

# The Surgical Spotlight

ON ALUMNI, FACULTY, RESIDENTS & FRIENDS OF THE DEPARTMENT OF SURGERY



FALL 2008

## Ori's Move to St. Mike's



St. Michael's Hospital

Ori Rotstein was appointed Surgeon-in-Chief at St. Michael's Hospital four years ago with a mandate to expand the academic profile of their surgery department. He was attracted by the hospital's commitment to its academic mission and the prospect of working at a new research institute with a particular focus on critical care and trauma research. Chief of Medicine Bob Highland had recruited 40 physicians to develop an excellent teaching department. There had been many departures in surgery, so there was room to recruit.

To help develop surgery as a centre of academic excellence, Ori has recruited a total of twelve surgeon-scientists, many repatriated from the US. The higher Canadian dollar and better health care environment were helpful factors. Avery Nathens, who holds a Canada Research Chair and is known internationally for his work on trauma systems, was appointed Chief of Trauma and General Surgery. Loch Macdonald was recruited from Chicago to become

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Chief of Neurosurgery. Claudio Cina was recruited from McMaster to head up vascular surgery. Subodh Verma, another Canada Research Chair, joined Cardiac Surgery, and Nancy Baxter joined St. Michael's as a surgeon-scientist in the General Surgery Division.

To strengthen surgical education, education awards and education evenings were introduced. Teaching scores and teaching remediation were emphasized. Ori set up generic Surgical Services rounds with the nursing and anaesthesia departments, following the Surgical Services model he previously managed at UHN. Surgery at SMH already had outstanding leaders in education. David Latter, an extraordinary and insightful teacher, recently became Vice Chairman of the University Department of Surgery. Urology Program Director Rob Stewart started "Pizza with the Professor" rounds, where medical student presentations are carefully critiqued by the surgical faculty. John Bohnen is a legendary teacher who first gives students and residents knowledge frameworks for understanding surgery, then fills them with memorable essentials.

Ori's lab has graduated two PhD surgeon scientists this year, Pat Tawadros and Simone Birch. Mae Cantos is currently in the lab studying how resuscitation from shock primes cells to injure the lung. This highly productive lab group includes John Marshall, Andres Kapus and Katalin Szaszi. They blend well with the research programs of Art Slutsky and Haibo Zhang studying acute and chronic inflammation. It was Art's vision of the future development of research and his credibility as a scientist that first attracted Ori to SMH.

Energetic and visionary CEO Jeff Lozon, who has served as an Assistant Deputy Minister at Ontario's Ministry of Health, has been very supportive. Patricia Houston, head of Anaesthesia and the Operating Room, and an outstanding educator, creates a synergistic and supportive atmosphere for education in the OR.

*M.M.*

## **The Centre for Faculty Development**

**(CDF)** is pleased to announce the registration schedule is now posted online at the following URL address: <http://www.cfd.med.utoronto.ca/workshops.htm>.

These workshops are devoted to the enhancement of teaching skills and are offered throughout the academic year. Each workshop is free to faculty in the Faculty of Medicine. Registration is required.

If you are not a faculty member, but are active in the teaching of health professionals at the University of Toronto, please feel free to register for workshops. Your name will be placed on the waiting list. Within three weeks of the course date you will be notified if there is space available. If at that time you are still interested in attending, you will be fully registered for the session. A \$50 registration will apply to all non Faculty of Medicine participants.

Workshops meet the accreditation criteria of the College of Family Physicians of Canada and have been accredited for 3.5 MAINPRO-M1 credits per each workshop (unless otherwise noted). Workshops have also been approved as an Accredited Group Learning Activity under Section 1 of the Framework of CPD options for the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada - 3.5 hours per workshop (unless otherwise noted).

For questions/comments please contact: Hailey Garcia-Gonzalez at: [garciah@smh.toronto.on.ca](mailto:garciah@smh.toronto.on.ca) at: 416-864-6060 Ext. 3524.

## Unethical Influence or Healthy Collaboration

The relationship between surgeons and the pharmaceutical and device industries is under attack. A plethora of recent controversies surrounding our relationships with these companies has received front page attention. For several years now there has been a heightened awareness of approaches to us by these corporations in terms of invitations to high-end dinners, travel payments, offerings of logo-bearing gifts, lavish continuing education events, and free samples of drugs and devices. More concerning has been the advent of more substantial compensation in the form of stock options and patents; lucrative consulting, speaking and royalty agreements; research grants; industry-related chairs; and sponsorship of postgraduate medical education events. And while these interactions have long been an accepted part of practicing medicine, it seems that over the past few years, there has been a revolution in how these relationships are viewed.

This seismic shift can largely be attributed to recent publicity of conflicts of interest, most serious of which was the lengthy US Department of Justice investigation into the orthopaedic device industry's use of financial kickbacks to surgeons in the form of "consulting arrangements, trips, and other perks" in exchange for using their products. Last September, this culminated in settlement agreements with the five leading makers of artificial joints. Four of the companies – Dupuy Orthopaedics, Biomet, Smith & Nephew, and Zimmer paid fines of \$310 million, while Stryker, the fifth company, escaped charges as it had been the first to cooperate in the investigation. Perhaps more far-reaching than the fines, has been the agreement by all five companies to the appointment of federal monitors to screen every payment made to physicians, as well as to prominently display detailed lists of compensation made to individual doctors or medical groups on their web sites.



Richard Reznick

And while criminal prosecutors have focused their efforts on industry, there are rumours that the Department of Justice will announce indictment of physicians who accepted kickback payments from device makers.

Over the last few years there have been many reports that have suggested putting forth increasingly stringent guidelines governing the interactions with industry. For instance, the national trade associations for the medical device industry in the United States and Canada have each developed a voluntary Code of Conduct to guide ethical business relationships. Academic institutions are also taking steps to manage their relationships with industry and curb conflicts of interest. Recently, the AAMC developed a manifesto to curtail the involvement of industry in medical schools, teaching hospitals, and CME, and urged its members to adopt policies and procedures related to the guidelines by next summer.<sup>1</sup> The essential elements of the AAMC missive to all medical schools is to:

- Establish and implement policies that prohibit the acceptance of any gifts from industry by physicians, faculty, students and residents on- or off-site
- Eliminate the receipt of drug samples or manage their distribution via a centralized process that ensures timely patient access throughout the health care system
- Restrict access by pharmaceutical representatives to individual physicians by confining visits to non-patient areas and holding them by appointment only
- Set up a central continuing medical education (CME) office to receive and coordinate the distribution of industry support for CME activities
- Strongly discourage participation by faculty in industry-sponsored speakers' bureaus
- Prohibit physicians, residents, and students from allowing presentations of any kind to be ghostwritten by industry representatives.

Just this last month Stanford has banned its faculty from accepting any form of reimbursement from industry, including banning all industry sponsored CME events.<sup>2</sup> Closer to home, the Department of Psychiatry at the University of Toronto has created a lengthy Task Force Report to govern interactions with the pharmaceutical industry.<sup>3</sup>

It is quite clear that we are at a critical juncture in how we as physicians relate to industry, and as always there are

some who are taking extreme views on the issue. On one side are those who advocate a draconian approach that would see us cutting all financial ties to industry. They argue that collaborating with industry affects our objectivity and even small gifts create a desire to reciprocate.

In the other camp are those in favour of forging even stronger associations with industry – essentially holding the belief that “science cannot stop while ethics catches up”. They feel that the more linkages there are between



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physicians and industry, the better it is for clinical medicine. They point out that physician-industry interactions have resulted in many great achievements and are necessary for the advancement of medical science and the transfer of technology. They worry that a lack of compensation may make us less willing to help industry with their research, to the ultimate detriment of patient care.

