On The Cutting Edge

INSIDE: OHSU Women Lead in Surgery
PAGE 4

CONTENT

MESSAGE FROM THE INTERIMS .......2
BREAKING THE GLASS CEILING ......4
FOCUS ON ALUMNI..................11
GRAND ROUNDS CONFERENCE.....12
VISITING LECTURERS...............13
WELCOME NEW FACULTY ..........14
RESEARCH AND INNOVATION .......16
Message from the Interim Dean

John G. Hunter, M.D., F.A.C.S., F.R.C.S. (Edin.)
Interim Dean, School of Medicine

Winter is ramping up quickly! The Thanksgiving holiday brought Portland over five percent of its annual rainfall in a single day and dropped 18 inches of snow on Mount Hood, officially launching the ski season. After the past couple of years of low snow levels and unseasonably warm and dry weather, this season should get us back on track. And while I could quite easily expound upon the weather for at least another paragraph, the Department of Surgery and School of Medicine has its own climate change to talk about.

As of October 1, I have assumed the role of interim dean of the School of Medicine, following the tragic passing of Dean Mark Richardson, M.D., M.Sc.B., M.B.A. My esteemed colleague and chief of pediatric surgery, Ken Azarow, M.D., F.A.C.S., F.A.A.P., has stepped in as interim chair of the Department of Surgery. Although unexpected, this time of transition is proving fruitful for the department under Ken’s expert leadership.

As we head into 2017, our surgeons remain busy, and surgical outcomes continue to improve. Our recent NSQIP report from the American College of Surgeons puts our general surgical risk adjusted mortality in the best one percent nationally (seven of 780 for low mortality). Our cancer and cardiac programs keep ascending in the national rankings, and are well-situated amidst the top 50 programs in the country as ranked by US News and World Report. In the same survey, OHSU Hospital is again the best hospital in Oregon.

The results of such success, not surprisingly, are that we remain seriously congested at the front door. While our affiliation with Tuality Healthcare provides some opportunity to grow programs at this site, it is unlikely that we will see a lot of excess capacity come online at OHSU anytime soon. Construction on the Center for Health and Healing, South Tower, is well underway, but our ability to use this to help meet growing demand is still over two years away. Wish us luck – and please pardon our inability to accept all transfers while we deal with our growing pains.

The Department of Surgery is proud of programs new and old that have gained attention both locally and nationally. These include a new program in the Division of Surgical Oncology for hyperthermic intraperitoneal chemotherapy (HIPEC). Our pediatric surgeons have been successful at organizing and nationally. These include a new program in the Division of Surgical Oncology for hyperthermic intraperitoneal chemotherapy (HIPEC). Our pediatric surgeons have been successful at organizing and nationally.

One of the most enjoyable parts of this newsletter is welcoming new faculty. Leo Urbinelli, M.D., M.A., has joined us as the premier craniofacial surgeon at Doernbecher Children’s Hospital. Dr. Urbinelli recently completed his fellowship in pediatric craniofacial surgery at USC. He is a remarkable surgeon, full of energy and compassion. Donald Thomas, M.D., has joined us in CT surgery. Dr. Thomas was formerly at Loyola and was chief of cardiothoracic surgery at the Hines VA in Chicago. Dr. Thomas is primarily stationed at PeaceHealth Southwest Medical Center in Vancouver, Wash., which will allow cardiothoracic surgery division chief Howard Song, M.D., Ph.D., to return to OHSU for the majority of his time.

I would also like to welcome Brian Gibbs, Ph.D., M.P.A., to our community. Dr. Gibbs has joined OHSU as Vice President for Equity and Inclusion and Associate Professor in the OHSU-PSU School of Public Health. He is recently from the University of New Mexico, and previously held similar positions at Johns Hopkins and the Harvard School of Public Health. Dr. Gibbs has offered the support of the OHSU Center for Diversity and Inclusion to VirtuOHSU Medical Director Donn Spight, M.D., and as we engage the Department of Surgery in launching an accelerated and energized program to promote this mission. First, a diversity committee with a member from each division will be formed and charged to improve recruiting and retention of under-represented minorities (URM) at the resident and faculty level. Secondly, a lectureship highlighting the need for diversity and inclusion for all will be established in the next year. Lastly, programs through the Center for Diversity and Inclusion are available to help those URM medical students with financial needs to come to OHSU for away rotations. Through these multiple efforts, we plan to protect and accelerate our momentum at promoting diversity and providing the environment to nurture careers in academic medicine and surgery. One area where we have been reasonably successful is gender equity in leadership. The women who are responsible for contributing to and guiding the Department of Surgery are featured in this edition of On the Cutting Edge.

The winter Grand Rounds schedule is, as usual, jam-packed with dynamic and renowned speakers. Details of this schedule can be found later in this newsletter. I hope you will take the opportunity to join us for any and all of these Grand Rounds presentations. The standard is high, and the delivery is generally superb. For those of you who cannot attend in person, we now offer live streaming of each Grand Rounds conference. Check out our website at www.ohsu.edu/surgery for the schedule and link to our live streaming and archived presentations.

Wishing you a wonderful holiday season and Happy New Year!

John

A Message from Kenneth Azarow, M.D., F.A.C.S., F.A.A.P., Interim Chair

I would like to take this opportunity for a brief additional statement from the chair’s office. I would first like to thank Dr. Hunter for stepping up in a time of great need at OHSU. Change is always difficult, but change under dire circumstances can sometimes set an institution back years. It is clear that in a very short time, Dr. Hunter has demonstrated the leadership that has given our university confidence to move forward in a very positive direction. Organizational structure and leadership changes are occurring rapidly in front of our eyes, while our education, teaching, research, and clinical missions continue to thrive. In that vein, I would like to emphasize to the entire department that this will not be a stagnant year. We have several recruits that we will work diligently to fill at all levels of faculty. We have new programs and new geographical areas to support in various capacities. I expect this to be a year of growth and creative opportunity for the Department of Surgery, and I am humbled that Dr. Hunter has asked me to serve all of you as interim chair.

