Performing Robotic Colorectal Surgery
To Achieve Superior Results
Using the Latest Technology to Lead The Way in Patient Care

Despite the demonstrated advantages of laparoscopic surgery for treating colorectal conditions, some limitations continue to exist and call for improvement.

Robot-assisted colorectal surgery is addressing most of the shortcomings of the standard laparoscopic approach, and the robotic technique has proved its safety profile in both colon and rectal surgery.

Indeed, robotic technology has during the past decade revolutionized minimally invasive surgery in several surgical specialties, including urological surgery, cardiothoracic surgery, otolaryngology-head and neck surgery, and general (gastrointestinal) surgery, among others, and it is also advancing minimally invasive surgery in the colorectal field.

Our Colon and Rectal Surgery Division has been providing robotic colorectal surgery with great success, and is a leader in the use of robotic technology.

Roberto Bergamaschi, MD, PhD, professor of surgery and chief of colon and rectal surgery, who is an internationally renowned specialist in laparoscopic surgery, is leading our colorectal robotic surgery program. He has been specially trained and certified to operate with the robot.

The surgeon—not the “robot”—performs the surgery, and is in full control of the robotic system and the procedure.

Continued on Page 2
Performing Robotic Colorectal Surgery

Continued from Page 1

The surgeon is in full control of the robotic system, which translates his or her hand movements into smaller, more precise movements of tiny instruments inside the patient’s body.

The development of robotic surgical technology took off in the mid-1980s with remote surgery (also known as tele-surgery) being the major driving force. Since that time, several robotic devices have been developed. The da Vinci system—the first system approved by the FDA in 2000—is now the only available robotic surgical system worldwide.

Stony Brook Medicine acquired the da Vinci system seven years ago. In fact, our medical center was the first on Long Island to acquire the most technically advanced model of the robot.

As a result, the robotic system enables the colorectal surgeon to operate with enhanced vision, precision, dexterity, and control.

Operative experience with the robot is important for the successful performance of robotic colorectal surgery.

Another member of our Colon and Rectal Surgery Division who is skilled at robotic colorectal surgery is Paula I. Denoya, MD, assistant professor of surgery.

We provide robotic colorectal surgery for colon cancer, rectal cancer, diverticulitis, and inflammatory bowel disease (ulcerative colitis and Crohn’s disease).

Robotic surgery for rectal cancer provides a radial resection margin larger than the margin laparoscopic or traditional surgery can achieve.

Commenting on the use of robotic colorectal surgery at Stony Brook, Dr. Bergamaschi says: “The robot represents a major advance in colon and rectal surgery that offers patients more benefits of the minimally invasive approach.

“We are the first to have published evidence* that robotic surgery for rectal cancer provides a radial resection margin larger than the margin laparoscopic or traditional surgery can offer. This is very important because radial resection margin is the metric that predicts survival.”

For consultations/appointments with our colorectal robotic specialists, please call (631) 444-4545 (Surgical Care Center) or (631) 638-1000 (Cancer Center).

The da Vinci robot is about six feet tall and has four spider-like arms.

We provide robotic colorectal surgery for colon cancer, rectal cancer, diverticulitis, and inflammatory bowel disease.

Instead of a large abdominal incision used in open surgery, surgeons using the robotic system make a few small incisions, similar to what’s done in traditional laparoscopy. The robotic system features a magnified 3D high-definition vision system and special wristed instruments that bend and rotate far greater than the human wrist.

COLON CANCER SURGERY

Robotic colectomy (removal of all or part of the colon) offers the following potential benefits:

- Precise removal of cancerous tissue
- Low blood loss
- Quick return of bowel function
- Quick return to a normal diet
- Low rate of complications
- Low conversion rate to open surgery
- Short hospital stay
- Better cosmetic result compared to open surgery

RECTAL CANCER SURGERY

Robotic low anterior resection (rectal cancer surgery) offers precise removal of cancerous tissue as well as the following potential benefits when compared to conventional open surgery:

- Less blood loss
- Less pain
- Shorter hospital stay
- Quicker return of bowel function
- Quicker return to a normal diet
- Faster recovery
- Better cosmetic result

When compared to traditional laparoscopy, robotic low anterior resection offers the following potential benefits:

- Lower conversion rate to open surgery
- Fewer major complications
- Shorter hospital stay
- Quicker return to a normal diet
- Quicker return of urinary function
- Quicker return of sexual function

Laparoscopic surgery is now considered by many experts as the approach of choice for the surgical treatment of both benign and malignant colorectal diseases.

Advancing the laparoscopic approach, the robot is gaining acceptance supported by clinical studies, and its use is providing patients more benefits of minimally invasive surgery.
Accredited bariatric surgery centers provide both the hospital resources necessary for optimal care of morbidly obese patients and the support and resources necessary to address the entire spectrum of care and needs of bariatric patients, both pre- and post-operatively.

“We are very pleased to receive accreditation from the American College of Surgeons,” says Aurora D. Pryor, MD, professor of surgery, chief of general surgery, and director of the Stony Brook Bariatric and Metabolic Weight Loss Center. “They were very impressed with our entire staff and the Stony Brook facilities. Our group should be commended for their team effort and attention to detail as acknowledged by the surveyor.”

Stony Brook Medicine received the highest level of accreditation possible, and is authorized to treat the most complex bariatric patients here.

Dr. Pryor emphasizes, “Accreditation is an important way for patients to verify that a practice has access to all the key resources necessary for optimal care, and we are proud to be acknowledged here for our excellence at Stony Brook Medicine.”

Concerning bariatric surgery for children, Dr. Pryor says: “There is now no official lower age limit for surgery. We will assess each patient individually with our multidisciplinary team of pediatric, nutrition, psychology, and surgical specialists to make individualized treatment recommendations.”

MBSAQIP is administered by the American College of Surgeons. In 2012, the college and the American Society of Metabolic and Bariatric Surgery announced plans to combine their respective national bariatric surgery accreditation programs into a single unified program to achieve one national accreditation standard for bariatric surgery centers.

This joint effort resulted in MBSAQIP, which is designed to achieve a single national accreditation standard for all bariatric surgery programs.

MBSAQIP accreditation is an important way to verify that a hospital has everything needed for optimal care of bariatric surgery patients.

MBSAQIP accreditation is awarded in categories, each with its own criteria that must be met. Facilities undergo a site visit by an experienced bariatric surgeon, who reviews the facilities’ structure, process, and data quality. Because optimal surgical care requires documentation using reliable outcomes measures, accredited bariatric surgery centers are required to report their outcomes data to the MBSAQIP Data Registry Platform.

In the United States, more than 15 million people suffer from severe obesity, and the numbers continue to increase. Obesity increases the risks of morbidity and mortality because of the diseases and conditions that are commonly associated with it, such as type 2 diabetes, hypertension, and cardiovascular disease, among other health risks. At present, weight loss surgery provides the only effective, lasting relief from severe obesity.

Therefore, the American College of Surgeons believes it is of utmost importance to extend its quality initiatives to accrediting bariatric surgery centers so that it can assist the public in identifying those facilities that provide optimal surgical care for patients who undergo this surgical procedure.

The American College of Surgeons is a scientific and educational association of surgeons that was founded in 1913 to raise the standards of surgical education and practice, and to improve the quality of care for the surgical patient. Its achievements have placed it at the forefront of American surgery, and have made the college an important advocate for all surgical patients. With more than 79,000 members, the college is the largest organization of surgeons in the world.

The American Society of Metabolic and Bariatric Surgery is the largest organization for metabolic and bariatric surgeons in the world. It is a not-for-profit organization that works to advance the art and science of metabolic and bariatric surgery, and is committed to educating medical professionals and the lay public about metabolic and bariatric surgery as an option for the treatment of morbid obesity, as well as the associated risks and benefits.

The society encourages its members to investigate and discover new advances in metabolic and bariatric surgery while maintaining a steady exchange of experiences and ideas that may lead to improved surgical outcomes for morbidly obese patients.