But really, what would academic medicine look like without industry-physician interactions? All “unrestricted” educational grants would disappear. Capital donations that support centers, buildings, and hospital wings would vanish. Collaborations that reward excellence in the form of industry funded academic chairs would be eliminated. Our financially strapped health care system which encourages reduced spending and is already trying to cope with limited resources would suffer, especially in the research arena. As surgeons, we would relinquish our

involvement with industry in the development of new medical devices and the extensive training required for their adoption. Finally, our patients might well suffer from the stultification of industry-physician collaboration in technological innovation.

While there will undoubtedly be further reforms stemming from the investigations in the U.S., a complete separation of medicine and industry is not the solution. We need to strike a fine balance – by finding a way to work harmoniously with industry, while adhering to limits. To do this we need to establish principles which clearly outline what represents a conflict of interest, and what does not. Moreover, we must ensure that our interactions with industry take place in an atmosphere of openness and transparency. It is only through the adoption of such safeguards that we will be able to maintain our position as a professional, unbiased authority in which the public can trust, and demonstrate clearly that we, as surgeons, cannot be bought.

Authors Note: I would like to acknowledge the research and writing assistance I received from Maggie Jugenberg in preparing this commentary. Maggie is an educational corporate planning specialist at UHN.

1. <http://www.aamc.org/newsroom/pressrel/2008/080619.htm>
2. <http://med.stanford.edu/coi/siip/policy.html>
3. <http://www.facmed.utoronto.ca/Assets/about/pharmaceutical.pdf>

*Richard K. Reznick*  
*R.S. McLaughlin Professor and Chair*

## Surgical Leadership Day 2009

Surgical Leadership Day will take place Friday, April 24, 2009 at the Vaughan Estate. The program will emphasize Rotman School of Management faculty consultation on surgery management problems. Please contact your University Division Chair or Surgeon-in-Chief to apply.

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# WELCOME NEW SURGICAL RESIDENTS



Ronald Levine

A fantastic cohort of new residents has beaten the competition to enter the Gallie Program in July, 2008. They have diverse and interesting backgrounds.

The Department of Surgery continues to grow with expansion of the number of trainees in many of the surgical specialties.

The expertise and enthusiasm of their teachers and resident colleagues promises that our residents will be the best taught ever.

Forty-three residents have entered the department – 32 male and 11 female. Thirty-two have come through

the CaRMS match and are Canadian Medical School graduates. Eight have come through the IMG match and include Canadians who have studied abroad and are returning to Canada for their surgical training as well as Permanent Residents who have obtained their MD in foreign countries and will be practicing in Ontario. Three are “visa trainees,” who will return to their home countries following training. What a great gift this diverse group of bright young minds brings to our department.

Welcome new residents!

*Ronald H. Levine*

*Director, Postgraduate Surgical Education*



Saad Al Qahtani – P/S



Mohammed Albugeay – C/S



Gregory Bodie – G/S



Christopher Daigle – G/S



Charles de Mestral – G/S



Omar Dessouki – O/S



Julius Ebinu – N/S



Milan Ernjakovic – G/S



Aria Fallah – N/S



Nicholas Gaudet – G/S



Nicole Golda – U/S



Matthew Gunton – O/S



Ahmed Haddad – U/S



Usman Hameed – G/S



Kathryn Howe – N/S



Marvin Hsiao – G/S



George Ibrahim – N/S



Kunaal Jindal – P/S



Mara Jones – O/S



Stewart Lo – G/S



Elaine Mau – O/S



Chloe McAlister – G/S



Fred Nicholls – O/S



Nathan Perlis – U/S



Matthew Plant – P/S



Bheeshma Ravi – O/S



David Santone – O/S



Raj Satkunasivam – U/S



Mehdi Shahideh – N/S



Ron Somogyi – P/S



Megha Suri – G/S



Luke Szobota – G/S



Sara Temple – U/S



Kim Tsoi – O/S



Robert Tutino – P/S



Sara Ward – O/S



Andrew Watt – O/S



Julian Winocur – G/S



Bobby Yanagawa – C/S



Boris Zevin – G/S



Jing Zhang – P/S

Missing from photos:

Thamer Al-Abbassi - G/S

Nilofar Dehghan - O/S

“Medical science and medical practice represent a culturally sanctioned accumulation and refinement of specialized knowledge, literally passed from hand to hand across the ages. Unless patients are willing to play a role in training subsequent generations of medical professionals, each of us will be at risk for limited access to future medical care.”

From “Do unto others: Justice in Surgical Education.” in James W. Jones, Laurence B. McCullough, and Bruce W. Richman. *The Ethics of Surgical Practice*, 2008, pp 85-87.

# What is an Acute Care Surgeon and why do we need them?

UNIVERSITY TRAUMA ROUNDS AT ST. MICHAEL'S HOSPITAL



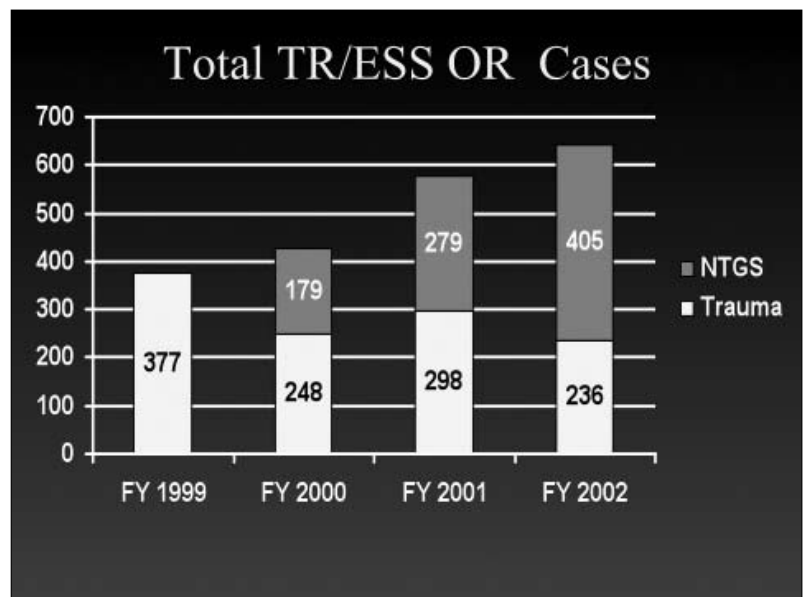
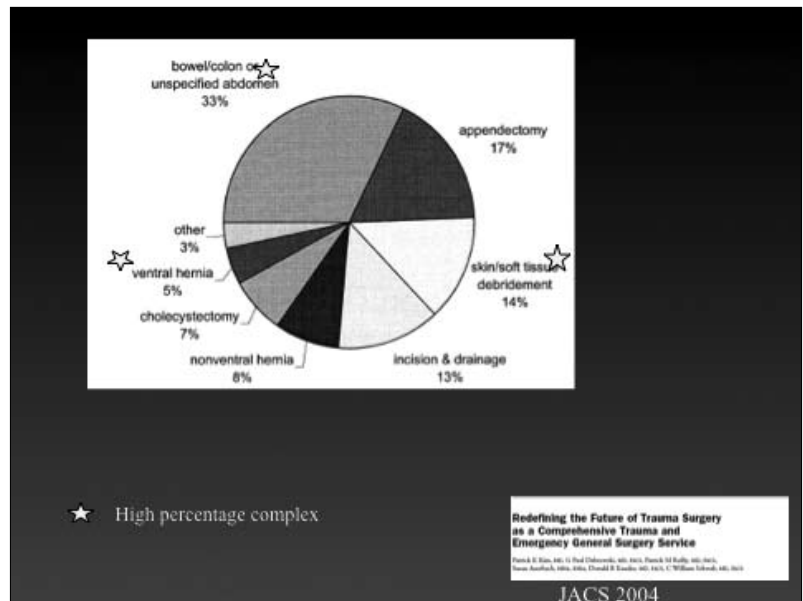
C. William Schwab

More than 113 million Americans visit emergency departments every year – 40 million for injuries, 4 to 5 million for abdominal problems. This amounts to 6 to 9 million emergency patients who need prompt evaluation

and treatment by a surgeon. A rising shortage in the surgical workforce is creating a crisis in emergency care. Few broad based general surgeons are being prepared to take the place of those trained in the 50's, 60's and 70's. Surgeons today have a narrower spectrum of practice; many general surgeons limit their scope to several selected operations. Specialist surgeons are not comfortable taking ER calls. 70-80 million "baby-boomers" are set to retire in the US in the next 15 years; thousands of boomer surgeons will retire as well, leaving huge holes in emergency coverage.

