



Agility



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Contents

- 1 **Interim chair's message**
 - 2 **Patient care**
 - 7 **Education**
 - 12 **Research**
 - 16 **New faculty**
 - 17 **Faculty appointments and awards**
 - 18 **Philanthropy**
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On the cover

A surgical team including faculty surgical oncologist **Dr. Maria Russell** and surgical residents **Drs. Karan Desai, Salila Hashmi, and Heather Short** prepares to perform a procedure at Emory University Hospital.



EMORY
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Department of Surgery

FROM THE INTERIM CHAIR



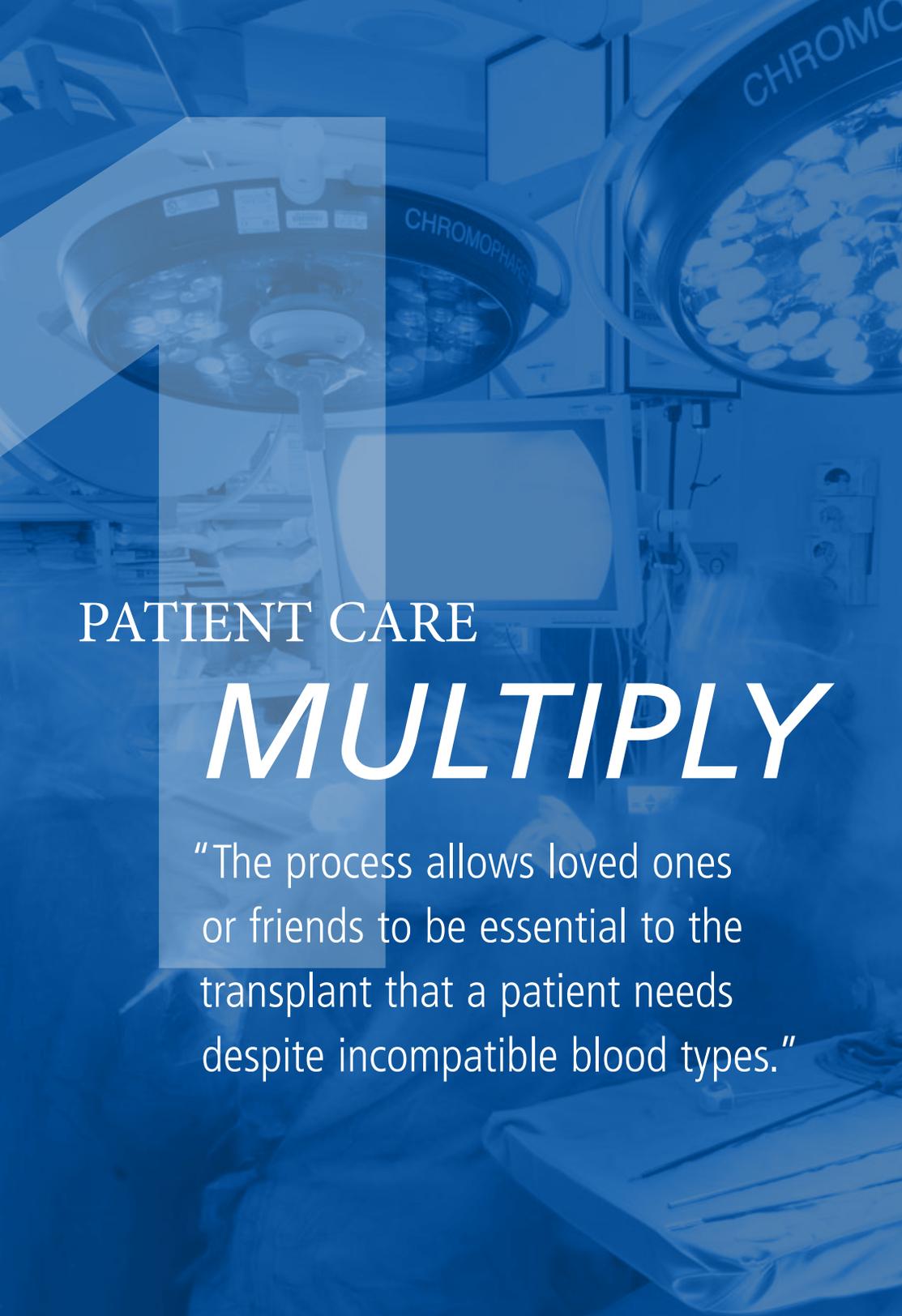
In a time of national redefinition and debate of healthcare policies, quality initiatives, and research funding, the Department of Surgery at Emory is **adapting rather than reacting to change**. Our faculty and staff are accomplishing diverse goals in limited time frames, often splitting single objectives into clinical, research, educational, and quality branches. Meanwhile, our patients remain foremost in our minds and the primary catalyst for all we do.

For faculty, this multi-tasking requires maintaining a delicate balance between the clinical, research, training, and academic demands that evolve from each notable step they take in developing their specialties and objectives. Our staff support and nurture these undertakings by being proactive, vigilant, vigorous, and resilient. In this fertile environment, successful trainees juggle options and imperatives while learning to discern their strengths and plot their professional directions.

My mentor, colleague, and former Department of Surgery Chair Dr. Christian Larsen, who was named Dean of the Emory University School of Medicine in 2013, has been a model of versatility in serving varied missions while always keeping the patient the focal point. His example shows the impact that can come from defining and coordinating multiple initiatives that feed into a concrete agenda: making Emory a center of shared vision that is the best place to come to for patient care, surgical training, and research opportunities.

John F. Sweeney, MD

W. Dean Warren Distinguished Professor of Surgery and Interim Chair, Department of Surgery
Emory University School of Medicine



PATIENT CARE

MULTIPLY

“The process allows loved ones or friends to be essential to the transplant that a patient needs despite incompatible blood types.”

Cultivating the network

The surgical oncology service is the first division of the Emory Department of Surgery to expand its coverage to Saint Joseph’s Hospital and offer a full spectrum of treatment options to patients in Atlanta’s northern arc since Saint Joseph’s officially joined Emory Healthcare in 2012.

