New procedure for atrial fibrillation patients available at Emory Saint Joseph's Hospital

Drs. Halkos and DeLurgio performing the convergent procedure. Patient recovery typically involves two nights in the hospital, followed by rest at home for approximately one week.

The convergent procedure can provide relief for patients suffering from longstanding persistent atrial fibrillation (AF), a condition that often causes irregular heartbeat, fatigue, shortness of breath, and increased risk of stroke or heart failure. The mechanics of the procedure depend upon the combined skills of a cardiothoracic surgeon and a cardiac electrophysiologist.

"Long-standing persistent AF is notoriously difficult to treat," says Dr. Michael Halkos, Emory cardiothoracic surgeon and scientific director of the Cardiothoracic Surgery Center for Clinical Research. "The standard therapies have been medication or endocardial ablation, and both have downsides that can be significant depending on the patient. This hybrid AF procedure may offer a more durable, minimally-invasive option for these patients."

Dr. Halkos has teamed up with Dr. David DeLurgio, cardiologist and director of electrophysiology at the Emory Heart and Vascular Center, to offer the convergent procedure for AF patients at Emory Saint Joseph's Hospital.
The procedure strives to restore regular rhythm to the heart by blocking the abnormal electrical signals that cause an irregular heartbeat through minimally invasive means. It is performed under general anesthesia and takes approximately four hours. Dr. Halkos begins by making a small incision in the abdomen to gain access to the outside of the heart through the diaphragm. He then uses epicardial ablation to create lesions on the posterior left atrial wall and around the pulmonary veins on the heart. After the surgical portion of the procedure, Dr. DeLurgio performs a standard endocardial ablation where he can use mapping systems to check the surgical ablation lines and complete the lesion set endocardially.

“This method combines the best of what the electrophysiologist and the surgeon have to offer,” says Dr. Halkos. “The surgeon ablates the back of the left atrium, which is typically the most challenging part of the operation for the electrophysiologist. The electrophysiologist can use advanced mapping techniques to ensure successful ablation, and reliably ablate the pulmonary veins and other specific lesion sets. Although short-term results are encouraging, longer-term follow-up is needed.”

To begin measuring the overall effectiveness of the procedure, Drs. Halkos and DeLurgio will be participating in a randomized clinical trial comparing hybrid AF ablation to conventional endocardial ablation.

**Study finds that socioeconomic factors can affect outcomes after surgery for lung cancer**

"Nonclinical Factors Associated with 30-Day Mortality after Lung Cancer Resection: An Analysis of 215,000 Patients Using the National Cancer Data Base," published by the *Journal of the American College of Surgeons*, found that residents of low-income neighborhoods with lesser numbers of high school graduates may be more likely to die after lung cancer surgery than more affluent patients.

The Emory authors had expected that outcomes would be linked with social and economic factors, said senior author and cardiothoracic surgeon Felix Fernandez, MD. "The clinical variables for short-term survival after lung cancer surgery are well known," he said. "The effects of non-clinical factors are less appreciated. We hope studies like ours will focus attention on access and quality initiatives in those groups at risk for poor outcomes."

Dr. Fernandez and his Emory team, which included fellow cardiothoracic surgeon Manu Sancheti, MD; research oncologist Theresa Gillespie, PhD; cardiothoracic surgery resident John Melvan, MD, PhD; biostatisticians Dana Nickleach, MA, and Yuan Liu, PhD; radiation oncologist Kristin Higgins, MD; hematologist and medical oncologist Suresh Ramalingam, MD; and cancer outcomes researcher Joseph Lipscomb, PhD; reviewed records for more than 200,000 patients who had lung cancer surgery from 2003 to 2011. The study was the largest analysis to date of 30-day mortality in patients undergoing surgical resection for lung cancer derived from a nationally generalizable database.

The majority of patients in the study were white and approximately 65 years old, with roughly equal numbers of men and women. Most didn't have radiation before surgery. The most common procedure performed was lobectomy, an operation to remove the lobe of the lung with diseased tissue. Most patients had
Medicare or another government insurance program, and half of them had a household income of more than $46,000. Most of them also received treatment at a university hospital or a comprehensive cancer center.

The researchers found that the standard clinical variables that influenced survival, such as age, gender, and other medical conditions, were joined by non-clinical variables like the neighborhoods where patients lived and the type of hospital where they were treated. Patients had poorer odds of surviving 30 days after surgery if they were older, had other complex medical conditions, or more advanced tumors. The likelihood of 30-day survival was also worse for patients that lived in lower income households, resided in less-educated communities, and that had received treatment at non-academic medical centers.