-Ken
OHSU women lead in surgery

Karen J. Brasel, M.D., M.P.H., F.A.C.S.
Karen E. Deveney, M.D., F.A.C.S.
Juliana E. Hansen, M.D., F.A.C.S.
Erica L. Mitchell, M.D., M.Ed.
Susan L. Orloff, M.D., F.A.C.S.

Surgery, a predominantly male career path until recent years, has always had a force of determined women breaking through the barriers to wield the scalpel with the best of them. The University of Oregon Department of Medicine was established in Portland, Ore. in 1887. Its first recorded female faculty member was Margaret A. Kennard, M.D., a neurologist appointed in 1948. The Department of Surgery's first recorded female surgeons on faculty appeared 36 years later in 1984: Mary Kay Gumerlock, M.D., (Assistant Professor of Surgery, Division of Neurosurgery) and Leena M. Mela-Riker, M.D. (Professor of Surgery, Division of General Surgery).

While the gender gap in the fields of surgery and medicine is still prevalent, it is closing at a faster pace as more female surgeons are climbing the ranks and are in positions to mentor, encourage, recruit and hire young female medical students or surgical residents. Currently, OHSU's general surgery residency program is graduating an equal number of male and female residents, which bodes well for greater surgeon gender equality in the near future.

Here, we pay tribute to five of our female faculty members who have paved the way for female leadership in surgery: Drs. Karen Brasel, Karen Deveney, Juliana Hansen, Erica Mitchell and Susan Orloff.

Continued on page six
Karen J. Brasel, M.D., M.P.H., F.A.C.S.
Professor of Surgery, Division of Surgery, University of Minnesota, 1998
13th woman to graduate from her program

Leadership Roles: Vice-chair, Board of Governors, American College of Surgeons; Executive Committee, American Board of Surgery; International Chair, Advanced Trauma Life Support Course, American College of Surgeons

Surgery is a team sport.
I had no interest in surgery starting medical school, nor did I have any interest in my first two years. The first day of my surgery rotation, January of my third year, I did a hernia repair with Dr. Kim Ephgrave. I fell in love with surgery and the acute nature of surgical disease, and Kim became an incredible mentor. I also had an incredible team, and learned what a team sport surgery is.

In the late 90’s, female surgeons were still a rarity.
During training, I was often mistaken for a nurse or a dietitian. It was extremely rare for us to have an all-female team. On one occasion when we did, a patient didn’t believe that any of us were doctors, so we had the medical student go in and give him whatever news we needed him to hear that day.

The female-to-male ratio of surgeons in leadership roles is still low.
I would attribute this to fewer female medical students and fewer female surgical residents at the time that the majority of current female surgery leaders were in training. Among females choosing other career paths and not getting the same opportunities, due to networking (or lack thereof) until recently.

To acquire a leadership position, you need opportunity and advocates.
The biggest thing it takes is opportunity, which is partly due to preparation and seeking leadership, and partly due to others recognizing that you would be a good person to fill a leadership role, nominating you, and serving as your champion.

Karen E. Deveney, M.D., F.A.C.S.
Professor of Surgery, Division of General Surgery
Vice-Chair for Education, Department of Surgery

Leadership Roles: Past Program Director, OHSU General Surgery Residency, 1996-2014; Past President of Pacific Coast Surgical Association, Board of Chamber Music Northwest, Portland Surgical Society, Oregon Chapter of the American College of Surgeons, and the Northwest Society of Colon and Rectal Surgeons

My career choice seemed easier than many alternatives, considering the times. I was teaching junior high school English in a rough public school in San Francisco in the mid-60’s (time of Vietnam War, Civil Rights unrest, Watts riots) and thought that anything had to be easier than that - why not surgery?

We now see a preference for female surgeons.
The public/patient perception of a female surgeon has evolved from thinking that no woman could possibly be a real surgeon to a pretty uniform acceptance and even preference for a woman surgeon in some cases, with the belief that women surgeons might be more compassionate, warm, or patient than male surgeons. Media depiction of a profession has a lot to do with public perception, and male surgeons were often portrayed as arrogant and impatient, whereas there weren’t a sufficient number of women surgeons for them to have any kind of “public persona” at all! The preference for a woman surgeon arose, I think, mostly among women with breast cancer, who felt that it might be less embarrassing to have a woman surgeon and it might be easier to talk to them about their concerns. In my field, which was colorectal surgery, some patients thought the rectal exam might be less uncomfortable because my fingers were smaller! (True story: heard from more than one patient!) There are, however, still some patients who feel that women do not have the stamina or emotional toughness to be a surgeon; when I encounter such a patient, it is like a “gut punch,” and I wonder how much progress we’ve really made.

Climbing higher in the leadership hierarchy undoubtedly results in less time in the O.R.
There are still fewer female than male surgeons at the senior level usually required to assume positions of leadership. There are also fewer expectations of women that they should seek positions of leadership and authority. My personal bias (and it is just that - no real data) is that women tend to choose to do things that they feel will make them happy, rather than what is most prestigious, or will make them the most money. If interacting with patients and performing surgery is what you love, then there might be less incentive to climb higher in the leadership hierarchy, which undoubtedly results in less time in the O.R. I sought a leadership position in surgical education because I thought that I could do it well and still practice surgery (almost) full-time. That was true for the majority of my career, until regulations involved in managing a training program exploded in the early 2000’s. By then I had developed a reputation for being pretty good at what I did, having learned the ropes well enough to be innovative while still following the rules, and solving problems was really rewarding. I believe that, for women, perhaps more even than for men, having confidence that you can do your job well keeps you happy.