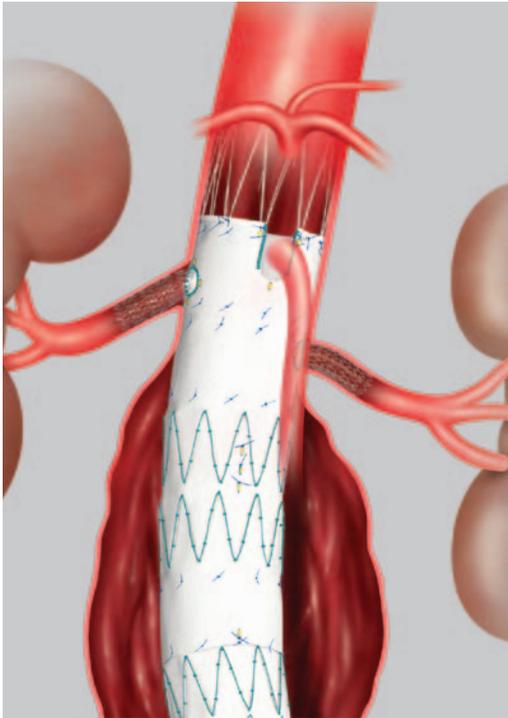
“Becoming active at St. Joseph’s is a great opportunity to develop something new and exciting in a new community alongside great colleagues,” says David Kooby, director of the linked surgical oncology services at Emory University Hospital and Saint Joseph’s. Kooby is joined at St. Joseph’s by fellow Emory surgical oncologists Monica Rizzo, Kenneth Cardona, and Joshua Winer.

Kooby’s reputation as a leader in minimally invasive pancreatic surgery is complemented by St. Joseph’s history as an early provider of robotic surgery. Kooby has been performing robotic pancreatectomy at Emory for several years; St. Joseph’s was the first hospital in Georgia to offer robotic, totally-endoscopic heart surgery. St. Joseph’s is also one of only five training centers in the world for the da Vinci Surgical System.

“The same quality of service will be available at Emory Hospital and Saint Joseph’s,” he says. “It’s really about which hospital is the most accessible to the patient.”

Components of Emory’s cardiothoracic surgery and transplantation services are also in varying stages of rolling out their St. Joseph’s outposts.

The Zenith® Fenestrated Endovascular Graft is the first FDA approved stent graft designed for patients with juxtarenal aortic aneurysms. Each graft can contain up to three fenestrations that can be modified to correspond to the patient's anatomy.



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HOMEcomings

The initiation of the Emory Aesthetic Center at Paces was the finale of overlapping career paths returning to a shared source. Felmont Eaves, T. Roderick Hester, and Foad Nahai were originally Emory trainees who became plastic surgery faculty and later left Emory to pursue private practice. As a fellow, Eaves was mentored by Hester and Nahai. When Eaves joined the faculty in 1994, Hester was already in the process of building his own Paces Plastic Surgery into one of the top aesthetic surgery centers in the country. Eaves left Emory in 1997 for Charlotte Plastic Surgery, and Nahai joined Hester at Paces in 1998.

Paces gradually became the official aesthetic surgery rotation for Emory plastic surgery residents, and Hester rejoined the Emory faculty in 2001 as chief of the division of plastic and reconstructive surgery. He stepped down in 2010, stayed on the faculty, and began to negotiate uniting Paces' expertise with Emory's resources. "I'd wanted Paces to become part of Emory for some time, and other people began seeing the benefit," he says.

Hester's efforts succeeded in 2013, and the rechristened Emory Aesthetic Center at Paces incorporated Emory dermatology, otolaryngology, ophthalmology, and vascular surgery talent and expanded its services to include facial plastic surgery, oculoplastic surgery, aesthetic dermatology, and vein treatments. Eaves and Nahai were named full Emory professors based at Paces, Eaves was appointed medical director of the Center, and Hester prepared to retire.

"The symmetry of Dr. Eaves' return and us doing what we do best in a familiar yet augmented setting is an incredible opportunity," says Nahai.

SAMARITANS ANIMATE SWAPS

Robert Poole's desire to donate a kidney to his friend Troy Milford, who suffered from polycystic kidney

disease, led to Emory becoming involved in the second largest kidney swap in history, and the largest kidney swap to be concluded in less than 40 days.

When Poole learned that he was not a suitable match for Milford, he registered as a donor with Emory's kidney paired donor exchange program. "In paired donation, incompatible donors and recipients are matched with another incompatible donor and recipient, and the kidneys are exchanged between the pairs," says Nicole Turgeon, surgical director of Emory's paired donor exchange program of the Emory Transplant Center. "The process allows loved ones or friends to be essential to a patient's transplant despite incompatible blood types."

Dubbed "Chain 221" by the National Kidney Registry, the nonprofit organization that facilitates living kidney donation worldwide, the swap began in Memphis and ended five weeks later in Cleveland. Fifty-six participants, 28 transplants, and 19 transplant centers across the U.S. were involved. Turgeon transplanted Milford's new kidney as part of the chain, and Emory transplant surgeon Paul Tso removed Poole's kidney, which was donated to a patient in another state.

"Words can't say how it made me feel that Robert, who's not even related to me, would do this," says Milford. "I am one of 28 people who has a new kidney and a new outlook on life, thanks to this swap."

A TAILORED TREATMENT FOR HIGH RISK PATIENTS

Endovascular grafts have greatly improved the safety of surgical treatment of abdominal aortic aneurysms, save for those high risk patients whose aneurysms are too close to the arteries that feed the kidneys and bowel. For them, an implanted graft would block blood flow. Open techniques offer minimal reprieve, yielding significantly high morbidity and mortality for this group.

A central figure in endorsing the efficacy of laparoscopic pancreatectomy to offer patients shorter hospital stays and fewer complications, David Kooby believes that robotic pancreatectomy provides a degree of substantially enhanced accuracy that allows for removal of the pancreas, preserving the spleen, and reducing the complexity of dissection and suturing.



