



Department of Surgery
UMass Memorial Medical Center
UMass Medical School

The Newsletter



October 2015



Demetrius Litwin, MD
*Chair, Department of Surgery
Harry M. Haidak Distinguished
Professor and Chairman
Professor, University of Massachusetts
Medical School
UMass Memorial Medical Center*

Message from the Chair

Our hospital and the Department of Surgery are facing many challenges related to the rapidly changing healthcare system. Despite the changes and the uncertainty that we are facing, our role as caregivers remains the same. Our core responsibility is to improve the health of our community, to treat patients with acute and chronic diseases, to cure them if we can, to reduce suffering when we need to, and to provide comfort to them always. We play a special role in Surgery because of the great opportunity we have to intervene and cure, or to repair and "fix" problems. In our Department, we all have roles to allow this mission to be accomplished. But we cannot carry out this mission if we are inaccessible to our patients! And, more over, we will not be able to carry out our teaching and research

missions, because patients are at the heart of these endeavors. But our focus has to go beyond just access! We need to develop a "service culture". I will be stressing this theme in the coming year in the department. We need to answer the phones, we need to help our patients get timely appointments so that they can get the care they need and deserve. We need to hold ourselves to the highest standard in terms of our interactions with our patients.

We have a great department, and I am proud of the accomplishments we have all attained together. However, our ongoing success will depend in part on our ability to provide service, so that patients believe not only that their surgery went well and their results were good, but that they were "truly looked after" by us from the moment of the first encounter.

Name the Newsletter Contest

Help us make history!

We are having a contest to name the Department of Surgery Newsletter. The contest will run for the next 7 weeks and your idea could be the winner.

*Please submit all ideas to
Crystal Reardon at
Crystal.Reardon@
umassmemorial.org or
Lee Stansfield at LeeEllen.
Stansfield@umassmemorial.org.*

In the Spotlight: Reducing Injury-Related Morbidity and Mortality in Rural Gujarat, India

by Abraham Jaffe, MD

Trauma accounts for >5 million fatalities around the globe annually with a large burden of injuries occurring in low- and middle-income countries (LMICs). In India, the second most populous nation in the world, 13-18% of all deaths are due to trauma, which is the most frequent cause of death for Indians <40 years and the third



Dr. Abraham Jaffe, surgical resident with village health workers from the Sevaliya Hospital Extension Center in Gujarat, India

highest cause of overall morbidity nationally. According to the World Health Organization (WHO), over 90% of the yearly 1.24 million

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Calendar of Events:

- The UMass Memorial Pancreatic Cancer Program is hosting a symposium "From Bench to Bedside" on November 2nd from 1:00 – 2:00 pm. A light lunch will be served. You can register in advance by clicking: [Link to register](#)

The 5th Annual PMP/ Appendiceal Cancer Symposium will be held on November 11th from 8:30-1:00 pm, at The University Campus. This symposium offers CEU credits, breakfast and lunch will be served. Please register by clicking: [Link to register](#)

Lung Cancer 2015

by Karl Uy, MD, Assistant Professor, Thoracic Surgery

Lung Cancer is a bad cancer to have – this is general knowledge. The public should realize, though, that it is a really BIG problem. Consider figure 1, showing the major causes of death for individuals younger than 85 years of age – clearly cancer has overtaken heart disease as of the beginning of this millennium. Then, look at figure 2, showing the number of deaths from lung cancer (red line) for men over most of the past century (women have a similar though less dramatic curve).

We may have heard that 'lung cancer is the #1 cancer killer', but few realize that it's the #1 killer by a wide margin. Here's the list of predicted deaths from the top killer cancers in 2015:

1. Lung Cancer – 158,040 deaths
2. Colorectal Cancer – 49,700 deaths
3. Breast Cancer – 40,290 deaths
4. Prostate Cancer – 29,500 deaths

You could add up the deaths from cancer numbers 2, 3 and 4 and not even come close to lung cancer.

This sad state of affairs is in part due to the more aggressive nature of lung cancer; but another little-acknowledged but glaring fact is that lung cancer research simply hasn't been funded as well as more high profile cancers. And based on the number of cancer walks and corporate sponsors and foundations there are for breast cancer

compared to lung cancer, I'm sure the gap in funding will continue to grow.