“Sometimes we all unconsciously adhere to societal stereotypes that we would not be aware of. When both Cliff (Cliff Deveney, M.D., OHSU Division of General Surgery) and I were residents, we were having a dinner party and the telephone rang. I went to the next room to answer the telephone. It was the hospital operator, who asked to speak to Dr. Deveney. Without blinking an eye, I responded, ‘Just a minute—I’ll get him!’ I stopped half-way back to the living room when I realized, ‘Wait a minute!’ and returned to the telephone to ask, ‘WHICH Dr. Deveney did you want? Dr. Karen or Dr. Clifford?’ I realized how pervasive the gender issue can be if even I had that initial response.”

My advice for aspiring female surgeons today.
Become involved in organizations (American College of Surgeons, Association of Academic Surgery), keep your support network intact, don’t set goals that are too low, and ask for help when you need it. There’s a huge network out there that wants you to succeed and thrive.

The biggest thing it takes is opportunity, which is partly due to preparation and seeking leadership, and partly due to others recognizing that you would be a good person to fill a leadership role, nominating you, and serving as your champion.

“I don’t want to be a role model. I want to be a role human.” – Karen Deveney, M.D., F.A.C.S.
Juliana E. Hansen, M.D., F.A.C.S.
Professor and Chief, Division of Plastic and Reconstructive Surgery
Program Director, Plastic Surgery Residency, 2000 - present
Surgical Residency Program: University of California, San Francisco, 1994
13th woman to graduate from her program

Leadership Roles: Director, American Board of Plastic Surgery; Ethics Committee Member, American Society of Plastic Surgeons; Visiting Professor, Plastic Surgery Foundation

OB/Gyn or pediatrics seemed like the obvious choice. I was headed for a career in medicine, OB/Gyn or pediatrics, which seemed to me to be the obvious choices for a female. My father encouraged me to apply to surgery because that was what I really loved. His support, as well as that of my husband, gave me the confidence to do it. I never would have pursued a career in surgery without their support.

Dr. Karen Deveney was the second female to graduate from UCSF. Sixteen years later, I was the thirteenth.

In my general surgery residency at UCSF I was one of three women in a class of nearly sixty residents. I graduated in 1994 as the 13th woman, preceded by Karen Deveney, M.D., and Susan Orloff, M.D., among others. In my plastic surgery residency at UCSF, our class was two-thirds women.

The public perception of female surgeons has changed radically. I will never forget, as a medical student, my own grandmother telling me that she would never trust a female doctor. During residency, the female residents were usually assumed to be nurses, magazine deliverers, nutritionists, etc. There was also some palpable resentment from some of the female nurses towards the female surgery residents.

Now, there are no gender expectations for nurses or doctors. It seems that there are as many male nurses as female surgeons, and the public has accepted this. There is no shortage of women in surgery here on the west coast. I think we may be getting more equal numbers of women and men at surgery residency level.

Ultimately, it’s about career satisfaction. I think that women achieve satisfaction from many aspects of their lives and careers without having to be in charge. That doesn’t fully explain the gender inequality in leadership though. My own path to leadership started by being the one who offered to help out whenever there was work to do. I like to work hard. Impeccable follow-through, thick skin and a good sense of humor also helps.

My family has been my greatest support system. My mentors have been too numerous to count — all of the women involved with this interview included. The person, though, who has had the biggest impact on my career is my husband, Paul Hansen, M.D. From encouraging me to go into surgery, to defining excellence in clinical surgery, to demonstrating the value of programmatic development and sound research, and to showing me the importance of work-life balance, my husband is the reason I have a career and a family that makes me happy and proud.

My advice for aspiring female surgeons today.
Get involved at every level possible and shape the future.

“I think that women achieve satisfaction from many aspects of their lives and careers without having to be in charge. That doesn’t fully explain the gender inequality in leadership though.”

Erica L. Mitchell, M.D., M.Ed.
Professor of Surgery, Division of Vascular Surgery
Program Director, Vascular Surgery Fellowship, 2009 - present
Vice-Chair for Quality, Department of Surgery
Surgical Residency Program: University of Colorado Health Sciences Center, 2003
20th woman to graduate from her program

Leadership Roles: Member, American Board of Surgery-Vascular Surgery; Governor, American College of Surgeons; Editor, Scientific American Vascular and Endovascular Surgical Curriculum; Associate Editor, Vascular Specialist

I chose a career in surgery because I needed the challenge of both intellect and creativity. Surgery appealed to me as it offered the ability to solve problems, fix them in the immediacy, and be creative in the management of a problem, at least technically. This is especially true with vascular surgery.

Patients used to assume “nurse,” not surgeon. The patient and public perception of female surgeons has changed for the better since I started in surgical training. Early in my training, when the ratio of female-to-male surgeons was extremely low, I was often mistakenly assumed to be a nurse when rounding on patients on the wards and/or ICU. Families often asked when they might talk to the surgeon! Fortunately, I think this now happens less frequently than in the past, especially at OHSU. OHSU has no paucity of women surgeons, so being a woman and surgeon is “no big deal” here. It is normal. It is great.

There is a higher percentage of men in leadership roles in medicine - period.
This is not unique to surgery, nor medicine in general. The causality for this is multifactorial. I assume the pipeline for leadership positions is smaller for women than it is for men, but that is changing as more and more women enter the field. I also believe that some women, for a variety of reasons, just don’t want nor need those positions. There have been a variety of studies looking at this issue, especially in the science-based fields, so I defer to the literature here.

