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Monday, October 1st

6 to 8 p.m.

Hilton Chicago

The MASSACHUSETTS GENERAL HOSPITAL SURGICAL SOCIETY

Newsletter

Spring 2012

Volume 13, Issue 1

Message from the President

Spring is here. It's an exciting time for medical students since the residency match is rapidly approaching for the 4th year students. At the MGH, the interviews (of which legends exist) and rankings have been completed, and, undoubtedly, once again an outstanding crop of applicants will yield a phenomenally talented internship class. I well remember the scene on Match Day, 1980, as we each received our envelopes and exchanged good wishes with our comrades of the previous 4 years, realizing that we were about to enter new chapters in our lives. If you think about it, in terms of impact on one's career, Match Day may be the most significant day in a physician's life.

Times have changed . . . or have they? The curriculum for resident education has been considerably formalized since I began training. In 1999 the ACGME endorsed a plan whereby surgical residents have to show acquisition of skills in 6 areas of core competence: patient care, medical knowledge, practice-based learning, interpersonal and communication skills, professionalism and systems-based practice. This all makes sense. As an eager learner in medical school, once I decided to pursue surgery as a career, I remember avidly reading Charles Bosk's book, *Forgive and Remember*, an enlightening study of the culture of surgical residency training. Bosk, a sociologist at the University of Chicago, spent an intense block of time with the surgical residents at the U of C in order to catalog and analyze the unique culture of the surgical resident. In 2012, things have changed considerably, the inclusion of large numbers of women in surgical residencies and the restrictions on work hours, to name a few, but there is still a unique culture in surgical residencies because of the intensity and importance of what surgeons do. In the 1980's, we learned the 6 core competencies, not in such formal terms or through a formal competency curriculum, but from our peers and by sitting at the feet of our surgical teachers – Welch, Ottinger, Moncure and McCabe.

I remember an instance when, as the cardiac junior resident, I went by to complete a pre-op check on an elderly man in the Philips House who was to have a coronary bypass graft and carotid endarterectomy the next day. Gus Vlahakes, my senior resident had already been by to obtain the surgical consent. I asked the man whether he understood what he had been told by Dr. Vlahakes and if he had any questions. He stated, "Yes, I understand, but I don't remember much. I'm not worried, though, because I know you doctors will do the right thing." Organized medicine and surgery have been under attack of late, particularly in areas related to 2 of the core competencies: communication skills and professionalism. These days, patients are beginning to have doubts that physicians are doing things in their best interests. The causes for this are not clear, but possibilities include a lay press that is eager to generate sensation and controversy, incredible increases in spending in the health care system that make physicians seem less accessible, or the fact that so much information is now nearly immediately available to everyone through the Internet. Regardless of the causes, this suspicion of doctors challenges us all to communicate better and perform in a most professional manner.

Has 12 years of competency training made a difference in physician attitudes? It's hard to know, but in a 2009 survey of 1891 physicians practicing nationwide performed by the MGH Mongan Institute for Health Policy, published in the February, 2012, issue of *Health Affairs*, one-third of physicians did not completely agree with disclosing serious medical errors to patients, one-fifth did not agree that physicians should never tell patients something untrue and nearly 40% did not fully agree that they should disclose their financial relationship with drug and device companies to patients. Maybe these attitudes are better than in the past, or maybe not. Such attitudes by physicians, though, are undoubtedly going to give thoughtful patients pause as to in whose best interest physicians might be acting.

A curriculum formalizes the process of learning, and the 6 core competencies are certainly skills we want all young surgeons to master. I certainly endorse the concept. Real adoption and practice by surgical students and residents of the principles embodied in the core competencies, especially communication skills and professionalism, will come best when these skills are observed in and modeled by their surgical teachers. It seems that the apprenticeship model still best serves surgical learning. I guess things in surgical education haven't changed so much in 2012. Happy Spring!!!

Denny Lund

Message from the Chairman Times, they Are-A-Changin'

I don't think that Bob Dylan was talking about healthcare in the early 21st century, but he certainly was right on target with the title of his song from the tumultuous early 1960s. Healthcare reform is upon us and surgeons throughout the United States need to adapt. At the MGH, we are already feeling the winds of change as Massachusetts, well-known for being progressive, is ahead of the curve, implementing "Romney Care" (interesting name in light of presidential politics) in 2006. It is not my intent in this commentary to discuss politics but simply state regardless of the actions of the Supreme Court or the November election we are all being faced with new models of healthcare delivery which will affect our practices both now and in the future.

The first step for most of us involved with healthcare is to understand the "alphabet soup" of terminology. AQC (Alternative Quality Contracts), ACO (Accountable Care Organizations) or P4P (Pay-for-Performance) will all soon be replacing the standard fee for service model of surgical practice and reimbursement. Massachusetts is again leading the way as it is no coincidence that of the 32 healthcare organizations in the United States to be selected for the initial Pioneer ACO, five were from this state including our own Partners Healthcare. So, like it or not, the MGH is already "smack dab" in the middle of the process.

So should we be worried? Sure, there is a lot yet to learn and challenges are ahead. But I contend that Partners, the MGH, and specifically the Department of Surgery are well-positioned to face these challenges. I base these not on simple blind faith, but on objective data. First, the MGH/MGPO has a track record of success in disease management and care coordination, demonstrated by data from the Congressional Budget Office which show that our effort was the top performer, and sole institution to statistically reduce Medicare expenditures in a recent "Demonstration Project". Fortunately much of that team remains in our organization and is leading our new effort with the Pioneer ACO. Secondly, if conceptually managing a Medicare population involves limiting utilization to be successful in either our ACO or AHQ populations, there are new opportunities to build or grow our commercial referral business by doing what the MGH has always done best – providing the best quality care to the sickest and most complex patients in Massachusetts, New England, the United States, and even throughout the world. Efforts are already underway both in building successful relationships with community hospitals throughout New England for our divisions of Trauma, Emergency Surgery and Surgical Critical Care, Thoracic Surgery and Surgical Oncology. Also, through the efforts of our former chief, Dr. Andrew Warshaw, now the Senior Consultant for International and Regional Clinical Relations, MGH is expanding into markets throughout the Eastern United States and throughout the world. The challenge however in maintaining these valuable relationships is to continuously demonstrate the highest of quality care and patient (and referring physician) satisfaction both in the outpatient and inpatient setting and to reduce costs. Here again, advantage to the MGH Department of Surgery. Initiated by Dr. Warshaw, the Codman Center for Clinical Effectiveness led by Dr. Matthew Hutter and with representatives of all the divisions has led the way both at the MGH and amongst surgical programs throughout the U.S. in defining surgical quality through the use of the NSQIP, the STS, TRACS, and other national and local outcomes databases. Our quality and safety leadership team led by Matt, David Shahian (Director of Research for the MGH Center for Quality and Safety), Cameron Wright (Department of Surgery

Quality Chair), and Liz Lancaster (Senior Administrative Director, Department of Surgery) diligently work to provide faculty and residents with high-quality data analyses to support research and continuous quality improvement efforts including decreasing infection and other complication rates, improving communication and handoffs between providers, reducing length of stay and unplanned surgical readmissions, and improving patient experience. We are identifying new "teaching moments" such as the newly implemented Department-wide M&M Conference, which highlights best practices and areas of potential improvement across all the divisions.

Finally, we are working together with our sister hospitals in Partners on efforts to both improve quality and costs across the system. The department is represented by many individuals in Partners-wide care re-design efforts to more efficiently provide care in areas such as colon cancer and coronary artery bypass. Furthermore, departmental leaders are working with colleagues within Partners to reduce the inventory of OR products and devices by both providing uniform standards for use across the system and to seek reduced cost due to better negotiations with selected suppliers. These efforts will require some change in practice but in the end they will go a long way in reducing the cost of healthcare delivery. Yes, there will be challenges coming forth in healthcare reform, but the MGH and the Department of Surgery have both the experience and the will to take them on..

A message from the chairman, however, is not complete without acknowledging some of the exciting activities occurring in the department. First, after 8 years of successful program building by Dr. Steven Zeitels and his Laryngeal Surgery and Voice Restoration team within the Division of Thoracic Surgery (if you heard Adele at the Grammys, you know what voice restoration is all about), we have created a new Division of Laryngeal Surgery with Dr. Zeitels as Division Chief.

On the prestigious recognition front, last week, three members of the department were recognized by the MGH Cancer Center as members of "the 100" major contributors in cancer care delivery within the system. Dr. Liliana Bordeainou, colorectal surgeon in the Division of General and Gastrointestinal Surgery, Dr. Chris Morse in the Division of Thoracic Surgery and finally, Dr. Steve Zeitels of the Division of Laryngeal Surgery were the honorees.