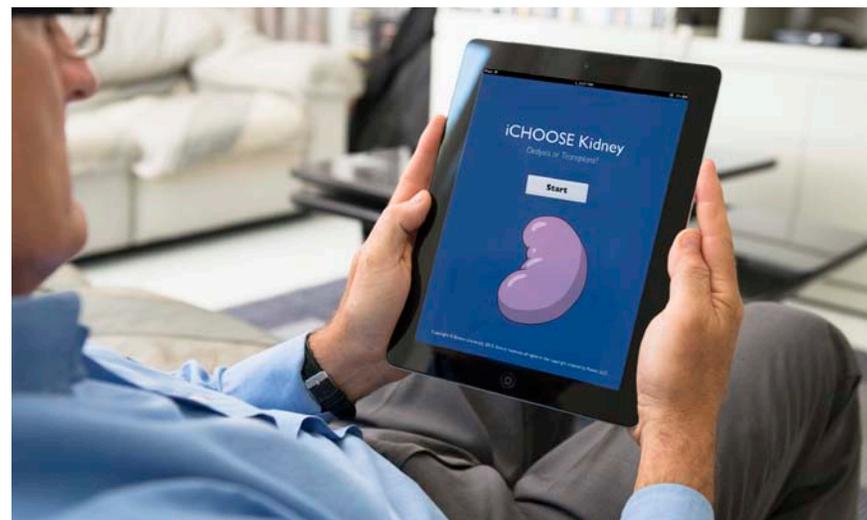


Prior to Chain 221, **Troy Milford** (left) and **Robert Poole** (right)—shown here with Nicole Turgeon—had two offers to participate in kidney swap chains that were cancelled.

“Fenestrated grafts differ from the standard devices in that they have fenestrations or scallops in the graft material,” says vascular surgeon Yazan Duwayri when he describes the Zenith® Fenestrated Endovascular Graft, which recently received FDA approval for use in such patients. “The proximal edge of the graft material can be placed above the renal and mesenteric arteries while still permitting blood flow to these vessels through the fenestrations. Since all patients’ structures are different, we use the patient’s CT images to custom-design the endograft, which is then manufactured to specifications. This allows the fenestrations to line up precisely with the patient’s renal and mesenteric arteries.” Duwayri performed the first implantation of the graft in Georgia with Emory vascular surgery colleague Ravi Veeraswamy.

NEW TECHNOLOGIES EMPOWER PATIENTS

“Often in certain clinical settings and particular socioeconomic conditions, the primary source of information for patients is what they’re told by medical professionals,” says transplant and epidemiology researcher Rachel Patzer. “If essential details are left out, patients can come away lacking a complete picture of their options. Apps can assist us in getting dependable and concise information in an easy-to-use format to the patients that need it.”



2000-2011 data from the United States Renal Data System was used to develop the iChoose app’s risk models, which are generated in response to user-defined parameters.

Patzer was the lead developer of the iChoose Kidney app for the iPad, available as a free download from iTunes—the iPhone version is nearing completion, and a corresponding website is in development. She was assisted by Emory School of Medicine medical illustrator Michael Konomos and various members of the Emory Transplant Center. Propelled by a direct, pictographic design that presents various risk prediction models for dialysis vs. kidney transplant, the app can serve as a decision support tool for specialists from all fields to use with end-stage renal disease patients to influence informed decision-making for kidney failure treatment options.

A feasibility study of the app conducted by Patzer and her colleagues found that more than 40% of patients with kidney disease receiving treatment at Emory Dialysis had never had a physician discuss transplantation with them. Nearly 85% said the tool was useful in helping them make treatment decisions.

Future Emory apps to watch for include Come Clean: Stop Surgical Infections Before They Start, which will help patients in pre-admission understand surgical site infections and learn to safeguard their own health, and Medicines After Kidney Transplant, which will describe the basics of immunosuppression, the medicines patients will be taking, and why it is essential to adhere to the medication regimen. The latter app is currently being evaluated through randomized testing with patients.



During their early Emory years, Felmont Eaves (left) and Foad Nahai (center) coauthored *Endoscopic Plastic Surgery* with the late, great John Bostwick, chief of plastic and reconstructive surgery at Emory at the time. Published in 1995, it was the first textbook of its kind to describe the then-burgeoning field.

EDUCATION

EXEMPLIFY

“The experience changed the trajectory of my career to include a significant research component informed by a global health paradigm.”

Choices widen borders

In 2011, the American Board of Surgery approved a policy that allows up to 12 months of flexible rotations in the last 36 months of general surgery training, giving program directors the ability to tailor training to residents' future career interests. As a member of a nine-institution consortium that will review and collate their collective experiences with the new training model, Emory's general surgery residency began piloting the Flexibility in Surgical Training (FIST) program in July 2013, offering flexibility options in plastics, transplant, surgical oncology, endocrine surgery, advanced GI, and comprehensive general surgery.

To qualify for FIST, the host institutions had to have sufficient clinical material to support the training of both participants and non-participants. Measures that encompass traditional general surgery residents and those in specialized tracks will be inspected closely to insure that nonparticipants are not adversely affected.

“We support the concept that trainees learn better when pursuing an area of interest, and teachers are more enthusiastic when the learners are engaged,” says Keith Delman, director of the general surgery residency. “I have always advocated the idea of electives and believe that it is advantageous—within the constraints designed by the ABS—to allow residents some opportunities to garner personalized education that will enhance their career.”

Albert Losken (left), program director of the plastic surgery residency, scrubs in with resident Claire Duggal. "Up until FIST, the only early specialization training allowed by the ABS flexibility rule was either vascular or cardiothoracic surgery," he says. "The addition of other specialties is a natural progression."





Soddo Hospital partners with the Pan African Academy of Christian Surgeons (PAACS) to train Ethiopian doctors over a five year surgical residency program. The program stipulates that graduating residents must agree to practice in-country for a period of five years.

MULTI-PURPOSE SPACE FOSTERS INTERACTION

After thoughtful renovation, the Department of Surgery Office of Surgical Education in the H-Wing of Emory Hospital now serves as the educational nerve center for surgical residents and medical students. The space houses a simulation lab with 24-hour access, an OR table, video-recording capabilities, various work stations, chief resident offices, two touch-screen monitors for directed education, a classroom with a large, interactive digital projection screen, a common area and kitchen, and two resident call-rooms equipped with showers. The Thalia and Michael Carlos and Alfred A. Davis Center for Surgical Anatomy and Technique and the Jurkiewicz Library are also onsite.