Do it because you enjoy it.
As with any leadership role, you have to put in the work to even get into the position to be considered for a leadership role. My advice to young women desiring leadership positions is to find what interests you, whether it be education, quality initiatives, outcomes research, or whatever and follow this pathway because you enjoy it. You have to put in the work, so make it count and make sure you do it because you are passionate about it! Also, ask for it. Don’t wait to be asked to fill a leadership role. Seek out the positions and put your name in the hat. Apply, ask and get yourself out there.

“My advice for aspiring female surgeons today.
Spend time and effort on projects/subjects that you enjoy, build upon projects and make your work count for something. Don’t worry about the titles. Stay emotionally and physically healthy.

“Don’t wait to be asked to fill a leadership role. Seek out the positions and put your name in the hat. Apply, ask and get yourself out there.”
Susan L. Orloff, M.D., F.A.C.S.
Professor and Chief, Division of Abdominal Organ Transplantation
Chief, VA Portland Health Care System Transplant Program
Program Director, Hepato-Pancreatico-Biliary Fellowship
Surgical Residency Program: University of California, San Francisco, 1992
8th woman to graduate from her program

Leadership Roles: UNOS Region 6 & Associate Councilor and Member of the UNOS Membership and
Professional Standards Committee; AASLD Representative to the Institute of Medicine Study on Organ
Donor Intervention Research; AASLD Global Outreach and Engagement Committee; American Hepato-
Pancreato-Biliary Association Foundation Board; International Hepato-Pancreato-Biliary Association
Foundation Board; International Hepato-Pancreato-Biliary Association Research Committee; American
Transplant Congress Planning Committee

I wanted to do something that mattered and also enjoy doing it.
I was an intern in Internal Medicine at UCSF in 1984, at the height of the AIDS epidemic, with no available cure. One night after my tenth or so patient had died of PCP (at age 26), I was walking by the operating room at San Francisco General Hospital, and I heard rock ‘n’ roll music emanating from one of the rooms; the surgeons were removing an appendix in a young man with appendicitis, and I thought to myself, ‘they are actually doing something and impacting the life of someone, and having fun during the process.’ I decided at that moment to pursue surgery, and I have never looked back, nor regretted it.

It’s a trickledown effect.
There are fewer women role models, mentors, and sponsors in leadership positions; hence, women often don’t see leadership as an option, nor are they promoted to such roles. This is possibly due to unconscious bias, along with fewer women making the decisions as to who will come up the ranks. I believe upsetting these odds comes from hard work, resilience, dedication, integrity, and, often, luck.

Can women have it all?
My mom, Ann Orloff, M.D., just turned 90 years old. She boarded in Internal Medicine, quit and had six kids, then did a residency in Radiology while we were growing up, and retired as full Professor of Radiology, UCSF, at age 80. She is the kindest, most vivacious and fun-loving, and one of the smartest individuals I know. She is my greatest role model.

Another role model of mine is Haile T. Debas, M.D., F.A.C.S., former Chair of Surgery, UCSF, also former Dean and Chancellor, UCSF. Haile is a second father to me, and a great mentor, leader, humanitarian, peacemaker, surgeon, and scientist. He is currently Director Emeritus, University of California Global Health Institute and Founding Executive Director, Global Health Sciences.

My advice for aspiring female surgeons today.
Work hard, play hard, and infect those around you with your attitude, your smile and your espirítu!

Maintain resilience, authenticity and enthusiasm. Say yes, but only when you can deliver. Never sacrifice your ethics/integrity to promote yourself or others.

“The cave you fear to enter holds the treasure you seek” - Joseph Campbell, poet and philosopher.

FIVE YEARS HAVE PASSED since I left Portland to come to my job as an academic surgeon at the University of Michigan. I joined another former OHSU graduate, Arden Morris, M.D., (class of 2000) and Scott Regenbogen, M.D., from the Lahey Clinic to form a new Division of Colorectal Surgery at Michigan. Since that time we have added two new surgeons to the group as our practice has grown. The majority of my practice is equal parts complex cancer and complex inflammatory bowel disease.

I am happy to say that my training at OHSU in the General Surgery Residency Program under the leadership of Karen Deveny, M.D., and as the first graduate of the Colon and Rectal Surgery Fellowship Program led by Kim Lu, M.D., prepared me extremely well for my current practice. Since moving to Michigan, I have treated many complex problems, some seen in residency and some not, and all along the way I have been profoundly thankful for my amazing mentors in Portland and their contribution to my surgical skills and critical thinking ability.

Since starting our new division at the University of Michigan, our group has taken on multiple challenges. One of our proudest accomplishments has been the creation of our Multidisciplinary Colorectal Cancer Clinic, where patients can see colorectal surgeons, hematobiliary surgeons, geneticists, medical oncologists, and radiation oncologists all in the same clinic and on the same day. I am currently the Surgical Lead for the clinic with the main focus being to deliver outstanding clinical care and promote high impact research in colorectal cancer.

I initially came to Michigan to pursue research in the laboratory of Eric Fearon, M.D., and we have been successful in beginning a translational research program to study the impact of genetic intra-tumor heterogeneity in colorectal cancer. To support this work, I am grateful to have received the American Surgical Foundation Fellowship two years ago, and recently, a K08 grant from the National Cancer Institute.

We are studying tumor specimens from patients in order to understand how genetic sub-clones affect metastasis and treatment response. We published the first report of genetic intra-tumor heterogeneity in rectal cancer this past year in Laboratory Investigation. In addition to my work on colorectal cancer genetics, I have become increasingly interested in quality improvement. With the help of a multidisciplinary team, we developed a checklist of skills and knowledge that we require patients with new stomas to master before discharge. The checklist decreases post-operative readmissions and empowers patients.