Breast cancer research deserves its success because of strong advocacy efforts over the past decades, but lung cancer should experience the same advocacy, in proportion to its importance in the overall health of our nation. There is reluctance on the part of donors to give, on the part of patients and their families to advocate, and on the part of media to be sympathetic because of the relationship to smoking. Some feel that this is a disease which the patient has brought onto oneself. However, this attitude is misplaced in the context of how smoking was encouraged historically, in the fact that the majority of patients who are diagnosed with lung cancer have already stopped smoking (and therefore have tried hard to help themselves), and that a significant proportion of patients with lung cancer are either non-smokers or have contracted this because of occupational (asbestos) or environmental (radon) exposures.

There are, however, some good reasons to be optimistic about the future of lung cancer:

1. The overall incidence is declining in this country – thanks to a decline in cigarette smoking and the banning of asbestos in most of industry.
2. Early Detection – lung cancer screening in the form of a yearly low-dose Chest CT scan is a reality as of 2015 and if implemented correctly may reduce the number of deaths by 20%. **Screening candidates are individuals aged 55-77 years who have smoked for at least 30 pack-years and who are still smoking or stopped within the last 15 years.**
3. Safer Medical and Surgical Treatment – the discovery of anti-cancer drugs with dramatically fewer side effects is a major breakthrough (the 'personalized cancer treatment' phenomenon which has been all over the media), with more new drugs coming. Our lung cancer program has multiple ongoing clinical trials using these

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This is how the National Cancer Institute distributes funding for cancer research between lung and the best-funded one:

Type of Cancer	Research dollars per year (2008-2010)
Breast Cancer	\$601 million
Lung Cancer	\$259 million

This translates into the following statistic:

Type of Cancer	Research dollars spent per death
Breast Cancer	\$17,835
Lung Cancer	\$1,378

What's New

- Thoracic Surgery has clinic every Friday morning at the Lung and Allergy clinic located at the University Campus.
- Colorectal Surgery now seeing patients every Wednesday afternoon at St. Vincent Hospital

Lighter Side News

Births:

Dr. Aiello and family welcome a baby boy: John James Aiello August 5, 2015, 7lbs 8oz.

Retirement:

As of April of 2014, **Robert Quinlan, MD**, has been enjoying his "semi" retirement. He continues to assist Surgical Oncology with their heavy case load, he also serves on the Patient Experience board. We thank you for your many years of service Dr. Quinlin.

Okike Okike, MD, Division of Cardiac Surgery retired December 31, 2014 and has been appointed to the Patient Experience Team.

David Dykhuizen, MD, General Surgery, 116 Belmont St., retired October 1, 2015 after 30 years.

Please contact us if you have any announcements that we could include in our newsletter. Crystal.Reardon@umassmemorial.org or LeeEllen.Stansfield@umassmemorial.org

drugs, and we are encouraging all possible candidates to enroll in these trials. Surgery is also safer – minimally invasive including robot-assisted techniques and lung-conserving surgeries have allowed us to offer surgery – which is the treatment of choice for early lung cancer – to patients who previously would not have been candidates. We are also getting better at looking after older, frailer, and sicker patients in the postoperative period.

4. More Effective Non-surgical Treatment – for early stage lung cancer patients who are not surgical candidates, Stereotactic Body Radiation Therapy offers much higher control rates than conventional radiation, which will likely lead to more cures. Our Radiation Oncology department boasts some of the most sophisticated equipment in the world.

Escalation of research funding is key to more rapid progress towards lowering the death rates from lung cancer – but let's not forget that addressing the causes is more important: help someone stop smoking

today, and check if you have or need a radon mitigation system for your basement.