Bill Schwab, our trauma rounds lecturer, leads trauma, acute care surgery and surgical critical care at the University of Pennsylvania. Penn was the first medical school and university hospital in the United States, founded by Benjamin Franklin. From 2003-2006 Bill served on an Institute of Medicine Task Force on the Crises in Emergency Care in the US. (Future of Emergency Care Dissemination Workshop Summaries. Megan McHugh and Peter Slavin, Rapporteurs. The Future of Emergency Care Workshop Planning Group Board on Health Care Services, The National Academies Press, Washington, D.C.

One of the solutions the task force examined is a new specialty called Acute Care Surgery, a term coined by American College of Surgeons Board of Regents Chairman L.D. Britt to describe a system that combines trauma surgery, intensive care and burn care with expertise in all surgical emergencies. The latter includes treatment of perforated viscus, sepsis, soft tissue infections, and some thoracic and vascular surgery. (Britt LD. Acute care surgery: A proposed training curriculum. *Surgery*



TR = Trauma  
 ESS = Emergency Surgical Service  
 NTGS = Non Trauma General Surgery



2007; 141:304-6.) These 24/7 emergency surgeons would provide in-house coverage rather than consultation from home, creating greater efficiencies.

At the University of Pennsylvania, where 30% of admissions are for gunshot wounds, Bill and his team now have close to ten years experience with an Acute Care Surgery model of delivering emergency surgical services. Where these models have been initiated they have been shown to work well. They produce better outcomes, are more efficient, and they create a life style that is attractive to surgeons. Currently about 70% of Level I Trauma Centers in the US have in-house surgeons and 60% of these surgeons are doing emergency general surgery.

In answer to video conference questions, Bill told us his hospital does not have a dedicated trauma critical care unit, but uses trauma patient protocols within all surgical ICUs. In response to Richard Reznick's question about the role of alternative critical care givers, Bill explained they employ nurse practitioners trained in trauma and critical care medicine. Some centres use Physicians' Assistants, and more of these advance practice care givers will be needed as work hours decrease for residents. He feels Advanced Practice Nurses in the SICU are a tremendous asset, providing continuity and expertise.

Bill went to school in Syracuse, New York and finished surgical training in the 70s. During the Vietnam era he was trained by the US Navy to do "all life and limb saving surgery". Bill trains surgeons for military service in a special fellowship program that includes training in emergency craniotomy, especially if that surgeon might deploy outside the US.

#### Bibliography:

1. Kim PK, Dabrowski GP, Reilly PM, Auerbach S, Kauder DR, Schwab CW. Redefining a future of trauma surgery as a comprehensive trauma/emergency general surgery service. *Journal of the American College of Surgeons* 199(1):96-101, July 2004.
2. Gracias VH, Sicoutris CP, Stawicki SP, Meredith DM, Horan AD, Gupta R, Haut ER, Auerbach S, Sonnad S, Hanson CW 3rd, Schwab CW. Critical Care Nurse Practitioners Improve Compliance With Clinical Practice Guidelines in "Semiclosed" Surgical Intensive Care Unit. *J Nurs Care Qual.* 2008 May 29.

M.M.

## "Looking at the Department of Surgery from the Dean's Office"

After a highly productive term as Vice Chairman, Education in the Department of Surgery, John Bohnen has moved on to become Vice Dean, Clinical Affairs, for the Faculty of Medicine. The position "offers an opportunity to work with great people, and great people like Bob Byrick and John Wedge did it before me."



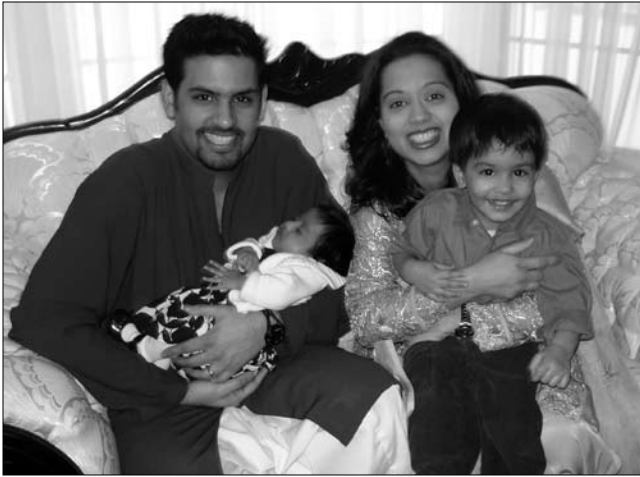
John Bohnen

While he continues with a busy clinical and teaching schedule, John is now responsible for working with the chairs of the eight governance organizations implementing the Alternate Funding Plan (AFP) that is strengthening the academic performance of the faculty of our medical school. The structure and function of the AFP is discussed in the Winter 2008 issue of the Spotlight.

During his term as Vice Chairman of our department, John saw us through two highly successful accreditations and helped make every surgical program a good place to work both for residents and faculty. He helped the program directors share the best practices and applied his long-standing interest and expertise in quality improvement to the educational mission of the department. He is now applying these strengths to improving the standards and performance of the entire Faculty of Medicine. He sees the eight governance organizations that he meets with monthly as a forum for constant improvement in education. Despite competition, there is fairness and collegiality; there are also interesting problems that require concrete solutions every week. In addition to the AFP half of the job, John is responsible for policy and its implementation on faculty appointments, academic freedom and definitions of academic work. He is enjoying seeing the Department of Surgery from a different perspective, with insights gained from exposure to the functions of all of the other departments. "The light shining from the Department of Surgery has not dimmed; it is a phenomenal department."

M.M.

## Our Resident Fayeز Quereshy: Valedictorian of Rotman MBA Class



Fayeز Quereshy, his wife Nariman Malik, son Faraaz and daughter Raniya

General Surgery resident Fayeز Quereshy describes the two years spent completing his MBA at the Rotman School of Management as “a terrific experience that differed by 180 degrees” from his prior education. The first year was an intensive immersion in business management courses and concepts. The second year included more health-related topics such as health economics and a service industry survey course covering Italian hospitals and bottlenecks in patient flow in cardiovascular surgery. Fayeز conducted research on organizational decision-making with Brendan Calder, who has been a mentor for six months and continues to advise him even now on the clinical services. Brendan is a passionate and inspirational leader who pushes action as well as strategy.

Fayeز worked with Brendan and Robert Bell on UHN’s “strategy to implementation” project, using the “balanced score card” method to implement the priorities of the institution in places selected as the best targets to focus energy. The score card measures the institution’s progress and identifies where attention is required, like MRSA and C. difficile infections. It applies the scientific method to gauging progress: testing hypotheses, finding best practices, setting targets, then measuring and reporting outcomes.

For one summer, Fayeز worked with Mike Guerriere, former CIO at UHN, and the “Courtyard Group” on

Alan Hudson’s wait times project. He looked at the impact of the project on other surgical specialties like General Surgery and Gynaecology and helped identify priority procedures within them. This was a great experience in practical Health Policy Research.

David Beatty, Fayeز’s teacher in the High Level Managers course, steered him to Brendan Calder. David is “extensively connected to the business community” as a member of 12 boards of trustees. David teaches “the manager’s perspective from 5000 feet”. Fayeز is committed to working on communicating some of these lessons to our clinical services. He has learned that you can’t engraft medicine onto a business model, but you can transfuse management ideas and skills into medicine. Fayeز describes his selection as class valedictorian as a tremendous honour which caught him by surprise. He is currently on the General Surgery service at Toronto Western with Jaime Escallon, Todd Penner and Alan Okrainec.

