

EMORY | Surgery

NOTABLE NEWS FROM THE DEPARTMENT OF SURGERY | JUNE 27, 2014



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Dr. Patzer and colleagues break new ground in dialysis and transplant disparities research



Dr. Patzer conducting a patient interview.

Emory transplant and epidemiology investigator **Dr. Rachel Patzer's** collaborative analyses of the persistent conditions that impede equality in access to health care, delivery of care, and quality outcomes for all patients with advanced kidney disease have been particularly robust and diverse in 2014. "While our research doesn't always give definitive answers for why differences exist," says Dr. Patzer, "it clearly underscores the need for political, financial, and health systems changes to reduce transplant inequities across the country."

Two papers published in the *American Journal of Transplantation* by Dr. Patzer and Emory nephrologist **Dr. Stephen Pastan** consider the substantial geographic variation in access to kidney transplantation among the more than 4,000 US dialysis facilities that treat patients with kidney failure, particularly the disproportionate lack of access in the Southeast. In "Dialysis Facility and Network Factors Associated with Low Kidney Transplantation Rates among United States Dialysis Facilities," the researchers reported that dialysis programs in the Southeastern region of Georgia, North Carolina, and South Carolina had the lowest kidney transplant rates in the nation, with the absolute lowest being in Georgia. The highest performing dialysis facilities were in the Northeast.

"The disparities we found within dialysis facilities in the Southeastern US are linked to the higher concentration of poverty in that area of the country compared to other regions," says Dr. Patzer.

The researchers observed wide variability in transplant rates between different dialysis facilities, and then assessed what factors could be linked with delayed transplant access so that interventions could be designed to improve access. When they analyzed Centers for Medicare and Medicaid Services Dialysis Facility Report data from 2007 to 2010, they found that dialysis facilities with higher numbers of African American patients, uninsured patients, and patients with diabetes had lower rates of kidney transplantation. In addition, facilities owned by for-profit companies and those with fewer staff tended to have lower rates, while facilities located in regions with more transplant centers per 10,000 kidney failure patients and with higher percentages of employed patients tended to have higher rates of transplantation.



Stephen Pastan

In their viewpoint article "Kidney Transplant Access in the Southeast: View From the Bottom," Drs. Patzer and Pastan focused on the conditions in the Southeast that have contributed to it having the highest levels of kidney disease but the lowest rates of kidney transplantation in the nation, and proposed several strategies for overcoming this imbalance. Features shaping the disparity include the region having a larger population of African-Americans—the authors assert that "minority race/ethnicity is associated with poor health outcomes in the United States"—and higher poverty than the rest of the nation, as well as more prevalent risk factors for kidney disease, including hypertension, obesity, and diabetes. Considering the essential role dialysis facilities play in transplant access, the authors posited that identifying characteristics of individual dialysis units with low rates of kidney transplantation, such as understaffing or for-profit status, can help identify targets for internal quality improvement initiatives. They also suggest that coordinated policy changes by organizations such as transplant centers could increase staffing, standardize patient education, and expand Medicaid eligibility.

"Identifying the regions of the country with the greatest disparity in access to kidney transplantation could help policy makers to direct funding to support solutions to address these disparities, as well as help researchers to develop and test interventions to reduce these disparities," says Dr. Patzer.

One intervention proposed by Dr. Patzer is the use of mentoring programs as a form of patient education that match kidney transplant recipients to dialysis patients interested in transplantation. Dr. Patzer and her team, which includes transplantation data analysts **Jennifer Gander** and **Mohua Basu**, were recently notified that their pilot study "Peer Mentoring to Reduce Disparities in Access to Kidney Transplantation" had received funding from the Morehouse School of Medicine Transdisciplinary Collaborative Center (TCC) for Health Disparities Research. Funded by the NIH, TCC supports innovative research studies that address the unmet needs of people in communities that are disproportionately impacted by health disparities.