For more information about the Stony Brook Bariatric and Metabolic Weight Loss Center, please call Christine Erickson, RN, clinical nurse specialist, 9 North, and Donna Hoffman, RN, nurse manager, 9 North.

The Stony Brook Bariatric and Metabolic Weight Loss Center Provides ...

• Comprehensive multidisciplinary care for both adults and children
• Full accreditation as a comprehensive center
• Individualized treatment plans
• Nationally renowned bariatric surgeons
• Minimally invasive weight loss procedures
• Customized patient-centered hospital rooms
• Psychological support before and after
• Post-op support group
• Dietary guidance from nutritionists
• Patient liaisons to assist with all needs
• Record of successful outcomes
Introducing New Faculty

We are very pleased to announce that the following physicians have joined our faculty:

**Melissa M. Mortensen, MD**
Laryngologist/ENT Surgeon

**Angela A. Kokkosis, MD**
Vascular Surgeon

**Caitlin A. Halbert, DO**
General & Bariatric Surgeon

---

**Title**
- Instructor in Surgery
- Assistant Professor of Surgery
- Assistant Professor of Surgery

**Board Certification**
- Eligible in Surgery
- Eligible in Vascular Surgery

**Training**
- Medical School
  - Philadelphia College of Osteopathic Medicine (2009)
- Residency Training
  - General Surgery, Christiana Care Health System
  - Otolaryngology, Mount Sinai Medical Center
  - Vascular Surgery, Mount Sinai Medical Center

**Clinical Interests/Expertise**
- Minimally invasive surgery
- Dysphagia (difficulty swallowing)
- Esophageal conditions and diseases
- Gallbladder disease
- Gastroesophageal reflux disease (GERD)
- Hernias
- Obesity
- Spleen disease
- Other abdominal conditions

**Additional**
- Member, American College of Surgeons, Society of American Gastrointestinal and Endoscopic Surgeons.

---

**Selected 2014 Publications**

Alnassi GH, Shrooyer AL, Collins JF, Grover FL. ROOBY trial data demonstrates revascularization had no impact on POAF. *Future Cardiol* 2014;10:157.


Bekelis K, Missios S, Estey C, Labropoulos N. Socioeconomic characteristics of patients undergoing ambulatory diagnostic cerebral angiography in four US states. *Int Angiol* 2014;33:58-64.


---

Continued on Page 6
Open Heart Surgery Performed On Mother 27 Weeks Pregnant

Heart Tumor Threatens Mother and Baby, Quick Decisions by Our Team Save Both

Being tired a lot during her second trimester of pregnancy was something that 25-year-old Sharon Savino had felt before being pregnant with her son and daughter. But after developing a bad cough around Christmas, she started coughing up blood, and knew something was very wrong.

Ms. Savino went to a nearby community hospital where doctors gave her medication for bronchitis, but could not say why the blood had appeared. When more blood was coughed up, she became very concerned for her unborn child, and came to her obstetricians at Stony Brook University Hospital, where tests revealed she had an egg-sized tumor on the left side of her heart.

“I couldn’t believe it,” Ms. Savino told a reporter from the New York Daily News during an interview at Stony Brook University Hospital. “I just never expected I would hear that, especially when I’m so young. I was shocked.”

Ms. Savino’s tumor, an atrial myxoma, presented a serious and immediate health threat, James R. Taylor Jr., MD, professor of surgery and chief of cardiothoracic surgery, and co-director, Stony Brook University Heart Institute, told the Daily News.

The tumor could have obstructed her mitral valve at any time, causing sudden death. Segments of the tumor could have also broken free and traveled within the blood stream, leading to organ damage or stroke.

“It’s not a malignant tumor—not invading,” Dr. Taylor said during the interview. “But because of its size it causes problems inside the heart. Something needed to be done during that hospital visit.”

A decision needed to be made: perform open heart surgery on the pregnant mother to remove the tumor, or deliver the baby preterm and wait until the mother healed from her cesarean section before doing heart surgery.

The team, led by Dr. Taylor, decided the tumor was too dangerous to wait, and Ms. Savino underwent open heart surgery in January while her baby boy remained in utero.

Only 17 similar cases are currently found in the entire medical literature.

This type of open heart surgery is not unusual, but performing it on a pregnant woman is rare and came with some risks. The medical literature includes only 17 cases like it in the world. During the surgery, one of the biggest risks came with using a heart-lung bypass machine, which could impair blood supply to the fetus, making the baby’s heart rate drop rapidly. In some cases, that stress could induce labor.

Dr. Taylor and his team tried to reduce the amount of time Ms. Savino was on the machine to 18 minutes with her heart arrested for only 12. During the surgery, the baby was monitored closely by J. Gerald Quirk, MD, PhD, professor of obstetrics, gynecology & reproductive medicine, and a team from the Neonatal Intensive Care Unit who were on stand by if Ms. Savino went into labor. The surgery went off without a hitch, and Ms. Savino remained in the hospital for a week after it while she was monitored for signs of preterm labor.

The baby, weighing 7 pounds, 3 ounces, was welcomed by his father, Russell Daniels, and siblings, Russell Jr., 4, and Shallyssa, 2.

Ms. Savino won’t ever forget what she went through to bring this baby into the world, and named him Maximus because, she said, he was a fighter from the beginning.
Bride-to-Be Travels across Country For Minimally Invasive Gland Surgery
Following Outpatient Salivary Endoscopy
Wedding Goes as Planned, Pain-Free

Tina Truglia had experienced exruciating pain in her jaw for nearly a decade and was misdiagnosed with everything from mumps to mono. Eager to have her upcoming wedding free of pain, Ms. Truglia flew from Flagstaff, AZ, to Long Island in mid-February, trading in a June week of bridal festivities, including her bachelorette party, for an appointment with Mark F. Marzouk, MD, assistant professor of surgery and member of our Otolaryngology-Head and Neck Surgery Division.

Ms. Truglia had been told by former doctors that she needed an operation to remove her salivary gland, something this 32-year-old bride-to-be did not want to do so close to her upcoming nuptials.

The current standard in most institutions for treating salivary duct stones has been surgical removal of the gland that entails an incision in the neck and an overnight stay in the hospital. The conventional “open” operation also carries with it the potential complications of scarring, wound infection, and facial nerve injury.

Leaving the stones untreated would have left Ms. Truglia at risk for severe and repeated infections. With her wedding just months away, she turned to the web and searched for another solution.

Salivary endoscopy allows for minimally invasive salivary gland surgery in a safe and effective way, and is done on an outpatient basis.

What and who she found was only 15 minutes away from the home she grew up in in Farmingville, NY.

During her appointment with Dr. Marzouk, he correctly diagnosed Ms. Truglia with five salivary duct stones, the size of baby teeth, embedded in her gland.

Ms. Truglia had a salivary endoscopy, the new minimally invasive salivary gland procedure that can be used for both diagnosis and treatment at Stony Brook University Hospital. This procedure is performed by only a few surgeons in the United States.

The patient was in and out of surgery within 25 minutes. She had all five stones removed by Dr. Marzouk during the endoscopy procedure. And following her post-op visit two days later, she returned to Arizona.

In 2010, soon after Dr. Marzouk joined our faculty, he performed the first salivary endoscopy ever done on Long Island. This minimally invasive technique allows for the examination of the salivary ducts under endoscopic guidance. Treatments, such as stone removal, duct dilatation, and steroid injection, can be done at the same time.

Sialolithiasis, or stone(s) in the salivary duct, is the most common disease of the salivary glands for which salivary endoscopy is done. It affects approximately 12 in 1,000 adults. Symptoms include pain, intermittent swelling of the glands, and possibly severe infection.

The success rate of salivary endoscopy in treating sialolithiasis is over 90%, as reported in the current literature, with less than 5% recurrence. Recovery time is much faster than with an open technique, and patients may return to a normal diet the same day.