“It’s a pleasure to have a space with teaching resources available 24/7 to accommodate the needs of faculty and trainees, a place away from distractions where they can gather to talk about cases,” says Johanna Hinman, associate director of education. “A group viewing of a patient’s x-ray on the smart board can occur at any time. The curriculum committee, who are in the process of revamping the entire curriculum, has a place to collaborate. M&M Conferences, the Wednesday Afternoon Research Conference, and our junior and senior lectures all happen at the same location.”



Timothy Love (center) with five of the Ethiopian cancer registrars trained through the support of Fogarty Fellowship funding. The trainees were nurses who wanted to take a more active role in addressing cancer care at their respective hospitals while participating in Love’s research.

ROTATING TO AFRICA

One of the first American Board of Surgery-approved international surgical training experiences, the Department’s Global Surgery Program at Soddo Hospital, Ethiopia, gives residents the opportunity to work alongside African doctors in a region where there is limited healthcare available for a population of more than three-million people. Jonathan Pollock, the program’s director, has been providing quality cost-effective surgical care at the hospital for two years.

“Benjamin Martin, our first Emory resident, has arrived, and the second, Denis Foretia, will join us in the spring,” Pollock says. “We anticipate taking two to three residents per year. After the rotation is firmly established, more Emory faculty will be able to contribute their teaching, research, and patient care expertise. Dr. William Wood and Dr. John Galloway have already done so, and many other faculty members have expressed interest.”

RESEARCH SABBATICALS INVIGORATE PATHWAYS

Residents are not required to do research, though the department supports two-year research sabbaticals for interested residents to expose them to varying disciplines and valuable academic skill sets.

Timothy Love spent the first year of his sabbatical acquiring a Masters in Public Health at Emory's Rollins School of Public Health. After being competitively selected for a Fogarty Global Health Fellowship through the NIH/Fogarty International Center, he spent 10 months in Ethiopia doing a feasibility study regarding the establishment of cancer epidemiology and registration in low-resource settings. Love's collaborators included notable Emory surgical oncology faculty William Wood and Theresa Gillespie.

"The experience changed the trajectory of my career to include a significant research component informed by a global health paradigm, and none of it would have been possible without the unflagging support of Dr. Delman and (Emory School of Medicine Dean) Dr. Chris Larsen, among others," says Love, who has resumed his clinical residency.

Stuart Hurst has embarked on a two-year Elkin Fund-sponsored lab residency at King's College London, and is studying complement and coagulation cascades with Steven Sacks, director of the Medical Research Council (MRC) Centre for Transplantation (King's equivalent of the Emory Transplant Center), and Tony Dorling, the Centre's deputy director.

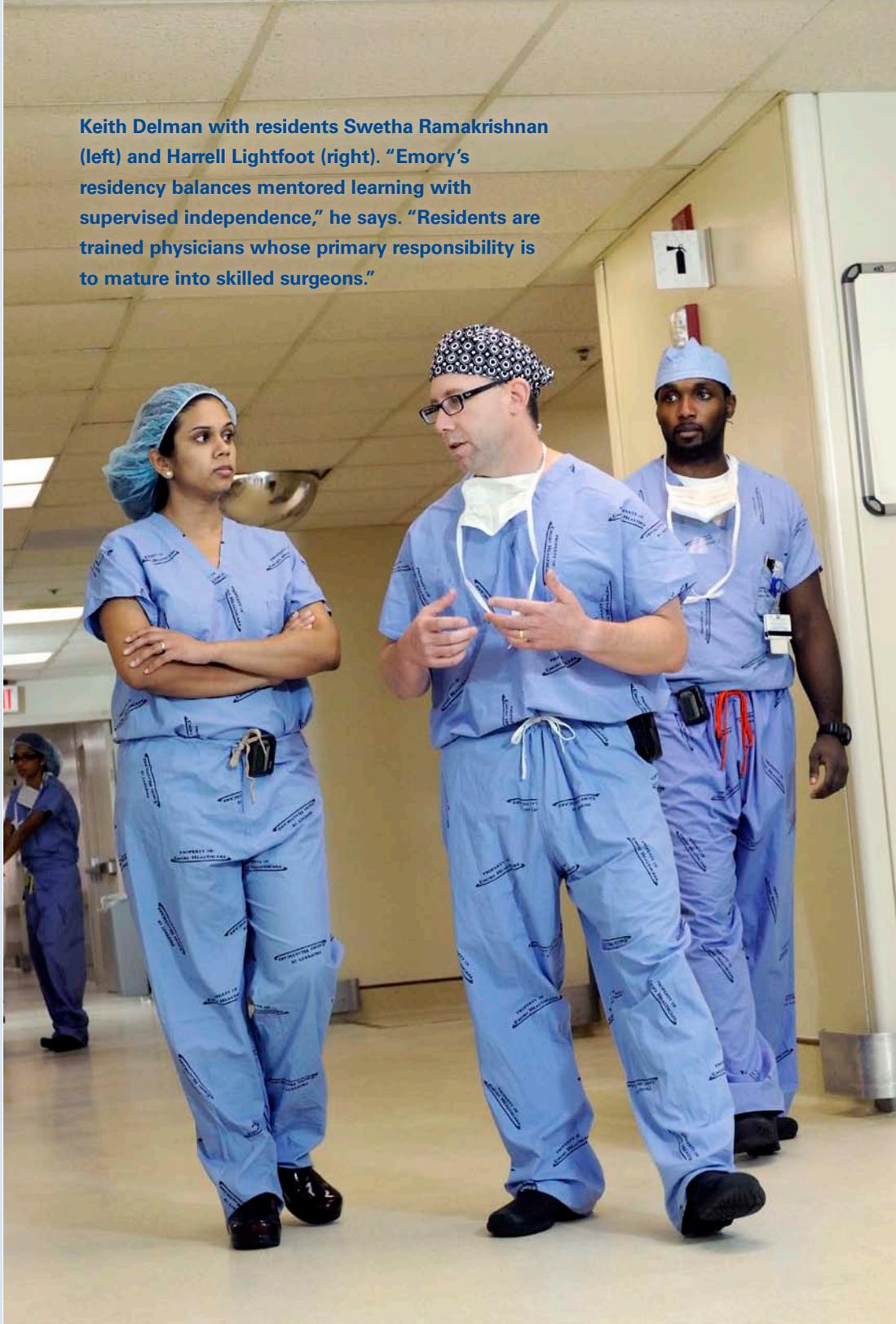
"Complement components are a key element of the innate immune system that play a critical role in transplant rejection, and assisting Prof. Sacks and Prof. Dorling in their work to further identify how complement modifies the immune response in graft rejection is very exciting," says Hurst. "They are truly top players in this area of transplant immunology."