My family and I have adjusted to the cold Michigan winters and hot summers, and enjoy spending time in northern Michigan around its beautiful lakes. My first son, Collin, was born while I was a Chief Resident at OHSU and as the first resident in our group has taken on multiple challenges. One of our proudest accomplishments has been the creation of our Multidisciplinary Colorectal Cancer Clinic, where patients can see colorectal surgeons, hematobiliary surgeons, geneticists, medical oncologists, and radiation oncologists all in the same clinic and on the same day. I am currently the Surgical Lead for the clinic with the main focus being to deliver outstanding clinical care and promote high impact research in colorectal cancer.

I initially came to Michigan to pursue research in the laboratory of Eric Fearon, M.D., and we have been successful in beginning a translational research program to study the impact of genetic intra-tumor heterogeneity in colorectal cancer. To support this work, I am grateful to have received the American Surgical Foundation Fellowship two years ago, and recently, a K08 grant from the National Cancer Institute.

We are studying tumor specimens from patients in order to understand how genetic sub-clones affect metastasis and treatment response. We published the first report of genetic intra-tumor heterogeneity in rectal cancer this past year in Laboratory Investigation. In addition to my work on colorectal cancer genetics, I have become increasingly interested in quality improvement. With the help of a multidisciplinary team, we developed a checklist of skills and knowledge that we require patients with new stomas to master before discharge. The checklist decreases post-operative readmissions and empowers patients.

My family and I have adjusted to the cold Michigan winters and hot summers, and enjoy spending time in northern Michigan around its beautiful lakes. My first son, Collin, was born while I was a Chief Resident at OHSU and as the first resident in our group has taken on multiple challenges. One of our proudest accomplishments has been the creation of our Multidisciplinary Colorectal Cancer Clinic, where patients can see colorectal surgeons, hematobiliary surgeons, geneticists, medical oncologists, and radiation oncologists all in the same clinic and on the same day. I am currently the Surgical Lead for the clinic with the main focus being to deliver outstanding clinical care and promote high impact research in colorectal cancer.

I initially came to Michigan to pursue research in the laboratory of Eric Fearon, M.D., and we have been successful in beginning a translational research program to study the impact of genetic intra-tumor heterogeneity in colorectal cancer. To support this work, I am grateful to have received the American Surgical Foundation Fellowship two years ago, and recently, a K08 grant from the National Cancer Institute.
ON THE CUTTING EDGE | JANUARY 2017

2016-2017 Grand Rounds Schedule

Oregon Health & Science University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. OHSU School of Medicine, Division of CME, designates this educational activity for a maximum of 1.0 AMA PRA Category 1 Credits™ per session. Physicians should only claim credit commensurate with the extent of their participation in the activity. **Grand Rounds begins at 7:30 a.m.**, unless otherwise noted.

JANUARY

January 2 | CANCELLED FOR NEW YEAR’S HOLIDAY
January 9 | “Motor Control for Trauma and Advanced Prosthetics,” Albert Chi, M.D., Associate Professor of Surgery, Division of Trauma, Critical Care and Acute Care Surgery, Department of Surgery, OHSU
January 16 | CANCELLED FOR MARTIN LUTHER KING, JR. DAY
January 23 | RESIDENT RESEARCH FAIR | Belinda McCully, Ph.D., Research Resident Director, and Bruce Wolfe, M.D., F.A.C.S., F.A.S.M.B.S., Professor of Surgery and Vice-Chair for Research, Department of Surgery, OHSU
January 30 | “12 Years of War, Surgery and Kids,” Mary Edwards, M.D., Pediatric Surgery Chief, General Surgery Residency Program Director, San Antonio Military Medical Center, Texas

FEBRUARY

February 6 | TBD | Enjae Jung, M.D., Assistant Professor of Surgery, Vascular Surgery Fellowship Program Associate Director, Clerkship Director, Division of Vascular Surgery, Department of Surgery, OHSU
February 13 | 7 - 8 A.M. | PERFORMANCE EXCELLENCE WEEK | “Physician Engagement in Performance Improvement and Preventing Burnout,” Paul DeChant, M.D., M.B.A., Senior Advisor, Simpler® Healthcare
February 20 | CANCELLED FOR PRESIDENT’S DAY
February 27 | “The Surgical Biology of the Pancreas,” Dana Andersen, M.D., F.A.C.S., Adjunct Professor of Surgery, Brenden Colson Center for Pancreatic Health; Clinical Studies Program Director, Division of Digestive Diseases and Nutrition, National Institute of Diabetes and Digestive and Kidney Disease, National Institutes of Health

MARCH

March 6 | “Gender Surgery at OHSU” | Jens Berli, M.D., Assistant Professor of Surgery, Division of Plastic and Reconstructive Surgery, Department of Surgery, OHSU
March 13 | SAM LU LECTURE | TBD | Samuel Finlayson, M.D., M.P.H., Professor and Chair, Division of General Surgery, Department of Surgery, University of Utah School of Medicine, Salt Lake City, Utah
March 20 | TBD | Erin Maynard, M.D., Assistant Professor of Surgery, Division of Abdominal Organ Transplantation, Department of Surgery, OHSU
March 27 | “Evidence-Based Medicine in the Age of Medical Reversal,” Vinay Prasad, M.D., M.P.H., Assistant Professor of Medicine, Division of Hematology Oncology at the Knight Cancer Institute, Department of Public Health and Preventive Medicine, Senior Scholar in the Center for Health Care Ethics, OHSU

To view the entire 2016-2017 Grand Rounds schedule, watch archived presentations or stream our conference live, visit www.ohsu.edu/surgery.