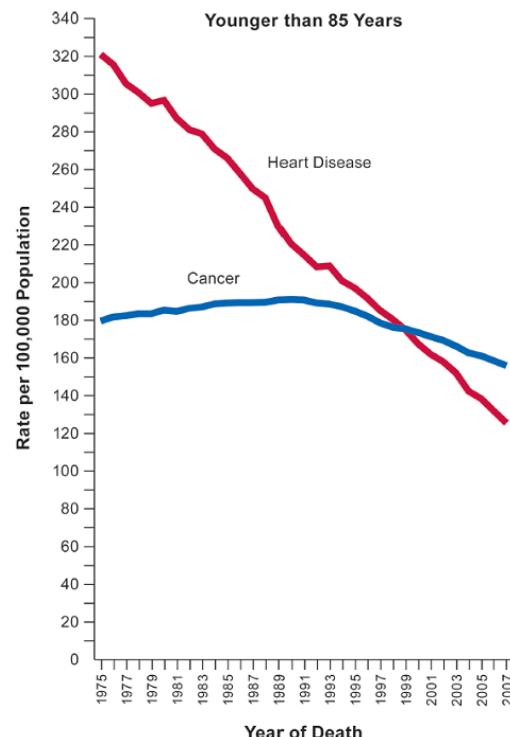


Figure 1. Death rates for cancer and heart disease for ages younger than 85 years, 1975-2007. Centers for Disease Control and Prevention.

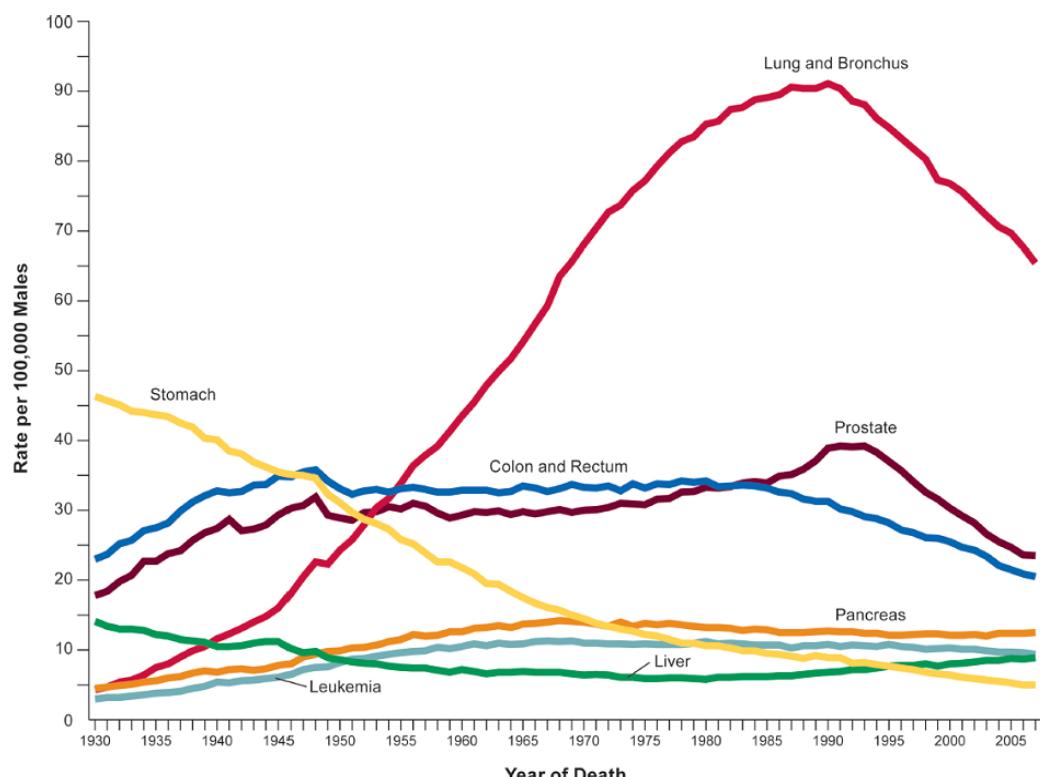


Figure 2. Annual age-adjusted cancer death rates* among males for selected cancers, United States, 1930 to 2007.

Meet Our New Staff

Jennifer Walker, MD, has been named the chief of our Division of Cardiac Surgery and Surgical Director of the Heart and Vascular Center of Excellence at the Medical Center. Read the *Telegram & Gazette* story.

<http://www.telegram.com/article/20150131/NEWS/301319674>

She comes to us from Massachusetts General, and is the first female chief of the division. Dr. Walker is also one of the very few female surgeons nationally to take on that particular leadership role in an academic setting. Dr. Walker graduated from University of South Carolina Medical School and completed her internship and residency at the University of South Carolina. She continued cardiothoracic training at Massachusetts General and Children's Hospital Boston. Dr. Walker was a leader in cardiothoracic resident education and the coronary artery disease program. And simulation training at Massachusetts General Hospital. She has been a mentor to many General Surgery residents who ultimately chose Cardiothoracic Surgery as a career.



