In Guatemala, where individuals have little access to surgical care, and high morbidity and disability associated with unmet needs, a multidisciplinary team from Duke is helping make life-saving surgery accessible to children.

With support from Duke Medicine and US-based NGOs, Henry E. Rice, MD, Professor and Chief, Division of Pediatric General Surgery, led a team of surgeons, anesthesiologists, nurses, technicians, and trainees to Guatemala City over the past three years to provide pediatric surgical care, training and education, and research to areas with great need. His team has included Duke Global Health Institute (DGHI) faculty members David Boyd and Eric Finkelstein, Duke Medicine faculty Sherry Ross and Brad Taicher, and trainees including Duke Master of Science in Global Health student Ben Silverberg.

“Unmet surgical care contributes to at least 11% of the global burden of disease,” says Dr. Rice. “For children, surgical care can decrease mortality, improve overall health, and decrease costs for care of disabilities. So, our work with partners in Guatemala is particularly important for families and communities in this low-income setting.”

“Providing Care and Educating

The Duke team not only provides care, they also perform surgeries and train Guatemalan health workers on safe surgical practices. On the most recent visit, the team worked with Guatemalan providers to perform 51 general surgery and urology procedures on children without access to surgical care. They treated various common surgical and urological conditions including undescended testis, inguinal hernias and breast tumors, and they also trained both US- and Guatemalan nurses and technicians in safe surgical practices including endotracheal intubation.

“In addition to helping Guatemalan children,” says Dr. Rice, “our Duke staff gains enormous value from the chance to work with Guatemalan staff in such an environment.”
Allan D. Kirk, MD, PhD
Professor and Chairman, Department of Surgery
Duke University School of Medicine
Surgeon-in-Chief
Duke University Health System

MESSAGE
FROM THE CHAIR

I am pleased to present the Fall 2014 issue of the Duke Department of Surgery newsletter – my first since joining Duke Surgery in May of this year. In the past six months, I have been truly gratified by the reception I have received and genuinely impressed by the quality of the staff, students, residents, and faculty. It has been evident since my first day back that Duke remains an exceptional place for patient care, medical education, and discovery. It is a privilege to have this opportunity to serve.

It is important to acknowledge the outstanding job that Ted Pappas did as interim chair. He provided exemplary stewardship of the department and orchestrated a smooth transition of leadership. This has allowed the department to continue its forward trajectory without missing a beat, and I am most appreciative of his leadership.

A lot has happened in the past year. Duke has fully engaged a new EPIC-Surgeon-in-Chief and Ranjan Sudan, MD – Education; our new Chief of Staff, Cynthia Shortell, MD – Administration; our new Chief Administrator, Katherine Stanley, MD – Finance; our new Vice Chairs – Gregory S. Georgiade, MD – Clinical Practice; Jeffrey H. Lawson, MD, PhD – Research; and our new Chief of the Clinic, Richard Scher, MD. Over the next several months, expect to see concerted efforts from this leadership team as they pursue the department’s tripartite mission of clinical care, education, and research. Leading those changes are our new Chief Administrator, Katherine Stanley; our new Vice Chairs – Greg Georgiade, MD – Clinical Practice; Jeff Lawson, MD, PhD – Research; and Ranjan Sudan, MD – Education; our new Chief of Staff, Cynthia Shortell, PhD; and our new Chief of the Clinic, Richard Scher, MD. Over the next several months, expect to see concerted efforts from this leadership team in improving our research infrastructure, optimizing our clinical care delivery, particularly in the domain of patient access, and redoubling our efforts to train future leaders in surgery.

I hope you find this newsletter helpful, and I look forward to hearing from you.

Sincerely,

Allan D. Kirk, MD, PhD, FACS
Chairman, Department of Surgery
Duke University

Building the Capacity for Pediatric Surgery in Guatemala

Continued from page 1

Our staff learns not only the challenges faced in these settings, but also better ways to approach their own jobs.”

Through private grants and the Duke REMEDY program which donates usable surplus medical supplies to charities, Dr. Rice and his team have provided Guatemalan health workers with surgical equipment that enables them to provide the highest quality care. As a result, the Duke team was able to perform the first advanced laparoscopy and plans to lead a training course next year in advanced adult and pediatric laparoscopy.