During the second year of her quality and outcomes research fellowship, Rachel Medbery was the primary resident liaison at Emory for the implementation of the Quality In Training Initiative (QITI), a multi-institutional effort to create the first formalized curriculum for teaching residents to apply quality data to their clinical performances. QITI is affiliated with the National Surgical Quality Improvement Program of the American College of Surgeons, which uses a prospective, peer reviewed database to quantify 30-day risk-adjusted surgical outcomes from its participating hospitals, one of which is Emory University Hospital.

In addition to polishing their technique in the simulation lab, as Mina Hahn Tran and Ryan Dobbs are doing here, residents can participate in structured simulation learning classes ranging from fundamental surgical skill sessions to advanced programs in open and endosurgical procedural skills and OR-based team training.



Keith Delman with residents Swetha Ramakrishnan (left) and Harrell Lightfoot (right). “Emory’s residency balances mentored learning with supervised independence,” he says. “Residents are trained physicians whose primary responsibility is to mature into skilled surgeons.”



“The participating residencies started collecting resident-specific outcomes data in January 2013,” says Medbery. “For each case, we recorded the resident who was involved, their PGY level, and their team. This allowed us to create resident-specific outcomes reports, team-specific reports, and PGY level comparisons, both at Emory and across institutions that participate in QITI.” The residents recently received their first round of reports. As the data accumulates, future reports will become even more meaningful for residents.

“My fellowship was a phenomenal experience, and one that I hope will continue to shape my career as a future academic surgeon,” Medbery concludes. “I was able to execute projects within multiple disciplines and meet both local and national leaders in healthcare reform.”

PORTABLE CURRICULUM

Compact and convenient mobile devices are well-suited to residents’ intensive routines. The Surgical Education Office issues iPads to various rotations that are pre-loaded with rotation-specific goals and objectives; the Emory Surgery app, which contains rotation schedules and other residency information; Epocrates RX, a drug reference compendium app; and the Draw MD app, which enables graphic and illustrative descriptions of surgical procedures to patients. Storage space is also available for building virtual libraries of articles and studies and for residents to add other resources they find useful.

App-authoring is poised to become the next publishing frontier. When Keith Delman and fellow surgical oncologist Shishir Maithel noted that residents had difficulty understanding liver anatomy and hepatic vasculature, an accessible interactive approach became attractive. With Delman’s support, Maithel worked with School of Medicine medical illustrator Michael Konomos to create an educational liver app. Konomos used Unity 3D, a game development ecosystem. “The app is similar to a Google Street View version of hepatic anatomy,” he says. “You can manipulate the image, turn it, study the structures found in the textbooks, and appreciate the sectional anatomy.” A future release to the iTunes App Store is planned when the app is completed.

RESEARCH

DIVERSIFY

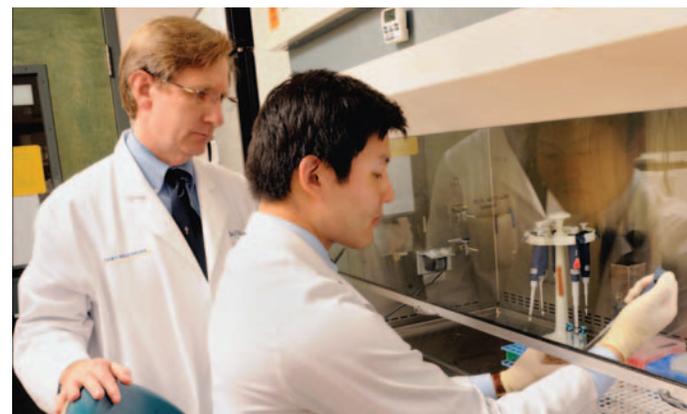
“The economists threw out our preconceived notions and analyzed mountains of our data in whole new ways.”

Casting a wider net

For the fifth year in a row, the Department of Surgery at Emory was ranked #5 nationwide in NIH awards for all departments of surgery.

The FY2012 stats were obtained from the Blue Ridge Institute for Medical Research, which publishes ranking tables online of annual NIH funding. School of Medicine Dean Christian Larsen was ranked the top funded principal investigator; Allan Kirk, vice chair of research of the Department of Surgery, placed eighth; and additional departmental faculty John Calvert, Craig Coopersmith, Mandy Ford, Kenneth Newell, John Puskas, and Lily Yang were listed in the top 250 funded PIs.

While NIH dollars will always be an essential ingredient in any major medical research center's funding pool, our scientists are bracing for NIH shortfalls due to sequestration, and their efforts to cultivate and establish a solvent mix of federal and private research support are on the upswing.



Allan Kirk (left) has three NIH R01s, is the local PI for multicenter studies funded through Clinical Trials in Organ Transplantation in Children and the Immune Tolerance Network, and mentors residents like Steven Kim (right) and medical students as PI of an NCI T32 training award.

John Puskas and other members of the Cardiothoracic Surgery Clinical Research (CRU) Unit meet with current trial participants and patients consulting for future trials on a weekly basis. The CRU continues to enroll patients in more than 25 ongoing trials. Sponsors include the NIH, American Heart Association, corporate entities, and local philanthropy.



FROM FIELD HOSPITALS TO THE HOME FRONT

Christopher Dente, a surgeon-researcher-educator in the trauma/surgical critical service at Grady Memorial Hospital, is working to standardize the optimum timing of wound closure. As principal investigator of a Department of Defense (DoD)-funded pilot study, the first of its kind at a U.S. civilian medical center, he and his team hope to develop a wound closure algorithm similar to the DoD's formula for military casualties.