Another very nice honor for the department has been the selection of Dr. Andrew Warshaw as the recipient of 2011-2012 Harold Amos Faculty Diversity Award. This award has been established to recognize Harvard Medical School faculty who have made significant achievements in moving the school towards being a diverse and inclusive community. Dr. Warshaw throughout his tenure as a faculty, Division Chief, and Chief of Surgery has made significant advances in promoting both ethnic and gender diversity to the department and has made us a model program at HMS, the MGH and in American Surgery.

Finally, and most significantly, Patricia Donahoe continues her tremendous "run" of major recognition as she was recently named as the recipient of the American Surgical Association Medallion for Scientific Achievement. Pat is only the 25th winner of this medallion and the first woman to win this award. Other winners include Robert Gross, Francis Moore, Jonathan Rhodes, Joe Murray, Tom Starzl, Judah Folkman, Josef Fischer, and most recently Denton Cooley. Truly Pat's tremendous career accomplishments continue to attract recognition. Fortunately she remains active and very successful in leading our Pediatric Surgery Research Laboratories. Recently she was

(continued on next page)



**CONGRATULATIONS
CLASS of 2013**

Pictured left to right
 Dr. Damrauer
 Dr. Blazick
 Dr. Butler
 Dr. Walp
 Dr. Lillemoe
 Dr. Kim
 Dr. Kunitake
 Dr. Millington
 Dr. Fukudome

awarded a totally new large NIH grant to investigate the molecular genetics of thoracic congenital deformities.

Next I would like to provide an update on some of the important social and academic activities coming up during the end of the year. This year's MGH/Johns Hopkins International Visiting Professor was Professor O. James Garden, the Regis Professor of Surgery from the University of Edinburgh, Scotland. Professor Garden visited the MGH in mid-April. In the end of May, Timothy J. Eberlein, the Bixby Professor and Chairman of the Department of Surgery at Washington University School of Medicine will be the Richardson Visiting Professor. Finally, and I would encourage you all to consider joining us for the first Ferguson/Ottinger Residents' Visiting Professor on June 13-14th. As many of you learned at last Fall's reunion that through the generosity of the Ferguson family and many of our alums this fund has been endowed to support resident activities which will include an annual visiting professor chosen by the residents. Most appropriately the first such visiting professor will be Dr. Les Ottinger. Dr. Ottinger will give the first Ferguson/Ottinger address at Surgical Grand Rounds on Thursday, June 14th. A dinner honoring

Dr. Ottinger and Dr. Ferguson will be held that evening at the Harvard Club. If anyone has interest in attending this very special event please let my office know at 617-643-1010.

Finally, as the academic year winds down to the end we say goodbye to eight outstanding Chief Residents. They are all headed to great positions for further training or to begin their practice. As has been the tradition, a "senior weekend", final grand rounds, and the "Change Show" are planned for June before they join one of the most exclusive clubs in America - The MGH Surgical Society. The individuals (*pictured above*) and their future plans are: Elizabeth Blazick, M.D., Vascular Surgery Fellowship, MGH; Kathryn Butler, M.D., Acute Care Surgery Faculty Position, Beth Israel Deaconess Medical Center; Scott Damrauer, M.D., Vascular Surgery Fellowship, University of Pennsylvania; Eugene Fukudome, M.D., Plastic Surgery Fellowship, MGH; Karen Kim, M.D., Cardiothoracic Surgery Fellowship, University of Pennsylvania; Hiroko Kunitake, M.D., Colorectal Surgery Fellowship, University of Minnesota, Minneapolis; Timothy Millington, M.D., Cardiothoracic Surgery Fellowship, MGH; Karen Walp, M.D., Private Practice

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Sarah Deery
Vanderbilt University



Winta Mehtsun
University of Virginia



Jarrod Predina
University of Pennsylvania



Dana Goverman
Washington University
in St. Louis



Zhi Ven Fong
Jefferson Medical College



Derek Klarin
UCLA



Madhukar Patel
University of California, Irvine



Brandon Wojcik
University of Michigan

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Whalers Medicine by Les Ottinger

Cash paid Consul ... for vaxinating the Ships Company 30\$. I was particularly advised to have the Ships Company Vaxinated for the Small Pox was raging up & down the Coast Several Ships had got it on board & had to go in & lay some time So by the advice of the Consul & others I had it done for the good of all Concerned whether the owners will pay me or not I don't know; Paita, Peru. (Captain Joseph Mitchell II, NHA Log 238, ship Three Brothers, 1/17/1848)

My fellow editor of this newsletter, Bill Daggett, is, as some readers can attest, extremely insistent toward possible contributors. He also tries to supplement the more usual articles on amazing technological advances and hoary Department history with lighter things. He recently came across an article I had written for Historic Nantucket, the NEJM of island history, regarding Moby Dick and the whaling logs held in the Nantucket Historical Association's Research Library. He thinks some of this material, perhaps also with a word on retirement, could serve as the subject for a short contribution to the newsletter.

In 1996 when I was 65 years old (old enough for a surgeon I think), Joan and I left our home in Brookline and became Nantucket residents; left America and became island koofs as the locals say. In finding productive ways to fill the days of retirement, I became a volunteer at the NHA Research Library and began to read whale ship logs. This was as a participant in a project to extract material from them for the library's data bank. The library presently has a collection of over 300 of these 19th century logs, most documenting daily and in detail the events of a single cruise. Many of the cruises lasted four or five years, rounding Cape Horn, and visited whaling grounds that occupied even the most remote reaches the Pacific Ocean.

A whale ship crew numbered about 25. In contrast to British whalers, the complement of an American whale ship of the time did not include a doctor. So the captain assumed the medical care of the crew as one of his virtually endless duties. Rarely there might be the chance for consultation with another captain or even a doctor. But generally he was on his own with only his chest of medicine and instruments. And maybe not even that:

At 9 AM a heavy sea struck her under the quarter. Broke the Medicine Chest adrift which went across the cabin and landed on the chronometer destroying every particle of medicine and also the chronometer. The foreyard dipped into the water about 4 feet. At 11 AM wind got to the SSW still blowing with great violence. At 4 PM wind moderated greatly. We had a pleasant starlight night which we never expected to have seen again but through God's mercy we were saved from a watery grave so blessed be his name for ever & ever. (NHA Log 13, ship Alabama, 3/15/1847)

This is one list of the contents of such a chest:

Alum, antimonial urine, basilicon ointment, blister plaster, blue vitriol, burgundy pitch, calomel and jalop, calomel pills, calomel, chamomile flowers, castor oil, camphor gum, salts of lemon, cream of tartar, doves powders, balsam copaiba, elixir vitriol, emetic tartar, ether, flaxseed, flowers of sulphur, ipecac, kino, laudanum, mercurial ointment, nitre, olive oil, opium pills, paregoric, essence of peppermint, rhubarb, simple ointment, spirits hartshorn, spirits nitre, sugar of lead, syrup of squills, liquid of opodeldoe, tincture of myrrh, tincture of guaiac, white vitriol, quinine, tincture of rhubarb, gum Arabic, blue pill, strengthening plaster, adhesive plaster, glauber salts, and chloride of lime. (NHA Log 12, ship Aurora, 12/1/1840)

Clearly, there is not much there that would provide more than the possible relief of symptoms. The chests also contained various sur-

gical instruments since amputations and extractions were nearly routine.

Usually, diagnoses would have been too trivial to be mentioned in the logs, but this was not always true. Those that took crew members off duty were more important, and few cruises were without at least one death. A list may actually be assembled from the data bank. To catalog a few, there are fever – unspecified, bilious, Batavia and Boo-Hoo; consumption, scurvy, and small pox; measles, mumps, and pleurisy; food poisoning, dysentery, and rheumatism; fistulas, abscesses, felons, boils; hernias and stoppage; manifestations of venereal diseases; headache, fits, insanity, moonstruck; and even the all overs and hypo. And, of course, there was trauma of every sort.

While furling the main topgallant sail the (illegible) gasket parted and precipitated Henry F. Brown from the yard. He struck the waist boat and broke his right leg short off just above the ankle and stove 5 strakes and split the keel and the stern oar in 3 pieces. We took him in on the deck and changed his clothes, set, bandaged, splinted and boxed his leg. During the night he hauled everything off. In the morning washed and bandaged it. (NHA Log 345, ship Harvest, 2/11/56)

And also:

Whale upset the starboard boat and a young lad Simon Bellamy was badly hurt by the line getting foul round his ankle... Bellamy's leg much worse expect the Capt. Will be obliged to amputate it... Bellamy is no better – the Capt amputated his leg below the knee... Bellamy is better strong hopes are entertained for his recovery. (NHA Log 76, ship Enterprise, 8/1-3/1830)

And though there must have been therapeutic successes, with the more serious medical conditions the captain no doubt found himself often powerless to intervene.