Patients from communities with a median household income of less than $30,000 were 25 percent more likely to die within 30 days of surgery than those living in neighborhoods with a median household income higher than $46,000. Similarly, patients from less-educated communities were 16 percent more likely to die within 30 days of their operation than those from better educated communities. Possible reasons for these stats include poorer access to cancer screening and other preventive health care for these patients.

The finding that community hospitals yielded poorer outcomes builds on earlier research showing that patients have better outcomes when both hospitals and surgeons do high volumes of the procedure. The study also notes that, ideally, cancer treatment centers encompass a specialized environment with the proper infrastructure and precise observation of quality improvement protocols designed for continual evaluation and enhancement. High volume hospitals are also often better equipped to provide team-based expertise for complex cases, have physicians that specialize in the diagnosis and treatment of rare cancer types, and use a centralized method for delivering complex medical and surgical care.

"The quality of care needs to be uniform across the country for high risk procedures, so that regardless of the treatment center, whether it is a community hospital or big academic tertiary care center, the results are going to be similar," Dr. Fernandez says.

One limitation of the study was its reliance on a large U.S. cancer registry, which only covers about 70 percent of cases, the researchers note. The researchers also relied on 2000 census data for socioeconomic analysis, which might have overlooked changes in demographics during the study period.

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**Dr. H'Doubler receives Burson Physician Award of Distinction**

Emory vascular surgeon **Dr. Peter B. H'Doubler, Jr.**, was named the 25th recipient of Emory Saint Joseph Hospital's annual E. Napier "Buck" Burson Physician Award of Distinction. The award is Emory Saint Joseph's highest honor for physician service and is named for the late Dr. Burson, a longtime Dunwoody resident, who was a leader in the field of gastroenterology.

Burson Award recipients are selected for their contribution to the quality of medicine practiced at Emory Saint Joseph's, leadership as a member of the medical staff, and adherence to the Mercy philosophy and contribution to the Mercy mission in Atlanta (Saint Joseph's was founded in 1880 by the Sisters of Mercy and was Atlanta's first hospital; its guiding principle is that all patients should be treated with dignity, respect, and compassion).
Dr. H'Doubler has practiced at Emory Saint Joseph's since 1991. He began working with Dr. Harold Harrison, a renowned vascular surgeon at the hospital, in 1993. "Dr. Harrison had a tremendous impact on my life. He was a brilliant technical surgeon who gave me every opportunity, and he was a pioneer in vascular surgery at Saint Joseph's and the southeastern United States," says Dr. H'Doubler.

During Dr. H'Doubler's years of service at Emory Saint Joseph's, he has worked as the director of the non-invasive Vascular Laboratory, the chief of the Vascular Surgery section, and the head of Vascular Services at the Heart and Vascular Institute.

In 1999, Dr. H'Doubler developed a technique to place an intraortic balloon pump (IABP) through the axillary artery in the chest of patients awaiting heart transplant. Before he introduced this innovative procedure, IABPs were only used for one or two days. With this life-saving technique, the IABP could be left in place much longer, patients were more comfortable, and there were fewer complications.

In addition to his medical contributions at Emory Saint Joseph's, Dr. H'Doubler has served on the board of directors of the Mercy Foundation for nearly 20 years. A longtime supporter of the Mercy mission, he has cared for many Mercy Care patients needing vascular treatment or evaluation, something he learned from his father and grandfather, both surgeons. "They would always take care of patients regardless of their financial ability to pay, and this has always been important to me."

A veteran of World War II and recipient of the Bronze Star for his heroic actions on the beaches of Iwo Jima, Dr. Burson was chief of the medical staff at Emory Saint Joseph's for 25 years, leading the hospital after its relocation to Sandy Springs in 1978. During his tenure at Emory Saint Joseph's, he also pioneered the diagnostic tool of GI endoscopy.

"I am truly honored to receive this award, because I know what Dr. Burson meant to this hospital. He was actively involved in the care of his patients and demanded the best from his colleagues, and I was fortunate to take care of Dr. Burson near the end of his life," Dr. H'Doubler says.

Lisa Carlson embarks on exciting opportunity with EGHI

While she may be leaving the Department of Surgery and the Emory Transplant Center (ETC), Lisa Carlson is not leaving Emory. "I'm pleased to be remaining an active member of the Emory community I have served for over 13 years," she says. "I look forward to working with many of the same people in new ways."

