Heart Transplant Program Offers a New Lease on Life

Russell Cerminara is not someone you would readily identify as a patient in a hospital, let alone someone on the heart donor list. Casually dressed and exceedingly well groomed, he lounges comfortably in the waiting area outside his room on the 5th floor of the Gibbon Building – the Cardiac Unit – at Jefferson University Hospital. If it weren’t for the IV stand, and the small black Jansport backpack that holds a device pumping his heart, you’d never know he’d spent the last decade battling a life-threatening heart condition and been in the hospital since April.

Every bit the image of a successful television producer, Mr. Cerminara takes calls on his blackberry when not doing physical therapy or interacting with other patients and family members. He’s working to gain enough strength to go home while he waits for a heart, which could be a while given his O blood type.

Medicare Certified…the highest quality indicator for a transplant program, based on the number of transplants and clinical outcomes

On May 24, 2007, he received a Jarvik 2000® Heart Assist System while he waits for a donor heart. Thanks to Jefferson surgeons, television producer Russ Cerminara now benefits from a portable Jarvik 2000® Heart Assist System while he waits for a donor heart.

On May 24, 2007, he received a Jarvik 2000® Heart Assist System. This is the smallest and simplest of the axial flow pumps in existence right now – the latest technology in LVADs (Left Ventricle Assist Devices), invented by Dr. Robert Jarvik. Rather than taking over for the heart, the Jarvik assists the patient’s weakened left ventricle to pump blood throughout the body. Jefferson was the first hospital in Philadelphia to offer the groundbreaking device, which has not yet been approved by the FDA as standard treatment.

Mr. Cerminara is but one success story in a young but impressive and growing Heart Transplant Program at Jefferson – which was Medicare Certified after only a very short time. This is the highest quality indicator for a transplant program, based on the number of transplants and clinical outcomes as well as skill and professionalism of the medical and surgical teams. For patients with serious cardiac failure, this makes Jefferson a financially viable option for treatment.

The surgical team benefits from a new surgical suite that contains miniature equipment as well as state-of-the-art video monitoring devices. James Diehl, MD, Director of the Division of Cardiothoracic Surgery, says that this makes more seamless procedures possible that integrate endoscopy as well as minimally invasive cardiac surgery techniques. “What is more, he says, “everyone in the operating room can see the procedures with exceptional clarity.”

The quality of care speaks for itself. “I’m going to make a television show about this disease, treatment process, and this device,” says Mr. Cerminara. “Because the public in general is very unaware of it, like I was.” His continued recovery is sure to make this possible, and will make for another of the compelling and positive stories to which he continues to be so devoted to telling.

“While Russ had battled heart failure for many years, he had been successful with various other treatments. It was only when we saw that he was no longer responsive to these therapies that it became clear how limited his options really were.

“He agreed it was time to begin the evaluation process for a heart transplant, and just a week before he was to come in to start the tests, he was rushed to the hospital and we decided the LVAD was necessary. At that point it was lifesaving. And now, as Russ gains strength, we’re even more optimistic about the potential outcomes when a heart does become available.”

Scott C. Silvestry, MD
Director, Heart Transplantation and Cardiac Mechanical Assist Program

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Jefferson continues to set the trend in breast care with the opening of Jefferson-Honickman Breast Imaging, located on the 4th floor at 1100 Walnut Street, in January 2007. This is the first phase of a three-phase facility project that will provide our patients with the most advanced expertise and technology as well as personalized patient care in a warm and comfortable environment. The remaining phases of the Jefferson Breast Care project include breast screening, an MRI, and a center for clinical, educational, and support services.

With the growth of a comprehensive breast care program, Jefferson Surgeons continue to be at the forefront of care. The surgical practices of Dr. Gordon Schwartz, MD, MBA, Anne Rosenberg, MD, and Kristin Brill, MD are dedicated to breast surgery. Several general surgeons also specialize in breast surgery: including Adam Berger, MD, Karen Chojnacki, MD, Melvin Moses MD, Remadette Fenfert, MD, and Gary Rosato, MD.

Dr. Rosenberg emphasizes the comprehensive, multidisciplinary services available at Jefferson. “From prevention and genetic screening programs to early detection as well as surgical and non-surgical treatment options, we offer the entire spectrum of the best of what medical care has to offer today.”