At about half past 4 AM George Joy, native of Sandwich. I. Died of consumption Which originated from a cold taken at the Galapagos Islands by going into the water and stopping some time. He had been sick about four months and bore his illness with much patience the disease was seated early in the lungs and resisted the power of all medicine that was given. The Lord giveth and the Lord taketh away and one after the other we have all got to go – be ye also ready for ye know not the hour. (NHA Log 368, ship Susan, 10/23/1843)

So here it is; a lighter submission, and one that is properly brief but that may give the flavor of the logs and a glimpse of a captain or mate who kept them.

As to retirement, and to look at my own approach, which was to abandon my profession entirely, I cannot declare it to have been a total success. But there has been much that is useful and interesting to do, innumerable books to be read, and, I find, a perfectly satisfactory life after surgery; like a good epilogue at the end of an exceptional book.

(Editor's note: Leslie Ottinger grew up in central Texas and graduated from Rice University with a degree in Biology. After serving as a line officer for three years in the USN, he attended HMS and came to the MGH as an intern in 1960. He was the East Surgical Resident in 1966 and practiced surgery at the MGH until 1996. He was the Program Director in Surgery from 1968 until 1998. Les and his wife Joan live on Nantucket where he runs a program to teach English to those for whom English is a second language. Additionally, he works in the Research Library of the Nantucket Historical Association. He is the recent honoree of a named visiting professorship at MGH that is directed at advancing surgical resident education.) ♦

**The Austen legacy lives on through the care and comfort of the
W. Gerald Austen, MD Inpatient Care Pavilion by Colleen Marshall**

W. Gerald Austen, M.D. - It is the name of the leader whom MGH physicians and hospital leaders seek out for guidance and advice. It is the name of the surgeon-in-chief emeritus and chairman of the MGH Chiefs' Council that many at the MGH strive to emulate. And it is now the name that future generations of MGH staff, patients and visitors will continue to admire thanks to the new W. Gerald Austen, MD Inpatient Care Pavilion.

"The Austen Inpatient Care Pavilion is a perfect tribute to an MGH giant who has poured so much of his heart and soul into building and shaping the MGH," says Peter L. Slavin MD, MGH president. "More than anyone, Jerry Austen embodies the spirit of excellence, compassion and innovation that has long defined MGH. We are so fortunate and proud to have the Austen name grace this beautiful center for patients and families."

The W. Gerald Austen, MD Inpatient Care Pavilion

It was just a few minutes shy of 8:30 am on Sept. 7, 2011 when patients first began making their way into the MGH's newest setting for top-notch clinical care – the state-of-the-art Austen Pavilion. "It's really nice," says Nancy Acevedo of East Bridgewater, who had the honor of being the first patient to move into the new building. "It's like something from the future."

The five-story, 138,255-square-foot Austen Pavilion features 150 beds and is housed within the Lunder Building. Constructing a new building that was environmentally-friendly was front of mind for the MGH and the Austen Pavilion's focus on healthy environment is aided by natural light in patient rooms and common areas, as well as an enhanced ventilation system to help eliminate toxins. It is also home to the Heathwood Exterior Garden and James and Carol Herscot Atrium, calming nature-inspired spaces meant to aid in the healing process. Thanks in part to these features within the Austen Pavilion, the Lunder Building recently was honored with a Leadership in Energy and Environmental Design (LEED) Gold certification level, the internationally recognized mark of green building excellence, from the U.S. Green Building Council.

Floors 6 through 8 in the Austen Pavilion are devoted to neuroscience patients, while floors 9 and 10 provide care for cancer patients. In addition to featuring the latest cutting-edge medical equipment and technology, each of the 150 rooms was designed to be spacious and private, and each features beautiful exterior views. Every room also offers adequate space not only for patients and medical staff, but for visiting family members. Due to the creation of two nurses' stations and ample hallways, patients often comment that the serene setting and quiet atmosphere is greatly appreciated during their stay.

The Austen leadership legacy

"Dr. Jerry Austen is the most important physician – really the most important person – to work at the MGH in the last 50 years and in fact, one of the most important physicians in the 200 years that the MGH has been in existence," says Roman DeSanctis, MD, director emeritus of Clinical Cardiology. "There is almost no part of the mission of the MGH that does not bear his fingerprints."

It is a sentiment that is echoed often throughout the MGH.

"Jerry has accomplished many times over what every human being aspires to," says David Torchiana, MD, chairman and CEO of the Massachusetts General Physicians Organization. "He has made major differences in the world, and the Austen Inpatient Care Pavilion is strong evidence of that."

Dr. Austen's impact within the field of cardiac care is far-reaching. He is internationally recognized for his contributions during his more than 40 year tenure as an innovative heart surgeon, and also has shared his wisdom as author and co-author of 421 original articles, 51 chapters and four textbooks. And, while the Austen Pavilion is the most recent tribute to his incredible career, it comes on the heels of decades of achievements, awards and accolades.

In 2002, a large conference room in the Bulfinch Building was transformed into a living tribute to Dr. Austen. The room, which houses the Massachusetts General Physicians Organization meetings and many other conferences, features awards and achievements bestowed on Dr. Austen from organizations such as the American Heart Association, the American College of Surgeons, the American Association for



Dr. Austen and his wife, Patricia, in front of the sign that appears on each of the five floors of the W. Gerald Austen, MD Inpatient Care Pavilion.

Thoracic Surgery, and the American Surgical Association – all national organizations which Dr. Austen served as president of during his incredible career. It also houses books autographed by some of Austen's famous patients, and the artwork filling the room includes photos of famous dignitaries and newspaper articles detailing noteworthy moments.

At age 82, Dr. Austen continues his very active career, working full-time at the MGH as the Edward D. Churchill Distinguished Professor of Surgery, chairman of the Chiefs' Council, honorary MGH Trustee and co-chair of the MGH Philanthropy program as well as in many other roles.

"The enormity of Jerry's contributions to the MGH boggle the mind," DeSanctis says.

Dr. Austen's life as a renowned surgeon, distinguished educator and incredible visionary is woven into the very fabric of the MGH. The naming of the Austen Pavilion in honor of Dr. Austen's vast career and innumerable contributions is a remarkable tribute that allows for his legacy to continue to grow and flourish.

"The W. Gerald Austen, MD Inpatient Pavilion serves as a fitting testament to all of the wonderful things Dr. Austen has done and continues to do for the MGH," says Slavin.



The private rooms within the W. Gerald Austen Inpatient Care Pavilion are incredibly spacious, with comfortable seating areas for visitors and family members. Each also offers beautiful exterior views of Boston.

A few notes on NOTES (Natural Orifice Transluminal Endoscopic Surgery) by David Rattner

Shortly after laparoscopic cholecystectomy was introduced in the late 1980's, surgeons and patients rapidly appreciated the benefits conferred by smaller incisions and minimal tissue trauma. Within four years of the first laparoscopic cholecystectomy, nearly every minimally invasive abdominal surgical procedure in use today had been attempted. Currently, laparoscopic surgery is the method of choice for treating most common intra-abdominal conditions. As the laparoscopic surgical revolution occurred, similar progress was made in therapeutic flexible endoscopy. The introduction of Percutaneous Endoscopic Gastrostomy (PEG) by Ponsky in 1981 established the principle that the lumen of the gastrointestinal tract could be safely violated with a flexible endoscope in order to perform a surgical procedure. Few would have anticipated that 25 years later, physicians interested in treating intra-abdominal pathology would use PEG as the access route to the peritoneal space. Similarly, one might not have predicted that nearly all common duct stones and many pancreatic pseudocysts would one day be treated non-surgically. These advances paved the road for an emerging field with possibilities beyond even the most sophisticated therapeutic endoscopic techniques. Natural Orifice Transluminal Endoscopic Surgery (NOTES) was thus introduced as a new approach that might help eliminate the pain and morbidity associated with violation of the abdominal wall in laparoscopic surgery.

The first NOTES procedure to capture the imagination of surgeons and gastroenterologists around the world was a trans-gastric appendectomy performed by Drs. Reddy and Rao in Hyderabad, India in 2005. The remarkable aspect of this procedure was that it was performed with simple off the shelf instruments available for everyday use in most endoscopy suites. Although this case was never published, the video went viral and the concept of trans-gastric intra-peritoneal surgery captured the attention of both surgeons and ultimately regulatory agencies.

Following this sentinel event, more complex trans-gastric endoscopic procedures were developed using animal models. These included tubal ligation, cholecystectomy, splenectomy, and salpingo-oophorectomy. Perhaps even more impressive was the report of a totally endoscopic gastrojejunostomy. Although the suturing device used was cumbersome and the procedure time lengthy, proof of principle was established that even reconstructive surgical procedures might be suitable for NOTES approaches.