The study will appraise the ability of the Georgia Transplant Foundation's well established Mentor Project to impact racial disparities in kidney transplant access in Georgia, after which the team plans to develop a "toolkit" of materials that can be applied to developing peer mentoring programs at facilities throughout the Southeast.

Another tool devised by Dr. Patzer to lessen disparities in patient education and

transplantation decision-making is the iCHOOSE Kidney iPad and iPhone app, which has been available as a [free download from iTunes](#) since 2013. Featuring an easy-to-use, pictorial interface, the app provides users with an individualized comparison of mortality risk estimates for patients on dialysis vs. patients that have a living or deceased donor kidney transplant. Satellite Healthcare's Norman S. Coplon Extramural Grant Program, one of the nation's largest private endowments for kidney disease and treatment research, has agreed to fund a randomized study of the app's effectiveness that will involve patients referred for transplant evaluation at Emory, Columbia, and Northwestern universities. Dr. Patzer and her team will test the degree to which the app improves knowledge and shared decision-making between patients and physicians in choosing treatment options; will determine whether the strength of the app's content varies by health literacy, numeracy, and race; and will evaluate the app's usability among providers.



Shipra Arya

Dr. Patzer will also assist PI and Emory vascular surgeon **Dr. Shipra Arya** in an Atlanta Clinical & Translational Science Institute-funded comparative effectiveness pilot study that seeks to identify factors associated with prolonged catheter use and the delay or failure of fistula maturation in the first year of dialysis. In addition, the team will analyze the impact of prolonged catheter use on survival and hospitalization, and evaluate the cost associated with creation and maintenance of a fistula or graft for dialysis access in different patient populations.

The use of a catheter for vascular access is the least preferred method for dialysis, as it carries the highest risk of infections, cardiovascular complications, and death. Meanwhile, the fistula—an artery surgically connected to a vein—has far less complications and much longer patency, followed by prosthetic grafts. However, catheters must be used until the fistula matures, which can take too long or not happen at all. While fistula creation before dialysis has increased, the use of a catheter in the first few months of dialysis has remained steady, thereby exposing patients to complications. Drs. Arya and Patzer will look closely at circumstances that can delay fistula maturation such as age, gender, race, ethnicity, and pre-existing clinical conditions like cardiovascular disease and diabetes in different patient subgroups. They will also compare the outcomes of using the fistula or graft in these patient types in order to design a disease model that distinguishes what method may work best for certain groups.



Kevin McConnell

Dr. McConnell's journey towards becoming an independent surgeon-scientist nears final stretch

During the second and third years of his general surgery residency, **Dr. Kevin McConnell** did nearly six months of dedicated rotations on the ICU at Barnes-Jewish Hospital in St. Louis. He was frequently involved in the treatment of patients with sepsis, a potentially fatal whole-body inflammation that affects 1.1 million patients annually and causes more than 210,000 deaths per year.

"Fighting sepsis became my research calling after that," says Dr. McConnell. "I was startled by the lack of effective treatments for sepsis, and I wanted to help uncover its mysterious pathophysiology so more could be done to treat these patients."

From 2004-2007, Dr. McConnell began establishing his knowledge base in sepsis by doing a research fellowship with **Dr. Craig Coopersmith** and **Dr. Richard Hotchkiss** in their lab at the Washington University School of Medicine. The two researchers were known for defining the role of apoptosis

(cell death) in sepsis, and Dr. McConnell assisted them in their investigations of the immune paralysis that followed the death of lymphocytes (a primary immune cell) in sepsis, which allowed bacteria to invade patients' systems. Dr. McConnell also worked on analyzing the host response to sepsis.

Dr. Coopersmith joined Emory in 2009 as associate director of the Emory Critical Care Center, and was instrumental in the recruitment of Dr. McConnell to Emory in 2011 after the completion of his surgical critical care fellowship at Barnes. Dr. McConnell became an attending in the Emory University Hospital ICU and began developing his research agenda. In 2013, he received a Shock Society Research Fellowship for Early Career Investigators to study lymphocyte activation and trafficking in sepsis.