Using objective criteria derived from the collection and analysis of military patients' tissue and blood, the DoD identified chemical and molecular biomarkers that appear to predict successful closure. Dente's team will use the same method. "We treat more than 100 patients a year in our level I trauma center with severe wounds that are comparable to critical battle injuries," he says. "Ideally, we'll define the similarities and differences between civilian and military wounds, and then be able to use the military's mathematical model or create one of our own."

FIRST PATIENT IN NATIONAL TRIAL TREATED AT GRADY

After head injury, blunt thoracic aortic injury (BTAI), typically caused by motor vehicle accidents and high falls, is the most common cause of death in trauma patients. Endovascular repair has joined open repair as an option for treating BTAI, and has been reported to exhibit lower rates of mortality and morbidity than traditional methods. However, due to the large diameter and limited aortic arch conformability of currently available endografts, placement is problematic in younger or smaller-body sized patients.

Ravi Rajani, director of vascular and endovascular surgery at Grady, has joined a multi-center, FDA-approved nonrandomized study that is assessing the safety and effectiveness of the Zenith® TX2® Low Profile Endovascular Graft, which was designed with such patients in mind.

He and his team were the first to successfully implant the device in the country.

"The TX2 device may allow surgeons to treat patients with difficult or tortuous arterial access who might otherwise have been ineligible for endovascular aortic repair," says Rajani. "Trauma patients often include women and smaller-bodied adults with more narrow and angulated arteries that can impede accurate positioning of an endovascular graft using currently available, larger-diameter delivery systems."

REDUCING THE DOWNSIDE

For over 40 years, patients under 65 needing heart valve replacement have had to choose between either a mechanical valve that offers life-long durability but requires aggressive warfarin anticoagulation to prevent blood clots, a treatment that can increase risk of excessive bleeding, or a biological valve that will wear out in 10-20 years but does not require anticoagulation.

Representing a network of investigators from 36 cardiothoracic surgical centers in the U.S. and Europe, John Puskas, director of Emory's cardiothoracic surgery clinical research unit, reported that preliminary data from On-X Life Technologies' Prospective Randomized On-X Anticoagulation Clinical Trial (PROACT) showed that the use of the On-X mechanical aortic valve combined with lower dose anticoagulation therapy and low-dose aspirin resulted in a 55 to 60% reduction of adverse bleeding events.

"Several features of the On-X valve differ from earlier mechanical valves so that it acts more like a natural valve and lessens the danger of clotting," says Puskas. "If longer term follow-up confirms what we've found so far, guidelines for anticoagulation could be re-written and patients may enjoy a more favorable trade-off between bleeding and clotting complications."



Craig Coopersmith and Mandy Ford's collaboration has benefitted from the burgeoning view that supporting projects with multiple principal investigators from different disciplines can be the most appropriate way to address complex scientific problems.

WORLD HEAD

Coopersmith, MD
er for Critical Care



Christopher Dente (left) and **Ravi Rajani** (right) represent different specialties that cross clinical paths at Grady Memorial Hospital's Level I trauma center. Each of them are leading Grady-based research projects that could improve trauma treatment on a national level.

UNDERSTANDING THE INTERPLAY BETWEEN SEPSIS AND CANCER

Craig Coopersmith, associate director of the Emory Center for Critical Care, and Mandy Ford, a transplant immunologist of the Emory Transplant Center, are co-principal investigators of an NIH R01 grant to study cancer's interaction with sepsis. Coopersmith's knowledge of sepsis and shock and Ford's focus on pathologic immune responses are being applied to investigate cancer's role as the most common comorbidity in septic patients and the comorbidity most associated with sepsis deaths. Experiments will be performed in multiple models of sepsis with diverse tumor lines to determine if results can be generalized or if they must be separated into specific responses to types of sepsis or types of cancer. They also hope to discover why apoptosis prevention—widely considered a potentially beneficial therapy for septic patients that requires further investigation—turns deadly if sepsis occurs in the setting of cancer in mice.

"In view of current efforts to translate apoptosis prevention to the bedside for treating septic patients, this work could potentially change entry criteria and/or prevent inadvertent mortality in patients undergoing clinical trials of apoptosis prevention in sepsis," says Ford. "We seek to define a subpopulation within sepsis that may require a different therapeutic approach than the typical septic host."



James Cox (left) and **John Sweeney** (right) assembled complications and readmission risk profiles by dissecting the vital signs, laboratory values, X-ray information, and other data recorded in the clinical observations of more than 3,000 Emory surgery patients. Cox photo provided by GSU.

DISPARATE FIELDS SYNTHESIZE SOLUTIONS

Pairing economists with surgeons to codify factors that improve hospital discharge decisions seems counter-intuitive, but has proven productive. "The economists threw out our preconceived notions and analyzed mountains of our data in whole new ways," says John Sweeney, chief quality officer of the Department of Surgery. "They discovered things in mathematical trends that we couldn't see in any one patient."

Sweeney has teamed with James Cox, director of the Experimental Economics Center of the Andrew Young School of Policy Studies at Georgia State University, on a collaborative grant from the NIH's National Institute on Aging to develop a software tool that will increase physicians' effectiveness in identifying when to discharge a patient and thereby reduce readmissions. The tool will consider clinical, behavioral, cultural, and social variables before making recommendations that could assist surgeons in making accurate discharge decisions. The tool has reached the patent-application stage and is being evaluated in simulated situations with medical students, residents, and attending physicians at Emory. It will soon be tested in a pilot project with patients.

NEW FACULTY

BAHAALDIN ALSOUFI, MD, was a pediatric cardiac surgery consultant, chairman of mortality and morbidity, and quality director at King Faisal Heart Institute, King Faisal Hospital and Research Center, Riyadh, Saudi Arabia. He specializes in cardiac surgery in neonates and children and congenital cardiac surgery in adults. His research focuses on outcomes, valvular heart disease, and ECMO.

SHIPRA ARYA, MD, completed her vascular surgery fellowship at the University of Michigan. Her clinical interests are aortic aneurysmal disease, cerebrovascular disease, peripheral vascular disease, and renal and mesenteric disease. Her research interests include quality and effectiveness of vascular procedures and secondary prevention of vascular disease.