In order to proactively address concerns about the safety of NOTES as well as shepherd its development in a responsible manner, leaders from the American Society of Gastrointestinal Endoscopy (ASGE) and the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) met in 2005. They published *The ASGE/SAGES Working Group on Natural Orifice Transluminal Endoscopic Surgery WHITE PAPER* as a guide for the safe and responsible development of NOTES. The ASGE/SAGES joint committee also created an organization: The Natural Orifice Surgery Consortium for Assessment and Research (NOSCAR, www.noscar.org) to implement the recommendations contained in The White Paper. Subsequently, over 4.1 million dollars were raised and awarded to study the fundamental challenges identified in the White Paper. Areas of interest included examining the hemodynamic and immunologic impact of NOTES, evaluation of gastrotomy closure integrity, determining the feasibility of transluminal restrictive bariatric procedures, and addressing the challenges of spatial perception and manipulation in natural orifice surgery. To date there have been over 55 peer reviewed publications generated with this funding and new procedures that were

not even in the imaginations of the founders of NOSCAR have arisen (see below for TEM NOTES and POEM).

As these research projects were being completed, surgeons in Europe, South America, and the USA prepared for human clinical trials of NOTES cholecystectomy. Cholecystectomy was chosen as the first procedure to study because it was fairly simple (ie did not require complex suturing or tissue manipulation) and was a common condition that would allow recruitment of adequate numbers of patients to a clinical trial. Although the NOTES concept was originally based on trans-gastric access to the peritoneal cavity, working in the right upper quadrant of the abdomen with a flexible gastroscope proved immensely challenging. As GI surgeons were struggling with the trans-gastric access route, a gynecologist, Daniel Tsin, described performing a cholecystectomy transvaginally in 2003 in the course of a culdoscopic procedure. This approach was picked up by several gastrointestinal surgeons in 2007 and when a woman in New York underwent "the first NOTES cholecystectomy" the case was reported in that leading peer reviewed medical journal- The New York Times! Subsequently NOSCAR was able to raise 2 million dollars to fund a prospective randomized US multicenter trial comparing NOTES cholecystectomy to laparoscopic cholecystectomy. This trial has accrued more than 50 patients at 6 centers and hopes to be completed by the end of 2013.

It is fair to say at this point that NOTES cholecystectomy has not gained widespread acceptance in the USA. This is due to multiple factors. The first factor is that the leading surgical societies, interested in evaluating safety and efficacy before endorsing a technique, stated in The White Paper that NOTES is investigational and should only be performed under IRB supervision. This posture has led to consistent denials for payment by insurance companies. Furthermore, many IRB's have placed very restrictive inclusion criteria on NOTES protocols limiting the available patient population for this procedure. In spite of the fact that transvaginal pelvic surgery is performed nearly every day for hysterectomies, uterine suspension, and was used in the past for tubal ligation, and in spite of the fact that there is abundant published literature that these procedures do not impair sexual function, at MGH our IRB does not allow us to offer the protocol to any woman who might wish to have children in the future effectively excluding all pre-menopausal women. Another barrier in the USA has been activist intervention by the FDA to block approval of devices that make NOTES surgery easier to perform. The FDA took the position that NOTES was a high risk approach and therefore prevented device makers from using the 510K pathway (i.e. a device can be approved if it is substantially equivalent to a pre-existing device) to get their products approved for clinical use. This created a nearly insurmountable financial barrier for many companies to get their products to market.

In contrast to the USA, German surgeons are embracing the NOTES approach for cholecystectomy. There have been more than 6000 trans-vaginal cholecystectomies performed in Germany and most are recorded in a national registry (<http://www.dgav.de>). German surgeons modified the original technique by using a long rigid laparoscope transvaginally rather than using a flexible gastroscope. This makes the procedure much easier to perform.

In 2008, I was able to lead a group of investigators that was awarded a multi-year grant from CIMIT to develop new NOTES procedures. Just as the German surgeons veered away from dependence on the flexible endoscope, we and others realized that a rigid platform would be useful for (*continued on next page*)

transrectal approaches to the peritoneal cavity. Transanal endoscopic microsurgery had been developed in the 1980's by Dr Gerhard Buess for treating large benign tumors of the mid and upper rectum. It was felt to have very limited application, but as we began exploring trans-colonic access devices for NOTES (given that only half the population is suitable for transvaginal access) this platform proved to be nearly ideal. It became immediately apparent that visualization deep in the male pelvis was superior to what one could obtain by either laparoscopic or open surgery. Led by Dr Patricia Sylla, this approach has now been refined to the point that the MGH has a human clinical trial opened for the treatment of rectal cancer via a NOTES approach. Our preliminary work has convinced us that we can perform an oncologically proper total mesorectal excision as well if not better than with standard techniques.

Another area of focus of the large CIMIT award was to investigate trans-esophageal approaches to the mediastinum and thoracic cavity. This seemed an ideal target because violating the chest wall can be very painful and hence the opportunity to improve on standard therapies might be larger than for cholecystectomies. Dr Denise Gee and I demonstrated that one could readily access the mediastinum by tunneling submucosally in the esophageal wall and penetrating the muscle layers 10 cm distal to the mucosal entry site. Once in the mediastinum or pleural cavity, it is relatively easy to perform biopsies and sympathectomies. Additionally it is possible to access the posterior wall of the heart for procedures such as pulmonary vein ablation. However, where this work seems likely to have greatest impact is in the treatment of achalasia. Once inside the submucosal tunnel of the esophagus, one can see the circular muscle fibers clearly and hence divide them at the level of the lower esophageal sphincter for the treatment of achalasia. This has in fact generated a great deal of excitement leading to yet another procedure with an acronym –Per Oral Endoscopic Myotomy-POEM. This procedure is getting increasing attention in the US but the largest experience to date comes from Japan where more than 100 POEM procedures have been reported with excellent results.

Lastly, under the leadership of Chris Thompson at BWH, a new method for creating bowel anastomoses is being developed. Realizing that currently available endoscopic suturing devices are cumbersome, Dr Thompson has developed a system of self assembling magnets that can be deployed through a flexible endoscope for creation of a compression mediated anastomosis. We hope to bring this work to human trials in the near future.

Some have questioned whether NOTES was more hype than hope. It is fair to say that the adoption of NOTES will occur at a much more measured pace than the frenzied adoption of laparoscopy. NOTES is much more evolutionary than revolutionary. NOTES is likely to have its greatest impact in areas other than what the founders had envisioned nearly 10 years ago. The fields of interventional gastroenterology and minimally invasive surgery share a fair degree of overlap and NOTES is likely to remain an area of interest to both specialties for the foreseeable future.

(Editor's note: David Rattner graduated from The Johns Hopkins School of Medicine in 1978 and then trained at the MGH. In 1999, he became the Chief of the MGH Division of General and Gastrointestinal Surgery and in 2003 a Professor of Surgery at Harvard Medical School. This year he became the first Warsaw Family Professor of Surgery. The past and present president of many surgical and surgical specialty societies, David is a highly respected leader in gastrointestinal surgery and in particular the field of minimally invasive surgery.) ♦



Warsaw Family Professorship

On January 20, 2012, Dean Flier, M.D., of the Harvard Medical School and MGH President, Peter L. Slavin, M.D., welcomed guests to a celebration of the new Warsaw Family Professorship in Surgery. The chair was established to honor former MGH surgeon-in-chief Andrew L. Warsaw and his wife, Brenda. The first incumbent is David W. Rattner, M.D., Chief of the Division of General and Gastrointestinal Surgery. Although all Harvard chairs are special, this chair was particularly important as was stated by Keith D. Lillemoe, M.D., current surgeon-in-chief: "It is truly unique that this professorship unites two individuals who have shared a mutually beneficial relationship for more than 30 years as a mentor-mentee and as close personal friends. Together they have advanced general and gastrointestinal surgery at the MGH and throughout the United States."

The event was celebrated by friends, family, faculty and many of the patients whose generosity had supported the endowment.

Neither Dr. Warsaw nor Dr. Rattner need introduction to this group, in that they have made so many contributions to both the department, the residency and to the MGH for many decades. Both Andy and David received their training at the MGH and have spent their entire academic careers at this institution. Dr. Warsaw, after serving as chief of the Department of Surgery from 1997-2011, remains on the staff as a senior physician-consultant for the Partners and MGH International Programs and for the MGH/MGPO Network and Center Development. Dr. Rattner has been the division chief of General and Gastrointestinal Surgery since 1999 and is internationally recognized as a leader in the field of GI and particularly in minimally invasive surgery. Dave has served as the President of the world's two leading gastrointestinal surgical societies- SAGES and the SSAT.