Salivary endoscopy is a minimally invasive procedure. It allows for salivary gland surgery in a safe and effective way, and is done on an outpatient basis. Originally developed in Switzerland, salivary endoscopy is truly one of the most fascinating and patient-centered innovations introduced in recent years in the field of otolaryngology-head and neck surgery.

Since Dr. Marzouk started performing salivary endoscopy at Stony Brook, he has attracted numerous patients from around the world, who travel to be cared for by him, in order to obtain the relief they seek without having a conventional operation.

For consultations/appointments with Dr. Marzouk, please call (631) 444-4121.

Treating Patients From Afar

In 2010, soon after Dr. Marzouk treated another patient from afar with a salivary gland stone—five times larger than the stones found in Ms. Truglia. The single stone, in fact, was nearly three-quarters of an inch in diameter. The gentleman couldn’t find the care he needed in Florida where he lives, and for six years he looked for a solution there.

Internet research led him to Dr. Marzouk, so he traveled to Long Island for treatment at Stony Brook. Doctors in his home state had told him they were unable to remove the stone without removing the entire salivary gland (parotid) on the side of his cheek. That would have left him with a problematic dry mouth.

Dr. Marzouk used salivary endoscopy technology to guide his successful “open” operation to remove the stone and preserve the gland. He utilized the scope’s light to pinpoint the location of the stone, shining it through the skin and seeing the stone on the video screen. The scope also helped him to determine there were no other stones.

This technique enabled Dr. Marzouk to remove the stone without risking damage to the patient’s facial nerve that runs through the affected gland, effectively avoiding risk of facial paralysis.

Selected 2014 Publications

Continued from Page 4


Continued on Page 11
Providing Long Island’s First Non-Surgical Treatment for Varicose Leg Veins

*New Drug Therapy Improves Symptoms And Appearance of Visible Varicosities*

Varicose veins affect over 20% of the adult population. They are superficial vessels that are abnormally lengthened, twisted, or dilated, and are seen most often on the legs and thighs. Women are twice as likely as men to develop varicosities.

Varicose veins bulge and rise above the skin’s surface. They may often be uncomfortable and result in swelling of the legs. If left untreated, varicose veins may lead to more serious medical problems, such as phlebitis, inflammation, or leg ulcers.

Now, our vascular specialists are providing a non-surgical treatment that involves the injection of a foam drug; specifically, polidocanol endovenous microfoam (PEM; Varithena).

PEM injection requires no anesthesia or sedation, and is the most minimally invasive treatment option for varicose veins. The treatment only requires an ultrasound machine and standard medical supplies, in addition to the foam solution.

Varicose leg veins can be more than simply a cosmetic problem but a medical condition for which treatment is covered by most insurance.

This advance in the treatment of varicose veins is the result of a successful research effort that involved multicenter clinical trials in which the principal investigator at Stony Brook Medicine was Antonios P. Gasparis, MD, professor of surgery (Vascular Surgery Division) and director of the Stony Brook Vein Center.

Results of the U.S. phase 3 trial of PEM in 2012 showed a high degree of statistical significance.

PEM is the first and only foam drug approved by the FDA for the treatment of incompetent veins and visible varicosities of the great saphenous vein (GSV) system.

“Varithena sets a new standard for the treatment of both the symptoms and the appearance of varicose veins,” says Dr. Gasparis. “It provides comprehensive therapy for the widest range of varicose veins—incompetent GSV, accessory saphenous veins, and visible varicosities of the GSV system both above and below the knee.”

“Patients undergoing treatment with Varithena can return to normal activities and work following administration of the drug.”

Patients are encouraged to walk/mobilize the same day with minimal restrictions. The only restrictions post-treatment are to wear compression stockings for two weeks and to avoid heavy exercise for one week and extended periods of inactivity for one month.

PEM is a sclerosant, that is, a chemical (drug) that causes veins to close. This sclerosant has been made into foam of very small bubbles to create microfoam.

PEM is intended to act as follows: (1) the foam displaces blood from the vein to be treated and (2) the polidocanol then scleroses the endothelium (inner lining of vein).

Patients with varicose leg veins treated with PEM can return to normal activities and work following administration of the foam.

Varicose veins often require treatment for symptoms including leg pain, aching, heaviness, restless legs, cramps, throbbing, fatigue, itchiness, tinging, and edema. These symptoms are frequently the cause of absenteeism from work, disability, and decreased quality of life.

Varicose veins are a clinical presentation of superficial venous insufficiency—a condition in which veins are inefficient in returning blood to the heart because of venous hypertension. One-way valves that normally direct blood toward the heart are damaged or missing, and instead, some blood refluxes (moves in the opposite direction) and often pools in the vein.

Current treatments for varicose veins include thermal ablation and surgery, both of which are excellent options with proven long-term results.

PEM provides an effective alternative that should appeal to patients who are candidates. It was approved by the FDA in November 2013.

For a consultation/appointment with one of our vascular specialists to learn more about PEM and/or for a free varicose vein screening, please call (631) 444-VEIN (8346).

“Polidocanol endovenous microfoam provided clinically meaningful benefit in treating symptoms and appearance in patients with varicose veins. Polidocanol endovenous microfoam was an effective and comprehensive minimally invasive treatment for patients with a broad spectrum of vein disease (clinical, etiology, anatomy, pathophysiology clinical class C2 to C6) and great saphenous vein diameters ranging from 3.1 to 19.4 mm. Treatment with polidocanol endovenous microfoam was associated with mild or moderate manageable side effects.”

“The VANISH-2 Study: A Randomized, Blinded, Multicenter Study to Evaluate the Efficacy and Safety of Polidocanol Endovenous Microfoam 0.5% and 1.0% Compared with Placebo for the Treatment of Saphenofemoral Junction Insufficiency.” Phlebology (July 2013).
Fifth Annual Research Day Celebrates Our Discoveries

The Department of Surgery’s Fifth Annual Research Day took place in June at the Charles B. Wang Center on west campus of Stony Brook University.

This year’s program was another great success, as the event continues to grow, with more research presentations.

The morning forum showcased ongoing and completed research projects by way of oral platform presentations, as well as a poster competition by our residents, medical students, and faculty.

“Stony Brook Medicine is geared for making research happen,” said Mark A. Talamini, MD, professor and chairman of surgery, in his opening remarks at the program. “Our Research Day celebrates our discoveries. Not only that, it demonstrates a truly impressive breadth of interests and research capabilities for our department.”

The program included nearly 50 posters presenting study abstracts, plus five oral presentations moderated by faculty discussants, and it attracted more than a hundred attendees from Stony Brook Medicine and the University community.

The keynote speaker was F. Charles Brunicardi, MD, vice chair of the Department of Surgery at the University of California, Los Angeles. He is Moss Foundation chair of gastrointestinal and personalized surgery and chief of general surgery at UCLA Medical Center.

Dr. Brunicardi’s talk, “Patient-Based Leadership Training and Personalized Surgery,” addressed the need for leadership training for surgical residents, and why surgeons who must function as leaders will benefit.

Discussing his own research, Dr. Brunicardi talked about personalized genomic medicine and surgery, which represents a new approach to healthcare that customizes patients’ medical treatment according to their own genetic information.

A. Laurie W. Shroyer, PhD, MSHA, professor of surgery and vice chair for research, who oversees Research Day, said that “it takes a village—an entire department—to foster research, and Research Day shows our commitment to advancing scientific knowledge in order to improve patient care and population health.”

All categorical residents in our general surgery residency program are required to conduct at least one research project each year, and to present their studies at the Research Day program.

All of our residency programs are committed to training physician-scientists who can both practice and advance surgery in their careers after they graduate from Stony Brook.

Next year’s Research Day will take place on Thursday, June 4, 2015, at the Wang Center. For more information, please call (631) 444-7875.

Established in 2010, Research Day is an opportunity for our residents as well as our faculty and medical students to present their surgical research. The focus of the program is moving the science of surgery forward.