Ms. Carlson will be the associate director of management and operations for the Child Health and Mortality Prevention Surveillance network (CHAMPS) of the Emory Global Health Institute, Rollins School of Public Health. EGHI is the lead partner in the new initiative, which seeks to impact causes of childhood mortality in 20 locations in Africa and South Asia and is funded by the Bill and Melinda Gates Foundation. "I'll be providing administrative and operational leadership for the start-up and implementation of CHAMPS, and working with our collaborators at the International Association of National Public Health Institutes, the CDC, the
Public Health Informatics Institute, and the ISGlobal/Hospital Clinic-University of Barcelona," she says.

Ms. Carlson joined the ETC as academic program director in 2004, and over the next six years facilitated the ETC faculty's undertakings to the degree that academic productivity grew more than 350%. Her role expanded when she was appointed director of academic programs and administration of the Department of Surgery in 2009. In 2012, she was promoted to the Department's director of academic affairs, and her role in research widened to include faculty development and promotions. In 2014, she also began working with the research programs of the Brain Health Initiative, a collaborative effort of the departments of psychiatry and neurology.


Throughout her years of service to Emory Surgery and the ETC, Ms. Carlson remained an active public health professional. She is a graduate of the Rollins School of Public Health and has served as an adjunct faculty of the institution since 2000. She was honored with the school's Outstanding Teaching and Mentoring Adjunct Faculty Award in 2015.

In addition to teaching, Ms. Carlson's commitment to RSPH was illustrated by serving as president of its Alumni Board of Governors in 1999 and, more recently, representing RSPH on the Emory Alumni Board. She also led a team that raised over $34,000 for scholarships and other needs through selling commemorative plaques for auditorium seats in the Claudia Nance Rollins Building during Campaign Emory.

As a long-standing member of the American Public Health Association (APHA), Ms. Carlson is serving her fourth year on the executive board and is its immediate past chair. She was the youngest president of the Georgia Public Health Association in 2001, and was named an honorary lifetime member of the organization in 2014. In 2008, she was honored with the Sarah Mazelis Award of APHA's Public Health Education and Health Promotion Section, given in recognition of outstanding performance by a health education practitioner.
"I’m very proud to have served with such tremendously talented and committed teams of professionals in Emory Surgery and the ETC," she says. "I hope our paths will continue to cross even as I look forward to this next stage in my Emory journey."

With Lisa Carlson’s departure, the Department of Surgery is reorganizing itself to align with Emory Medicine’s initiatives regarding shared service models. The search for a Research Administrative Service Center Administrator (RAS) is in process. This person would replace Ms. Carlson by managing pre and post research awards for the Surgical Shared Services Departments and Brain Health Departments. As for the remaining responsibilities undertaken by Ms. Carlson’s former position — faculty promotions, biorepository and laboratory management, clinical trials oversight and award implementation — the Department is devising short and long term plans that will be forthcoming. For any assistance, concerns, or questions regarding direction in this matter, please contact clinical administrator Lisa Fisher at 404.712.0076 or lfishe4@emory.edu.

Dr. Fink honored by AVAS

Professor of Surgery Emeritus Dr. Aaron Fink's distinguished years of service to the nation’s veterans was recognized by the Association of VA Surgeons (AVAS) during its 39th Annual Symposia in Miami, May 3-5. “I was simultaneously honored and humbled," says Dr. Fink, as he comments on his receipt of the AVAS Distinguished Service Award. "Many of the previous recipients were personal heroes of mine."

Dr. Fink’s first VA experience was at the Ann Arbor VAMC while a resident at the University of Michigan, which was followed by his affiliation with the Sepulveda VAMC during his UCLA School of Medicine faculty appointment in the 1980s.

Dr. Fink joined Emory in 1993 and was installed as chief of the surgical service at the Atlanta VAMC, a position he held until 2003, after which he was service line manager of the VA’s surgical and perioperative care program. During his VA tenure, he served on the VA Surgical Field Advisory Committee and the Executive Committee of the National Veterans Affairs Surgical Quality Improvement Program (NSQIP), chaired the AVAS Council of Surgical Chiefs, and was president of AVAS from 2005-2006.

In 2009, he assumed the position of chief surgical consultant for the VA Southeast Network (VISN7), the oversight organization for all VA medical centers and outpatient clinics in Alabama, Georgia, and South Carolina. He also began intermittently serving as VISN7’s acting chief medical officer.