Conducting Research That Matters

The Duke team has also led research projects in the areas of surgery, urology, anesthesia, operating room systems, and patient safety. In one study, Duke researchers found that high costs, perceived low quality of care and long delays in accessing care are preventing Guatemalan families from seeking surgical care for their children. The research team also learned that, despite not having access to pain medications, regional anesthetics can be an effective alternative in Guatemala. In the future, the team plans to study the factors that most often influence families to seek surgical care.

“Guatemala is a challenging environment to support the care of children due to tremendous economic, political, and cultural stressors on its health system,” says Dr. Rice. “We are fortunate to have a chance to work closely with Guatemalan providers, supported by a great team of NGOs to study ways to understand this health system. It’s the type of project that has the potential to make a long-lasting impact in global health.”

BUILDING A SURGERY SIMULATION CENTER IN GUATEMALA

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Duke joined an elite group of peer institutions in May 2014 when it marked its 1,000th heart transplant. The milestone came, appropriately enough, during the same year that the Duke Heart Center marked its 25th anniversary.

“Over the course of the 1,000 heart transplantations, Duke has maintained a survival rate that exceeds the national average,” says Carmelo A. Milano, MD, Professor, Division of Cardiovascular and Thoracic Surgery and Surgical Director for the Duke Heart Transplant Program. Among the top five largest heart transplant programs in the country, Duke is among the top three for best one-year patient survival rates. “In 2013, Duke had the second-largest left ventricular assist device program,” says Dr. Milano.

“No matter where or how many times a heart transplant procedure is performed, every transplant is a truly amazing event,” says Chet Patel, MD, Medical Director of the Duke Heart Transplant Program. “We have to remember that a failing human heart has been replaced by a functioning organ more than 1,000 times at our institution.”

One reason for Duke’s long-term success and consistency is its multidisciplinary team of healthcare professionals who manage the expanding and increasingly complex heart failure population. Surgeons/physicians, nurses, physician assistants, dietitians, social workers, pharmacists, physical therapists, and administrators all play a pivotal role in the program’s success, says Joseph Rogers, MD, Senior Vice Chief for Clinical Affairs, Division of Cardiology.

“The Duke Heart Transplant Program is one component of a comprehensive approach to patients with heart failure,” Dr. Rogers says. “We have expertise in the diagnosis and treatment of all stages of this disease, from prevention to the most aggressive therapies, such as heart transplantation and mechanical circulatory support. We believe that the clinical expertise, access to clinical trials, and availability of our physicians and staff to address the needs of our patients distinguishes Duke from other programs in the country. We are very fortunate that Duke supports this program so thoroughly and considers it as serving one of its critical missions.”

Congratulations to the Duke Heart Transplant team on performing the 1000th heart transplant at Duke on Monday, May 12, 2014. This milestone represents a huge investment from the institution as well as a lot of hardwork from some extremely devoted team members!

The Duke Heart Transplant Program is the leading heart failure program in the world when it comes to the trifold mission of clinical care, education, and research, says Christopher O’Connor, MD, Director of the Duke Heart Center.

“Twenty-five years ago, heart failure used to be a failure of therapies,” Dr. O’Connor says. “But we believed we could change that by helping to develop medications, devices, and mechanical support for heart patients everywhere, and the progress is astounding.”

Duke offers a special subprogram for patients with advanced heart failure who may have been rejected for transplants because of their advanced age. The extended criteria program offers older recipients an opportunity to receive life-saving therapy utilizing donor organs that have been deemed marginal but adequate for transplant.

“We turn away very few patients who need heart transplants,” Dr. Milano says.
New Research Helps Identify Best Treatment Options for the Earliest of Breast Cancers: DCIS

Patients who have been diagnosed with DCIS – Ductal Carcinoma In Situ – may have more options than previously realized. Doctors at Duke take several factors into consideration when tailoring a patient’s treatment, including a new test which can help determine the risk for recurring DCIS or invasive breast cancer.

DCIS develops in the milk ducts of the breast and is the most common type of non-invasive breast cancer. Depending on the type of DCIS, traditional treatments include hormonal therapy, lumpectomy, lumpectomy with radiation, or mastectomy.

While the number of women being diagnosed with DCIS is on the rise, Shelley Hwang, MD, Professor, and Chief – Section of Breast Surgery, Division of Advanced Oncologic and Gastrointestinal Surgery, says, “not all will develop into invasive cancer.” She believes radiation is sometimes too aggressive, and, mastectomy, which is performed on 30 percent of women with DCIS, “is a huge price to pay for a disease with very little mortality.”