**MGH SURGICAL SOCIETY
ANNUAL RECEPTION
Monday, October 4, 2012
6 to 8 p.m.
Hilton Chicago**

History of MGH Black Surgeons by Michael Watkins and Elena Olson

During the 200th Anniversary of the MGH, the Department of Surgery hosted the 21st Annual Scientific Symposium of the Society of Black Academic Surgery. The Society of Black Academic Surgeons (SBAS) was founded in 1989 against the backdrop of a paucity of African-American surgeons in academic medicine and the absence of an organized network of African-American surgeons to stimulate, mentor and inspire young surgeons and medical students to pursue academic careers. This two and half day event was notable for leadership and disparities symposiums, a local program by MGH faculty in the Ether Dome, three State of the Art Lectures, 4 Scientific Symposiums and a Black Tie Dinner at the Liberty Hotel (program available as PDF at SBAS.net). Dr. Andrew L. Warshaw officiated as host of the meeting in what might have been his last official duty as MGH Surgeon-in-Chief. Dr. Jay Vacanti, Chief of Pediatric Surgery at the MGH gave one of the State-of-the-Art Lectures. In the wake of this historic meeting, this article is written to chronicle the history to date of African-American Surgeons at the MGH, note landmark events and highlight the specific national, regional accomplishments of alumni/faculty.

Early Trainees (1940-1973):

The history of African-American Surgeons at the MGH spans the last 76 years. Robert E. Fullilove, Jr., MD was the first African-American trainee in surgery at the MGH. He graduated from Howard Medical School in 1934 and was an advanced fellow in the MGH Urology Program in 1940. Dr. Fullilove was the first African-American elected president of the Essex County Medical Society. He published manuscripts on urologic diseases and wrote a letter to the editor of JAMA, criticizing a paper published in that journal which characterized syphilis as a "Negro Problem." He became a member of the American Board of Urology in 1956. Dr. Fullilove's fellowship was sponsored by the Julius Rosenwald Fund, created in 1917 by Chicago businessman and philanthropist Julius Rosenwald (1862-1932), who made his fortune as CEO of Sears, Roebuck and Company. Designed to spend itself out of existence after its founder's death, the Rosenwald Fund supported issues that affected the lives of African-Americans in the first half of the 20th century. From 1928 to 1948, the Rosenwald Fund's Fellowship Program awarded stipends to hundreds of African-American artists, writers, teachers, and scholars -- many with ties to Chicago -- as well as white southerners with an interest in race relations. Dr. Charles Richard Drew, Chairman Dept of Surgery at Howard University (1941-1950) was also a Rosenwald Fellow at Columbia-Presbyterian Medical Center. He is considered the father of Black Academic Surgery in American, and the Society of Black Academic Surgeons is dedicated to his memory.

Dr. Harold May was the first African-American general surgery resident at the MGH in 1953. He graduated from Harvard Medical School (1951), and spent 11 years as a medical missionary in Haiti. In 1970, he was named director of the Division of Community Health at the Peter Bent Brigham Hospital, and then founded Family, Inc in 1997. He is now retired and living in Boston. To put Dr. May's appointment to the MGH surgical housestaff in perspective, it should be noted that Dr. Edwin Salzman, the first Jewish surgical house officer at the MGH also arrived from Washington University, St. Louis in the same year. Later that decade Oscar Stanton DePriest III, followed him in the residency. Dr. DePriest was an HMS graduate ('54) and the grandson of the first African-American elected to Congress from the North. He was a

native or Urbana, Ohio, and graduated *summa cum laude* from Harvard College. Dr. DePriest joined the Division of Thoracic Surgery at the Howard University Hospital in 1962. He died in 2003.

Charles E. Brown, MD was the first African-American Neurosurgery Resident at MGH from 1965-1969. He was 1 of 5 African-Americans in Neurosurgery Training in the country during the 1960s. He graduated from Meharry Medical College in 1960, returned to Meharry and led the Division of Neurosurgery there. Dr. Brown chronicled the history of the surgical trainees of Dr. Matthew Walker in the Department of Surgery at Meharry which was published in the Journal of the National Medical Association.

Alvin H. Crawford, M.D. was the first African-American Orthopedic Surgery Fellow at the MGH in 1969. He grew up in the segregated community of Orange Mound, near Memphis, Tenn., and then earned his undergraduate degree at the school then known as Tennessee A&I University (now Tennessee State). Dr. Crawford went on to become the first African-American graduate of the College of Medicine at the University of Tennessee, followed by fellowships at the MGH (clinical fellowship in orthopaedic surgery), New England Baptist Hospital (constructive surgery of the hip), and Children's Hospital Medical Center (pediatric orthopaedics), and lastly the Alfred I. duPont Institute (pediatric orthopaedics) in Wilmington, Delaware. In 1972, he received his board certification in orthopaedic surgery, and since 1977, he has been an oral examiner for the AAOS. He is one of the nation's foremost authorities on video-assisted thoracoscopic surgery and neurofibromatosis: He is the Co-Director of the Crawford Spine Center at Cincinnati Children's Hospital Medical Center. He has trained 25 fellows in Pediatric Orthopaedic Surgery.

Willie Leroy Stephens was the first resident in Oral and Maxillofacial Surgery (OMS). He received his DDS from UC San Francisco in 1973, began his residency at the MGH in June 1973, and completed it in 1976. He then became Chief of Oral Surgery at the Martin Luther King, Jr. Hospital in California 1975-1982 when he returned to the MGH and the Harvard School of Dental Medicine (HSDM). He was an instructor in OMS at HSDM 1984-2003 and an Assistant in OMS at the same time. During those years he was also an Assistant at Brigham and Women's Hospital and Children's Hospital. He resigned from his academic positions in 2003 and is currently in private practice in Wellesley, Massachusetts.

Transitional Years 1974-2000:

Nearly 22 years would pass before another African-American resident entered the MGH general surgical residency. Dr. Gregory Scott entered the program in 1974, two years after the first female general surgery resident was appointed to the surgical housestaff. Dr. Scott was a graduate of the famed Dewitt Clinton High School in the Bronx, New York, then Lebanon Valley College, followed by Columbia College of Physicians and Surgeons. While at the MGH, he did research in the Transplantation Lab of Drs. Cosimi and Sachs. He completed his training in cardiothoracic surgery at Columbia-Presbyterian Medical Center and was an attending at the UNDNJ-Robert Wood Johnson Medical School at the time of his untimely death in 2006. He was a co-intern with Dr. Susan Briggs, who had previously been a head nurse on one of the wards at the MGH. She would become the first female General Surgery Chief Resident, appointed to the West Surgical Service in 1979. Two other African-American Residents came through the program- Dr. Houston Johnson (*Watkins continued on next page 9*)

(Watkins continued from page 8) spent time at the National Cancer Institute during his residency and now practices Surgical Oncology in Toledo, Ohio. Michel Jean-Baptiste, a native of Haiti completed his General Surgery Residency at the MGH. He is a Brown University and Harvard Medical School graduate. After leaving the MGH he became the Chief of Surgery at the Albert Schweitzer Hospital in Port-au-Prince. He developed a program there where he taught surgical technicians and surgical physician assistants to perform minor procedures. Upon returning to the US, he completed a residency in Psychiatry and is on the faculty at Yale.

In the early 1980's Jonathan Woodson would enter the surgical residency after two years as a MGH medical resident. Dr. Woodson, raised in Brooklyn, New York, graduated from the accelerated Baccalaureate/MD Program at CCNY-NYU. After completing the MGH Vascular Fellowship, Dr. Woodson joined the faculty of Boston University. He completed board certification in Medicine, General Surgery, Vascular Surgery and Surgical Critical Care. In 1992 he was awarded a research fellowship at the Association of American Medical Colleges Health Services Research Institute. His current research interest is in Health Outcomes Research; particularly functional outcomes in limb salvage vascular surgery. He holds a Master's Degree in Strategic Studies (concentration in strategic leadership) from the U.S. Army War College.

Dr. Woodson holds the rank of Brigadier General, United States Army, Reserve and has supported several Army Medical Department missions including Advanced Trauma Life Support Training (for active and reserve forces), military-civilian medical programs in Central America, and air medical evacuation missions in Central America. Dr. Woodson's previous responsibilities included Senior Medical Officer (trauma), International Surgical and Medical Response Team (Office of Emergency Management, National Disaster Management System), which responded to the September 11, 2001 terrorist attack at the World Trade Center, New York City. He was recently confirmed by the U.S. Senate as Assistant Secretary of Defense for Health Affairs. Dr. Woodson is the principal advisor to the Secretary of Defense regarding health issues and oversees the entire U.S. military medical enterprise. This includes the services' care of wounded and basic healthcare for close to 10 million active and retired service and family members through Tricare. He is also responsible for overseeing the Uniformed Services University for Health Sciences.