The Research Day program offers continuing medical education (CME) credit; this activity is designated for a maximum of 3.5 AMA PRA Category 1 Credits™.
2014 RESEARCH DAY POSTERS

Here are the titles/authors of the posters exhibited at this year's Research Day. Together, they demonstrate the range of research activity within the Department, and the impressive productivity of our residents and students:

- Assessment of voice quality and extra-esophageal reflux pre- & post-bariatric surgery | O'Brien S, Telem DA, Pryor AD, Altieri MS, Regenbogen E.
- Bilateral juvenile gigantomastia in a 13-year-old girl: a brief report | Peredo AL, Virvils D, Lee TK, Khan SJ.
- Can intraoperative indocyanine green angiography predict fat necrosis in free flap breast reconstruction? | Levites H [third-year medical student], Trasolini NA, Fourman MA, Gersh RP, Phillips BT, Khan SU, Gelfand MA, DT Bui. Winner of poster competition. Ms. Levites will receive the expenses to attend a scientific meeting where she can present her study.
- Chondrosarcoma of the chest wall | Chiu J, DeMuro J.
- Coel mobilization of an aortic pseudo-aneurysm post open repair of type A aortic dissection | Jain V, Gruberg L, Bilfinger TV, Tassiopoulos AK, Loh SA.
- Creation of gastric conduit free-graft with intraoperative perfusion imaging during pancreaticoduodenectomy in a patient post esophagectomy | Virvils D, Pagratis S, Phillips BT, Bao PQ, Khan SU, Ganz JC, Watkins KT.
- CT scan is helpful for internal hernia detection following weight loss surgery | Altieri MS, Telem DA, Hall K, Zawin M, Dubrovski G, Brathwaite CE, Pryor AD.
- Dearterialization vs hemorhoidectomy: a 3-year follow-up of a randomized controlled trial | Tan J, Denoya PI, Bergamaschi R.
- Early unplanned hospital readmission following acute traumatic injury | Copertino LM, Jawa RS, McCormack JE, Rutigliano D, Huang EC, Shapiro MJ, Vosswinkele J.
- Effect of aprepiptan (Emend) in postoperative nausea and vomiting in morbidly obese patients undergoing laparoscopic sleeve gastrectomy: cost and effectiveness | Rubano JA, Orioles C, Gohil KN, Gracia GJ, Telem DA, Pryor AD.
- Emerging technologies and procedures: results of an online survey and real-time poll | Verma R, Eid G, Ali M, Saber A, Pryor AD.
- Examining coronary artery bypass grafting outcomes of multi-institutional cardiac surgeons: should the rationalization of CAGB services be revisited? | Bilfinger TV, Shroyer AL, Taylor JR Jr, Giocia W, Bishawi M.
- First in man experience with the ReVive PV peripheral thrombectomy device for the revascularization of below-the-knee embolic occlusions | Mangalis J, Landau DS, Moomey C, Fiorella B.
- Frequency and time of reintervention following Heller myotomy | Chantachote C, Telem DA.
- Impact of rectal mobilization, fixation to sacrum and access on recurrence rates following rectopy for full-thickness rectal prolapse: a pooled analysis of 532 patients | Bishawi M, Foppa C, Bergamaschi R, for the Rectal Prolapse Recurrence Study Group.
- Institutional experience with the ReVive PV peripheral thrombectomy device for the revascularization of below-the-knee embolic occlusions | Monastiriotis S, Loh SA, Tassiopoulos AK.
- Long-term mortality rates normalize to the general population following bariatric surgery in New York State | Altieri MS, Pryor AD, Yang J, Zhang Q, Shroyer AL, Telem DA.
- Management of intraluminal thrombus in the non-diseased aorta | Jain V, Koulias G, Tassiopoulos AK, Zawin M.
- Omega-3 fatty acid supplementation as an adjunct to bariatric surgery in the obese patient | Lacayo-Baez MJ, Altieri MS, Gohil KN, Telem DA, Pryor AD.
- Optimal pain control after open pancreaticoduodenectomy | Pagratis S, Moller D, Watkins KT, Mazirka P, Bao PQ.
- Pancreatic duct-to-/-cell transdifferentiation represents the most likely source of new beta cells during post-natal growth and regeneration | El-Gohary Y, Tulachan S, Guo F, Xiao X, Wiersch NA, Gaffney A, Prasadak K, Shiota C, Gittes G.
- Pathologic predictors of complete response after neoadjuvant chemotherapy for breast cancer | Ahn S, Piotrowski J, O’Hea BJ.
- Postoperative infections in tissue expander based breast reconstruction | Klein G, Nasser AE, Landford W, Bui DT, Dagum AB, Ganz JC, Gelfand MA, Huston TL, Khan SU.
- Repair, replacement or Ross procedure: developing and algorithm for valve selection for adults with aortic stenosis and/or regurgitation | Koudoumas D, Filopoulos D, Yacoub M, Khalpey Z.
- Review of tertiary center outcome: laparoscopic vs open pancreaticectomy | Em R, Bui HQ.
- Role of ALT flaps in foot reconstruction | Gulamhusein T, Sullivan B, Telem DA, Pryor AD.
- Secondary appendicitis in the setting of colonic inflammation | Hartendorp P, DeMuro J.
- Single shot thoracic epidural: an aid to earlier discharge for pediatric laparoscopic cholecystectomy | Hsieh L, Tan IM, Griffi C, Grewal S, Scriven RJ, Seidman PA, Lee TK.
- siRNA delivery by mesenchymal stem cells as a therapy for colorectal cancer | Gersch RP, Gordon C, You K, Want HZ, Brink P, Bergamaschi R.
- Siews of abdominal aortic aneurysms being repaired: a review of the surgical literature | Kelly B, Svetska M, Labropoulos N, Tassiopoulos AK.
- Sternal wound reconstruction with pectoral, omental, and falciiform flaps for postmortemy mediasinitis: a case report | Kaymakcalan O, Levites H, Phillips BT, Dagum AB.
- The extent of extracapsular extension may influence the need for auxiliary lymph node dissection in patients with T1-T2 breast cancer | Gooch J, King TA, Eaton A, Dengel L, Stempel M, Corben AD, Morrow M.
- The role of duplex ultrasound in the pelvic congestion syndrome workup | Spentouris G, Malgor RD, Adhara D, Gasparis AP, Tassiopoulos AK, Labropoulos N. Semi-finalist in poster competition.
- The use of CT scan in diagnosing appendicitis in the pediatric population | El-Gohary Y, Shapiro MJ.
- Total situs inversus with hepatocellular carcinoma (HCC): a case report and review of literature | Zhao K.
- Viral preconditioning of rat ischemic skin flaps is similar to physiologic delay | Gersch RP, Fourman MS, Phillips BT, Nasser AE, Kaminsky JM, Crystal RG, McClaine SA, Khan SU, Dagum AB, Bui DT.
- What makes bariatric surgery a success? The use of fMRI to determine the role of reward pathways in post-bariatric surgery patients | Sullivan B, Telem DA, Pryor AD.
RESIDENCY UPDATE

Since 1975 when our first graduating residents entered the profession of surgery, 219 physicians have completed their residency training in general surgery at Stony Brook. The alumni of this residency program and our other residency (fellowship) programs now practice surgery throughout the United States, as well as in numerous other countries around the world—and we’re proud of their diverse achievements and contributions to healthcare.