**Grand Rounds Conference Guest Lecturers**

Mary Edwards, M.D.
January 30, 2017 | 7:30 a.m.

Mary Edwards, M.D., is the Chief of Pediatric Surgery and the General Surgery Residency Program Director at the San Antonio Military Medical Center. She is the current consultant to the Army Surgeon General for General Surgery and its subspecialties. She served as Chief of Pediatric Surgery at Tripler Army Medical Center prior to returning to San Antonio.

Dr. Edwards has three combat deployments as a general and pediatric surgeon. Her area of academic interest is in pediatric trauma and pediatric combat casualty care. She has served as a consultant to the Army regarding the care and evacuation of injured children, both within the United States and abroad. She has extensively reviewed and published on the combat casualty care provided by the Department of Defense for children during the conflicts in Iraq and Afghanistan, and is an Associate Professor of Surgery at the Uniformed Services University of the Health Sciences. She currently sits on the Board of Governors for the American College of Surgeons and the Pediatric Surgery Board for the American Board of Surgery.

Paul DeChant, M.D., M.B.A.
February 13, 2017 | 7 a.m.

Paul DeChant, M.D., M.B.A., works as a senior advisor with Simpler® Healthcare, providing executive coaching to other health care leaders pursuing Lean transformations in their organizations, and providing thought leadership on clinical operations and innovation.

Dr. DeChant grew up in Portland, Ore. and graduated from medical school at OHSU. Following 17 years of practicing medicine, Dr. DeChant earned his M.B.A. in Health Administration at the University of Colorado, Denver and pursued a career as a physician executive, serving for the next 13 years in this capacity for the Geisinger Health System in Pennsylvania, the Palo Alto Medical Foundation in the San Francisco Bay Area, and the Sutter Gould Medical Foundation, where he served as CEO.

Dr. DeChant is the lead author of the book, “Preventing Physician Burnout: Curing the Chaos and Returning Joy to the Practice of Medicine,” due to be released in early 2017.

Sam Finlayson, M.D., M.P.H.
Sam Liu Lecturer
March 13, 2017 | 7:30 a.m.

Samuel R. G. Finlayson, M.D., M.P.H., is Professor and Chair of the Department of Surgery at the University of Utah. He has a national reputation as a health services researcher focused on surgical access, quality, and outcomes. His interests include variation in use and outcomes of surgery, surgical care process innovation, surgeon workforce, and access to high quality surgical care in rural versus urban settings in the United States, and in low income and resource-poor countries. His clinical practice is in minimally invasive abdominal surgery, with a particular interest in benign and malignant diseases of the colon, abdominal wall hernias, and biliary disease.

Dr. Finlayson was appointed Chair of the Department of Surgery in June 2013, following two years as the Kessler Director of the Center for Surgery and Public Health, a joint health services research initiative of the Brigham and Women’s Hospital and Harvard Medical School. Prior to that, Dr. Finlayson spent a decade at Dartmouth Medical School, where he served as Vice Chair of the Department of Surgery, and Director of the Surgical Residency Program.
What do you wish you knew during residency that you know now?

Berli: Start from day one with an illustrative operative log.

Chi: I would tell the younger version of myself to take advantage of all the time you have with loved ones.

Lim: I learned that you can set up an RSS feed that will automatically filter new published surgical literature to your email. That would’ve been very helpful and a great resource during residency.

Raman: That residency is just the first step in a long journey of life experience. I wish everyone would enjoy that time more.

Urbinelli: Enjoy every case and soak up all of your mentors’ and colleagues’ experience and skills—training goes by fast! Also, take care of yourself physically and mentally. Take time to exercise and spend time with those most important to you. Family and friends are your foundation.

What are you looking forward to the most about living in Portland?

Chi: Enjoying the beautiful Northwest and spending more time with my son.

Lim: It has been about 15 years since I last lived in the Portland area. I’m excited to identify the new culinary hotspots as well as explore the Pacific Northwest through my children’s eyes.

Raman: The wonderfully collaborative atmosphere at OHSU, the glorious views that I enjoy every day, and the fact that I can bike to work.

Urbinelli: I am looking forward to the great outdoor experiences of hiking, biking, skiing and camping in and around Portland.

James Lim, M.D.
Division of Surgical Oncology
Dr. Lim received his medical degree from Drexel University and completed his general surgery residency at The Mount Sinai Hospital, New York, followed by an endocrine surgery fellowship at Columbia University. He has advanced training in minimally invasive surgical techniques to remove the thyroid, parathyroid, adrenal glands and neuroendocrine tumors, and takes a multidisciplinary approach to the management of endocrine diseases.

Jai Raman, M.D., M.Med., Ph.D., F.R.A.C.S.
Division of Cardiothoracic Surgery
Dr. Raman studied medicine in Bangalore, India before moving to Australia to complete his surgical residency, a Master's degree in microsurgery, and post-doctoral training in heart failure/ventricular containment. He is currently developing new methods of evaluating tissue characteristics (such as integrity of bone, the nature of the heart, and the presence of cancer in the lung) at the time of surgery to get a sense of the underlying disease states without the need for an invasive biopsy.

Leo Urbinelli, M.D., M.A.
Division of Plastic and Reconstructive Surgery
Dr. Urbinelli received his medical degree from SUNY Upstate Medical University and completed residency programs in both general and plastic surgery at New York University Medical Center. His fellowship training was in craniofacial and pediatric plastic surgery at the University of Southern California School of Medicine. Dr. Urbinelli’s research interests include improving patient outcomes in the cleft and craniofacial population, pediatric microsurgical reconstruction, distraction of the craniofacial skeleton, expanding the applications for orthognathic surgery and facial reanimation.