The 1980s would bring two black surgeons into the MGH general surgery training program. Dr. Lynt B. Johnson, a graduate of Duke University and HMS ('85) entered the program in 1985 and became East West Chief Resident in 1993. He is currently the Robert J. Coffey Professor and Chairman of the Department of Surgery and Chief of Surgical Services at Georgetown University Hospital. He has performed more than 800 liver transplant procedures and 800 kidney and kidney/pancreas transplants. He has been invited as visiting Professor to many prestigious Universities and has delivered over 50 invited lectures. He is a native of Savannah, GA and attended Duke University as an Angier B. Duke Scholar. He founded the Liver Transplant Program at the University of Maryland in Baltimore in 1993. In 1998 Johnson was recruited to Washington, D.C. to Georgetown University Hospital where he was the founder of the Georgetown Transplant Institute which has become the largest and most comprehensive transplant program in the Mid-Atlantic region. He served in this role until 2009 when he assumed the position of Chairman of the Department of Surgery. He serves on the Boards of Directors for the

United Network of Organ Sharing, The National Kidney Foundation, Georgetown University Hospital and the Society of University Surgeons Foundation. He is a member of the Southern Surgical Association, The American Society of Transplant Surgeons, The Society of University Surgeons, and The American Surgical Association. Johnson is married to Dr. Gloria Bowles-Johnson, who is a practicing OB/GYN also at Georgetown Hospital. They have four children between the ages of 10 and 19. He is an avid sports fan and enjoys fishing and golf along with his family.

Edward Barksdale entered the MGH program in 1985 and became the East-West Resident with Dr. Johnson from 1992 through 1993. Dr. Barksdale is currently the Izant Professor of Surgery, Case Western, Surgeon in Chief, Rainbow Children's Hospital. He is a native of Lynchburg, Virginia. Dr. Barksdale's interest in a career in medicine was stimulated by his participation in the PREP PROGRAM. The PREP program invited select minority high school students from across the United States to participate in a summer course of exposure to medical science. The goal of the program was to encourage minority students to pursue a career in medicine. Dr. Barksdale completed undergraduate studies at Yale and his medical education at Harvard ('85). He completed his Pediatric Surgery training at the University of Cincinnati, and then joined the faculty at the University of Pittsburgh. During his residency, Dr. Barksdale spent two years in the lab of Dr. Patricia Donahoe. He was a recipient of the Harold Amos Medical Research Award. Outside of his professional expertise, Dr. Barksdale is known for his formula for success, the 5 P's - Purpose, Passion, Prayer, Persistence and Posse.

The 1980's would also bring Raphael Lee, M.D. to MGH as the first African-American Plastic Surgery Resident in 1981. Graduating from high school in 1967, Lee went to the University of South Carolina, where he earned a B.A. in electrical engineering in 1971. He enrolled in Temple University School of Medicine and Drexel University College of Engineering. In 1975, he earned both M.D. and M.A. degrees. He began his career in surgery at the University of Chicago Hospitals as a resident in surgery in 1975, then completed his Sc.D. in biomedical engineering from the Massachusetts Institute of Technology between 1979 and 1981. In 1981, he started the Plastic Surgery residency at the MGH. Dr. Lee won the famous MacArthur "Genius" Award while he was a plastic surgery resident at the MGH. After the plastic surgery residency, Dr. Lee became the first black surgeon in the Department of Surgery at the MGH, where his primary clinical duties were on the staff of the Shriners Burn Institute. He also held appointments at Harvard and MIT where he taught electrical engineering, bio-engineering and surgery. In 1989, Lee returned to the University of Chicago, where in two years he became a full professor and is Currently Professor Of Surgery, Dermatology, Organismal Biology and Anatomy, and Molecular Medicine. He is also the director of molecular cell repair research at the University of Chicago. He has an active lab and clinical practice. His current lab contains the first major equipment he acquired at the start of his research career at the MGH- a centrifuge which was the gift from Dr. Paul Russell.

Lee's resume includes a list of awards, recognitions, professional memberships and publications. He was awarded a 1985 Searle Scholar Award, and he has been named by the Museum of Science and Industry in Chicago as one of the sixteen outstanding scientists in African-American history. Lee has also been listed as one of America's 100 brightest *(Watkins continued on page 10)*

(Watkins continued from page 9) Young Scientists by Science Digest. Lee specializes in the repair of scars and burns and has developed a number of treatments in the course of his research. He is the Paul Russell Professor at the University of Chicago School of Medicine.

Current History (2000- present, chronologic)

Dr. David T. Cooke joined the MGH surgical housestaff in 1999. He completed undergraduate studies at the University of California, Berkeley, then attended Harvard Medical School ('99). Upon completion of the MGH residency, Dr. Cooke then undertook training in General Thoracic Surgery at the University of Michigan. Since 2008, he has served on the faculty of the University of California-Davis, Sacramento. Dr. Cooke specializes in general thoracic surgery, thoracic oncology, and video assisted thoracic surgery (VATS). He is active in student mentoring, community involvement and clinical studies including oncologic trials and surgical outcomes research.

Nathaniel R. Evans also started the MGH General Surgery Residency in 2001 after completing his medical education at Stanford. He completed undergraduate studies at Princeton in Molecular Biology. Dr. Evans completed a fellowship in Cardiothoracic Surgery (Thoracic Surgery track) at the MGH in 2009, and is now the Director of the Thoracic Surgery Program at the Thomas Jefferson Medical School in Philadelphia where he is an Assistant Professor.

Chad Wilson joined the surgical residency in 2001 after completing undergraduate studies at the University of Texas (Chemical Engineering), and his medical education at Johns Hopkins. During the residency, he completed a Masters in Public Health at Dartmouth. After the general surgery residency, he received the Durant Fellowship in Refugee Medicine. In this capacity he spent 9 months at Kijabe Hospital in a rural community in Kenya taking care of patients of the community and refugees primarily from Somalia. He returned to the MGH to complete the Acute Surgery and Critical Care fellowship in 2011 and is now an attending trauma and general surgery at New York University-Bellevue Medical Center.

Jason Hall, M.D., the last MGH **Super Chief**, was a black surgical resident who joined the MGH surgical residency in 2001. He is a graduate from the College of the Holy Cross and HMS ('01) where he was a Howard Hughes Scholar. Dr. Hall completed the Chief Resident year in 2007, and then completed a fellowship in Colon and Rectal Surgery at the Lahey Clinic, where he remains as an attending surgeon. In addition to his interest in surgery, he is a dedicated marathon runner.

Dr. Anthony McCluney joined the MGH surgical house staff in 2002. He is a graduate of Duke University and Harvard Medical School. Following the MGH residency, Dr. McCluney completed a fellowship in Laparoscopic Surgery at the Brigham and Women's Hospital, and is now on the faculty of Tufts Medical School and the surgical staff of the St. Elizabeth Medical Center. He is the director of the weight center at the Good Samaritan Hospital. He specializes in Bariatric and General Surgery.

In 2002, Michael T. Watkins, became the first black attending surgeon in the Department of Surgery with clinical privileges at the MGH. He became interested in medicine after being selected by his biology teachers at Stuyvesant High School to participate in the same PREP program where Dr. Edward Barksdale (MGH Super Chief 1992) would subsequently cultivate his interest in medicine. It is interesting to note that Dr. Watkins grew up only one block away from Dr. Woodson (MGH Vascular Fellow 1987-

1988) in Brooklyn, New York, but the two did not meet until they were both at the MGH. Both completed the Vascular Fellowship and started their post fellowship careers in the Department of Surgery at Boston University Medical School. Dr. Watkins is a graduate of New York University and Harvard Medical School ('80). His postgraduate surgical training was at the Johns Hopkins Hospital, University of Rochester and the MGH Vascular Fellowship in 1987. His clinical interest in Vascular Surgery was cultivated in Rochester, New York, where he worked with Drs. Robert Rivers (HMS class of 1957), Thomas Penn, John Ricotta and Joseph Geary (MGH Linton Fellow, 1961). Drs. Penn and Rivers were among the first African-American Surgeons to become board certified in Vascular Surgery. After leaving the MGH, Dr. Watkins completed a postdoctoral fellowship in Cellular and Molecular Biology at the Mallory Institute of Pathology at Boston Medical Center in the laboratory of Christian C. Haudenschild, M.D. He then worked at the Boston and West Roxbury Veterans Administration Medical Center where he became Chief of Vascular Surgery, and Co-Chief of Surgical Services. After returning to the MGH, he became the director of the Basic Science Lab in the Division of Vascular and Endovascular Surgery. He has received the Harold Amos Medical Scientist Award, the Wylie Scholar Award in Academic Vascular Surgery and is the Isenberg Scholar in Academic Surgery at the MGH. The laboratory is funded by the National Institutes of Health, the American Diabetes Association and the Pacific Vascular Research Foundation. The laboratory effort is directed towards the development of translationally relevant techniques to address spinal cord and skeletal muscle ischemia reperfusion injury. He is the Co-Director of the Wound Clinic, an Associate Professor of Surgery at HMS, a past president of the Society of Black Academic Surgeon (2007) and an Associate Editor of the journal *Circulation* and *Year Book in Vascular Surgery*.