2014 Graduating Residents & Fellows

GENERAL SURGERY
Soojin Ahn, MD ....................... Breast surgery fellowship (TBA)
Vikalp Jain, MD ..................... Vascular surgery fellowship, U of North Carolina, Chapel Hill, NC
Brett Phillips, MD ................... Plastic surgery fellowship, Duke U, Durham, NC
Jerry Rubano, MD ................... Trauma/critical care fellowship, Stony Brook U
Dimitrios Virvilis, MD .......... Vascular surgery fellowship, Cleveland Clinic, Cleveland, OH

COLORECTAL SURGERY
Shani Palmer, MD ................... Private practice in colorectal surgery

VASCULAR SURGERY
Rafael Malgor, MD .................. Assistant Professor of Surgery, U of Oklahoma, Tulsa, OK

CRITICAL CARE
Vera Freeman, MD ................... Critical care practice, St. Catherine of Siena Medical Center, Smithtown, NY
Cynthia Salinas, MD ............... General surgery, acute care surgery, trauma surgery, and critical care practice, McAllen Medical Center, McAllen, TX

MIS/BARIATRIC SURGERY
Kartik Gohil, MBBS ............... Private practice in advanced gastrointestinal surgery

New Chief Residents

GENERAL SURGERY
Jason Chiu, MD ....................... U at Buffalo ('04)
Leonard Copertino, MD ............ Ross U ('10)
Makkalon Em, MD ................. St. George’s U ('09)
Pamela Kim, MD .................... U of Texas-San Antonio ('10)
Georgios Spentzouris, MD ...... St. George’s U ('09)

VASCULAR SURGERY
Carl Gonzales, MD .................. U of Texas-Galveston ('10)

Incoming Residents/Categorical PGY-1

GENERAL SURGERY
Kelly Detoy, MD .................... Stony Brook U ('13)
Carl Dickler, MD ..................... George Washington U ('14)
Syed Karim, MD ..................... U of Maryland ('14)
Robert Laskowski, MD .......... Drexel U ('14)
Owen Pyke, MD ..................... Stony Brook U ('14)
Michael Trostler, MD .......... Georgetown U ('14)

VASCULAR SURGERY
Chenara Johnson, MD .......... U of Illinois ('14)

Dr. Leonard Copertino (center) received the 2014 David J. Kreis Jr. Award for Excellence in Clinical Service in Trauma Surgery, pictured here with members of the trauma team (left to right): Drs. Daniel Rutigliano, James Vosswinkel, Michael Paccione, and Marc Shapiro. Established in 2000, this annual award is presented to a senior (fourth-year) surgical resident by the Trauma, Emergency Surgery, and Surgical Critical Care Division in honor of the late Dr. Kreis, who was the founding chief of our trauma/surgical critical care service, and who served with distinction on our faculty until his untimely death.

PHOTO: GERALD BUSHART
Our Residents Win New York State Surgical Jeopardy Championship

Earning Yearlong Bragging Rights For Best Surgical Residency Program in State

In May, our resident Jeopardy team—William Gioia, DO (PGY-2), and Brett Phillips, MD (PGY-5)—won first place in the Second Annual Resident Jeopardy Competition sponsored by the New York Chapter of the American College of Surgeons.

This is the first year we entered the statewide competition. Harlem Hospital’s team were the reigning champs, and we beat them in the first round. We played Lenox Hill in the final round and won on the final jeopardy question.

The final question was: What is the anatomical landmark for an unsuccessful complete vagotomy? And the winning response: What is the “criminal nerve” of Grassi?

The competition took place at Albany Medical Center in Albany, NY. Each Jeopardy team consisted of two residents; one PGY-1 or -2 and one PGY-3, -4, or -5. First-place winners won $1000 to split, and second-place won $500 to split.

Surgical Jeopardy is modeled in format after the popular TV show and in content by a game created by the American College of Surgeons to test and increase surgeons’ knowledge.

As of 2014, the college has held Surgical Jeopardy at its Annual Clinical Congress for over a decade. The game tests general and specialty surgery knowledge of residents around the country, and has been a great success.

Our residents and faculty faced off in our first annual Jeopardy game here at Stony Brook in 2008, with questions on “All the World’s a Stage” (tumor staging), “Tons of Fun” (bariatric surgery), and “Odds and Ends” (colorectal surgery), among other categories.

Selected 2014 Publications

Continued from Page 6


Continued on Page 15

ALUMNI NEWS

Dr. Aaron H. Chevinsky (’88) is chief of surgical oncology and co-director of the Morristown Memorial Hospital’s Carol G. Simon Cancer Center in Morristown, NJ. He often appears on television and radio news broadcasts to discuss detection, awareness, and treatment of melanoma, skin, breast, and colorectal cancers.

Dr. Cliff P. Conner (’89), in New York City, continues to serve as chief of the Thoracic Surgery Divisions at St. Luke’s-Roosevelt Hospital Center and Beth Israel Medical Center, as well as director of Program Development in Thoracic Oncology for Continuum Cancer Centers of New York. Under his guidance, the Thoracic Surgery Divisions have been recognized internationally for the development of innovative treatments for patients with benign and malignant disorders of the chest. He has a special interest in the treatment of hyperhidrosis (excessive sweating) and numerous peer-reviewed publications about it.

Dr. Steve R. Martinez (’03), after serving on the surgical faculty at the University of California, Davis, now practices surgical oncology in Everett, WA. Last year, he joined the Everett Clinic “because I felt that it provided an ideal platform for me to provide well-coordinated, efficient, multidisciplinary care of my patients with breast, endocrine, and general surgical oncology issues.” Also last year, he was a winner of the Top Doctor Competition of HealthTap, an online interactive health company.

Dr. Vivek Kohli (’05), who completed fellowship training in transplant surgery at the Mayo Clinic and later gained further experience at Duke.

University Medical Center, is now director of transplant and hepatobiliary surgery at Nazih Zuhdi Transplant Institute at INTEGRIS Baptist Medical Center, Oklahoma City, OK. He specializes in transplantation of liver, kidney, and pancreas. He helped perform the first split-liver transplant at Mayo and the first living-related pediatric liver transplant at Duke. He has performed more than 200 liver transplants.

Dr. Sepehr Sajjad (’08), after completing fellowship training in hand and microsurgery at Yale University, founded the comprehensive Hand Center at Lawrence & Memorial Hospital in New London, CT, where he is chief of hand surgery. It is the region’s only dedicated hand surgery and rehabilitation center. He recently was featured in Connecticut Magazine’s “Top Doctors” issue as one of the few hand surgeons nation-wide who can replace faulty wrist and/or knuckle joints with devices that allow them to resume full function.

Dr. Mark M. Melendez (’10), assistant chief of plastic surgery for breast reconstruction at Griffin Hospital (Yale-affiliated teaching institution) in Derby, CT, joined us in June at the graduation of this year’s chief residents, in order to personally present the annual Esther Rentas Resident Research Award—the research grant award he established in 2010, in memory of his grandmother, to help our residents in pursuing basic and clinical surgical research.

ALUMNI NEWS SUBMISSIONS

To submit alumni news online, please visit the Department’s website at www.medicine.stonybrookmedicine.edu/surgery/about/news/alumni
Breast and Oncologic Surgery
Dr. Brian J. O’Hea, associate professor of surgery and chief of breast and oncologic surgery, has again been selected as a “Top Doctor” for inclusion in Castle Connolly’s America’s Top Doctors, published in January, and America’s Top Doctors for Cancer, published last year. This selection is based on screening by a physician-directed research team that identifies the top 1% of physicians in the entire nation. He is also included again in Castle Connolly’s Top Doctors: New York Metro Area, published in February.

Dr. Christine R. Rizk, assistant professor of surgery, in February was interviewed on Fox News to discuss the recent publication of a study in the British Journal of Medicine that has cast doubt on the value of regular mammography screening for women. Dr. Rizk said it is a “dangerous and confusing study,” and she defended the value of early detection via mammography, citing six landmark studies that show survival benefit.

Cardiothoracic Surgery
Dr. Thomas V. Bilfinger, professor of surgery and director of thoracic surgery, has again been selected as a “Top Doctor” for inclusion in Castle Connolly’s Top Doctors: New York Metro Area, published in February.

Dr. Bilfinger serves as co-director of the Lung Cancer Evaluation Center (CLEC) at Stony Brook University Cancer Center, and is active in the ProvenCare Lung Cancer Collaborative. Stony Brook Medicine is 1 of 12 institutions nationwide to be currently participating in it. This year, a 100% score on reliability measures has been achieved.