Where is your favorite place in the world and why?

Berli: Ummanpaq, Greenland. I worked there for six months as a primary care physician. I hope to be able to return with residents from OHSU to provide surgical mission work.

Chi: I had the honor of serving with the Navy in 2015 and was able to travel around the world. My deployment was the experience of a lifetime, but my favorite place in the world became very clear… it was home with family.

Lim: Home. Home as being defined by where my family resides at that moment. Although I have moved a fair amount for school and training, I have always been able to come home to family and feel relaxed and comfortable.

Raman: Bangalore, India, because it is so vibrant, and Sydney, Australia, because I can enjoy that city while visiting my siblings and parents who live there.

Urbinelli: I love to travel, so no single location takes the title of “favorite place.” But my favorite moment/place in time is anywhere or anytime I get to spend with my wife, whether that’s cooking at home, making a trip to the grocery store, or heading out for a hike… we always have fun together, no matter the setting.

Jens U. Berli, M.D.
Division of Plastic and Reconstructive Surgery
Dr. Berli received his medical degree from the University of Zurich, Switzerland, and completed residencies in both general surgery and plastic surgery at Johns Hopkins. He specializes in gender-affirming surgery, and offers a full range of facial, chest, and phalloplasty procedures for transgender individuals.
Vascular Surgery Research and the Aortic Program

Zenith p-Branch Pivotal Study

Vascular Surgery Research and the Aortic Program are excited to report that two subjects have been enrolled in the Zenith p-Branch Pivotal Study. These subjects will be among the first in Oregon to receive the Zenith p-Branch in combination with the Atrium iCAST covered stents for treatment of abdominal aortic aneurysms (AAA). OHSU is one of 30 clinical sites to be tasked with enrolling a total of 82 subjects under this protocol.

At OHSU, this study is being conducted under the leadership of Cherrie Abraham, M.D., F.R.C.S.C. The Zenith p-Branch Pivotal Study aims to evaluate the safety and effectiveness of the p-Branch and iCAST stent combination. Subjects with pararenal or juxtarenal AAA will be targeted for this study. The safety and effectiveness of the GORE TAG Thoracic Branch Endoprosthesis (TBE) Device for aortic pathologies. This will be a non-randomized protocol that will enroll a variety of subjects seeking treatment for aortic arch and descending thoracic aorta lesions. Subjects with thoracic aneurysms, dissections, and traumatic aortic pathologies could be eligible for this study. The research team is looking forward to coordinating this new device protocol. This study is currently in the start-up phase, with subject screening and enrollment at OHSU likely to begin in early 2017.

Upcoming Gore SS 11-02

In other news from the Aortic Program, Dr. Abraham’s team has selected for a new study to evaluate the effectiveness of the GORE-Tag Thoracic Branch Endoprosthesis (TBE) Device for aortic pathologies. This will be a non-randomized protocol that will enroll a variety of subjects seeking treatment for aortic arch and descending thoracic aorta lesions. Subjects with thoracic aneurysms, dissections, and traumatic aortic pathologies could be eligible for this study. The research team is looking forward to coordinating this new device protocol. This study is currently in the start-up phase, with subject screening and enrollment at OHSU likely to begin in early 2017.

Hepatic Arterial Infusion from Skye Mayo, M.D.

Hepatic Arterial Infusion (HAI) chemotherapeutic agents and technologies have been around for decades. Although these treatments have been shown to reduce the sizes of liver metastases in conjunction with systemic chemotherapy, the use of HAI is still limited. This approach is unique in that liver metastases are directly targeted with chemotherapy through a catheter inserted into the hepatic artery. A pump is also surgically implanted into a subcutaneous pocket.

Offering this type of treatment to patients demands a multidisciplinary approach. Fortunately, for the OHSU community, HAI is now available, made possible by the efforts of Skye Mayo, M.D. The HAI program run by Dr. Mayo is the first of its kind in Oregon, and one of only eight programs across the United States. HAI pumps have been placed in four patients at OHSU so far, with the first implanted on January 11, 2016. To coordinate the care of patients that will undergo HAI, a group of interventional radiologists, hepatologists, medical oncologists, and surgical oncologists meet on a monthly basis. In the coming months Dr. Mayo aims to participate in a number of studies that will utilize HAI treatments in unresectable liver metastases.

Bruce Wolfe, M.D., Receives Lifetime Achievement Award

Bruce Wolfe, M.D., F.A.C.S., F.A.S.M.B.S., was given the Outstanding Achievement Award from the American Society for Metabolic and Bariatric Surgery Foundation – a prestigious award based on lifetime achievement. The award honors an ASMSB member who supports the goals and vision of the ASMSB Foundation, has displayed a lasting impression and selfless commitment to the ASMSB organization and has made significant contributions to the field of metabolic and bariatric surgery. Dr. Wolfe received the award Nov. 1 at the ASMSB Foundation’s annual LEAD Awards.

Dr. Wolfe has devoted his surgical career to surgical nutrition and specifically obesity, including the surgical care of obese patients and related research, and is credited with coining the term “metabolic intestinal surgery” in 1974. He has made many contributions to the advancement of the surgical treatment of obesity, including a demonstration of the many benefits of laparoscopic surgery.

Vascular Surgery Clinical Research Internship

For the past several summers, the Division of Vascular Surgery has hosted a variety of medical students and undergraduates from June to August. After receiving a record number of applications, Vascular Surgery was pleased to welcome eight students this past summer. These students are divided into teams and tasked with retrospective chart review studies. There are also opportunities for the students to shadow in the Vascular and Vein clinics, as well as down in the operating rooms.