In early June of this year, Dr. McConnell received an NIH Mentored Clinical Scientist Research Career Development Award, which will give a major and perhaps final push to his goal of becoming an independent surgeon-scientist. The five-year K08 grant will fund his study "Improved Survival in Sepsis with LFA-1 Blockade Evaluation of Lymphocyte Activation," which will be conducted under the mentorship of Dr. Coopersmith and **Dr. Mandy Ford**, scientific director of the Emory Transplant Center.

This investigation is an extension of prior studies of both animal models of sepsis and septic patients—some of which were conducted by Drs. Coopersmith and McConnell—that observed that degradations in lymphocyte function and subsequent lymphocyte apoptosis can be critical to the progression and outcome of sepsis. Dr. McConnell plans to build on the conclusions of this work by conducting a variety of experiments that will identify how lymphocyte response, activation, and trafficking is affected in sepsis, followed by the comprehensive evaluation of how these forces may be modulated to improve the treatment of this very morbid disease so that new treatments can be ideally translated to the treatment of critically ill patients. An important aspect of the study will be the examination of whether blocking the LFA-1 integrin from activating trafficking of lymphocytes to inflamed tissue could limit local tissue damage and propagation of the inflammatory response in sepsis.

"In addition to the obvious benefits of Dr. Coopersmith's oversight, Dr. Ford's participation makes this project very special," says Dr. McConnell. "The advances she's made in transplant immunology here at Emory, particularly in the development of new therapies like belatacept with **Dr. Christian Larsen** and **Dr. Tom Pearson**, are truly exceptional. Dr. Ford also began working with Dr. Coopersmith shortly after he came to Emory, and they are currently Co-PIs of an NIH R01-funded collaborative study of the interplay between cancer and sepsis. What these mentors have learned and are continuing to learn could assist me in finding new keys to control how the immune system is affected in sepsis."

Dr. Padala receives American Heart Association National Scientist Development Grant

The National Scientist Development Grant from the American Heart Association supports highly promising scientists in their progress towards independence by encouraging and adequately funding research projects that have the potential to impact the understanding and practice of cardiovascular medicine. **Dr. Muralidhar Padala** recently received this four-year grant for his study "Biomechanics of Left Ventricular Remodeling in Ischemic Mitral Regurgitation:

Mechanisms to Therapies," which proposes to define the mechanisms underlying heart failure in valve disease and develop novel therapies to contain left heart failure in these patients.

Mitral valve regurgitation is a common secondary lesion that develops in 35-40% of patients who have survived a heart attack and are 6-12 months out from stenting or coronary artery bypass grafting. Clinical observational studies have found that diagnosis of this lesion often precedes acceleration to heart failure, depending on which type of mitral valve repair or replacement therapy has been done to save the ventricle from failing. However, the basic mechanisms that increase the momentum of the process are not understood, causing no consensus on a mechanism-driven therapeutic strategy. Dr. Padala seeks to develop a structure-function relationship between the infarcted and remote myocardium with and without mitral regurgitation using novel in vivo models developed in his laboratory.

"The timing of this grant is perfect," says Dr. Padala. "It is a logical progression from my lab's investigation of the mechanisms of mitral regurgitation that was funded by the Leducq Career Development Grant I received in 2012 and which is about to end. The new AHA grant will take up where that grant left off, and we will work to determine how mitral regurgitation impairs ventricular function. If we learn why and when the left ventricle will fail in this disease state, we could have a guide to learning when and how to intervene and rescue it. This is a project of great clinical importance, particularly since the timing of mitral valve repair in these patients is extremely controversial."

The study will involve the close collaboration of Emory cardiac surgeon scientists **Dr. Robert Guyton**, **Dr. Eric Sarin**, and **Dr. Vinod Thourani**, all of whom perform mitral valve repairs regularly and will translate the knowledge gained in the lab to the clinic. Dr. Padala will also be assisted by **Dr. Tatiana Chadid**, a general surgery resident on research sabbatical in his laboratory.