Dr. Brill explains that we are planning the new Jefferson Breast Care Facility to create an easy, stress-free experience for patients: “The program emphasizes communication between patient and doctor, but also among surgeons, radiologists, nurses, technologists, and other healthcare providers,” she says. “The art of what we do is to reassure women that treatment can be customized to suit their particular situation, lifestyle, and stage of life.”

Thanks to the skills of our plastic surgeons, James Fox, MD, John H. Moore MD, Stephen Copit, MD, and Gary Tuma, MD, Jefferson leads national trends relating to mastectomy and reconstruction, including LAT Flap (Latissimus Dorsi Myocutaneous Flap) reconstructions. “LAT Flaps” can be much easier for women to live with than the more traditional TRAM Flap reconstruction that requires taking skin, muscle and fat from the abdomen. Nationally, 30 to 35 percent of women have breast reconstruction immediately following a mastectomy. Jefferson’s rate for patients over the age of 65 is even higher than that. “We show no age bias,” says Dr. Brill, “and equally encourage our older and younger patients to take advantage of the excellent team of plastic surgeons.”

Jefferson surgeons are educators and leaders in the field. Dr. Schwartz organizes a highly respected biennial international breast cancer Consensus Conference. “We do this to bring together the best experts to discuss and debate a chosen topic and ensure that the latest treatments are available to patients worldwide,” explains Dr. Schwartz. The Jefferson program also offers one of only 30 breast surgery fellowships across the country. Visit www.jeffersonhospital.org/breast for more information.

Women who visit Jefferson-Honickman Breast Imaging enjoy personalized, state-of-the-art care that is tailored to the unique issues and concerns of their particular age group.

Meeting 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, 2007 (shown left to right):

- Allison Goldberg, MD, Albert Einstein College of Medicine; Adam Bodzin, MD, Boston University School of Medicine; Joshua Marks, MD, Jefferson Medical College; Annie Baer, MD, Dartmouth Medical School; Chandan Kunduwarum, MD, University of Arizona College of Medicine; Vanessa Tabott, MD, George Washington University School of Medicine.

We are also pleased to welcome back the following Jefferson graduates as preliminary interns: James Etzene, MD and Roman Polit, MD in General Surgery; Rohan Ohtake, MD in Neurosurgery and Daniel Sackett, MD in Urology.
Unlocking One Secret to Prevention

More Veggies, Less Breast Cancer: Unlocking One Secret to Prevention

We all know that eating a balanced diet is good for us. Susan Lanza-Jacoby, PhD, the Principal Investigator of the Cancer Biology and Nutrition Laboratory in the Department of Surgery, is taking this conventional wisdom to new scientific heights. She investigates molecular abnormalities involved in the development of breast cancer and aims to identify novel strategies using food components for prevention and treatment.

“Breast tumors that overexpress this gene are aggressive,” says Dr. Jacoby. “They account for between 20 and 25 percent of all breast cancer in women, and do not respond well to standard treatments, which results in a poor prognosis for the patient.”

Her research suggests that a number of dietary factors can have cancer-fighting properties. Diindolylmethane (DIM) is a component of certain vegetables, called cruciferous (such as broccoli, cauliflower, cabbage, and Brussels sprouts), and members of Dr. Jacoby’s lab have been observing that it can decrease growth and even kill breast cancer cells that result from overexpression of the HER-2/neu gene.

She explains that mice fed our Western diets took about 6 to 7 months to develop breast tumors, whereas when they fed DIM to the transgenic mice, it took over a year to develop the tumors. “This is a significant delay,” she explains, “Consider the potential for helping genetically predisposed adolescent girls delay the onset of cancer until well into their 50s or 60s.”

Dr. Jacoby is also investigating how to develop combined therapies that will prevent the development of breast tumors. A multitargeted approach based on the characteristics of the individual tumor has provided more effective prevention and treatment.

“We're striving to show how dietary supplements can slow down — or even stop — the incidence of breast cancer”

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Dr. Jacoby is also investigating how to develop combined therapies that will prevent the development of breast tumors. A multitargeted approach based on the characteristics of the individual tumor has provided more effective prevention and treatment. “We measured the growth of tumors in the mice, and when we used a combination of the DIM supplement and doxetaxel, a chemotherapeutic another agent, there was a significantly slower rate of tumor growth.” She is also finding that a COX-2 inhibitor, used in combination with other agents, can prevent the incidence of breast tumors altogether.

