy was murdered in Los Angeles; (5) in August, there was mayhem at the Democratic National Committee in Chicago; and (6) the year ended in December with the historic Apollo 8 mission, the first manned spacecraft to orbit the moon. Movements such as civil rights, human rights violations, civil disorder, and unending wars around the sun. The news cycles are filled with stories of political turmoil, human rights violations, civil disorder, and unending wars.

In speaking to my two sons and our Jefferson medical students, graduate students and residents, I have an eerie sense of déjà-vu in 2018, as I see parallels between the two years, separated by 50 trips around the sun. The news cycles are filled with stories of political turmoil, human rights violations, civil disorder, and unending wars accompanied by tensions (military, economic and trade) between the world’s superpowers. Many young adults are now worried, anxious, threatened and concerned – as were we in 1968.

The year 2018 will pass. We here at Jefferson will continue to do wonderful, amazing things for the good (and health) of our patients. Our clinical trials will continue to be successful and important. We will continue to educate, operate with great skill, innovate and teach. Enjoy this issue, which presents some of our exciting news and initiatives. Will history repeat? Let’s hope so… at least for the sake of the Philadelphia Eagles!

Department of Surgery Launches Opioid Reduction Initiative

Fourth year general surgery resident Megan Lundgren, MD, and a team of researchers led by Scott Cowan, MD, FACS, Vice Chair for Quality for the Department of Surgery, initiated a project aimed at examining Jefferson’s opioid prescribing practices in the perioperative period. The team surveyed more than 400 patients who had undergone general surgery procedures at Thomas Jefferson University Hospital. After identifying how many opioids each had been prescribed, they interviewed patients to understand how many they actually took, how many pills were left over and how the leftover pills were being stored and/or disposed of.

“The results of that initial process revealed that about 65 percent of the prescribed pills went unused, making them vulnerable to diversion and abuse,” Dr. Lundgren says. “When we determined why patients didn’t take all of their pills, we found that many patients did not like the side effects. Also, they simply didn’t need the opioids, as their pain was well controlled with NSAIDs or acetaminophen.”

Using this data, Dr. Lundgren and the team performed an analysis to determine the ideal number of pills to prescribe in the postoperative period. The output of that analysis is the Opioid Toolkit for the Department of Surgery. Rolled out in August 2018, this online resource educates providers by explaining the reasons why surgeons play a role in the crisis. Importantly, providers are encouraged to set expectations during preop appointments in terms of number of postoperative opioids that will be prescribed and the use of non-opioid alternatives to control pain.

The Toolkit promotes a pain management spectrum that supports the use of acetaminophen, NSAIDs and Gabapentin as first and second line options. Oral opioids and IV opioids are positioned as last-resort options, with specific dosing instructions for each type of procedure.

“Studies have shown that about 7 percent of patients are still taking opioids three months after even minor surgeries,” Dr. Cowan says. “In addition to preventing diversion of these drugs, we want to help reduce the potential for chronic use.”

The Toolkit was introduced to the Department of Surgery by Dr. Lundgren at a recent mini-Grand Rounds presentation and is currently available on the Jefferson Intranet.
Since its launch in 2014, the Jefferson Center for Injury Research and Prevention (JCIRP) has been designed on the model for Injury Control Research Centers (ICRCs) put forth by the Center for Disease Control and Prevention (CDC). As one of just 30 ICRCs in the U.S., JCIRP remains committed to addressing the challenge outlined in the CDC Injury Research Agenda for 2009–2018 and the Pennsylvania Injury Prevention and Control Plan.

“We are making great strides in fostering interdisciplinary collaboration across campus and community borders – all with the goal of saving lives and reducing disability,” says Stanton Miller, MD, MPH, Clinical Assistant Professor and Executive Director, JCIRP.

**Battling the Firearm Violence Crisis**

In Spring of 2017, Dr. Miller and Charles J. Yeo, MD, FACS, Chair of Surgery at Jefferson, reached out to Philadelphia Health Commissioner Thomas Farley, MD, MPH, Clinical Assistant Professor and Executive Director, JCIRP.

In May 2017, the combined JCIRP and Farley office launched Plague of Gun Violence, on June 21, 2017, a one-day symposium, Code Red: Battling the Plague of Gun Violence, on June 21, 2018. More than 300 healthcare professionals attended the event, which so far has prompted the formation of two city-wide committees in conjunction with Commissioner Farley’s office. One is focusing on firearm violence and gun control policy formulation; the other, with Dr. Miller as a co-chair, is devoted to the formal scientific study of firearm violence and its prevention.