Because of this, Dr. Hwang and her Duke colleagues rely on several important factors to tailor their treatment recommendations. “We look at a person’s age when they get DCIS, the size of the tumor when it is diagnosed, and we evaluate the types of cells involved to determine how aggressive they are. We use these factors to create a projection of a woman’s risk for recurring DCIS and invasive breast cancer.”

At the same time, Dr. Hwang says a new molecular test is being used to identify 12 genes associated with DCIS. “This could help us identify which women have a favorable gene profile that may protect them from developing invasive breast cancer in the future,” she explains.

The clinical observations can be combined with the genetic test to arrive at a more complete DCIS assessment. If a woman is found to be at low risk, radiation may not help. If they are at high risk, radiation may be beneficial. While not all women are appropriate candidates for this additional testing, it has been found to help some patients and providers make important treatment decisions.

In addition, “Some women are at such extremely low risk that they could be treated without surgery at all,” says Dr. Hwang. For these women, active surveillance, such as is often offered for patients with early stage prostate cancer, could be considered. To answer the question of how to identify these women, Dr. Hwang is leading two multi-million dollar project sponsored by the NH and the DOD to evaluate whether the genes and proteins in DCIS could help predict which women are at the lowest risk of cancer progression even without treatment.

Such research will help future patients and doctors make better treatment decisions about DCIS. If a patient has DCIS now, Dr. Hwang says it’s important for the patient to educate themselves about treatment options and work with an expert team that is committed to creating a treatment plan that best matches the patient’s goals.

“When patients go to a multidisciplinary center like Duke,” Dr. Hwang says, “they get the combined input of all the cancer specialists who are making decisions about patient care and who are on the leading edge of new research findings. At Duke, we are committed to making sure patients get the treatment approach for the disease that is the best one for the patient and their overall health.”

BPA Stimulates Growth of Breast Cancer Cells, Diminishes Effect of Treatment

Bisphenol A (BPA), a chemical commonly used in plastics, appears to increase the proliferation of breast cancer cells, according to Duke Medicine researchers presenting at an annual meeting of endocrine scientists.

The researchers found that the chemical, at levels typically found in human blood, could also affect growth of an aggressive hormone-independent subtype of breast cancer cells called inflammatory breast cancer and diminish the effectiveness of treatments for the disease.

“We set out to determine whether routine exposures to common chemicals such as those in plastics, pesticides and insecticides could influence the effectiveness of breast cancer treatments,” says corresponding author Gayathri Devi, PhD, Associate Professor, Division of Surgical Sciences. “BPA was one of the top chemicals to show growth stimulatory effects in breast cancer cells.”

Dr. Devi and colleagues reported their findings in a featured abstract at the annual joint meeting of the International Society of Endocrinology and the Endocrine Society in Chicago, June 23, 2014.

Using new screening strategies, the researchers evaluated a panel of compounds available through a public library of chemicals managed by the Environmental Protection Agency.

The researchers focused on markers in breast cancer cells, specifically those of inflammatory breast cancer, a rare and aggressive form of disease that is difficult to treat. Screenings identified several agents that appeared to increase the proliferation of inflammatory breast cancer cells. Among the most active was BPA, a chemical known to disrupt hormones. The researchers found that it caused breast cancer cells to grow at a faster rate in both estrogen-receptor positive and estrogen-receptor negative breast cancer cells.

The researchers also found that BPA doses in the range observed in human blood lowered the efficacy of FDA-approved anti-cancer drugs used in breast cancer therapy, notably lapatinib.

These studies provide the foundation for additional research to develop tools that can be used to identify patients who may be at greater risk of developing treatment resistance,” Dr. Devi says. “The findings could also lead to biomarkers that identify patients who have heavy exposure to compounds that could diminish the effectiveness of their cancer therapy.”

In addition to Dr. Devi, study authors at Duke include Scott Sauer, PhD, a postdoctoral fellow supported by a National Cancer Institute training grant; John Davis, an undergraduate student in the Global Health Program; H. Kim Lyerly, MD, Professor, Division of Surgical Sciences. Additional authors include Imran Shah, PhD, faculty at the Environmental Protection Agency; and Kevin Williams, PhD, faculty at Biomanufacturing Research Institute and Technology Enterprise at North Carolina Central University.