Muralidhar Padala



Felix Fernandez

Dr. Fernandez plans to upgrade Emory's institutional STS database with new grant

"There is currently no process or technology in place to collect and incorporate patient reported outcomes into patient records within the Society of Thoracic Surgeons National Database," says Emory cardiothoracic surgeon **Dr. Felix Fernandez**. The STS database allows clinical institutions—one of which is Emory's clinical section of general thoracic surgery—to input and share outcomes data in a quality collaborative network. "Patient reported outcomes are vital in guiding treatment planning, treatment modification, and/or treatment termination," he continues. "Including the patient's subjective experiences with specific interventions or treatments is critical for prospective studies of comparative effectiveness research or development of evidence-based guidelines to improve quality of care and outcomes."

The Graham Foundation of the American Association for Thoracic Surgery (AATS) concurs, and has named Dr. Fernandez a Cardiothoracic Surgical Investigator for 2014-2015 and will provide support for his pilot study to integrate patient reported outcomes data (PROs) into Emory's STS General Thoracic Surgery Database. The study will also examine the comparative effectiveness of minimally invasive vs. thoracotomy surgical approaches and sublobar resection vs. lobectomy pulmonary resection strategies for early stage lung cancer, with an emphasis on PROs as outcome measures. The co-

investigators for the study are **Dr. Theresa Gillespie**, oncology researcher for the Emory departments of Surgery and Hematology and Medical Oncology; **Dr. Joseph Lipscomb**, professor of health policy and management for the Rollins School of Public Health; and **Scott Robertson**, research scientist at the Interactive Media Technology Center of the Georgia Institute of Technology.

As a member of the workforces for the STS General Thoracic Surgery Database and the umbrella National database, which contains the adult cardiac, general thoracic, and congenital heart surgery databases, Dr. Fernandez is exceptionally familiar with the system's inner workings and processes. "While similar systems have begun to accept the collection of PROs as secondary endpoints of clinical trials in addition to the more traditional endpoints of response or survival, few are able to incorporate PROs as part of patient care in real time in order to affect clinical decision-making," he says. "The STS database is the premier clinical data registry in cardiothoracic surgery and a model for other specialty specific registries, and I believe it needs to be able to do this."

The team plans to use the NIH's Patient Reported Outcomes Measurement Information System (PROMIS) installed on iPads or similar devices to collect PROs from 150 enrolled patients that are undergoing surgery for lung cancer. PROs will be collected at patients' pre-op visits, 30 days post-op appointments, and 90 days post-op examinations. The PROMIS raw scores will be uploaded to Emory Healthcare's STS database by means of a prototype app developed by Mr. Robertson's team at Georgia Tech. Once this is achieved, the data can be reviewed almost immediately by providers.

"If things go relatively smoothly, this will allow PROs to be used to refine operative risk prediction models developed by the STS for patients undergoing surgical therapy for lung cancer, and can also be applied to determining the comparative effects on health related quality of life of minimally invasive, sublobar, and lobectomy pulmonary resection strategies," says Dr. Fernandez. "Once piloted and shown to be feasible, acceptable, and secure, this methodology can then be applied to other diseases, conditions, and sections of the STS national database. The PROMIS system allows for complete customization of instruments and data collection tools; thus, other research studies, other diseases and conditions, and other affiliated institutions could be included in future research pursuits."



Sixteen Emory Surgery faculty named to Atlanta's Top Doctors

Atlanta magazine's July 2014 "Top Doctors" issue, an annual listing compiled by the New York-based research firm Castle Connolly Medical Ltd., includes 16 faculty of the Department of Surgery of the Emory University School of Medicine. Congratulations to **Timothy Buchman, Seth Force, Sheryl Gabram, John Galloway, Robert Guyton, Kirk Kanter, Stuart Knechtle, Albert Losken, Jeffrey Miller, Douglas Murphy, Foad Nahai, Kenneth Newell, Charles Staley, John Sweeney, Collin Weber, and Mark Wulkan.**

A prominent number of the recognized physicians are Emory physicians who practice at one of more than 200 Emory Healthcare provider locations, or who hold faculty positions at Emory University School of Medicine. This year, 155 Emory doctors (43 percent) were selected out of a total of 347 listed in the magazine.