**Investigating Motorcycle Crashes in Rwanda**

Elizabeth Krebs, MD, Assistant Professor of Emergency Medicine, first visited Rwanda in 2009 as a fourth year medical student at Jefferson. Despite nearly 100 percent helmet use compliance, motorcycle crashes are a predominant cause of brain injuries in Kigali, Rwanda. Dr. Krebs and some engineering colleagues wondered if these helmets could be optimized to more effectively prevent traumatic brain injuries. They began to investigate the possibility of a motorcycle helmet specifically tailored to conditions commonly encountered in the developing world.

Dr. Krebs, who returned to Jefferson last year as faculty, won a Dean’s Transformational Science Award in support of her research and Jefferson’s growing global health presence. With Dr. Miller as a co-investigator and support from JCIRP, the study aims to investigate motorcycle crash dynamics, resultant injuries and the damage sustained by the helmet. The goal: to help engineers understand the forces most commonly impacting the head that a helmet must be designed to mitigate. Support of this research highlights Jefferson’s growing commitment to global health and “Medicine+” elements within our JeffMD curriculum, which encourages interdisciplinary collaboration and cross-fertilization of knowledge domains to enrich the education of healthcare providers. The coming year will bring new global initiatives, such as the Jefferson Consortium for African Partnerships (JCAP), bi-directional student and faculty international exchanges and collaborations with architecture and engineering colleagues on the Jefferson East Falls campus.

**Eakins Writers’ Workshop**

Dr. Miller says that in shaping JCIRP, he wanted it, at the core, to be a serious center for formal scientific research in injury science. Yet he also didn’t want it to lose its humanity: “In the end, we’re talking about people’s lives and the disability caused by and life lost from injury.” The Eakins Writers’ Workshop, a medical humanities initiative within JCIRP and the Department of Surgery, provides a forum for capturing stories of injury. The workshops are being led by writing faculty from Jefferson – East Falls Campus, with initial sessions focused on telling stories from the perspectives of healthcare providers who care for the injured. Preliminary plans are taking shape for a publication called Evanescent, where these stories can be featured.

“Over time, we want to expand the workshop to patients, families and friends, as well,” Dr. Miller says. “We want to craft and publish stories from all perspectives. It’s about documenting people’s experiences – and helping them heal.”

If you have interest in research related to injury prevention and control, please contact Dr. Miller via email at Stanton.Miller@jefferson.edu or by phone 215-503-1016. Dr. Krebs can be reached via email at Elizabeth.Krebs@jefferson.edu for inquiries related to global health.
Rosalind Page Doesn’t Give Up — She Gives Back

The 67-year-old Philadelphia native actively manages a number of chronic conditions, including asthma, high blood pressure and spinal pain. And she’s a two-time champion, beating breast cancer in 2006 and again in 2015. Since February 2016, she has expressed her appreciation for the Jefferson Breast Care Center through monthly gifts supporting two of her providers: surgical oncologist and high-risk breast specialist, Adam Berger, MD, FACS, and radiation oncologist, Nicole L. Simone, MD. She lauds all her Jefferson physicians for their expertise as well as their care and concern, noting that she especially values how they speak with her and address her questions. A devout Christian who has a master’s degree in theology, she also praises Dr. Berger’s “God-given gift”: “Dr. Berger had to do all of the work and preparation to learn, but the Lord uses who he wants to use, and Dr. Berger has miraculous surgical hands.”

Page herself is no stranger to hard work. From age 17 until her retirement 42 years later, Page served in various administrative and office management positions in education, healthcare and government organizations – including Children’s Hospital of Philadelphia, Elwyn Institute and, most recently, the City of Philadelphia. At age 50, Page welcomed her daughter, Ebony, who now has six children of her own.

These days, the retiree devotes herself to spending time with grandchildren and reading the Bible and Christian books. With her physical condition preventing her from attending church in person, she views her ongoing contributions to Jefferson as her tithe. She is always sure to read the newsletters and other communications she receives from the institution. “They do a good job letting you know what the money is doing,” she says. “I’m confident it’s going where it’s needed.”

Her relationship with Jefferson – as a patient and as a benefactor – aligns with one of the core principles that Page has always lived by: treating people as you would want to be treated. “The doctors are phenomenal and second to none, and the support staff are patient and superb when fulfilling their duties,” she concludes.

To learn more about supporting the Jefferson Breast Care Center, please contact Kelly Austin in the Office of Institutional Advancement at 215-955-6383 or Kelly.Austin@jefferson.edu.

Rosalind Page relies on Jefferson for all aspects of her healthcare. She is grateful to her many Jefferson providers, especially those from the Breast Care Center who helped her beat breast cancer, twice.