“While it is too early to tell if these process improvements will lead to better five-year survival,” says Dr. Bilfinger, “it should be reassuring to patients treated at Stony Brook that the most up-to-date care procedures are being adhered to on a daily basis with our utmost attention.”

Dr. Bilfinger is co-principal investigator of a study of spinal cord monitoring funded by the Craig H. Neilsen Foundation grant ($600,000). The aim of the study is to develop a disposable catheter to measure real-time spinal cord perfusion to be utilized for complex aortic and spinal operations.

A few recent research presentations by Dr. Bilfinger and colleagues are:
- FDG PET-CT: benign chest wall findings following percutaneous cryoablation for lung malignancies. Society of Nuclear Medicine and Molecular Imaging Annual Meeting; St. Louis, MO, June 2014 [authors: LoGiurato B, Matthews R, Moore WH, Safaei E, Francheschii D, Bilfinger TV]
- Thyric hyperplasia in autoimmune thyroid disease. Joint Meeting of the International Society of Endocrinology and the Endocrine Society; Chicago, IL, June 2014 [authors: Khan S, Nunez C, Narula HS, McLarty A, Bilfinger TV, Carlson HE]
- The impact of aortic repair on patients 80 years or older. Society for Vascular Surgery Annual Meeting; Boston, MA, June 2014 [authors: Malgor RD, Bilfinger TV, McCormack J, Tassiopoulos AK]

Dr. Harold A. Fernandez, professor of surgery and deputy chief of cardiothoracic surgery, in January received the David Award presented by Net-working magazine for being a “Renaissance Man” who performs “heroic acts and unselfish acts for the benefit of all.”

Dr. Fernandez has also been selected again as a “Top Doctor” for inclusion in Top Doctors: New York Metro Area. In addition, he was selected again for inclusion in New York Magazine’s Best Doctors.

Colon and Rectal Surgery
Dr. Roberto Bergamaschi, professor of surgery and chief of colon and rectal surgery, in May gave the following presentations at the international conference called the Russian School of Colorectal Surgery, held at the Russian National Center of Surgery in Moscow:
- Laparoscopic proctocolectomy with ileal reservoir
- Laparoscopic surgery for rectal cancer
- SPY technology: necessity or caprice?
- Standard vs. extralevator APR: what is the difference?
- Start up in laparoscopic colorectal surgery

Dr. Bergamaschi was one of nine specialists of the invited faculty, representing (four from the USA, two from the UK, two from Italy, one from Russia). It was the eighth annual conference.

Among Dr. Bergamaschi’s current research studies as principal investigator are the following two funded clinical trials:
- Efficacy and safety of topical E-101 solution to prevent incisional infections among colorectal surgery patients (phase III, April 2013 to January 2015, $22,798)
- Trans-annel hemorrhoidal dearteralization (THD) vs. hemorrhoidectomy for 3rd- and 4th-degree hemorrhoids in at least three quadrants: a prospective randomized control study. October 2012 to December 2014, $32,500.

Dr. Marvin L. Corman, professor of surgery, has been honored by inclusion in Who’s Who America for the past 15 years.

Dr. Corman’s book, Corman’s Colon and Rectal Surgery, the sixth edition of which was published in 2012, is currently being translated into Portuguese, Romanian, and Spanish. This reference book is often referred to as the “bible” of the specialty.

Dr. Paula I. Denoya, assistant professor of surgery, in March graduated from the SBU School of Medicine’s Peer-Mentoring Program.

Dr. William B. Smithy, assistant professor of surgery, has again been selected as a “Top Doctor” for inclusion in Castle Connolly’s Top Doctors: New York Metro Area, published in February.

Dr. Smithy in June was honored by our graduating general surgery residents who presented him with the Attending of the Year Award.

General Surgery
Dr. Aurora D. Pryor, professor of surgery and chief of general surgery, has again been selected as a “Top Doctor” for inclusion in Castle Connolly’s America’s Top Doctors, published in January. This selection is based on screening by a physician-directed research team that identifies the top 1% of physicians in the entire nation. She is also included again in Castle Connolly’s Top Doctors:
New York Metro Area, published in February.

Dr. Pryor will serve as program chair of next year’s annual meeting of the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES), to be held in April 2015 in Nashville, TN.

As another reflection of her national stature, Dr. Pryor will also serve as program chair of next year’s annual meeting of the American Society for Metabolic and Bariatric Surgery (ASBMS), to be held in November 2015 in Los Angeles, CA.

Dr. Mark A. Talamini, professor and chairman of surgery, says he is “happy to help with very tough cases that others have given up on” to provide care for patients with complex inflammatory bowel disease, specifically, Crohn’s disease and ulcerative colitis.

Dr. Talamini in April was visiting professor in the surgery department at the Baylor College of Medicine in Houston, TX, where he gave a lecture titled “The Future of Surgery.”

Also in April, Dr. Talamini served as an expert panelist for resident/fellow presentations at the SAGES meeting.

Dr. Talamini in March served as chair of the FDA advisory committee for a device to boost lung transplant success. The device, called the XVIVO XPS perfusion system, pumps a warm nutrient solution through lungs and monitors their function, and was recommended for a humanitarian use device exemption—the device equivalent of orphan drug status.

Dr. Talamini and colleagues, in February, presented a study titled “Cholecystostomy Offers No Survival Benefit in Patients with Acute Acalculus Cholecystitis and Severe Sepsis or Shock” at the annual Academic Surgical Congress, held in San Diego, CA.

In patients with acute cholecystitis, who are often critically ill and frequently deemed unfit for surgery, percutaneous cholecystostomy is often considered the standard of care, either offering definitive treatment or serving as a bridge to cholecystectomy. However, data guiding surgical practice had been lacking.

Dr. Talamini has recently been honored by election to serve as recorder of the Society of Surgery for the Alimentary Tract. The society is committed to advancing the science and practice of surgery in the treatment of digestive disease. As one of the society’s officers, the recorder serves a three-year term, and chairs the publications committee.

Among other duties, Dr. Talamini will oversee the publication of all scientific papers presented before the society at its annual meeting, and will serve as a member of the editorial board of the Journal of Gastrointestinal Surgery, the society’s official journal.

Dr. Dana A. Telem, assistant professor of surgery, in March graduated from the SBU School of Medicine’s Peer-Mentoring Program.

Dr. Telem in April received the Career Development Award presented at the annual SAGES meeting, held in April in Salt Lake City, UT. This competitive award, funded by the SAGES Education and Research Foundation, will help support Dr. Telem’s current studies for a masters of public health (MPH) degree, plus her outcomes-based research initiatives.

In addition at the SAGES meeting, Dr. Telem had a plenary session presentation, titled “Comparison of Long-Term Mortality (>8 Years) of 7,862 Bariatric Patients to the General Population in New York State” (authors: Telem DA, Altieri M, Yang J, Zhang Q, Patterson WL, Peoples BD, Gracia G, Shroyer AL, Pryor AD).

The Third Annual Otolaryngology-Head and Neck Surgery Dr. Mark F. Marzouk, assistant professor of surgery, in March graduated from the SBU School of Medicine’s Peer-Mentoring Program.

The story was featured in February, presented a study titled “Comparison of Long-Term Mortality (>8 Years) of 7,862 Bariatric Patients to the General Population in New York State” (authors: Telem DA, Altieri M, Yang J, Zhang Q, Patterson WL, Peoples BD, Gracia G, Shroyer AL, Pryor AD).

Otolaryngology-Head and Neck Surgery Dr. Mark F. Marzouk, assistant professor of surgery, in March graduated from the SBU School of Medicine’s Peer-Mentoring Program.

The Third Annual Otolaryngology Update and Alumni Day will take place on October 18, 2014. The all-day program held at Stony Brook Medicine offers lectures presented by our faculty as well as by national visiting professors. As an accredited continuing medical education program for physicians, it provides 7 AMA PRA Category 1 Credit(s)™.

For more information, please call Jennifer Drasser at (631) 444-8410; or email her at Jennifer.Drasser@stonybrookmedicine.edu.