Cardiac and thoracic surgeon **Igor Gosev, MD**, received his medical degree from the University of Zagreb Medical School in Zagreb, Croatia. He completed a cardiac surgery fellowship at Brigham and Women's Hospital and was on faculty at Brigham and Women's Hospital before joining our staff. With expertise in minimally invasive valve surgery, he is currently practicing cardiac and thoracic surgery on our University Campus.

Cameron Stock, MD is a thoracic surgeon with clinical interests in lung cancer, diseases of the airway, and esophageal cancer. He is a graduate of Duke University where he was a 2-year varsity letterman in wrestling. He is a graduate of the University of Illinois Medical School in Chicago. He completed his residency in general surgery at New York – Presbyterian Hospital, Weill Cornell followed by a residency in thoracic surgery at Massachusetts General Hospital. During this time he also completed a 2-year thoracic surgery research fellowship at Memorial Sloan-Kettering Cancer Center in New York.



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Surgeons Against Cancer

17th Annual UMass Medicine Cancer Walk and 5K Run

September 27, 2015



Cancer Walk Success: Employee Shares Experience as Volunteer

Almost 13,000 runners, walkers, cancer survivors and volunteers participated in the 17th Annual Cancer Walk & 5K Run, raising about \$400,000. Colin, 4, one of the youngest participants, helped out at the one-mile-walk water station with his mother Jen. "My mother has been treated at UMass Memorial Medical Center twice for skin cancer," said Jen, "And this was our small way of giving back. Plus, it was a great opportunity for Colin to see the fun in volunteering. Since the volunteer shirts only come in adult sizes, he decorated his own and received many compliments," said Jen. "We are so appreciative of Dr. Laura Lambert and her team ... and for such an amazing event! Kudos and thanks to all who participated! [Donations](#) are still being accepted. Visit our [Facebook](#) page for more walk coverage.

Meet Our New Staff

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Aaron Ahearn, MD is a transplant surgeon with clinical interests in multi-organ transplantation and living donor transplantation surgery. He has extensive basic science experience in immunology and plans to search for biomarkers which predict allograft performance. He graduated Magna Cum Laude from the University of South Carolina and Summa Cum Laude from the MD-PhD Program at the University of Maryland, Baltimore. He then pursued a General Surgery Residency and Abdominal Transplant Fellowship at UCSF Medical Center.

His fellowship was one of the clinically busiest experiences in UCSF history, participating in 120 liver transplants, 90 kidney transplants, 16 pancreas transplants, and 15 living-donor liver transplants.

Plastic Surgeon **Joyce McIntyre, MD**, received her medical degree from UMass Medical School in addition to completing her plastic surgery residency training at the Medical Center/ Medical School. Dr. McIntyre completed her fellowship in craniofacial and pediatric plastic surgery at the University of California San Diego and Rady Children's Hospital. Her clinical interests include craniofacial surgery, complex congenital deformities of the facial skeleton and skin, pediatric plastic surgery, cosmetic facial plastic surgery and cosmetic surgery of the breast and body. Currently, she is specializing in plastic and reconstructive surgery at our Hahnemann Campus.



Making a Difference - Colorectal Team

A letter from a grateful patient.

Hello Everyone,

Enjoy . . . This is my little celebration - No more pricking. The blood #'s are good and I feel great!

Thank you all for the super care and especially the smiles on your faces. You helped make the past 10 months fly by.

I am still advocating to people that I come in contact with about screening. I am a lucky guy for taking Dr. Ferguson's advice.

I wish everyone the very best.

Sincerely,
Mark

ICD-10 Implementation

by Patty Muenzenmayer, CPC, BA (Certified Professional Coder) UMassMemorial Medical Group

ICD-10 brings an opportunity as well as a challenge. ICD-9 failed to keep pace with the expanding needs of accurately describing the ills of your patients. A method of tracking morbidity classifications world-wide is now the focus. All pertinent diagnoses must be detailed in each report independently. Referring to previous notes to complete the ICD-10 requirements will no longer suffice. We are working towards making sure you are well prepared for this conver-

sion. The goal for you is to transfer your existing knowledge of the specific conditions for your patients directly into your dictation. Our responsibility as an institution is to become fluent in the ICD-10 requirements for each specialty and document, document, document.