The following is an excerpt from Fayeز’s valedictory address:

“The experience at Rotman has been life transforming. For many of us, that is what has been so shocking: we expected two years of networking peppered with a few classes and a couple of tests. Talk about your model clash! From the beginning, Rotman has been busy with reading, writing, journals, reflections, cases, exams – it has been busy surviving. However, this program has helped us do more than memorize formulas, learn a few theories, and realize that Harvard Business cases have way too many exhibits. Rather, it has set us on a process of self-development and life-long learning.

Orientation Camp was an incredible 72 hours! The difference between expectation and outcome was staggering! Initially, I inferred that orientation would be sterile with presentations, suits, MBA lingo, and laptops – that could not have been further from reality. Rather, camp was raw, real, and rugged... it was an unparalleled opportunity to get to know people. Moreover, it was the first time that I realized that the next two years could really work out.

Each person seemed successively more impressive than the last – from owning their own businesses to speaking five languages to managing with four kids. I remember asking myself: do I really belong? I would be lying if I said that the first few weeks were not filled with uncertainty and confusion. Specifically, graphs left and right in managerial economics, financial accounting cookie jars, and the

TAO model in FIT – what were they all talking about?

My second realization at the MBA program is that business is not about strategy or finance; rather, it is about people. And the corollary, Rotman is not about the curriculum, the four walls, or even about Integrative Thinking (even though all of this may sound sacrilegious). It is about people. It is about struggling through cases with your study group.

As a class, we have been incredibly active: we have successfully competed in case competitions at home and in the United States; we raised unprecedented funds for the United Way; hosted 70 Grade 11 students in *She Biz*; founded Rotman's Business Design Club; printed the Inaugural edition of Rotman's newspaper *Integrate This!*; expanded the study tour program to include South Africa in addition to China and India; and supported a record number of students on international exchange. As future leaders, we are committed to social responsibility and promise to strengthen the link between business and society.

So if ever asked the question: "Why did you do an MBA?" feel free to use the following statement containing as many buzz words and acronyms as I could muster: "Well... after deconstructing the macroeconomic environment, conducting a personal SWOT analysis, and completing a Porter's 5-forces on my preferred industry, I realized that I needed something to provide me with a long-term sustainable competitive differentiated advantage. However, I also knew that I needed an ROI that could justify this decision. A DCF analysis yielded a positive NPV with an impressive IRR that suggested that Rotman's IT curriculum was for me. Close to the TTC within the heart of the GTA, Rotman would ultimately make me... an MBA."

Key to acronyms

**SWOT** – Strengths, Weaknesses, Opportunities and Threats

**ROI** – Return on Investment

**DCF** – Discounted Cash Flow

**NPV** – Net Present Value

**IRR** – Internal Rate of Return

**IT** – Information Technology

**TTC** – Toronto Transit Commission

**GTA** – Greater Toronto Area

**MBA** – Master of Business Administration

*M.M.*

## Update from the Surgical Alumni Association



Martin Barkin

As we head into Fall, we're pleased to report on recent developments of the Surgical Alumni Association. This past summer an Advisory Group to the SAA was established with representation from each of our surgical divisions and has already met three times. It is working to implement a sustainable program to help gal-

vanize relationships with our alumni around the globe, serve as a resource to our alumni, and help support the Department's ongoing tradition of excellence. We would like to express a special thank you to the following individuals for their committed participation on this advisory group:

Dimitri Anastakis

Andrew Bruce

Zane Cohen

Tirone David

Bernard Goldman

Hamilton Hall

Wayne Johnston

Bernard Langer

Jacob Langer

Griff Person

Richard Reznick

Joseph Schatzker

Charles Tator

John Wedge

James Waddell

The SAA invites all alumni to get in touch with us to share your news: Where are you now? Where are you heading? How did you get there? We'd love to know. Let us share your updates – be it notices of births, marriages, retirement or otherwise – in future issues of the Spotlight and help us reconnect, and stay connected, with you.

*Martin Barkin*

*President, Surgical Alumni Association*

## FUELLING A PASSION FOR DISCOVERY



For over 165 years, the University of Toronto's Department of Surgery has sustained a proud tradition of training excellence that is realized in every one of our graduates around the world. The cornerstone of our leading reputation, the Surgeon Scientist Program, prepares our next generation of academic surgeons as skilled clinicians, passionate researchers and dedicated educators.

I ask you to join me and so many of our faculty, alumni and friends in investing in the great future of this Department by making a generous donation today to our Surgeon Scientist Program. While their colleagues are starting careers, future surgeon scientists are still "students". Your support is needed to help us continue to attract and nurture the brightest and most promising surgical minds to this program, fuelling our continued reputation for excellence.

*Your gift will help ensure funding is never a barrier to a surgeon's passion for discovery.*

Contributors who donate \$1827 or more each year are considered members of the University's Presidents' Circle, a unique recognition society for donors who show leadership in their philanthropy to the University. Members are invited to meet the University President in his home at an annual Garden Party and receive invitations to other lectures and receptions throughout the year. I hope to see many valued colleagues and friends at these events. My sincere thanks to you for considering your support of our Surgeon Scientist Program.

*Richard Reznick  
R. S. McLaughlin Professor and Chair*

## A TIME-SENSITIVE, TAX-SMART OPPORTUNITY

### FORCED REDEMPTION OF BELL CANADA ENTERPRISES (BCE) SHARES

On July 4, BCE announced it has reached a final agreement for its purchase by the Ontario Teachers Pension Plan Board and its partners. Closing will occur on or before December 11, 2008. Shareholders will receive \$42.75 per common share, the same price announced last June.

BCE shareholders must sell or donate their shares by the closing date, as the shares will cease thereafter to trade on the stock exchange. Shareholders will likely incur significant capital gains upon redemption (sale) of their shares, due to the appreciated value.

### A TAX-SMART ALTERNATIVE

Consider donating your BCE shares to the University of Toronto and reap a tax bonanza. By donating BCE shares directly to the University of Toronto, you not only eliminate tax on the gain, you receive a tax receipt for the market value (as it is a donation). This means that the actual cost of making this donation could be as little as 10-20% of the total value of your shares. Moreover, you can carry tax credits forward, up to five years beyond the year you make the donation.

Contact either Nancy Collett, Senior Development Officer at (416) 946-0019 or email [nancy.collett@utoronto.ca](mailto:nancy.collett@utoronto.ca) or contact Michelle Osborne, Director Gift Planning at (416) 978-3811 or email [michelle.osborne@utoronto.ca](mailto:michelle.osborne@utoronto.ca) for details on donating your BCE shares, or to discuss other ways of making tax-smart gifts.

## David Latter Surgery Department Vice Chair of Education



David Latter

I am very please to announce that David Latter from the Division of Cardiac Surgery at St. Michael's Hospital has been appointed to the position of Vice Chair of Education, Department of Surgery, University of Toronto for a five year term. David will take over from John Bohnen who has assumed the position of Vice

Dean, Clinical Affairs for the Faculty of Medicine. I'm sure you will all join me in thanking John for his many years of extraordinary contributions to this department. His role as an educational administrator, staunch student advocate and executive advisor has been unparalleled.

In welcoming David, we will be going from strength to strength. David did his medical school training, general surgery residency, and residency in cardiovascular and thoracic surgery at McGill, finishing in 1989. He then went to Stanford where he trained under Norman Shumway. He returned to Montreal where he worked as a faculty member at McGill and at the Royal Victoria Hospital. He was successfully recruited to St. Michael's Hospital in 1996. For the last 12 years David has been one of our most outstanding teachers. He has served as a Royal College Examiner for many years and served as the Chief Examiner for Cardiac Surgery from 2000-2003. At that juncture he became the Program Director for Cardiac Surgery at the University of Toronto. In 2005 he chaired a task force on clinical fellowships for the department and was named inaugural Director for Clinical Fellowships in 2006. In 2007 he was appointed Associate Surgeon-In-Chief at St. Michael's Hospital.