Dr. Ugwuji Maduekwe became the first African-American female surgical resident at the MGH in 2004. She is a graduate of the University of Texas in Dallas, Texas where she majored in Molecular and Cellular Biology, and the Harvard-MIT Scientist Training Program in 2004. During her residency, Dr. Maduekwe was the Claude Welch Research Fellow and completed a Masters in Medical Science from Harvard Medical School. After finishing the MGH residency in 2011, she became a fellow in Surgical Oncology at the University of Pittsburgh.

Dzifa Kpodzo, M.D., (HMS 2006) joined the Plastic and Reconstructive Surgery Harvard Combined Plastic Surgery Residency Program in 2006. Dr. Kpodzo completed a number of rotations on the General Surgery Service during the first three years of this program. She completed a Masters in Health Policy and Management from the Harvard School of Public Health in 2005. Prior to matriculating at HMS, she completed undergraduate studies in Integrative Biology with honors at University of California, Berkeley in 2000. She is the recipient of a number of awards, including the Hollis L. Albright Award at Harvard Medical School, the American Medical Association Women Physician Congress Mentor Recognition Award and the Partners in Excellence Award for Teamwork on the Face Transplant Team (Brigham and Women's Hospital). She became the Chief Resident in Plastic Surgery at the MGH in 2011.

Patricia Sylla, M.D. became the first black female surgeon on the MGH Faculty in 2008. She is a native of Sierra Leone, and completed her undergraduate medical education at Cornell Weill Medical College. Dr. Sylla (Watkins continued on page 11)

(Watkins continued from page 10) completed her surgical residency at the Columbia Presbyterian Medical Center where Dr. Ken Forde served as a mentor. While a resident at Columbia, Dr. Sylla received the Blakemore Prize for outstanding surgical research. Following residency, she completed the Advanced Laparoscopic Fellowship Endoscopy Fellowship at the MGH in 2008. She is a national leader in research in NOTES - natural orifice transluminal endoscopic surgery.

General Surgery Fellowship Trainees- MGH Department of Surgery:

In the late 1970's Earl Strayhorn became the first black surgical fellow in the Department of Surgery at MGH. He was raised in the Bronx, New York, graduated from Harvard College, Tufts Medical School and the Beth Israel Hospital General Surgical Residency Program. He trained in the Division of Vascular Surgery at MGH, later going on to private practice in Norfolk, VA. He died in 2010.

Dr. Francis Fynn-Thompson was the first black surgeon to complete both general surgery and fellowship training at the MGH. He was born in Hungary, but moved to Accra, Ghana at the age of 10. He left Ghana in 1990 to attend the University of Pennsylvania, Philadelphia where he double majored in Biology and Health Care Development in 3 years, graduating magna cum laude in 1993. He subsequently moved to Boston attend Harvard Medical School where he graduated in 1997. He did his general surgery residency at Massachusetts General Hospital from 1997-2002 and stayed on to complete his residency in Cardiothoracic Surgery at the MGH and Children's Hospital Boston in December 2004. He has been an attending pediatric cardiothoracic surgeon at Children's Hospital Boston since 2005. His research activities are focused on clinical and translational projects, primarily with regard to minimally invasive techniques and arrhythmia surgery. He holds an academic appointment as Assistant Professor of Surgery at Harvard Medical School, is Surgical Director of the Heart and Lung Transplant Program and Surgical Director of the Mechanical Circulatory Support Program at Boston Children's Hospital. Dr. Fynn-Thompson returned to his native Ghana in 2007 to start an annual mission providing pediatric cardiac surgical care to needy children in Kumasi, Ghana. This mission has the goal of helping to develop a self-sustaining cardiothoracic center in Kumasi. In the pursuit of this objective, he has become internationally known for his pioneering work promoting the development of cardiac surgery in Africa. He has also appeared on shows like Good Morning America and Boston Med.

Dr. Robert Merritt followed Dr. Fynn-Thompson in the Cardiothoracic Fellowship at the MGH in 2006. He completed his undergraduate training at Yale, medical school at Cornell, then general surgery residency at Columbia Presbyterian Hospital. Since 2008, Dr. Merritt has served on the faculty of Stanford University Department of Thoracic Surgery where he practices all aspects of thoracic surgery but has special interest in minimal access surgery for gastroesophageal reflux disease, VATS lobectomy for lung cancer, and tracheal surgery.

In 2005, Dallah M. Black, MD, became the first black female fellow in the department of Surgery at the MGH. She is a 1998 graduate of the University of North Carolina School of Medicine, then interned at Thomas Jefferson University Hospital in Philadelphia. Dr. Black completed her general surgery residency at the University of North Carolina Hospitals at Chapel Hill. After her MGH fellowship she became an Assistant Professor of Surgery at Yale School of Medicine and a member of the Hoffberger Breast

Center at Mercy Medical Center in Baltimore. She is a breast surgical oncologist, and is currently on the staff of the Sibley Hospital in Washington, D.C.

Surgical Specialties at the MGH:

Obstetrics-Gynecology

Marcia (Clair) Bowling, MD was the first Gynecologic Oncology Fellow at the Massachusetts General Hospital in 1984. She was a graduate of the School of Medicine and the OB-GYN program at the University of Massachusetts. She is currently the medical director of Robotic Surgery at the Christ Church in Cincinnati, Ohio.

Laura Riley, M.D., was the first black female attending in Obstetrics and Gynecology at the MGH. She was recruited by Isaac Schiff, M.D., a long time advocate for diversity in medicine at Harvard, shortly after he became Chief of the Vincent Unit. She was born and raised in Boston, Massachusetts, received her undergraduate education at Harvard University, a medical degree at the University of Pittsburgh and completed internship and residency in obstetrics and gynecology at the University of Pittsburgh-Magee Women's Hospital. Dr Riley completed subspecialty training in maternal-fetal medicine at Brigham and Women's Hospital and in infectious disease at Boston University Medical Center. When she joined the new obstetrical service at Massachusetts General Hospital, she focused on high-risk pregnancy. She also serves as the medical director of Labor and Delivery at Massachusetts General Hospital.

Dr. Riley has participated in multiple research initiatives, including the Women and Infants Transmission Study, which is a natural history study of HIV in pregnancy. Nationally, she continues to be interested in projects related to infectious disease complications of pregnancy, serving as a consultant to the Centers for Disease Control on perinatal HIV testing. She was the chair of the Obstetric Practice Committee at the American College of Obstetricians and Gynecologists for three years, a committee that writes guidelines for obstetric care. She was also a member of the Institute of Medicine Committee on Prematurity, which published the recent report entitled "Preterm Birth: Causes, Consequences, and Prevention."

Aaron K Styer MD became the first African-American male attending physician and reproductive surgeon in the Vincent Department of Obstetrics and Gynecology at MGH in 2007. He completed his undergraduate work at Duke University, received his medical degree from Vanderbilt University School of Medicine then completed internship and residency in Obstetrics and Gynecology in the Brigham & Women's Hospital and Massachusetts General Hospital/Harvard Medical School Integrated Program. Upon completion of the residency, he undertook advanced training as a research fellow in Reproductive Biology in the Vincent Center for Reproductive Biology (VCRB) and a clinical fellowship in Reproductive Endocrinology and Infertility at MGH. He is board certified in both Obstetrics and Gynecology and Reproductive Endocrinology and Infertility and is a diplomat of the American College of Obstetricians and Gynecologists. He is currently an attending reproductive endocrinologist, reproductive surgeon and principal investigator in the Division of Vincent Reproductive Medicine and IVF in the OB-GYN department. He has been nationally recognized for his research in assisted reproductive technology (in vitro fertilization) and endometriosis. Among numerous honors and awards, Dr. Styer received in 2004 the Lator Foundation Trainee Research Award at the 37th Annual Meeting of the Society for the (Watkins continued on page 12)

(Watkins continued from page 11) Study of Reproduction, and the 2005 Best Abstract Award-Trainee, sponsored by the Massachusetts General Hospital Women's Health Research Program.