New faculty: Dr. Mehul Raval and Dr. Matthew Santore



Mehul Raval

Division of Pediatric Surgery

(Assistant Professor of Surgery) **Mehul V. Raval, MD, MS**, received his MD from Wake Forest University School of Medicine in 2005 and a Master of Science in Clinical Investigation from Northwestern University Graduate School in 2012. During medical school he completed a one-year Doris Duke Clinical Research fellowship at the University of North Carolina at Chapel Hill. He did his general surgery residency at McGaw Medical Center of Northwestern University from 2005-2012 and served as a clinical scholar in residence at the Division of Research and Optimal Patient Care of the American College of Surgeons from 2008-2010. His clinical fellowship in pediatric surgery was completed at Nationwide Children's Hospital of Ohio State University in 2014.

As an ACS scholar, Dr. Raval performed an assessment of multi-specialty representation and case-mix adjustment in the ACS National Surgical Quality Improvement Program, helped coordinate the initial testing of the ACS NSQIP pediatric module, assisted with the formation of an Illinois ACS NSQIP collaborative, conducted a national survey of surgeons involved in the ACS NSQIP, and developed online compliance reports for the ACS Bariatric Surgery Center Network. He also completed a variety of studies assessing quality and outcomes for pediatric surgical topics including Wilms tumors, intussusception, and appendicitis.



Matthew Santore

(Assistant Professor of Surgery) **Matthew T. Santore, MD**, received his MD from the University of Chicago Pritzker School of Medicine in 2005. While doing his general surgery residency at the University of Pennsylvania from 2005-2012, he also did a two-year research fellowship studying in utero stem cell transplantation in Dr. Alan Flake's lab at Children's Hospital of Philadelphia. The fellowship was funded by a 2008 American College of Surgeons Resident Research Scholarship. Dr. Santore is joining our faculty after completing his pediatric surgery fellowship at Emory.

Dr. Santore's clinical specialties are laparoscopic and thoracoscopic surgery, single site laparoscopic surgery, neonatal surgery, inflammatory bowel disease, trauma, ECMO, prenatal consultation, and endocrine surgery. His research interests are pediatric minimally invasive surgical techniques, quality improvement and outcomes in surgical services, and quality improvement in pediatric trauma.

Residency/Fellowship transitions

GENERAL SURGERY

Outgoing chief residents

Jennifer Avise, vascular surgery fellowship, Wake Forest University; **Melissa DeVito**, private practice; **Sarah Hill**, pediatric surgery fellowship, Children's Healthcare of Atlanta; **Michael Lowe**, surgical oncology fellowship, Memorial Sloan-Kettering Cancer Center; **Lee Ocuin**, surgical oncology fellowship, University of Pittsburgh School of Medicine; **Sameer Patel**, surgical oncology

fellowship at M.D. Anderson Cancer Center; **Swetha Ramakrishnan**, colorectal surgery fellowship, Washington University in St. Louis; **Jamil Stetler**, endosurgery fellowship, Emory; **Preeti Subhedar**, breast fellowship, Memorial Sloan-Kettering Cancer Center; **Peter Thompson**, plastic surgery fellowship, Emory.