Please join me in congratulating David on this appointment.

## Zane Cohen Clinical Fellowship Achievement Award



Zane Cohen

The Department of Surgery is pleased to announce a new award oriented toward clinical fellows. Dr Zane Cohen has made a generous donation to enable this award of \$1,000 to be awarded annually.

Clinical fellows in our Department often achieve significant accomplishments, which until now have gone unrecognized. This award is to be made annually, in perpetuity. The award will be adjudicated based on an assessment of the most significant achievement made by a clinical fellow. Achievement will be defined as any significant contribution made in any of the domains of medicine: clinical research, basic science research, publications, presentations, medical education/teaching, medical administrative systems, delivery of medical care, medical related community service, etc. The achievement or work may have taken place at the University of Toronto, in Canada, or in any international jurisdiction. The only limiting definition is that the majority of the work must take place while a clinical fellow in the Department of Surgery.

The selection process is as follows. The applicant, or the clinical fellow's supervisor, may initiate the process. The clinical fellow is asked to write a one-page summary of the achievement; this is to be supplemented by a one-page letter of support from the clinical fellow's supervisor. This application will be submitted to the Clinical Fellowship Coordinator of the division of the clinical fellow. Each of the 8 divisions in our Department will then select one nominee application from their division to be submitted to the selection committee comprised of Zane Cohen, the Chair of the Department, and the Director of Clinical Fellowship of the Department. The award will be announced at the

annual Gallie Day Dinner. The application deadline will be March 31<sup>st</sup> of each year.

This award is eligible to any clinical fellow in the divisions of Orthopaedics, General Surgery, Urology, Vascular Surgery, Thoracic Surgery, Cardiac Surgery, Plastic Surgery, and Neurosurgery. As well, postgraduate trainees (clinical fellows and residents) in the surgical subspecialties training programs of Surgical Oncology, Colo-Rectal Surgery, Thoracic Surgery, Paediatric, and Vascular Surgery are eligible.

## Appointment of University of Toronto Spine Program Co-directors



Albert Yee



Michael Fehlings

We are pleased to announce the appointment of Dr. Albert Yee and Dr. Michael Fehlings and as the inaugural co-directors of the newly formed University of Toronto Spine Program. This program will be an integrated effort supported by the Division of Orthopaedic Surgery, the Division of Neurosurgery and the Department of Surgery. Michael Fehlings, currently a Professor in the Division of Neurosurgery has enjoyed outstanding success as a research scientist focusing on spinal cord protection after injury and as a spine surgeon. He is currently the Krembil Chair

in Neural Repair and Regeneration, Director of the Neuroscience Program at University Health Network, and the newly appointed Director of the University of Toronto Neuroscience Program. Albert Yee is an Associate Professor in the Division of Orthopaedics and is an active surgeon scientist focusing his research efforts on biomaterials and biomedical engineering. He is cross appointed to IBBME at the University and is an Associate Scientist in Clinical Integrative Biology at the Holland Musculoskeletal Science Program at Sunnybrook.

The University of Toronto has a rich history in spine surgery. The enormous clinical volume of patients at our fully-affiliated hospital institutions and city-wide research networks nurtures the transformation of clinical care through translational and basic research in addition to presenting a unique opportunity in surgical training and education of future spinal specialists.

While there has yet to be a national accreditation process in the formal certification of a spine surgeon, there has been incremental progress and opportunity for broader trans-disciplinary training in surgery, with spinal surgical trainees gaining further exposure to and benefiting from the diverse backgrounds of both orthopaedic surgery and neurosurgery. The Department of Surgery has been keenly interested in the functional integration of specialties.

The program will focus on coordinated city-wide professorships, rounds and other educational programs. It will foster joint clinical fellowships. It will coordinate the city-wide capture of clinical and research data. It will explore and develop new models of multidisciplinary health care delivery that focus on a system-wide approach. The program will seek to engage our non-surgical clinical and research colleagues with a vision of transformational patient care.

*Richard Reznick*

## Nancy Latowsky's Walk for Breast Cancer Research



Nancy Latowsky and Robert Bell



Paul Alofs and Nancy Latowsky

Nancy Latowsky, Department of Surgery, is now a veteran of The 6<sup>th</sup> Annual Weekend to End Breast Cancer, 60-Kilometre Walk, benefiting Princess Margaret. On September 6-7, 2008, she was one of over 4,757 walkers and nearly 500 crew volunteers, with the City of Toronto playing host. Walkers raised \$13 million that weekend! Rain did not dampen the smiles or wash away the tears as loved ones were remembered who have been diagnosed and died from this disease.



Nancy Latowsky (centre) with Robert Buckman (left), Tak Mak (right) and the team from Princess Margaret Hospital

Nancy is getting the word out ..... train, fund raise, volunteer. It's a gift you will give and a gift you will receive. The Weekend to End Breast Cancer represents the best of the human spirit! Thanks to the walkers, volunteers and supporters! For more information about the event, or to register as a participant for next year along with Nancy, please contact (416) 815-9255, or sign up online at [www.endcancer.ca](http://www.endcancer.ca).

## Jean DeFazio Retires from the Department of Surgery



Jean DeFazio

Since 1987 Jean DeFazio has served the Department of Surgery with notable dedication, hard work and good cheer. Her persistence and attention to detail as Managing Editor for both the Surgery Bulletin Board and the Surgical Spotlight, have been much appreciated. She has also provided administrative support to the Director of Education

Evaluation, the Director of Continuing Education and the Undergraduate Co-ordinator. Her co-workers count her as a friend, as well as a colleague, and she will be missed.

"Jean has been a respected and valued member of the Department of Surgery for 20 years. Jean always greets you with a smile and is universally liked by the entire staff. She has taken part in so many activities that she knows the Department "inside out". She will be missed by all of us and we wish her well in her much deserved retirement."

*Richard Reznick*

## Scientists in Surgery

*Approximately 15% of our surgical faculty are non-MDs who work as full time scientists. These individuals are significant contributors to the research effort of our Department. This section will endeavour to profile excellence in research among the scientists in our Department.*



Tom Schweizer

**Tom Schweizer** earned his PhD at the University of Waterloo in Behavioural Neuroscience in 2004. He then completed a post-doctoral fellowship with Dr. Donald Stuss at the Rotman Research Institute at Baycrest. He joined St. Michael's Hospital as a research scientist in the Keenan Research Centre of the Li Ka Shing Knowledge Institute

and the Division of Neurosurgery in the summer of 2007. His research program combines experimental cognitive paradigms with neuropsychological and advanced neuroimaging techniques (functional magnetic resonance imaging and diffusion tensor imaging) in order to provide an integrative account of cognitive functioning in both basic and applied research settings. His current major research focus is on identifying the role of the cerebellum in non-motor behaviours and how this region interacts with the frontal lobes during the performance of complex, cognitive operations (e.g., attention and executive functions). The ultimate goal of this research is to create a cognitive "localization" map of the cerebellum that will assist patients and clinicians in understanding the effects of damage to this area of the brain.

Tom is also investigating how brain damage impacts real-world functional abilities such as driving performance; he has recently acquired a driving simulator to address this important question. Other projects in his lab include identifying the neuroanatomical correlates of surgical performance and the efficacy of various cognitive rehabilitation techniques in different brain damaged populations. Tom already has a very active research program. Since joining St. Michael's Hospital he has been awarded grants from CIHR, the Brain Tumour Foundation of Canada, the Alzheimer's

Society of Canada and Mathematics of Information Technology and Complex Systems (MITACS). He has also developed collaborative projects with several of our Surgeon-Scientists including Michael Cusimano, Loch Macdonald, James Rutka and Teodor Grantcharov. Tom is currently an Adjunct Assistant Professor at the University of Waterloo in the faculty of Applied Health Sciences, a member of the Heart and Stroke Foundation of Ontario's Centre for Stroke Recovery and is cross-appointed with the Institute of Biomaterials & Biomedical Engineering at the University of Toronto.