This study was funded by the Duke Department of Surgery D.F. Bolognesi Award, the Duke Cancer Institute, the American Cancer Society, and the National Cancer Institute.
Non-Invasive Lithotripsy Leads to More Treatment for Kidney Stones

When it comes to treating kidney stones, less invasive may not always be better, according to new research from Duke Medicine.

In a direct comparison of shock wave lithotripsy vs. ureteroscopy—the two predominant methods of removing kidney stones—researchers found that ureteroscopy resulted in fewer repeat treatments.

The findings were published May 16, 2014, in the journal JAMA Surgery, coinciding with presentation at the annual meeting of the American Urological Association.

“Nearly one out of 11 people in the United States has kidney stones, leading to more than $10 billion a year in treatment costs,” says lead author Charles D. Scales Jr., MD, Assistant Professor, Division of Urology. “As we explore ways to improve value in the health care system, we need to look at the kinds of things that drive costs up; reducing the number of repeat procedures is one place to start.”

Dr. Scales and colleagues analyzed data for nearly 48,000 insured patients in the United States who sought emergency room or urgent care treatment for kidney stones from 2002–2010.

Roughly half the patients received shock wave lithotripsy, a non-invasive approach that focuses pressure waves on the stones to break them into tiny pieces that can then pass painlessly. The other half of patients underwent ureteroscopy, a minimally invasive endoscopic procedure that uses a laser to break up the stone, and a thin scope that travels through the urethra to snare the stone in a small basket for removal.

Within 120 days of the initial procedure, approximately one in five of the patients needed a second treatment. The researchers focused their comparison on patients who were equally qualified for either procedure. Among that group, 11 percent of patients undergoing shock wave lithotripsy needed a second procedure, while less than 1 percent of ureteroscopy patients needed an additional treatment.

“Our findings add new insight, since most of published research around the effectiveness of the procedures was conducted years ago, when the technology was new,” Dr. Scales says. “In the past 20 years, many experts believe shock wave lithotripsy has become less effective as the devices underwent design changes to improve safety. At the same time, ureteroscopy improved with better endoscopes and laser technology.”

The researchers noted that the findings have important policy implications around Medicare reimbursements. For treating kidney stones, Medicare currently pays about $700 for a patient to receive lithotripsy, but only about $400 for a patient to receive the endoscopic ureteroscopy treatment, which the study found to be more effective.

The researchers suggested that differences in effectiveness, invasiveness, and costs highlight important tradeoffs between the two procedures. In all cases, Dr. Scales says, the decision to undergo shock wave lithotripsy or ureteroscopy should be carefully considered by both the physician and the patient.

“Many patients believe that because nothing is inserted into the body, shock wave lithotripsy is better, but that may not always be the case,” Dr. Scales says. “There can be important tradeoffs for having the non-invasive procedure. One question to ask is about the likelihood of a second procedure, and the impact it might have on the cost of care and the time off work.”

In addition to Dr. Scales, study authors include Julie C. Lai; Andrew W. Didi; Jan M. Hanley; Jeroen van Meijgaard; Claude M. Setodji; and Christopher S. Sagal.

The Robert Wood Johnson Foundation Clinical Scholars Program funded the study, along with the U.S. Department of Veterans Affairs, and the National Institute of Diabetes and Digestive and Kidney Diseases.

SURGERY RESEARCH GRANT ACTIVITY

Basic and Translational Research

Mathias Grommes, MD, Associate Professor, Division of Neurosurgery, was awarded a grant from Southeastern Brain Tumor Foundation for “Oncolytic Poliovirus Therapy of Malignant Glioma.”

David H. Harpole Jr., MD, Professor, Division of Cardiovascular and Thoracic Surgery, was awarded a grant from Stem Centrx, Inc. for “Evaluating Target Expression in Non-Small Cell Lung Cancer for Clinical Development.”

Charles G. Hughes, MD, Associate Professor, Division of Cardiovascular and Thoracic Surgery, was awarded a grant from BCSL Behring, LLC for “A Retrospective Chart Review Study to Investigate Bleeding Risk and Blood Transfusion Requirements in Patients Undergoing Complex Cardiovascular Surgery in the United States.”

Eun-Sil H. Hwang, MD, Professor, Division of Advanced Oncologic and Gastrointestinal Surgical, was awarded a grant from the National Institutes of Health for “Genomic Diversity and Microenvironment as Drivers of Metastasis in Duval Carcinoma in Situ.”