Alexander Olawaiye, MD, completed a gynecologic oncology fellowship at the MGH in 2006. He completed an undergraduate degree at the University of Ibadan, Nigeria, and received a medical degree from the Royal College of Obstetricians and Gynecologists in London, UK. Dr. Olawaiye completed a residency at the State University of New York at Buffalo. He is currently an assistant professor of gynecologic oncology at the University of Pittsburgh and Magee-Women's Hospital of University of Pittsburgh Medical Center.

Oral and Maxillofacial Surgery:

Symon Guthua received his BDS (DMD) with honors from the University of Nairobi in Kenya in 1981. Because of his outstanding record, he was encouraged and subsidized by the government to seek post-doctoral training in OMS in the United States. He was accepted into the combined D, Med.Sc and OMS program at the HSDM and the OMS service at the MGH. He served with distinction from 1984-1988. His Master's degree was fulfilled by a thesis which was the forerunner of his numerous peer reviewed publications. He is the Head of the Division of OMS at the University of Nairobi where he has established a state-of-the-art ambulatory surgical unit.

Daniel T. Richardson, DMD, MD was born in Canada, went to Oakwood College in Alabama as an undergraduate, and then to the University of Pennsylvania, School of Dental Medicine from which he graduated with a DMD degree in 2002. Dr Richardson was accepted into the MGH OMS six year residency program serving from 2002-2008. He was awarded the MD degree from HMS in 2004 as an integral element of the MGH OMS program. Upon completion of his residency he became a Fellow for one year in cranio-maxillofacial surgery under Dr Jeffrey Posnick in Washington, D.C. He now practices in Chevy Chase, MD and teaches part time at Howard University Dental School. He is on the staff of Georgetown University Hospital and Johns Hopkins Hospital.

Orthopedic Surgery:

Cato T. Laurencin, is the outgoing Dean of the University of Connecticut School of Medicine and the Vice President for Health Affairs at the University of Connecticut. He is one of only 3 practicing orthopaedic surgeons in the Institute of Medicine of the National Academies. He is the first surgeon in the US to be elected to the Third World Academy of Sciences (of the six US members elected in the last two years, one third are Nobel prize winners). Laurencin grew up in North Philadelphia and graduated from Central High School. Laurencin earned his undergraduate degree in chemical engineering from Princeton University, his medical degree from Harvard Medical school (magna cum laude) his Ph.D. (Biochemical Engineering) from MIT in 1987. He completed the Combined Orthopedic Residency at the MGH in 1995. Prior to joining the University of Connecticut Health Center, he was the Lillian T. Pratt Distinguished Professor and chair of the Department of Orthopaedic Surgery, as well as the Orthopaedic Surgeon-in-Chief at the University of Virginia Health System. In addition, he was designated as a University Professor at the University of Virginia, one of the university's most prestigious titles, and held professorships in Biomedical Engineering and Chemical Engineering. Prior to his service at the University of Virginia, Laurencin was at Drexel University School of Medicine and Hahnemann Hospital in Philadelphia where he served as the Helen I.

Moorehead Distinguished Professor of Chemical Engineering, Vice Chairman of the Department of Orthopaedic Surgery, Clinical Professor of Orthopaedic Surgery and Director of Shoulder Surgery. He holds the Van Dusen Endowed Chair in Academic Medicine and is a professor in the Department of Orthopaedic Surgery at the University of Connecticut. Laurencin won the Nicolas Andry Prize (highest award from the Association of Bone and Joint Surgeons). It is considered a lifetime achievement award of the profession. He was named to the Institute of Medicine Round table on Evidence Based Medicine. He serves on the editorial board of 17 journals and his work was recently honored by Scientific American Magazine as one of the 50 greatest achievements in science this past year. Most recently, he was honored by Black Enterprise magazine in its American's Leading Doctors edition.

Valerae O. Lewis, M.D. completed the combined Orthopedic Residency at the MGH in 1998. She is the Chief, Orthopedic Oncology, Division of Surgery, The University of Texas MD Anderson Cancer Center, Houston, TX. After completing her undergraduate studies at Yale (Psychobiology, 1988), she then matriculated at Harvard Medical School, finishing Cum Laude in 1993. She has served as a member, American Academy of Orthopaedic Surgeons: Musculoskeletal Tumors and Disease Evaluation Subcommittee, and the Ruth Jackson Orthopaedic Society: Mentoring Committee. She is currently Associate Professor, Department of Orthopedic Oncology, Division of Surgery, and The University of Texas MD Anderson Cancer Center.

Urology

Byron Joyner M.D. became the MGH Urology Chief Resident in 1995. Dr. Joyner graduated from Princeton University and received his medical degree from Harvard Medical School in 1989. He performed a research fellowship at the Boston Children's Hospital. He had an additional 2 years of pediatric and reconstructive urology training at the Hospital for Sick Children in Toronto, Canada. He came to Children's in August of 2001 after a 4-year commitment in the US Army where he was chief of pediatric urology at Madigan Army Medical Center. He is currently Professor of Urology at the University of Washington in Seattle.

Neurosurgery

Dr. William T. Curry, Jr. completed the Chief Residency in Neurosurgery at MGH in 2004. Dr. Curry was born in New York, NY and studied as an undergraduate at Harvard University. He graduated from Cornell University Medical College in 1997, after which he began neurosurgery residency at Massachusetts General. His father was the first African-American Surgical Resident at the New York Hospital/Cornell Medical Center. Following completion of the neurosurgery residency, Dr. Curry joined the neurosurgical staff at Massachusetts General Hospital. As a member of the Pappas Center for Neuro-Oncology, he specializes in the surgical treatment of brain and spinal cord tumors. His academic interests center on brain tumor immunology, and he is developing a translational research program around clinical immunotherapy trials for patients with malignant gliomas. He won a Neurosurgery Research and Education Foundation (NREF) Young Clinician's Award for 2005.

Summary.

There is a rich and productive history of black surgeons who have trained in general surgery and surgical specialties at the MGH. Their practice involves primary surgical care, clinical and basic science research, and academic leadership at all levels. On the faculty level at the MGH, (Watkins continued on page 13)

(Watkins continued from page 12) there have been significant but modest gains. Efforts to promote ethnic and gender diversity in surgical training, teaching and faculty are ongoing goals in all Departments at the Massachusetts General Hospital.

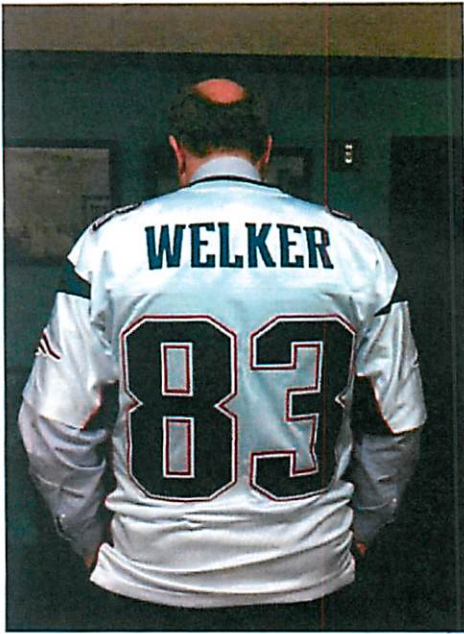
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- Walter Guralnick, DMD, MD
- Willard Daggett, M.D

(Editor's Note: Dr. Watkins is a graduate of New York University and Harvard medical School ('80). His postgraduate surgical training was at the Johns Hopkins Hospital, University of Rochester and the MGH Vascular Fellowship in 1987. After leaving the MGH, Dr. Watkins completed a postdoctoral fellowship in Cellular and Molecular Biology at the Mallory Institute of Pathology at Boston Medical Center in the laboratory of Christian C. Haudenschild, M.D. He then worked at the West Roxbury Veterans Administration Medical Center where he became Chief of Vascular Surgery. After returning to the MGH, he became the director of the Basic Science Lab in the Division of Vascular and Endovascular Surgery. He has received numerous awards and grants to support his research. Dr. Watkins, an Associate Professor Surgery at HMS, is a past president of the Society of Black Academic Surgeons and an Associate Editor of the journal Circulation and Yearbook in Surgery. Elena Olson, JD is Director of the Multicultural Affairs Office at the MGH) ♦

SOME PEOPLE NEVER LEARN

Dr. Lillemoe's first appearance at the MGH was as the Richardson Visiting Professor in 2006. As the payout for a bet on the Red Sox/Yankee ALLS Playoff Series with his longtime friend, David Rattner. Dr. Lillemoe delivered the address wearing a Red Sox cap. Now 5 years later, after the Patriots defeated his Ravens in the AFC Championship Game, he paid off a bet wearing a Patriots jersey throughout the day. Truthfully he should have chosen an offensive lineman jersey – not Wes Welker.



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