Please join me in welcoming Tom to our Department.

*Ori D. Rotstein*

*Surgeon-in-Chief, St. Michael's Hospital*

## NEW STAFF

*The Department of Surgery warmly welcomes the following individuals who have joined our Department.*

It is a pleasure to announce the recruitment of **Claudio Cinà** as Division Head of Vascular Surgery and Professor of Surgery at St Michael's Hospital, the University of Toronto.

Dr. Cinà was born in Italy where he completed classic studies in Italian, Latin and Greek literature, and graduated summa cum laude from medical school from the University of Catania. After completing his training in general surgery, he decided to pursue an academic career in vascular surgery. After one year as research and clinical fellow at the Massachusetts General Hospital, Harvard Medical School, Claudio completed his fellowship training in vascular surgery at the University of Toronto, and undertook additional training in cardiovascular surgery at Baylor University with Michael DeBakey and Stanley Crawford where he trained in surgical repair of diseases of the thoracoabdominal aorta. In 2004 Claudio was granted a sabbatical



Claudio Cinà



to learn endovascular surgery and completed a fellowship in the Netherlands with Dr. E. Verhoeven, a leader in endovascular surgery, including the deployment of fenestrated and branched endografts.

Dr. Cinà's two greatest clinical contributions to health care are the development of the Thoracoabdominal Aortic Aneurysm (TAAA) Surgery Programme, and of the Institute for Support, Investigation and Technological Evolution (InSITE) of Endovascular Therapies at McMaster University.

*Ori D. Rotstein*

*Surgeon-in-Chief, St. Michael's Hospital*



Kazuhiro Yasufuku

**Kazuhiro Yasufuku** has been appointed to the position of Assistant Professor in the Department of Surgery, Division of Thoracic Surgery at the University Health Network as of September 2008. Kazuhiro trained in general surgery and thoracic surgery at Chiba University School of Medicine in Japan. He subsequently

obtained a PhD from the Graduate School of Medicine, Chiba University and Indiana University, USA. He subsequently completed a Lung Transplant Clinical Fellowship in the Toronto Lung Transplant Program at the Toronto General Hospital. Kazuhiro has worked as an attending surgeon at Chiba University since 2003.

Kazuhiro is an internationally known thoracic surgeon with specific expertise in minimally invasive thoracic surgery and minimally invasive diagnostic procedures. Over the years, he has been a leader in the field of endobronchial ultrasound. He developed the Convex Probe Endobronchial Ultrasound in collaboration with Olympus and has successfully introduced the clinical application of Endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA) in the management of lung cancer.

Dr. Yasufuku has published numerous peer-reviewed journals and has lectured throughout the world on a variety of topics related to minimal invasive thoracic surgery and interventional pulmonology. His clinical

areas of activity will be in thoracic surgery and lung transplantation. Currently Dr. Yasufuku is exploring the utility of minimally invasive techniques for molecular staging and therapies in Thoracic Oncology. He will also lead the Thoracic Interventional Suite at UHN, which will be a unique teaching and technology development centre, providing leading edge thoracic diagnostic and therapeutic procedures.

*Shaf Keshavjee*

*University Division Chair, Thoracic Surgery*

**UPDATE** on our story from the Spring/Summer 2008 publication:

**Cardiac Resident Made History as Harvard and MIT Business Plan Team Winner Gilbert Tang** (CardSurg Resident) was invited with his Harvard/MIT business plan winning team Diagnostics For All to ring the Opening Bell at the New York Stock Exchange (NYSE) on Friday June 20, at 9:29 a.m.



Winning Team with Gilbert Tang (far right)

Each member was presented with a commemorative NYSE medal. The event was broadcast at Times Square in New York City and to over 120 million viewers worldwide, and can be viewed online at: <http://www.nyse.com/events/1213870773035.html>

**Gilbert** was also featured on the same day in the Toronto Star: <http://www.thestar.com/article/446504>.

## “Seven million dollars for twelve days work”



Martin McKneally

Orthopaedic resident and bioethics student Mark Camp drew my attention to this startling revelation on the website of the Zimmer Orthopedic Instrument Company. It was the highest of over 200 disclosures of physician remuneration listed. These disclosures are now required by a court order, following a US Department of Justice investiga-

tion of kickbacks. ([http://www.zimmer.com/web/enUS/pdf/Company\\_Consultants10.pdf](http://www.zimmer.com/web/enUS/pdf/Company_Consultants10.pdf)) Prominent surgeons are being rewarded for endorsing or advising equipment companies at a level that competes with Tiger Woods' endorsement income. Richard Reznick's column in this issue examines our relationship with industry and gives useful references and recommendations. In this column I will try to outline some steps that might be helpful in achieving the fine balance that Richard recommends. I have published a more complete explanation of this problem elsewhere. (1)

Trust is what is at stake. Our profession is trusted because we maintain high standards. We are justifiably trusted to be technically competent and tirelessly committed to assuring that our patients receive the best care we can provide. “The ethic of surgery can be summarized in one word: trustworthiness. In the fee-for-service system, we have long been accustomed to managing the inherent conflict between our financial incentive to perform operations and our fiduciary duty to prioritize the interests of patients who may be best served by non-operative treatment. Almost unconsciously we follow a well-developed code of virtuous conduct ingrained through residency and reinforced by collegial standards and community respect.” (1)

When private interests and profit might interfere with a professional obligation, the situation is defined as a conflict of interest. Most conflicts are currently managed by disclosure, the generally accepted approach to minimal conflicts. **Disclosure** is now commonly accepted in

our journals and our meetings as adequate management. Semi-transparent statements that an author or speaker “has a financial relationship” with a manufacturer, though widely accepted by ethics committees and journals, are insufficient explanations of management of major conflicts of interests, such as those Mark pointed out.

**Mediation** by an independent third party is a more effective and publicly defensible approach to major conflicts. Since the tragic death of Jesse Gelsinger at the University of Pennsylvania, conflict of interest committees analogous in some ways to research ethics boards have been introduced at many universities, hospitals and clinics in the United States. “Jesse died of a massive systemic inflammatory response after receiving the ornithine transcarbamylase gene delivered through an adenovirus vector. Undisclosed lethal toxicity in animal studies and deviation from the treatment protocol were linked to his physician's financial interests in the vector, sold shortly afterward for \$13.5 million USD.” (1) Mediation is also implemented by impartial data managers, statistical analysts, safety monitoring boards, review committees, editors and peer reviewers.

**Prohibition** is the most severe and definitive form of management. It is problematic because only industry can provide the capacity for production, evaluation, and distribution of new technology. Our department's iconic Nobel laureate Frederick Banting naively resisted advice to patent insulin. He erroneously believed that it would “violate his Hippocratic oath”. Bringing production of insulin to the scale needed by the world's diabetics required licensing of the production method to Eli Lilly. Industry in turn needs the Banting level scientists and the patients who are attracted to our health science centres.

Medical students and clinician-teachers need more education about management of conflicts of interest. These are woefully underemphasized in research ethics courses and clinical ethics lectures. Research ethics courses are underpowered or absent from surgical curricula. Clinical ethics lectures (including my own) generally have had a blind spot on this particular subject. Similarly, industry needs training and oversight as it tries to self-regulate. Like the financial markets, self-regulation of the biomedical industry is vulnerable to the faults of human frailty that lead to rule-bending, self-deception

and misrepresentation when profit is the primary interest. Journals and the lay press provide some guidance and incentive, but journals are vulnerable to seduction because of their financial dependence on advertising and the large orders for articles and supplements for promotion of pharmaceuticals and devices that are described in their scientific reports.

There will be a symposium and debate about industry's role in education sponsored by St. Michael's Hospital Department of Surgery on November 17 at the Pantages Hotel at 4:30 p.m. Speakers from industry, the Joint Centre for Bioethics and the Surgery Department will explore this important issue in a collegial setting. A summary of this symposium will be published in the Winter issue of the Spotlight.