Stephan T. Keir, DrPh, Associate Professor, Division of Neurosurgery, was awarded a grant from Merck KGaA for “Evaluation of c-Met Inhibition in Brain Tumors.”

Allan D. Kirk, MD, PhD, Professor and Chair, Department of Surgery, was awarded grants from the National Institutes of Health for “B cell Hematopoietic Xenografts for the Treatment of Type 1 Diabetes” and “T Cell Maturation and the Nexus of Virus and Auto-Immunity.” Dr. Kirk was also awarded a grant from the Henry M. Jackson Foundation for “Surgical Critical Care Institute: Civilian Application of Military Decision Support Tools.”

Howard Levinson, MD, Associate Professor, Division of Plastic, Maxillofacial, and Oral Surgery, was awarded a grant from The Plastic Surgery Foundation for “Development of Degradable Bioengineered Skin Equivalents.”

Hui-Wen Lo, PhD, Division of Surgical Sciences, was awarded a grant from the National Institutes of Health for “Truncated Gli1 in Glioblastoma.”

Mark W. Onaitis, MD, Associate Professor, Division of Cardiovascular and Thoracic Surgery, was awarded a grant from AATS Graham Foundation for “K-RAS mutant Lung Dencentromesoma Treatment.”

Robert D. Pearlstein, MD, Assistant Professor, Division of Neurosurgery, was awarded a grant from the Loma Linda University for “Radiation Medicine Central Nervous System Studies Phase II.”

Jonathan C. Routh, MD, Assistant Professor, Division of Urology, was awarded a grant from the National Institutes of Health for “Comparative Effectiveness of Vicoseal versus Refluxing Fistulae Exchangers.”

Charles D. Scales, MD, Assistant Professor, Division of Urology, was awarded a grant from the National Institutes of Health for “Urinary Dysfunction in the Elderly: Informing Accountable Urologic Care.” Dr. Scales also was awarded a grant from the Society of Urology Chairpersons and Program Directors for “Serious Games-Competition vs Incentives.”

Peter K. Smith, MD, Professor and Chief, Division of Cardiovascular and Thoracic Surgery, was awarded a grant from Mount Sinai School of Medicine for “CTSM-Study-Rate-Carried Versus Rhythm Control for Postoperative Atrial Fibrillation.”

Georgia D. Tomaras, PhD, Associate Professor, Division of Surgical Sciences, was awarded a grant from the Henry M. Jackson Foundation for “Humoral and Cellular Immunity During Acute HIV-1.” Dr. Tomaras was also awarded a grant from the Fred Hutchinson Cancer Research Center for “Mckithrar Object 3-Evaluate potential mucosal immunity indicators.”

Kent J. Weinhold, PhD, Professor and Chief, Division of Surgical Sciences, was awarded a grant from Bristol-Myers Squibb Company for “Duke 20 patient run-up study of tolullumab plus Nivolumab therapy for glioblastoma multiforme.” Dr. Weinhold was also awarded a grant from Pfizer, Inc. for “Pfizer Peripheral Blood Mononuclear Cell Processing” and an award from ImmusanT for “Immusan Nexvax2 1003.”

John S. Weiner, MD, Associate Professor, Division of Urology, was awarded a grant from the Centers for Disease Control and Prevention for “National Spina Bifida Patient Registry and Urologic Management of Young Children with Spina Bifida-Duke Project” and for “Urinary Management to Preserve Renal Function-Protocol-Duke Project.”

Clinical Trials

Carlos Bagley, MD, Associate Professor, Division of Neurosurgery, was awarded a grant from IntegreLife “DuradialTM Exact Spine Saibard System Post-Approval Study.”

Joseph R. Borawski, MD, Assistant Professor, Division of Emergency Medicine, was awarded a grant from The Medicines Company for “Randomized parallel group controlled comparison study of dipyrone versus placebo for pain in dyspepsia and blood pressure control in acute heart failure – PRONTO II.”

George C. Hughes, MD, Associate Professor, Division of Cardiovascular and Thoracic Surgery, was awarded a grant from Boston Medical, Inc. for “Post-Approval Study of the RayBiThoR Thoracic Stent-Graft with Plus Delivery System in Patients with Thoracic Aortic Aneurysms and Penetrating Ulcers.”