Before doing his transplant fellowship at Stanford University's adult and pediatric hospitals, **B. DANIEL CAMPOS, MD**, was a general surgeon at Prowers Medical Center, Lamar, CO. He specializes in liver surgery, liver transplantation, and kidney transplantation, and studies adult and pediatric living donor liver transplantation and outcomes of liver transplantation for hepatocellular carcinoma.

STACY DOUGHERTY, MD, did her surgical critical care fellowship and general surgery residency at Wake Forest Baptist Medical Center. She specializes in trauma and emergency general surgery and surgical critical care. Her research encompasses outcomes studies for emergency general surgery and trauma.

During his 15 years at Charlotte Plastic Surgery, former Emory resident and faculty member **FELMONT EAVES, III, MD**, made academic contributions to patient safety, system and process improvement and quality of care, evidence based plastic surgery, and surgical contouring after major weight loss. He has rejoined us as the medical director of the Emory Aesthetic Center at Paces.

While a clinical instructor at the Keck School of Medicine, **RONDI GELBARD, MD**, did her clinical fellowship in trauma at the LAC + USC Medical Center. During her postgraduate years she served as a moderator for QuantiaMD's interactive physician community, was a resident advisory board member for Elsevier, and engaged in community-benefit projects that provided health care access to uninsured patients.

KARIM HALAZUN, MD, did his general surgery residency and surgical research and

transplantation fellowships at Columbia University Medical Center. He has received the Hepatobiliary and Transplant Fellow Award, American Association for the Study of Liver Disease; the Young Investigator Award, American Transplant Society; and the Distinguished Fellow Research Award, American Society of Transplantation.

WILLIAM B. KEELING, MD, came to us from the University of Louisville School of Medicine and will now direct the cardiothoracic surgery service at Grady Memorial Hospital. His clinical interests include valve repair and thoracic aortic pathology, and his research focuses on targeted clinical investigations of adult cardiac surgical sub-populations.

JEFFREY MILLER, MD, became surgical director of cardiac transplant and mechanical circulatory support at Saint Joseph's Hospital in 2000. He joined Emory following the integration of Saint Joseph's and Emory's cardiothoracic surgery programs. He will continue to perform surgery at Saint Joseph's while participating in the heart transplant program at Emory University Hospital.

BRYAN MORSE, MS, MD, was a faculty member of the South Carolina School of Medicine and an acute care surgeon of the Greenville Hospital System. He is a certified instructor of the ACS courses Basic Ultrasound for Surgeons and Advanced

Ultrasound for Surgeons, and a certified course director of the ACS Advanced Surgical Skills for Exposure in Trauma Course.

DOUGLAS MURPHY, MD, has served in several positions at Saint Joseph's Hospital, including chair of the Heart and Vascular Institute. In 2002, he led one of the first U.S. cardiac surgery teams in clinical trials of the use of the da Vinci® Surgical System for atrial septal defect repair and coronary bypasses. He will remain on the cardiothoracic surgery service at Saint Joseph's and will also perform surgeries at Emory University Hospital.

FOAD NAHAI, MD, is an acknowledged leader in aesthetic plastic surgery. He is president-elect of the American Association for Accreditation of Ambulatory Surgical Centers, was president of both the International Society of Aesthetic Plastic Surgery and the American Society of Aesthetic Plastic Surgery, and was the 2001-2007 director of the American Board of Plastic Surgery.

ANKIT PATEL, MD, has been at Emory since acquiring his BA in chemistry. After completing his endosurgery fellowship, he joined the bariatric surgery team at Emory University Hospital Midtown. His primary research interest is the integration of GI surgery with technology and robotics.

During his Emory cardiothoracic surgery residency, **ERIC SARIN, MD**,

did an advanced transcatheter/structural heart disease fellowship under the supervision of Dr. Vinod Thourani. He returns to Emory after three years in private practice at the INOVA Heart and Vascular Institute in Fairfax, VA. Dr. Sarin's clinical interests include structural heart disease and diseases of the thoracic aorta.

After completing her trauma/surgical critical care fellowship at Grady Memorial Hospital, **ANURADHA SUBRAMANIAN, MD**, served in several positions at Baylor College of Medicine, including director of medical student education. She returned to Grady as associate director of the Surgical Intensive Care Unit and associate program director of the trauma/surgical critical care fellowship, and was later promoted to medical director of Grady's SICU.

JOSHUA WINER, MD, did his surgical critical care fellowship at Brigham and Women's Hospital and his surgical oncology fellowship at the University of Pittsburgh. His specialties include hyperthermic intraperitoneal chemoperfusion (HIPEC), an innovative cancer treatment that delivers highly concentrated, heated chemotherapy directly to the abdomen, allowing for higher doses of chemotherapy than systemic chemotherapy.

Faculty appointments and awards

Gary Bouloux, DDS, MD

- Committee on Research Planning and Technology Assessment, Committee on Third Molar Outcomes, American Board of Oral and Maxillofacial Surgeons

John Calvert, PhD

- Chair, Membership and Communication Committee, Chair, International Mentoring, Council on Basic Cardiovascular Sciences of the American Heart Association
- Editorial Board, *Frontiers in Striated Muscle Physiology*; Academic Editor, *PLOS One*; Associate Editor, *Medical Gas Research*

Kenneth Cardona, MD

- Hepatobiliary Disease Site Workgroup, Society of Surgical Oncology

Linda Cendales, MD

- President-Elect, International Hand and Composite Tissue Allotransplantation Society
- Associate Editor, *Clinical Transplantation*

Edward Chen, MD

- Cardiothoracic Residents Committee, American Association for Thoracic Surgery

- Editorial Board, *Annals of Cardiothoracic Surgery*

Matthew Clifton, MD

- Course Director, Advanced Minimally Invasive Surgery for Pediatric Surgeons in Training, Association of Pediatric Surgery Training Program Directors

S. Scott Davis, MD

- Co-Chair, Publications Committee, Society of American Gastrointestinal and Endoscopic Surgeons
- Associate Editor, *Bariatric Surgical Practice and Patient Care*

Keith Delman, MD

- Transitions to Practice Committee, Association of Program Directors in Surgery
- Melanoma Disease-Site Working Group, Cancer Genome Atlas, NCI
- Editorial Board, *CA: A Cancer Journal for Clinicians*