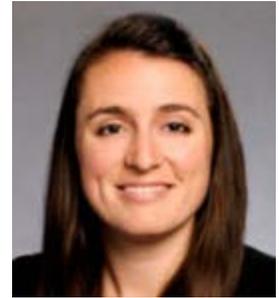
Incoming categorical residents



Allen Andrews, Oregon Health and Science University SOM



Clara Farley, Emory University SOM



Caitlin Fitzgerald, Emory University SOM



Alexandra Lopez-Aguiar, Geisel SOM, Dartmouth



Christopher Nauser, University of Missouri SOM



Nnaemeka Ndubisi, Brody School of Medicine, ECU



Matthew Perez, Morsani COM, USF



Matthew Stanley, University of Kentucky COM



Vivian Wang, Johns Hopkins University SOM

Incoming preliminary residents



Louis Aliperti, Tulane University SOM



Adekemi Egunsola, Emory University SOM



Shayanne Guerrero, PUCMM, Facultad de Ciencias de la Salud



Travis Hamilton, Oregon Health Sciences University



Alexandra Hart, Emory University SOM



Mohammad Jajja, Aga Khan University Medical College



Kanika Kalra, Lady Hardinge Medical College



Dean Laganosky, Jefferson Medical College



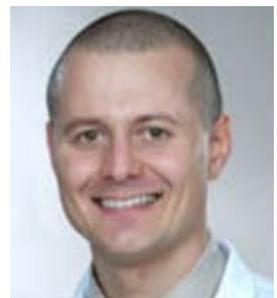
Justine Moe, Dalhousie University



Amar Patel, University of Arizona College of Medicine



Seyed Amir Razavi, Tehran University of Medical Sciences



Vitaly Zholudev, Chicago Medical School, Rosalind Franklin University

BREAST FELLOWSHIP

Outgoing fellows

Brannon Traxler will be a general/breast surgeon at Mary Black Health System in Spartanburg, SC, and **Veronica Jones** will join the Emory division of surgical oncology as an assistant professor of surgery.

Incoming fellows

Meredith Holley Redden completed her general surgery residency at Atlanta Medical Center, and **Troy Shell** did his general surgery residency at Eastern Virginia Medical School.

BURN FELLOWSHIP

Outgoing fellows

Aviva Bashan will be a surgical critical care fellow at the University of North Carolina, and **Jessica Kramer** will be an Emory PGY-2 general surgery resident.

Incoming fellows

Ashley Rogers has just finished her PGY-2 year as an Emory general surgery resident, and **Rachael Williams** completed her general surgery residency at Eastern Virginia Medical School.

CARDIOTHORACIC SURGERY

Outgoing residents

Kumari Adams, Saint Joseph Mercy Health System; **Shady Eldaif**, Northside Hospital; **Marek Polomsky**, adult cardiac surgery private practice, Mid-Atlantic Surgical Associates, Morristown Medical Center, NJ; and **Manu Sancheti**, cardiothoracic surgery faculty, Emory.

Incoming three-year residents

Phillips Harrington, University of Alabama at Birmingham; **Cyrus Orandi**, Saint Louis University Health Sciences Center; and **Jason Muesse**, Houston Methodist Hospital.

Incoming six-year integrated program residents

David Cervantes, University of Illinois College of Medicine; **Allen Costa**, Columbia University College of Physicians and Surgeons.

ENDOSURGERY FELLOWSHIP

Outgoing fellow

Aliu O. Sanni is joining Eastside Surgical Associates in Snellville, GA.

Incoming fellows

Sujata Gill, Georgetown University Hospital; and **Jamil Stetler**, Department of Surgery, Emory.

ORAL AND MAXILLOFACIAL SURGERY

Outgoing residents

Robert Attia, Thao-Thien Le, and Anne Stearns, private practice, Atlanta; **Ashley Zerweck**, private practice, Cleveland Heights, OH.

Incoming intern

Yvonne Tomlinson, Georgia Regents University College of Dental Medicine.

Incoming four-year residents

Saman Harouni, University of Southern California; **Erin Shariff**, University of Louisville School of Dentistry.

Incoming six-year residents

Lina Alsad, Nova Southeastern University; **Elizabeth Consky**, University of North Carolina School of Dentistry.

PEDIATRIC SURGERY

Matthew Santore, the outgoing fellow, is joining the Emory division of pediatric surgery (see "New Faculty" section above). Incoming fellow **Sarah Hill** has just completed her Emory general surgery residency.