Brian A. Merrick, MD, Associate Professor, Division of Urology, was awarded a grant from Abbott Molecular Diagnostics for “Evaluation of the UlipristalTM Test in Predicting Recurrence and/or Progression of Disease in Patients Receiving Initial BCG for Primary High Grade Ta-T1 and CIS Urethral Carcinoma of the Bladder.”

David M. Kaylie, MD, Associate Professor, Division of Otolaryngology–Head and Neck Surgery, was awarded a grant from Otonomy, Inc. for “A prospective, randomized, double blind, placebo-controlled, multicenter, Phase 2b study of OTD-104 given as a single intratympanic injection in subjects with serous otitis media.”

Shivanand Lad, MD, PhD, Assistant Professor, Division of Neurosurgery, was awarded a grant from Medtronic, Inc. for “Prospective, Randomized Study of a Patient Implantable Lead Stimulation for Predominant Low Back Pain.”

Jeffrey H. Lawson, MD, Professor, Division of Vascular Surgery, was awarded a grant from the National Institutes of Health for “Exercise, Nitric Oxide Bioavailability and Arteriolarous Fibula Maturator” and a grant from W. L. Gore & Associates, Inc. for “Evaluation of anti-platelet factor XIParmin antibodies in hemodialysis patients implanted with the Gore® Hybrid Vascular Graft versus non-heparin bonded synthetic vascular grafts.”

Continued on page 10
NEW FACULTY

Alexander C. Allori, MD
Division of Plastic, Maxillofacial, and Oral Surgery
Clinical interests include cleft lip/palate, craniofacial disorders (such as plagiocephaly, craniosynostosis, and hemifacial microsomia); cranio-maxillofacial trauma; ear anomalies (such as microtia); functional and cosmetic rhinoplasty; obstetrical brachial plexus palsy; and vascular anomalies (such as hemangioema and lymphatic or venous malformations).
919-668-3110

Isaac D. Karikari, MD
Division of Neurosurgery
Clinical interests include treating children and adults with scoliosis and all other spine conditions, which includes spinal stenosis, herniated disc, spondylosis and spondylothesis, spine tumors and general neurosurgery treatment.
919-681-6885

Brianne Steele, MD
Division of Emergency Medicine
Clinical interests include emergency care and emergency ultrasound.
919-684-5537

Eric M. Thompson, MD
Division of Neurosurgery
Clinical interests include pediatric spine surgery and pediatric brain tumors.
919-681-5013

Elisabeth Tracy, MD
Division of General Pediatric Surgery
Clinical interests include pediatric surgical oncology, vascular anomalies, neonatal congenital anomalies, and pediatric trauma.
919-681-5077

He Xu, MD
Division of Surgical Sciences
Research interests include allo- and viral-specific T cell immunity in human studies and mechanistic studies of novel regimen in allotransplantation. Other interests include human platelet and endothelial cell immunobiology in allotransplantation and xenotransplantation.
919-684-4371

Courtney A. Sommer, MD
Division of Trauma, Critical Care and Acute Care Surgery
Clinical interests include emergency general surgery, hernia repair, gallbladder disease, and quality improvement in the intensive care unit.
919-681-9361

Eduarda K. Holl, PhD
Division of Surgical Sciences
Research interests include development of novel immunotherapeutics to target genitourinary cancers, i.e. prostate, bladder, kidney and reproductive organs.
919-684-6780

For an up-to-date listing of Duke Surgery research, visit surgery.duke.edu/research.
FACULTY PROMOTIONS

Todd Brennan, MD
Division of Abdominal Transplant Surgery,
was promoted to Associate Professor

Andrew Lodge, MD
Division of Cardiovascular and Thoracic Surgery,
was promoted to Associate Professor

David Gordon, MD
Division of Emergency Medicine,
was promoted to Associate Professor

Carmelo Milano, MD
Division of Cardiovascular and Thoracic Surgery,
was promoted to Professor

Oren Gottfried, MD
Division of Neurosurgery,
was promoted to Associate Professor

Liana Puscas, MD
Division of Otolaryngology – Head and Neck Surgery,
was promoted to Associate Professor

Brant Inman, MD
Division of Urology,
was promoted to Associate Professor

John Wiener, MD
Division of Urology,
was promoted to Professor

Kadiyala V. Ravindra, MBBS
Division of Abdominal Transplant Surgery,
was promoted to Associate Professor

Gayathri Devi, PhD
Associate Professor, Division of Surgical Sciences,
was appointed Associate Member, Written Examination.