One of Dr. Fink’s primary achievements was leading the study that examined the feasibility of implementing the VA’s NSQIP in private sector hospitals, which led to the adoption of NSQIP by the American College of Surgeons. Another was being co-principal investigator of the largest study ever conducted of the surgical informed consent process, known as the “Repeat-Back Trial.” Based on a simple process of asking patients to repeat back a physician’s description of an upcoming procedure or treatment, the study provided affirmation for an easily enacted method for avoiding patient-caregiver misunderstandings, promoting efficiency, and avoiding hospital readmissions.
Johanna Hinman is new president of GPHA

During the 86th Annual Meeting of the Georgia Public Health Association, Johanna Hinman accepted the gavel as the GPHA's new president. GPHA represents the largest group of public health professionals in the Southeast, and is an affiliate of the American Public Health Association (APHA). GPHA advocates for conditions in which all people and communities can be healthy, promotes the scientific foundation of public health practice and policy, and assures that a continuous voice broadly represents public health in Georgia.

Ms. Hinman has been an active member of GPHA and APHA since 1997 and has held numerous leadership positions in each. "Representing Georgia’s public health professionals as president of the GPHA is an honor," she says.

Ms. Hinman has been associate director of education for the Emory Department of Surgery since 2012. She manages the Office of Surgical Education, which encompasses the general surgery residency, medical student programs, other educational courses offered by Department of Surgery faculty, and the Carlos and Davis Center for Surgical Anatomy and Technique. She works closely with Dr. Keith Delman, program director of the general surgery residency, and Dr. Barbara Pettitt, director of medical student education.

Ms. Hinman earned an MPH in Behavioral Sciences and Health Education from the Rollins School of Public Health (RSPH), where she serves on the adjunct faculty and teaches in the Executive Master of Public Health program. Prior to joining Emory Surgery, she served for eight years at the RSPH’s Emory Prevention Research Center, where she administered the core PRC grant. She is also a Master Certified Health Education Specialist (MCHES).

New faculty member: Sharon Muret-Wagstaff, PhD, MPA

Title: Associate Professor, Thalia and Michael Carlos and Alfred A. Davis Center for Surgical Anatomy and Technique (CSAT), Department of Surgery, Emory University School of Medicine

Dr. Muret-Wagstaff received her MS in public health at the University of Minnesota, an MPA in policy and management at the John F. Kennedy School of Government, Harvard University, and a PhD in developmental psychology at the University of Minnesota.

Dr. Muret-Wagstaff’s work concentrates on the development of learning and performance systems at the individual, team, and organizational levels to increase quality of care and patient safety. She is founding faculty director of the CMS Learning Systems Program for the Innovation Center at the Centers for Medicare & Medicaid Services, a position she still holds as she joins Emory.

In her former role as assistant professor of anaesthesia at Harvard and vice chair for faculty development and innovation in anaesthesiology at Beth Israel Deaconess Medical Center, Dr. Muret-Wagstaff spearheaded design and implementation of an institutional infrastructure that enabled more than 400 surgeons, anesthesiologists, and nurses to collaborate across disciplines; conduct rapid cycle improvements; and participate in professional development.
in scholarship, education, clinical innovation, and leadership. While at Harvard, she also led formulation of the simulation-based Harvard Assessment of Anesthesia Resident Performance instrument and created the faculty development in education design for ACGME programs at Massachusetts General Hospital and Brigham and Women's Hospital.

Dr. Muret-Wagstaff founded international fellowship programs for the Institute for Healthcare Improvement in Cambridge. Two of the physician training programs she co-led for this effort — the pediatric residency program at the University of Minnesota and the Harvard Pediatric Health Services Fellowship Program — received the Academic Pediatric Association's top annual education program award. At the national level, Dr. Muret-Wagstaff has served on numerous federal scientific review panels and as a judge for the VA's Robert Carey Performance Excellence Award. Currently, she is a judge for the Baldrige National Quality Award of the National Institute of Standards and Technology, which recognizes organizational performance excellence in healthcare and other sectors.

For the Emory Department of Surgery, Dr. Muret-Wagstaff will collaborate to establish an interdisciplinary leadership team to drive and manage future team training activities at both Emory University and Grady Memorial hospitals. She will also be a member of the advisory board of the Carlos and Davis Center for Surgical Anatomy and Technique.