Teams of students work closely with their PIs over the course of eight weeks to complete their projects. This year, Vascular Surgery hosted a combination of medical students, nursing students, and undergraduates. Gregory Landry, M.D., Erica Mitchell, M.D., M.Ed., and Enjje Jung, M.D., have agreed to oversee projects on topics related to vascular surgery. Projects range from surgical outcomes to comparison of imaging modalities. One student was also paired with Vascular Surgery’s Nurse Practitioner Diane Voeller in support of the Division’s Vascular Quality Initiative modules.
Surgery Research and Innovation

The Department of Surgery would like to congratulate the following residents, fellows and faculty on their recent achievement awards, podium presentations, publications and grants:

**Resident Podium Talks, Awards and Grants**

<table>
<thead>
<tr>
<th>Name</th>
<th>Award</th>
<th>Field</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ALEXANDER BRIDGES, M.D.</strong></td>
<td>2017 Society of Thoracic Surgeons Looking to the Future Scholarship Recipient</td>
<td></td>
</tr>
<tr>
<td><strong>SABRINA DREXEL (MACDUFF), M.D.</strong></td>
<td>Minimizing Variance in Pediatric Non-Perforated Appendicitis: Can Standardized Care Decrease Costs and Improve Outcomes? 2016 ACS NSQIP Annual Conference, San Diego, Calif.</td>
<td></td>
</tr>
<tr>
<td><strong>KELLY FAIR, M.D. (Fellow)</strong></td>
<td>Fibrolytic Activation in Patients with Progressive Intracranial Hemorrhage Early After TBI. American Association for the Surgery of Trauma, Waikoloa, Hawaii.</td>
<td></td>
</tr>
<tr>
<td><strong>KELLY HAISLEY, M.D.</strong></td>
<td>2016 Fletcher Award Abstract: Neoadjuvant Chemoradiotherapy Utilizing Cisplatin-FU is Associated with Increased Pathologic Complete Response and Improved Survival Compared to Carboplatin/Paclitaxel in Patients with Locally Advanced Esophageal Cancer. International Society for Diseases of the Esophagus, Singapore.</td>
<td></td>
</tr>
<tr>
<td><strong>DALE WILSON, M.D.</strong></td>
<td>Patterns of care in hospitalized vascular surgery patients at End of Life. JAMA Surg. Published online November 2, 2016.</td>
<td></td>
</tr>
<tr>
<td><strong>JOHN BARRY, M.D.</strong></td>
<td>Beyond the PROPR Ratio: Transfusing Young Blood Improves Clinical Outcomes in Severely Injured Trauma Patients. American Association for the Surgery of Trauma, Waikoloa, Hawaii.</td>
<td></td>
</tr>
</tbody>
</table>

**Faculty Podium Talks, Awards and Grants**

<table>
<thead>
<tr>
<th>Name</th>
<th>Award</th>
<th>Field</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>JOHNNY GUERRAS, AWARD</strong></td>
<td>SIU-Astelles European Foundation Award, 2016</td>
<td></td>
</tr>
</tbody>
</table>

**Patrick McLaren, M.D.**

**First Place, Resident Paper Competition: Specific Gene Expression Profiles are Associated with a Pathologic Complete Response to Neoadjuvant Therapy in Esophageal Adenocarcinoma.** North Pacific Surgical Association Annual Meeting, Tacoma, Wash.

**Julian Watson, M.D.**

**Damage Control Laparotomy Utilization Rates Are**

Variable Among Level I Trauma Centers: PROPPR Findings. American Association for the Surgery of Trauma, Waikoloa, Hawaii.

**Best Surgeon, Open Skills Challenge. North Pacific Surgical Association Annual Meeting, Tacoma, Wash.**

**MINNA WIECK, M.D.**

**Second Place, Resident Paper Competition: Improving Intraoperative Family Communication.** North Pacific Surgical Association Annual Meeting, Tacoma, Wash.

**DALE WILSON, M.D.**

**Patterns of care in hospitalized vascular surgery patients at End of Life. JAMA Surg. Published online November 2, 2016.**

**Davies Yonge, M.D.**

**Beyond the PROPR Ratio: Transfusing Young Blood Improves Clinical Outcomes in Severely Injured Trauma Patients.** American Association for the Surgery of Trauma, Waikoloa, Hawaii.

**Seán Orenstein, M.D.**

**Winner for Best Poster: MYC Cooperates with Oncogenic KRAS to Drive Intratumoral Cell Lineage Plasticity in Pancreatic Ductal Carcinoma Associated with Poor Outcome and Therapeutic Resistance.** Pancreas 2016. Glasgow, Scotland. Oral and poster presentation.

**Joe Grey, M.D.**

**Fellow to the American Association for Cancer Research Academy.**

**Megan Joly, Ph.D.**

**Best poster prize for a postdoctoral fellow.** Pancreas 2016. Glasgow, Scotland.

**Howard Song, M.D., Ph.D.**

**2016 OHSU Technology Transfer & Business Development Award**

**Second Place, Association of Academic Surgical Administrators Conference**


**Brandon Tieu, M.D.**

**OHSU SoM Distinguished Education Award, 2016**

**Bruce Wolfe, M.D., F.A.C.S., F.A.S.M.B.S.**

**ASMSB Outstanding Achievement Award, 2016**

**David Zonies, M.D., M.P.H., F.A.C.S., F.C.C.M.**

**OHSU DEPARTMENT OF SURGERY | www.ohsu.edu/surgery**

**Switzerland. March 2016.**

**The Use of Lypohilized Plasma in Trauma. Ceurus International Meeting, Prague, Czech Republic. May 2016.**
Questions or comments? Email On the Cutting Edge Editor Sara Szymanski at szymanss@ohsu.edu – we’d love to hear from you.