“In July Dr. Jacoby was awarded a research grant from the Pennsylvania Department of Health to continue her study of the role of the ErbB and COX-2 signaling pathways in HER-2 breast cancer. Thanks to a grant from the U.S. Department of Agriculture, she is developing a teaching module about the role of nutrition and cancer prevention, which will mean her exciting findings to date will have a direct path into patients’ lives.

Changing Lives Through Research

Lara Allan Goldstein

Lara Allan Goldstein is the Director of Development for the Department of Surgery. A Jefferson employee since 2003, she joined the department in November 2006. Previously, she served as the Director of Regional Giving for the Jefferson Foundation.

How do you define your role?

I meet with patients, families, and friends of the Department and help to find a match between what they want to support and what the various divisions and physicians need to make their programs most successful, whether it’s to expand programs, pursue innovative research, or enhance patient care.

What do you like about your position?

I enjoy working with individuals who are so committed to Jefferson and want to make a difference by giving back in some way. It’s exciting to learn from the patients and their families about the great impact our Jefferson staff and surgeons have had on their lives.

What’s a common misconception about development?

I’m not sure people realize there are many different ways to give, beyond an outright cash gift. Appreciated stock, real estate, and bequests are options, as well as charitable gift annuities and charitable trusts, which provide income during a donor’s lifetime. Congress has provided a temporary opportunity for those 70 years of age to make a gift directly from their IRA. These can be attractive options for a donor who may want to earn income, reduce capital gains or estate taxes, or provide for their heirs.

What is most satisfying about the work you do?

It’s gratifying to see how pleased the donors are when they see the difference their generosity makes. It’s great to help facilitate a process that strengthens the Department in achieving its mission.

For an appointment with a Jefferson Surgeon, call 1-800-JEFF-NOW
Making a Difference
One Donation at a Time

Not all gifts to Jefferson Surgery come from a single philanthropic individual. Sylvia Berman, of Marblehead, Massachusetts, is working tirelessly to encourage others to make a difference. Her daughter, Susan Sillars, has been a patient of Charles J. Yeo, MD, for many months now, having been diagnosed with pancreatic cancer. Tragically, Mrs. Berman was already familiar with the disease, which claimed the life of her husband 14 years ago.

Last March, Dr. Yeo removed a portion of Susan’s tumor so that finding a surgical team who saw things differently and could offer us a new alternative has been profoundly helpful,” says Mrs. Berman. “It’s inspiring to see that our network of family and friends has offered so much kindness and compassion as well as financial support. It goes to show that combining the generosity of many—no matter how small the amounts—can make a big difference.”

To make a contribution to the Susan Sillars Fund for Pancreatic Cancer Research, please visit http://www.jefferson.edu/surgery/giving.cfm or contact Lara Allan Goldstein at 215-955-8797 or Lara.AllanGoldstein@Jefferson.edu.

In Gratitude for Exceptional Care

Anna Hotz, a Medford, NJ, native, has made a gift to the Jefferson Breast Care Center in honor of her doctors Anne Rosenberg, MD, and Stephen Copit, MD. The commitment became a family affair when her son Jack, Steven, and Chuck matched her contribution with winnings from a Cape May, NJ, fishing tournament in April 2006.

Mrs. Hotz is grateful for the excellent care she received and the personal relationships she developed with her physicians. “Dr. Rosenberg, for all of her accolades and reputation in the field of breast cancer, is a very regular, low-key person,” says Mrs. Hotz. “And Dr. Copit is very passionate with his patients and about his practice. He treated me like one of my own sons would treat me.”

The Hotz family gift supports the new Jefferson Breast Care Center, where patients can receive information, counseling, and other support throughout their care in one location.

During this difficult time, Mrs. Berman has taken it upon herself to raise funds to support Dr. Brody’s research. So far she has raised over $32,000. “Because of this support, we have been able to scrutinize Mrs. Sillars’ tumor on the molecular level. Our hope is that this information will aid her family and other pancreatic cancer patients,” says Dr. Brody.

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