PLASTIC SURGERY

Outgoing residents

Brian Allen, private practice, Connecticut; **Michael Golinko**, craniofacial fellowship, NYU; **Sam Shih**, private practice, Atlanta.

Incoming residents

Peter Thompson, Emory; **Manny Trujillo**, Spartanburg Regional Healthcare System, SC; **Yan Ortiz-Pomales**, Naval Medical Center, San Diego, CA.

TRANSPLANTATION FELLOWSHIP

Outgoing fellows

Raymond Lynch, faculty appointment, University of Kansas Hospital, Kansas City; **Malcolm MacConmara**, faculty/researcher appointment, UT Southwestern.

Incoming fellows

Denise Lo, general surgery residency, Medstar Georgetown University Hospital, completed 2013, post-doctoral research fellowship, Emory Transplant Center, completed 2014; **William Kitchens, Jr.**, general surgery residency, Massachusetts General Hospital, completed 2014. Prior to MGH, Dr. Kitchens received his PhD in immunology and molecular pathogenesis at Emory.

TRAUMA/SURGICAL CRITICAL CARE

Incoming trauma fellows

Mary Colvin comes from St. Alphonsus Medical Group, Baker City, OR, where she was a general surgeon. **Leslie Ghisletta** did her general surgery residency at Drexel University College of Medicine, Philadelphia. **Dipan Patel's** general surgery residency was completed at Rhode Island Hospital of Brown University's Alpert Medical School.

Outgoing surgical critical care resident

Elijah Kim is returning to Morristown Medical Center, NJ, to finish his residency.

Moving from the Emory trauma fellowship to the surgical critical care residency

M. Andrew Davis, Virginia Commonwealth University, Medical College of Virginia; **Katherine Kohler**, Wake Forest Baptist Medical Center, Winston Salem; **Phillip Prest**, Philadelphia College of Osteopathic Medicine.

VASCULAR SURGERY AND ENDOVASCULAR THERAPY

Outgoing residents

Kevin Brown, staff surgeon at Walter Reed National Military Medical Center, Bethesda, MD; **Jean Marie Ruddy**, Medical University of South Carolina and Ralph H. Johnson VAMC, Charleston, SC.

Incoming residents

William Ashwander, University of Alabama at Birmingham; **Chandler Long**, University of Tennessee Medical Center, Knoxville.

Upcoming events

EVENT	DATE/TIME	LOCATION
SURGICAL GRAND ROUNDS History of Grady Memorial Hospital Presented by Amy D. Wyrzykowski, MD – Associate Professor of Surgery, Trauma/Surgical Critical Care at Grady Memorial Hospital, Department of Surgery, Emory University School of Medicine – Chief, General Surgery A Service, Grady Memorial Hospital	7:00 a.m. – 8:00 a.m., July 10, 2014	EUH auditorium
SURGICAL GRAND ROUNDS Carotid Disease in the 21st Century Presented by Brajesh Kumar Lal, MD – Professor of Surgery and Director of Endovascular Surgery, University of Maryland Medical Center	7:00 a.m. – 8:00 a.m., July 17, 2014	EUH auditorium
EUH Perioperative Services Performance Day A quarterly review and analysis of perioperative services performance among	7:00 a.m. – 8:00 a.m., July 24, 2014	EUH auditorium

anesthesia, surgery, and OR staff of Emory University Hospital.		
Department of Surgery Faculty Meeting	5:30 p.m. – 7:00 p.m., July 29, 2014	TEC, B6300
SURGICAL GRAND ROUNDS 38th Annual J.D. Martin Visiting Professorship A Tribute to the "Greatest Generation" and Challenges to Training the Next Generation Presented by B. Mark Evers, MD – <i>Professor of Surgery</i> – <i>Mark McDowell Cancer Foundation Chair in the Lucille P. Markey Cancer Center</i> – <i>Director, Markey Cancer Center</i> – <i>Physician-In-Chief, Oncology Service</i> – <i>University of Kentucky College of Medicine</i>	7:00 a.m. – 8:00 a.m., July 31, 2014	EUH auditorium

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