Pediatric Surgery Dr. Thomas K. Lee, professor of surgery and chief of pediatric surgery, has again been selected as a “Top Doctor” in Castle Connolly’s America’s Top Doctors, published in January. This selection is based on screening by a physician-directed research team that identifies the top 1% of physicians in the entire nation.

He is also included again in Castle Connolly’s Top Doctors: New York Metro Area, and in New York Magazine’s Best Doctors issue published in June.

Dr. Richard J. Scriven in March was involved with the emergency delivery of twin premature infants in the mother’s house with the Stony Brook Fire Department, of which he is an active member. The story was featured on CBS New York News. The twin boys were taken to the neonatal intensive care unit at Stony Brook University Hospital, where they did well.

Later in March, Dr. Scriven went on another medical mission to Ecuador where he performed numerous procedures to help needy patients.

Plastic and Reconstructive Surgery Dr. Alexander B. Dagum, professor of surgery and chief of plastic and reconstructive surgery, has been appointed executive vice chair of surgery. In this role, he will contribute his experience and vision to the leadership of the Department of Surgery.

Dr. Dagum has again been selected as a “Top Doctor” for inclusion in Castle Connolly’s America’s Top Doctors, published in January. This selection is based on screening by a physician-directed research team that identifies the top 1% of physicians in the entire nation.

Dr. Richard J. Scriven (right) with fellow members of the Stony Brook FD.
DIVISION BRIEFS
continued from Page 13

Dr. Dagum in May made news for his contribution to the successful reconstruction of a Kenyan girl’s face, which required multiple procedures. Coverage appeared in the Daily News and on News 12 and Fios1, among other news media. The 12-year-old girl had contracted a devastating bacteria that ate away at her face, and she was flown to Long Island for a procedure called PEVAR.

Dr. Dagum in April was program co-director, with Fred Ferguson, DDS, of the dental school, of the successful Sixteenth Annual Cleft Palate-Craniofacial Center Symposium, which took place in the Stony Brook Health Sciences Center. The morning-long program was designed to educate the community physicians, dentists, and numerous specialties on the importance of a team approach to the care of patients with cleft lip/palate and other defects affecting the head and/or face. It is designated for a maximum of 3 AMA PRA Category 1 Credits™.

For information about next year’s symposium, please call Kristen Santos, coordinator of the Stony Brook Cleft Palate-Craniofacial Center, at (631) 444-8167.

Dr. Dagum in March went on another medical mission to Ecuador where he did 19 surgeries, mostly cleft lip and palate with some burn reconstruction and congenital hand surgery.

Dr. Sami U. Khan, associate professor of surgery and director of cosmetic surgery, is one of three recipients of a 2014 Small Grant Award, announced in June, for his research study titled “Multi-Institutional Evaluation of Predictors of Readmission after Post-Mastectomy Breast Reconstruction.”

This multi-institutional retrospective study aims to develop a risk assessment tool in order to help reconstructive breast surgeons maximize clinical outcomes and reduce readmissions. The co-principal investigator of the study is Dr. Tara L. Huston, assistant professor of surgery.

**Surgical Research**

Dr. Robert P. Gersch, research assistant professor of surgery, won the 2014 Award for Excellence in Biomedical Research presented by the SBU School of Medicine.

Dr. A. Laurie W. Shroyer, professor of surgery and vice chair for research, in April gave the following presentations at the U24 meeting of the National Institute on Deafness and Other Communication Disorders on resources for mentorship of clinician scientists in hearing and balance disorders, held in Rockville, MD:

- Introduction to systematic reviews and meta-analyses
- Designing and implementing a research project
- Introduction to clinical outcomes assessment
- Overview: educator portfolios

Also in April, Dr. Shroyer as mentor and co-principal investigator commenced a three-year study titled “Exploring the Impact of Post-Traumatic Stress Disorder (PTSD) upon Advanced Stage Solid Cancer Patient Outcomes.” The study is funded by the Research Corporation of Long Island.

Dr. Shroyer in January gave the following presentation at the annual meeting of the Society of Thoracic Surgeons, held in Orlando, FL: “Off-Pump vs On-Pump Impact on Diabetic Patients’ Clinical Outcomes and Costs” (authors: Shroyer AL, Hattler B, Wagner TH, et al.).

**Trauma, Emergency Surgery, and Surgical Critical Care**

Dr. Randeep S. Jawa, associate professor of surgery, has earned board certification in neurocritical care by the United Council for Neurologic Subspecialties.

Earlier this year, Dr. Jawa received a Presidential Citation from the Society of Critical Care Medicine.

Dr. Jawa is one of three recipients of a 2014 Small Grant Award, announced in June, for his research study titled “The Role of Cytokines and Vitamin D Binding Protein-Actin Complexes in Acute Muscle Injury.”

The purpose of this study is to better understand the molecular mechanisms of the immune response to trauma, in preparation for subsequent clinical research.

Dr. Marc J. Shapiro, professor of surgery and anesthesiology, has again been selected as a ‘Top Doctor’ for inclusion in Castle Connolly’s Top Doctors: New York Metro Area, published in February.

**Upper Gastrointestinal and General Oncologic Surgery**

Dr. Philip Q. Bao, assistant professor of surgery, and colleagues in April published their study comparing robot-assisted minimally invasive pancreaticoduodenectomy for peripanillary neoplasms with resection versus open surgery, in the Journal of Gastrointestinal Surgery.

They found that the minimally invasive technique, which may result in decreased pain, fewer wound complications, and faster recovery, is feasible with comparable technical success and outcomes to open surgery. In addition, they observed that advanced skill is required.

**Vascular Surgery**

Our aortic specialists are now providing incisionless repair of abdominal aortic aneurysms (AAAs), using the new procedure called PEVAR.

PEVAR—percutaneous endovascular aneurysm repair—is the latest form of advanced minimally invasive treatment of AAAs. No surgical incision is used.

Dr. David S. Landau, assistant professor of surgery, in March at the Annual Family Medicine Update here at Stony Brook gave a presentation titled ‘Peripheral Vascular Disease: Lower Extremity Occlusive Disease.’

Dr. Landau in January at the International Symposium on Endovascular Therapy held in Miami, FL, gave a presentation titled “First in Man Experience with the Revive PV Thrombectomy Device for the Revascularization of Below-the-Knee Embolic Occlusions.”

Dr. Apostolos K. Tassiopoulos, professor of surgery and chief of vascular surgery, has again been selected as a “Top Doctor” for inclusion in Castle Connolly’s Top Doctors: New York Metro Area, published in February.

Dr. Tassiopoulos also was selected for inclusion in New York Magazine’s Best Doctors issue published in June.

The Stony Brook Vein Center in July was granted full accreditation by the Intersocietal Accreditation Commission (IAC), which demonstrates our commitment to provide quality vein care to our patients.

Our Vein Center is among only 12 in the United States and the two in New York State to obtain IAC accreditation.

The center has opened an additional office in Sayville, NY. Together with the offices in East Setauket and Smithtown, this new office will expand access to our vascular services and vein care specialists.

The Fifth Annual Venous Symposium—directed by Dr. Antonios P. Gasparis, professor of surgery, and Dr. Nicolas Labropoulos, professor of surgery—was held in March in New York, NY, and was a great success with 400-plus health professionals in attendance from around the world.

The Venous Symposium has established itself as one of the premier international vein meetings, and provides all specialists a complete program on the current knowledge and management of venous disease. Participation provides a maximum of 22.75 AMA PRA Category 1 Credits™.

Next year’s symposium will take place on April 16-18, 2015, in New York. For more information, please visit the symposium’s website: www.venous-symposium.com.
Introducing John M. Hutter
Our New Department Administrator

Prior to Stony Brook, Mr. Hutter was director of ambulatory care (2005-06), then director of operations (2006-08) at St. Luke’s-Roosevelt Hospital in New York, NY. He had held other leadership and administrative positions at Memorial Sloan-Kettering Cancer Center, where he started his career in healthcare in 2002.