- (1) McKneally MF. Beyond disclosure: managing conflicts of interest to strengthen trust in our profession. *Journal of Thoracic & Cardiovascular Surgery*. Feb. 2007;133(2):300-2

*Martin McKneally*  
Editor

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## CORRESPONDENCE

*Letters to the Editor are welcomed to keep the community informed of opinions, events and the activities of our surgeons, friends and alumni.*

### **Good Afternoon Dr. McKneally,**

I just received my copy of the spring / summer Surgical Spotlight, and found your article "A Systems Approach to Surgery" fascinating. I also found your article linked via CTSnet very interesting as I was involved in the triage and transferring of the SARS and Non SARS emergency patients during that time. The "open fracture in a transplant patient ....." brought back memories and expressed exactly how we addressed all our patients at CriteCall. As you know, for us, despite any challenges imposed during an incident, the patients always come first.

Given our commonality in "system thinking" I thought you would be interested in an update on the many exciting changes happening with our program. You may recall we began the CriteCall Program & Provincial Bed Registry in the mid 90s – fully voluntary by hospitals / physicians. Now under the Critical Care Secretariat and facilitating more than 16,000 referrals per year, we are mandated and developing patient referral frameworks with our LHIN partners and healthcare stakeholders. Too many exciting changes to list but I have attached an article, released today in Hospital News, that will give you an idea. It continues to be a great system for Ontario emergency patients and for the healthcare workers caring for them.

<http://www.hospitalnews.com/modules/magazines/mag.asp?ID=3&IID=110&AID=1408>

*Karen*

*Karen Bachynski is Provincial Adult Acute Care Liaison  
Disaster & Emergency Preparedness Liaison  
Ontario CriteCall Program*

### **To the Editor,**

For some time now I have marveled at the accomplishments of old friends and colleagues as displayed on the pages of "The Surgical Spotlight". I look forward to its arrival. It is humbling to see what has been accomplished. Nonetheless, the accomplishment of this publication also requires recognition. So... thank you Martin. Thank you for a job well done that is greatly appreciated by a former U of T person. I miss the academic environment greatly and you provide me with memories and considerable joy reviewing the current accomplishments of a faculty I truly admire.

*Tom*

*Dr. Todd is a Senior Medical Officer at the CMPA. He served as Professor of Thoracic Surgery and Head of the Thoracic Division at Toronto General Hospital.*

## FAMILY NEWS

*Please send us birth and marriage announcements with photographs, as well as any other family news you would like to share with the Department of Surgery community.*



Justin Myles Grober

Drs. Ethan Grober (Urology, Mount Sinai & Women's College Hospital) and Leah Roth are delighted to introduce the cutest member of the Department – Justin Myles Grober, June 25, 2008.

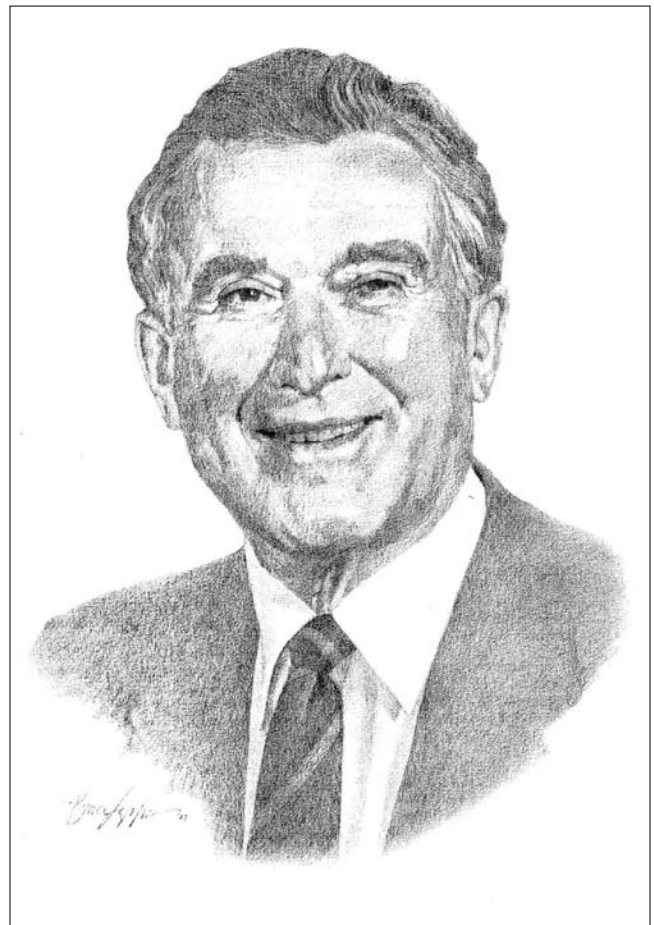


Ben Elias Pringle

Just a quick note to let you all know, Ben Elias Pringle arrived on Thursday afternoon, June 19<sup>th</sup>, 2008 weighing 8.2lbs. All is well.

Cari Whyne (Research, Sunnybrook Health Sciences Centre)

## IN MEMORIAM



Norval Richard (Rick) Richards, father of Sunnybrook Surgeon-in-Chief and Professor of Surgery Robin Richards, died peacefully at Guelph, Ontario on October 19, 2008. Rick was a soil surveyor who had significant impact on Ontario agriculture as a scientist and as First Dean of the Ontario Agricultural College of the University of Guelph. He was awarded an Honorary Doctor of Sciences degree by Laval University in 1967. In addition to his professional contributions Rick served as a leader in the Church, in Masonic organizations, and in philanthropic endeavours. All who knew Rick will miss his sharp sense of humour, interest in others and engagement with life. He is survived by his wife Mary Katharine (Greer), sons Robin and Gregory, and six grandchildren.

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## HONOURS/AWARDS/ ACCOMPLISHMENTS

**Sean Cleary** (GenSurg) has been awarded the Frank Mills Award.

**Natalie Coburn** (GenSurg) has recently been granted a Career Scientist Award with the Ministry of Health and Long Term Care. Through the Career Scientist Awards, the ministry supports outstanding candidates to carry-out independent research in health services. By investing in health services researchers in Ontario, the ministry is working to ensure that the necessary human resources are present to address issues that are important to Ontario's health care system. Health services research examines the management, organization, and effectiveness of health services to inform decision-making in policy, development, planning and delivery of health services.

**Walid Farhat** (UrolSurg) was awarded the 2008 A.W. Bruce Faculty Undergraduate Teaching Award from the University of Toronto.

**Michael Fehlings** (NeurSurg) has been appointed Director of the University of Toronto Neurosciences Program.

**Neil Fleshner** (UrolSurg) was named the inaugural Love Chair in Prostate Cancer Prevention at UHN. This Hospital/University Chair acknowledges Neil's tremendous accomplishments as a scientist, a surgeon and an administrative leader.

**Ab Guha** (NeurSurg) was named one of the University of Toronto, Mississauga's top 40 Alumni as part of its 40 Year Anniversary celebration.

**Leila Lax** (Surg/BMC) was presented with the Fred Fallis Award in Online Learning, Undergraduate Medical Education, at the 6<sup>th</sup> Annual Education Achievement Event held on May 20, 2008.

**Armando Lorenzo** (UrolSurg) won the Family Advisory Humanitarian Award in May 2008 at SickKids.

**Cindi Morshead** (Anat) was granted tenure at the rank of Associate Professor, effective as of July 1, 2008.

**Glenn Regehr** (Surg/The Wilson Centre) is this year's recipient of the Medical Council of Canada's Award for Outstanding Achievement in the Evaluation of Clinical Competence.

**James Rutka's** (NeurSurg) international contribution to neurosurgery is being recognized by his selection as the 2009 "Honoured Guest" of the Congress of Neurological Surgeons in New Orleans. The Congress is the biggest neurosurgical meeting in the world. The "Honoured Guest" gives three or four major plenary addresses and actually creates the entire atmosphere for this meeting. Jim is an extraordinary ambassador for University of Toronto surgery!