Yazan Duwayri, MD

- Thoracic Endovascular Repair Module Committee, Vascular Quality Initiative, Society for Vascular Surgery
- National Proctor, Cook Zenith Fenestrated Aortic Endograft

Felmont Eaves, III, MD

- Jerome R. Klingbeil Award for Teaching Excellence, Aesthetic Surgery Research and Education Foundation

- Chair, Nominating Committee, American Society of Aesthetic Plastic Surgery

Samuel Farish, DMD

- Examiner (6th term), American Board of Oral and Maxillofacial Surgery

- Named J. David and Beverly Allen Family Professor of Oral and Maxillofacial Surgery, Emory University School of Medicine

Mandy Ford, PhD

- Special Emphasis Panel, National Institute of Allergy and Infectious Diseases, NIH
- Co-Chair, Community of Basic Scientists, American Society of Transplantation

Theresa Gillespie, PhD

- Invited Member, Working Group to Develop Mechanisms to Monitor and Report Research and Development for Neglected Diseases in Global Health, World Health Organization

Michael Halkos, MD, MSC

- First Place Award, Best Paper/Presentation, Robert Emery Young Investigator Award Competition, International Society of Minimally Invasive Cardiothoracic Surgery

- Task Force on Conduit Choice Guidelines for CABG, Task Force on Access and Publications for the Adult Cardiac STS Database for Hybrid Coronary Revascularization, Society of Thoracic Surgeons

Walter Ingram, MD

- Physician Category Winner, *Atlanta Business Chronicle's* 16th Annual Health-Care Heroes Awards

- Senior Sage Award, Grady Healthcare Foundation

David Kooby, MD

- Executive Committee, Finance Committee, Americas Hepato-Pancreato-Biliary Association

- Upper GI/Small Bowel Committee for the ABS Oral Exam Revision, American College of Surgeons

- Associate Editor, Hepatobiliary Section, *Journal of Surgical Oncology*

Edward Lin, DO, MBA

- Editor-in-Chief, *Bariatric Surgical Practice and Patient Care*; Editorial Board, *Bariatric Times*

Albert Losken, MD

- Clinical Editorial Board, *Aesthetic Surgery Journal*

Shishir Maitel, MD

- Clinical Trials Working Group, Americas Hepato-Pancreato-Biliary Association

Kevin McConnell, MD

- Research Fellowship for Early Career Investigators, Shock Society

Foad Nahai, MD

- Clinician of the Year Award, American Association of Plastic Surgeons

- President-Elect, American Association for Accreditation of Ambulatory Surgical Facilities

Kenneth Newell, MD, PhD

- President-Elect, American Society of Transplantation
- Mechanistic Assays Subcommittee, Clinical Trials in Organ Transplantation in Children, NIH

Barbara Pettitt, MD

- Step 2 Surgery Test Development Committee, United States Medical Licensing Examination (USMLE)

John Puskas, MD

- Guidelines Writing Committee, American College of Cardiology

Ravi Rajani, MD

- Editor, *Cardiovascular Pharmacology: Open Access*

Juan Sarmiento, MD

- President, Mayo Clinic Alumni Association

Virginia Shaffer, MD

- Young Researchers Committee, American Society of Colon and Rectal Surgeons

Jyotirmay Sharma, MD

- Medical Officer and Liaison for Health Care Associated Infections, National Healthcare Safety Network, Division of Healthcare Quality Promotion, CDC

Charles Staley, MD

- President-Elect, Georgia Surgical Society

Toncred Styblo, MD

- Scientist Reviewer, Breast Cancer Research, CDMRP (Congressionally Directed Medical Research Program), Department of Defense

Patrick Sullivan, MD

- New Technologies Committee, American Society of Colon and Rectal Surgery

Vinod Thourani, MD

- Dr. Dwight C. McGoon Award, Thoracic Surgery Residents Association

- Treasurer, Board of Trustees, International Society of Minimally Invasive Cardiac Surgery

- Co-Chair, Education Committee, American Association for Thoracic Surgery

- Cardiac Surgery Consultant Subcommittee (Board Written Questions), American Board of Thoracic Surgery

Ravi Veeraswamy, MD

- Peer Reviewer, American College of Cardiology Foundation/American Heart Association/Society for Cardiac Angiography and Interventions' Health Policy Statement on Structured Reporting for the Cardiac Catheterization Laboratory, Society for Vascular Surgery

- Chair, Program Committee, Peripheral Vascular Surgery Society

Mark Wulkan, MD

- President-Elect, International Pediatric Endosurgery Group

Amy Wyrzykowski, MD

- Publications Committee, Western Trauma Association

Lily Yang, MD, PhD

- Vice-Chair, Imaging Working Group, National Cancer Institute Alliance for Nanotechnology in Cancer



PHILANTHROPY

PERSONIFY

“She wants to use her resources to make a difference,” Susan Safley says when describing Maxine Clippert, who began donating to Safley’s islet transplantation research five years ago. “She’s very interested in science, but grew up in a time when women typically didn’t pursue medical careers.”

After reading about Safley’s efforts to improve methods for transplanting islets as a therapy for Type 1 diabetes, Clippert contacted her. They talked about close friends of Clippert’s that were battling the disease, then discussed how Safley’s development of durable, animal-derived donor islets with encapsulation to help prevent triggering the body’s immune response could greatly benefit such patients. This work is often conducted with prominent Emory diabetes investigator Collin Weber.

Shortly thereafter, Clippert generously established the Susan Safley Diabetes Research Fund, and has continued to replenish it annually ever since.

“Her donations have helped in all kinds of areas, from lab supplies to travel to scientific meetings,” says Safley.

Clippert is aware of the scheduled steps in the lab’s studies, and contacts Safley regularly to offer encouragement.

“It’s wonderful to have a relationship with someone outside of our immediate lab community who cares about our work and is excited about having a stake in what we’re doing.”

To contribute to any aspect of our clinical, academic, and research missions, please contact Jimmy Owen, director of development for the Department of Surgery, james.p.owen@emory.edu, 404.778.5429. To give online, scan the QR code with your mobile device or go to emory.edu/give.





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