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**Our 2014-2015 graduating chiefs prepare to move on**

Front row, left to right: Denis Foretia, who will be joining the faculty at Johns Hopkins; Alessandrina Freitas, plastic surgery fellowship, University of Virginia; Snehal Patel, endocrine fellowship, University of Pittsburgh; Amareshwar Chiruvella, minimally invasive surgery fellowship, University of Nebraska; and Jahnnavi Srinivasan, director of surgical simulation and elective programs.

Second row: Benjamin Martin, endosurgery fellowship, Emory; Richard Lee,
Thoracic surgery fellowship, Medical University of South Carolina; **Juliet Emamaullee**, transplant fellowship, University of Alberta; **Ximena Pinell**, plastic surgery fellowship, Emory; **Keith Delman**, program director of the general surgery residency; and **Robert Allen**, vascular surgery fellowship, University of Texas Southwestern Medical Center.


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**Congratulations to the winners of the 2015 William C. Wood Research Symposium**

The inaugural William C. Wood Research Symposium was held on April 30. Keynote speaker **John C. Alverdy, MD**, presented "Collapse of Commensalism, the Emerging Pathobiome and the Immunopathology of Sepsis" at Surgical Grand Rounds in the EUH Auditorium, after which the research of the Department of Surgery’s medical students, postdocs, residents, and fellows was showcased.

Cash awards were given for the best oral presentations and posters in the clinical and basic science categories.

**Best 2015 Oral Presentations**

**Laura Higginbotham, MD** – **Basic Science**: PGY2 resident, finishing the first year of her 2014-2016 research sabbatical in Dr. Andrew Adams’ lab.

**M. Hart Squires, MD, MS** – **Clinical Science**: PGY3 resident, completed a 2012-2014 research sabbatical under the mentorship of Dr. David Kooby and Dr. Shishir Maithel.

**Best 2015 Poster Presentations**

**S. Christopher Derderian, MD** – **Basic Science**: PGY3 resident, completed a 2012-2014 research sabbatical under the mentorship of Dr. Tippi MacKenzie in...
Recognition for Nathan Klingensmith and John Lyons' research

Dr. Nathan Klingensmith and Dr. John Lyons, general surgery residents doing research sabbaticals in Dr. Craig Coopersmith's lab, received travel awards from the Shock Society, the leading shock and sepsis basic science society in the country. Travel awards are based on scientific merit and are highly competitive, with only 40 distributed each year. The awards will allow the two residents to attend and participate in the 38th Annual Conference on Shock in Denver, June 6-9. This is the second Shock Society travel award Dr. Lyons has received.

Dr. Klingensmith is working with Dr. Coopersmith, vice chair of research of the Department of Surgery, and Dr. Mandy Ford, scientific director of the Emory Transplant Center, on their investigations of the effect of chronic alcohol ingestion on the pathophysiology of sepsis. "I'm examining the role altered intestinal permeability plays on the host response to sepsis, alcohol, and the combination of the two. We suspect that the response may potentially be controlled by differences in tight junction protein expressions," he says.

Dr. Lyons is working with Dr. Coopersmith on mechanisms of compromised gut integrity during sepsis. "My role has been to assist sepsis-induced changes in intestinal epithelial enterocyte death and proliferation," he says. "Cell death in the gut epithelium of patients with severe sepsis may contribute to septic mortality, and we hope to gain insight into underlying mechanisms. By gaining a better understanding of how sepsis impacts the birth and death of intestinal enterocytes, we may be able to identify potential points of therapeutic intervention."

Dr. Klingensmith has also been chosen to present "Time Dependent Changes of Tight Junctions Alter Intestinal Permeability in Alcohol Fed Mice with Septic Peritonitis" at the Annual Postdoctoral Research Day Symposium of the Emory Office of Postdoctoral Education on Thursday, May 28, 2015. His was one of only nine oral presentations selected from a total of more than 50 applicants from across the university.

Dr. Klingensmith's abstract describes the discovery that sepsis, chronic alcohol ingestion, and their combination increased intestinal permeability to large molecules in mice by affecting expression of tight junction proteins. Permeability was most pronounced at one hour and 24 hours after sepsis. The study concluded that understanding the temporal mechanistic changes influencing this permeability could guide future treatments relevant to the time of presentation following septic insult in patients with histories of habitual alcohol consumption.
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<td>SURGICAL GRAND ROUNDS 10th Annual H. Harlan Stone Lecture in Trauma Increasing Survival from Active Shooter and Intentional Mass Casualty Events</td>
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<td>Department of Surgery Division Chiefs Meeting</td>
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