Instituting a process for responding to physician queries is vital. These are the situations where incomplete, ambiguous, or questionable diagnoses require the physician to provide additional

information elevating the given code to one with greater specificity. The issue, the necessary remedy and the turn-around time allowed for replies must be a narrow window. **The coders depend on you to obtain this essential data.** These efforts in producing the most accurate medical record ensure that your coder has the highest level of your work to submit to payors. Securing the best reimbursement is a collaborative undertaking.

The Newsletter

The Newsletter is a bi-monthly publication of the Department of Surgery at UMass Memorial Medical Center, Worcester, MA

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In the Spotlight (continued from page 1)

deaths from road traffic accidents (RTAs) worldwide occur in LMICs despite these countries having only 53% of the world's registered vehicles. This disparity is largely due to increasing numbers of private cars, motorcycles, and commercial vehicles without adequate road infrastructure and lack of organized trauma systems.

With these staggering statistics in mind, **Dr. Abraham Jaffe**, surgical resident and current UMass Surgical Research Scholar, under the mentorship of **Dr. Heena Santry**, has spearheaded a collaborative global health project aimed at reducing morbidity and mortality in rural western India. This work builds upon a growing relationship between UMass Medical School (UMass) and Charutar Arogya Mandal (CAM), a charity supported, comprehensive medical complex, located in Karamsad, Anand District, Gujarat, India. CAM (www.charutarhealth.org) serves the Anand and the Kheda Districts located in the center of Gujarat, which together account for ~8% of the Gujarat population with nearly 4.4 million residents, more than two-thirds of who reside in rural villages. Situated at the intersection of two major roadways CAM contains an emergency and trauma department to which an estimated 40% of presenting patients have suffered injuries, with an estimated 70% of injuries due to RTAs with the remainder caused by assaults, falls, and occupational injuries. CAM is equipped with many modern diagnostic and treatment modalities (128-slice CT scan, fully staffed operating rooms) and there are general, orthopedic, and

neurological surgeons with experience treating critically injured patients on call. However, the trauma department is staffed by casualty medical officers (CMOs) with no formal training in trauma life saving techniques and there is no dedicated trauma

response team or protocol for caring for patients presenting with a threat to life or limb. Furthermore, once presenting to the hospital, there are no processes to track trauma quality, such as a registry, which is the case for most hospitals in the region, many of which are rural government hospitals with significantly fewer diagnostic and treatment options.

CAM sought collaborators from UMass to study the epidemiology of injury in their region, measure trauma care outcomes, create injury prevention interventions, provide basic training in trauma care, and help establish a regional trauma system. Responding to this call, Drs. Jaffe and Santry have embarked on a joint project to better understand the epidemiology and outcomes of injury in the Anand/Kheda districts served by CAM and to establish the foundation for a trauma system. With funding from the UMass Office of Global Health Pilot Project Program, this project seeks to combine the expertise in trauma care and trauma outcomes research from UMass with the clinical, methodological, and cultural expertise of CAM physicians and faculty. Dr. Jaffe and CAM collaborators are about to embark on a burden of injury survey for 5,000 households in the villages served by CAM to better understand the epidemiology of injury in the region. Over the winter Dr. Jaffe organized a pilot phase of trauma registry data collection. Using the information learned from this, the group is now on its way to implementing a permanent, sustainable, prospective trauma registry at CAM. Once this is in place, it will serve as a launching pad for hospital quality improvement (QI) initiatives, community injury prevention programs, and epidemiological studies of injury and trauma care. The final aspect of the project consists of designing appropriate trauma training courses for first responders in the community as well as medical students, residents, and surgeons and from the hospital. Dr. Jaffe is the first Surgical Research Scholar sent by UMass to facilitate research and QI at CAM and hopes that this step will contribute to the growing interest in furthering the global surgery presence at UMass.

For more information or any comments or questions email Dr. Jaffe at:
abraham.jaffe@umassmemorial.org.



Dr. Abraham Jaffe, surgical resident with nurses from the Shree Krishna Hospital Trauma Department, Gujarat, India