A native Long Islander, Mr. Hutter received his MBA in finance and MS in healthcare management from St. Joseph’s College in 2006. He subsequently earned board certification as a certified medical practice executive (CMPE) from the Medical Group Management Association, the nation’s leading association for medical practice executives and leaders.

Mr. Hutter is a member of the American College of Healthcare Executives, American College of Medical Practice Executives, Healthcare Financial Management Association, Medical Group Management Association, and (since March) Association of Academic Surgical Administrators.

Prior to becoming a full-time healthcare executive, Mr. Hutter was a professional musician for nearly a decade (he plays guitar, bass, drums, piano, and sings), and earned a bachelor’s degree in music education from Five Towns College.

Selected 2014 Publications

Continued from Page 11


CME credit through the School of Medicine

The Vascular Surgery Conference of the Vascular Surgery Division offers CME credit through the School of Medicine of Stony Brook University. This activity is designated for a maximum of 2 AMA PRA Category 1 Credits™.

The weekly conferences are generally held on Wednesday morning, from 8:00 to 10:00 am, in the Health Sciences Center in the surgery department classroom (level 19, room 025).

Topics cover the full range of concerns related to the diagnosis and management of vascular disease, with case presentations. Presentations are made by surgical residents, as well as the director of the non-invasive vascular lab and attending physicians.

For more information, please call (631) 444-2037/-2683.

Surgical Grand Rounds

Our Surgical Grand Rounds program—to resume in September—offers CME credit through the School of Medicine of Stony Brook University. This activity is designated for a maximum of 1 AMA PRA Category 1 Credit™.

The weekly Surgical Grand Rounds lectures are generally held on Wednesday morning, from 7:00 to 8:00 am, in the Health Sciences Center (level 2, lecture hall 1).

Topics cover the full range of current surgical concerns, focusing on clinical issues of interest to practicing physicians and surgeons. Featured speakers include distinguished visiting professors from the nation’s top universities and medical centers.

For more information, please call (631) 444-7875.

Selected 2014 Publications

Continued from Page 11


BARIATRIC SURGERY
(631) 444-2274 (tel)
(631) 444-6176 (fax)
Gerald J. Gracia, MD
Caitlin A. Halbert, DO
Aurora D. Pryor, MD
Dana A. Telem, MD

BREAST SURGERY
(631) 638-1000 (tel)
(631) 638-0720 (fax)
Martyn W. Burk, MD, PhD
Patricia A. Farrelly, MD
Brian J. O’Hea, MD
Christine R. Rizk, MD

BREAST SURGERY
(631) 444-4545 (tel)
(631) 444-6176 (fax)
Gerald J. Gracia, MD
Caitlin A. Halbert, DO
Michael F. Paccione, MD
Aurora D. Pryor, MD
Daniel N. Rutigliano, DO
Steven Sandoval, MD
Marc J. Shapiro, MD
Mark A. Talamini, MD
Dana A. Telem, MD
James A. Vosswinkel, MD

COLON AND RECTAL SURGERY
(631) 638-1000 (tel)
(631) 444-4545 (tel)
(631) 444-6348 (fax)
Roberto Bergamaschi, MD, PhD
Marvin L. Corman, MD
Paula I. Denoya, MD
Arnold R. Leiboff, MD
William B. Smithy, MD

GENERAL SURGERY
(631) 444-4545 (tel)
(631) 444-6176 (fax)
Gerald J. Gracia, MD
Caitlin A. Halbert, DO
Michael F. Paccione, MD
Aurora D. Pryor, MD
Daniel N. Rutigliano, DO
Steven Sandoval, MD
Marc J. Shapiro, MD
Mark A. Talamini, MD
Dana A. Telem, MD
James A. Vosswinkel, MD

GASTROINTESTINAL AND GENERAL ONCOLOGIC SURGERY
(631) 638-8086 (tel)
(631) 444-6348 (fax)
Philip Q. Bao, MD

OTTOLARYNGOLOGY-HEAD AND NECK SURGERY (ENT)
(631) 444-4121 (tel)
(631) 444-4189 (fax)
Mark F. Marzouk, MD
Melissa M. Mortensen, MD
Elliot Regenbogen, MD
Ghassan J. Samara, MD
David A. Schassel, MD

OTOLARYNNGOLOGY-HEAD AND NECK SURGERY (ENT)
(631) 444-4121 (tel)
(631) 444-4189 (fax)
Mark F. Marzouk, MD
Melissa M. Mortensen, MD
Elliot Regenbogen, MD
Ghassan J. Samara, MD
David A. Schassel, MD

PEDIATRIC SURGERY
(631) 444-4545 (tel)
(631) 444-8824 (fax)
Thomas K. Lee, MD
Richard J. Scriven, MD

PODiatric SURGERY
(631) 444-4545 (tel)
(631) 444-4539 (fax)
Valerie A. Brunetti, DPM
Bernard F. Martin, DPM

PLASTIC AND RECONSTRUCTIVE SURGERY
(631) 444-4666 (tel)
(631) 444-4610 (fax)
Duc T. Bui, MD
Alexander B. Dagum, MD
Jason C. Ganz, MD
Mark A. Gelfand, MD
Tara L. Huston, MD
Steven M. Katz, MD
Sami U. Khan, MD

PODiatric SURGERY
(631) 444-4545 (tel)
(631) 444-4539 (fax)
Valerie A. Brunetti, DPM
Bernard F. Martin, DPM

TRAUMA/SURGICAL CRITICAL CARE
(631) 444-4545 (tel)
(631) 444-6176 (fax)
Randeep S. Jawa, MD
Michael F. Paccione, MD
Daniel N. Rutigliano, DO
Steven Sandoval, MD
Marc J. Shapiro, MD
James A. Vosswinkel, MD

UPPER GASTROINTESTINAL AND GENERAL ONCOLOGIC SURGERY
(631) 638-8086 (tel)
(631) 444-6348 (fax)
Philip Q. Bao, MD

VASCULAR SURGERY
(631) 444-4545 (tel)
(631) 444-8824 (fax)
Morad Awadallah, MD
Antonios P. Gasparis, MD
Angela A. Kokkosis, MD
David S. Landau, MD
Shang A. Loh, MD
Apostolos K. Tassiopoulos, MD

The State University of New York at Stony Brook is an equal opportunity/affirmative action educator and employer. This publication can be made available in an alternative format upon request.

Please visit the Department of Surgery website at www.medicine.stonybrookmedicine.edu/surgery

Office Locations

Surgical Care Center
37 Research Way
East Setauket, NY 11733
(631) 444-4545 (tel)
(631) 444-4539 (fax)

Cancer Center / Carol M. Baldwin Breast Care Center
3 Edmund D. Pellegrino Road
Stony Brook, NY 11794
(631) 638-1000 (tel)
(631) 444-6348 (fax)

Plastic & Cosmetic Surgery Center
24 Research Way, Suite 100
East Setauket, NY 11733
(631) 444-4666 (tel)
(631) 444-4610 (fax)

Vein Center
24 Research Way, Suite 100
East Setauket, NY 11733
(631) 444-VEIN (8346) (tel)
(631) 444-8824 (fax)

Smithtown Office
222 Middle Country Road, Suite 209
Smithtown, NY 11787
(631) 444-4545 (tel)
(631) 444-4539 (fax)

Pecunia Bay Office
31 Main Road
Riverhead, NY 11901
(631) 444-1820 (tel)
(631) 444-8963 (fax)

Outpatient Services Center
225 West Montauk Highway
Hampton Bays, NY 11946
(631) 723-5000 (tel)
(631) 723-5010 (fax)

Eastern Suffolk Cardiology
951 Roanoke Avenue
Riverhead, NY 11901
(631) 727-7773 (tel)
(631) 727-7832 (fax)

and
676 County Road 39A
Southampton, NY 11968
(631) 283-2070 (tel)
(631) 283-5927 (fax)