**Patricia Stewart** (Surg/BMC) was presented with the Excellence in Undergraduate Teaching Award, Undergraduate Medical Education, at the 6<sup>th</sup> Annual Education Achievement Event held on May 20, 2008.

**Michael Wiley** (Anat) was presented with the Aikins Award for Innovative Methods, Undergraduate Medical Education, at the 6<sup>th</sup> Annual Education Achievement Event held on May 20, 2008.

**Carin Wittnich** (Res) was presented with the Excellence in Undergraduate Teaching Award, Undergraduate Medical Education, at the 6<sup>th</sup> Annual Education Achievement Event held on May 20, 2008.

**Douglas Wooster** (VascSurg) was presented with the Colin R. Woolf Award in Long-term Contribution to CE Activities and the David Fear Fellowship, Undergraduate Medical Education, at the 6<sup>th</sup> Annual Education Achievement Event held on May 20, 2008.

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**David Cadotte** (NeurSurg Resident) received the Fitzgerald Academy, Faculty of Medicine, University of Toronto, Resident Teacher Excellence Award for the 2007-2008 academic year.

**Barbara Haas** (GenSurg Resident) is the recipient of the Paddy Lewis Award.

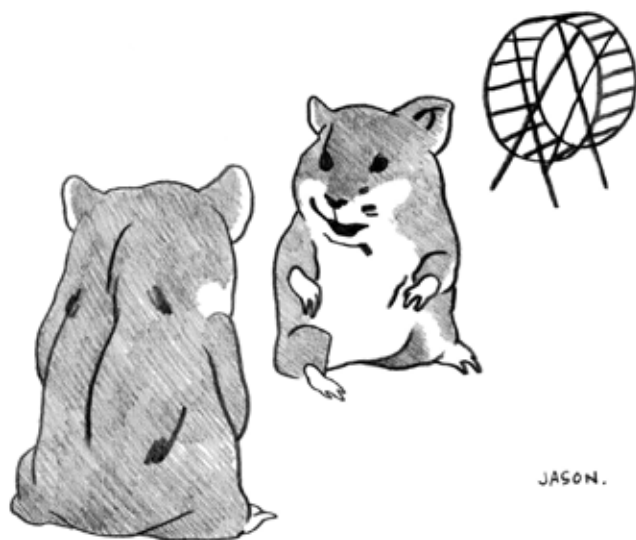
**Gregory Hawryluk** (NeurSurg Resident) was awarded First Place in the Basic Science, Eastern Canada Category at the Canadian Surgical Forum, Halifax N.S., September 13, 2008 for his abstract and talk entitled "Examination of the Early Effects of Neural Precursor Cell Transplantation of the Peri-Lesional Environment of the Injured Spinal Cord".

**Varun Kapila** (GenSurg Resident) is the recipient of the Paddy Lewis Award.

**Betty Kim** (NeurSurg Resident) has been awarded the Neveren (Miriam) Memorial Prize and the Joseph M. West Family Memorial.

**Patrick Tawadros** (GenSurg Resident) awarded the Best Oral Presentation Award in Basic Science at the Critical Care Medicine Annual Research Day in Toronto, June 2008.

**Patrick** also received the award for Best Basic Science Poster Presentation at the Canadian Association of General Surgeons Annual Meeting in Halifax, Nova Scotia, September 2008.



*"I usually do two hours of cardio and then four more of cardio and then two more of cardio."*

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## GRANTS / FELLOWSHIPS

**Darius Bagli** (UrolSurg) PI with R. Adam (Harvard Medical School) and **M. Hassouna** (UrolSurg) have won a Kidney Foundation Grant (2008-2010 \$100,000.00) for study "Identification of Novel Treatment Strategies for Obstructive Bladder Disease".

**Walid Farhat** (UrolSurg) was awarded a 2008 BioDiscovery Toronto Grant ((2008-2009 \$50,000) for his study of "Physiologic Urinary Bladder Simulator (PUBS): Novel Urinary Bladder Bioreactor".

**Michael Fehlings** (NeurSurg) and Molly Schoichet were awarded a 2 year Physicians' Services Incorporated Foundation Grant for their study entitled "Neuroprotection of the Injured Spinal Cord Using an Anti-apoptotic Molecule Delivered Through a Novel Bioengineered Drug Delivery System".

**Ab Guha** (NeurSurg) received a 2 year NCIC Grant for his work entitled "The Role of Oncogene-Containing Microvesicles".

**Shaf Keshavjee** (ThorSurg) has been awarded a CIHR Grant (\$100,000) for his study titled "Molecular Therapeutic Strategies for Ex-vivo Repair of Lungs for Transplantation"

**Mingyao Liu** (Res) has been awarded a CIHR – Open Operating Grant (\$713,910) for study on "Signal Crosstalk in Lung Injury and Repair".

**Loch Macdonald** (NeurSurg) and **Douglas J. Cook** (NeurSurg Resident) received a 2 year Brain Aneurysm Research Foundation Grant for their work entitled "Endothelial and Vascular Smooth Muscle Differential Gene Expression in Microcirculatory Vasospasm Following Subarachnoid Hemorrhage".

**Avery B. Nathens** (GenSurg) – has been awarded a CIHR – Open Operating Grant (\$119,787) for his study on "Trauma System Design: an Evaluation of Structure and Process".



**Tom Schweizer** (Res) has been awarded a CIHR – Catalyst Grant (\$49,146) for his study “Cognitive Rehabilitation in a Population of Adults with Mild Cognitive Impairment”.

**Katalin Szaszi** (Res) has received a NSERC Research Grant (\$32, 420) for her study on “Application for a Calibrated Densitometer and Microcentrifuge for Studies on Epithelial Cell Physiology and Pathology”.

**Michael Tymianski** (NeurSurg) has been awarded a CIHR – Open Operating Grant (\$898,965) for his study entitled “Role of TRPM Channels in Ischemic Brain Damage”.

**David R. Urbach** (GenSurg) has been awarded a CIHR – Open Operating Grant (1,047,225) for his study entitled “Structures and Processes of Care in Colorectal Cancer Surgery (SPoCCS)”.

**Subodh Verma** (CardSurg) has received a Heart and Stroke Foundation of Ontario – Pilot Project Competition Grant (\$50,000) for his study on “A Prospective Study to Compare the Functionality of HDL Cholesterol to Limit Endothelial Dysfunction in South Asians vs. Caucasian Patients with Atherosclerosis”.

**Gregory Hawryluk** (NeurSurg Resident) was awarded a 2008-2009 Resident/Fellow Research Grant from the Cervical Spine Research Society for his work entitled “Defining Neural Precursor Cell-Host Interactions to Optimize Repair of Spinal Cord Injury”. **Greg** has also been awarded:

- the 2008-2009 CNS/Synthes Spine Fellowship.
- a Synthes CMF Neurosurgical Resident Travel Grant to attend the National Neurotrauma Symposium in Orlando Florida, July 2008.
- the Chisholm Memorial Fellowship and the Edward Christie Stevens Fellowship.

**Betty Kim** (NeurSurg Resident) received the Chisholm Memorial Fellowship and the Timposters Fellowship.

**Demitre Serletis** (NeurSurg Resident) received the Edward Christie Stevens Fellowship and the Joseph M. West Family Memorial.

## Surgical Spotlight Online

The Surgical Spotlight is now available online in a new and expanded format with links to additional content. Please take a look and subscribe at [www.surgicalspotlight.ca](http://www.surgicalspotlight.ca). We welcome your comments and suggestions as we explore this new format.

The deadline for the Winter 2008 Surgery Newsletter is December 1, 2008. All members of the Department are invited to submit news items, articles, pictures, ideas or announcements. You may reach us by:

***voice mail: 416-946-8084, fax: 416-978-1911 or  
e-mail: julie.roorda@utoronto.ca.***

Please provide your name and telephone number so that we may contact you if we have any questions.

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