Linda M. Farkas, MD
Associate Professor, Division of Plastic, Maxillofacial, and Oral Surgery,
was appointed Associate Professor, Division of Cardiovascular and Thoracic Surgery,
was promoted to Associate Professor

Detlev Erdmann, MD, PhD
Associate Professor, Division of Advanced Oncologic and Gastrointestinal Surgery,
was appointed Associate Professor, Division of Cardiovascular and Thoracic Surgery,
was promoted to Associate Professor

Howard Levinson, MD
Associate Professor, Division of Otolaryngology – Head and Neck Surgery,
was promoted to Associate Professor, Division of Neurosurgery,
was promoted to Associate Professor, Division of Plastic, Maxillofacial, and Oral Surgery,
was appointed Associate Professor, Division of Cardiovascular and Thoracic Surgery,
was promoted to Associate Professor

John Migaly, MD
Assistant Professor, Division of Advanced Oncologic and Gastrointestinal Surgery,
was invited to be an Associate Examiner for the ABS Certifying Exam.

Charles Murphy, MD
Assistant Professor, Division of Cardiovascular and Thoracic Surgery,
presented the Keynote Address at the annual FACTS-Care Conference
“CVT Critical Care 2014” in Washington, DC on October 10. His presentation was entitled “Meeting the Challenges to Improve Quality and Safety—The TeamSTEPPS Program.”

John Migaly, MD
Assistant Professor, Division of Advanced Oncologic and Gastrointestinal Surgery,
was invited to be an Associate Examiner for the ABS Certifying Exam.

Olinna O. Adibe, MD
Assistant Professor, Division of Pediatric General Surgery,
was nominated to participate in the Society of Black Academic Surgeons (SBAS) Leadership Institute which was held April 25, 2014 in Philadelphia, Pennsylvania.

Allan Friedman, MD
Assistant Professor, Division of Neurosurgery,
was selected as one of Triangle Business Journal Magazine’s “Top 40 under 40” business and community leaders.

Gayathri Devi, PhD
Associate Professor, Division of Surgical Sciences,
was appointed Associate Member, Written Examination.

Detlev Erdmann, MD, PhD
Associate Professor, Division of Advanced Oncologic and Gastrointestinal Surgery,
was appointed Associate Professor, Division of Cardiovascular and Thoracic Surgery,
was promoted to Associate Professor

Howard Levinson, MD
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was promoted to Associate Professor, Division of Plastic, Maxillofacial, and Oral Surgery,
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Michael Haglund, MD, PhD
Professor, Division of Neurosurgery,
was presented with the Triangle Business Journal 2014 award for community outreach.

Allan D. Kirk, MD, PhD
Professor and Chair, Department of Surgery,
was elected as a member of the Alpha Omega Alpha (AOA) Medical Honor Society. Membership in the AOA is a lifelong honor which recognizes a physician’s dedication to the profession of medicine and lasting commitment to scholarship, leadership, professionalism, and service.

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**HONORS**

Gwen O’Grady, PhD, Assistant Professor, Division of Speech Pathology and Audiology, had two seminars accepted by the American Speech and Hearing Association for the association’s Annual Convention held November 20-22, 2014.

Alexander Perez, MD, Assistant Professor, Division of Advanced Oncologic and Gastrointestinal Surgery, was selected to be part of the 2014-2015 class of the American College of Surgeons Young Fellow Mentorship Program. This program creates a one-year mentor/mentee matches focused on engagement and participation in College activities. Dr. Perez matched with Dr. Carlos Pellegrini, a University of Washington professor of surgery and the chair of the Department of Surgery at UW.

Cynthia Shortell, MD, Professor and Chief, Division of Vascular Surgery as a delegate at the World Federation of Vascular Societies’ Congress in Stellenbosch, Western Cape, South Africa in October. Dr. Shortell has also been invited to present as an expert in both treating vascular malformations and varices ablation.

Julie Sosa, MD, Professor, Division of Advanced Oncologic and Gastrointestinal Surgery, was inducted into the Society of Scholars at Johns Hopkins University. Dr. Sosa was one of 16 new members into the Society of Scholars, whose membership is now up to 111. The Society of Scholars inducts former postdoctoral fellows, postdoctoral degree recipients, house staff, and junior or visiting faculty who have served at least a year at Johns Hopkins and thereafter gained marked distinction elsewhere in their fields and for whom at least five years have elapsed since their last Johns Hopkins affiliation.

Debra L. Sudan, MD, Professor, Division of Abdominal Transplant Surgery, was appointed Vice Chair of the Membership and Professional Standards Committee of the Organ Procurement and Transplantation Network beginning in July 2014. Dr. Sudan has also been asked to serve as an Associate Editor for the American Journal of Transplantation by the current Editor-in-chief Allan Kirk, MD, Professor and Chair, Duke Department of Surgery.

**Historical Note…**

This year marks the 50th year anniversary of the appointment of David C. Sabiston Jr., MD, as Chairman of the Duke Department of Surgery. His legacy and impact on the department is felt even to this day with his training of hundreds and influencing countless numbers of world-class surgeons, creating one of the most respected surgical residency programs in the world.

Watch for an upcoming alumni gathering announcement for Duke Surgery faculty and trainees in his honor.

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**DUKE UNIVERSITY HEALTH SYSTEM ACHIEVES MAGNET DESIGNATION**

Years of hard work by numerous people across Duke University Health System (DUHS) culminated on September 4 when DUHS was notified that all three Duke hospitals had achieved Magnet® recognition as a health system from the American Nurses Credentialing Center (ANCC). DUHS now becomes one of the only 16 health systems in the country with Magnet® recognition, which is considered the gold standard in patient care. DUHS hospitals represent three among 23 Magnet® hospitals in North Carolina. Only 7 percent of 5,723 U.S. hospitals receive the honor. Worldwide, 401 facilities have achieved Magnet® status.

DUHS’ recognition includes Magnet® redesignation for Duke University Hospital, Duke Regional Hospital, and Duke Raleigh Hospital. The redesignation process is rigorous, with fewer than half of organizations seeking redesignation succeeding. System designation requires each hospital to stand on its own, and signifies that, together, they have demonstrated excellence in patient, family, and staff outcomes.

ANCC, the credentialing arm of the American Nurses Association, grants Magnet® recognition to organizations that demonstrate excellent performance in transformational leadership; structural empowerment; exemplary professional practice; new knowledge, innovation and improvements; and empirical outcomes for patient care, patient satisfaction, and staff satisfaction.

Magnet® recognition lasts four years during which time ANCC monitors health systems and hospitals closely to ensure they maintain high standards of care. Characteristically Magnet® hospitals often are able to attract and retain the best-trained nurses and nurses who work in these institutions are allowed to spend more individual time with patients — factors that can lead to shorter hospital stays, according to ANCC.

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**Duke Center for Surgical Innovation**

The Duke Center for Surgical Innovation (DSCI) is dedicated to training surgeons using the latest surgical techniques and innovative procedures in minimally invasive surgery. Utilizing a combination of didactic lectures, live surgeries, video, and hands-on labs in minimally invasive surgical techniques, hundreds of surgeons and allied health professionals form around the world have been trained through the center.

CME credit is available for a number of courses held throughout the year in a wide range of surgical specialties. Following are upcoming DSCI CME courses:

- **March 19-21, 2015**
  - Masters of Minimally Invasive Bariatric Surgery
  - JW Marriott Hotel, Orlando, FL

- **September 24-26, 2015**
  - Masters of Minimally Invasive Thoracic Surgery
  - Waldorf Astoria Hotel, Orlando, FL

For more information, visit innovation.surgery.duke.edu/courses.
Mission
The Department of Surgery is committed to excellence, innovation, and leadership in meeting the health care needs of the people we serve and fostering the very best medical education and biomedical research.

Vision
As one of the leading national and international academic departments of surgery, we will assemble and integrate a comprehensive range of health care resources providing the very best in patient care, medical education, and clinical research. As the health care providers of choice in the region, we will improve the health of the communities we serve through the development of new and better models of health care. Through careful stewardship of our resources, we will preserve and promote our core missions of outstanding clinical care, discovery research, and improved health for the communities we serve.

Partners in Philanthropy
A gift to the Duke Department of Surgery is a gift of knowledge, discovery, and life. Every dollar is used to further our understanding of surgical medicine, to develop new techniques, technology, and treatments, and to train the surgeons and researchers of the future.

If you would like to make a philanthropic investment in Duke Surgery, visit surgery.duke.edu/gift.

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