

# The Surgical Spotlight

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

EVENTS AND STORIES FROM SPRING-SUMMER 2014



## Karen Devon

### SURGEON - ETHICIST AND SOMETHING MORE



Karen Devon

Karen Devon is an endocrine and general surgeon at Women’s College Hospital and the UHN. She teaches ethics to students, residents and colleagues in various original formats. She leads a popular ethics quality of care rounds each month at General Surgery Quality of Care Conference for UHN and hopes to roll this out Department wide. She is engaged in a variety of writing projects, including an article on the ethics of personalized genomic medicine for a surgical oncology journal, a popular article on chefs and surgery for the popular health blog “**kev-inmd**” which was published by the Culinary Institute of America, and she contributes actively to patient advocacy conversations on Twitter.

Karen founded the Surgery Department Book Club with a discussion of *Open Wound*, a historical novel based on the gastric fistula experiments conducted on Alexis St. Martin by frontier surgeon William Beaumont. She is interested in studying social media in health care and medical education, and conducts numerous projects with this focus through the Education Scholars Program at the Center for Faculty Development. She has given rounds locally and internationally on the ethics of using social media by healthcare personnel, emphasizing the importance of physicians input to balance the medical misinformation and other open sourced miseducation in wide circulation.

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Karen founded an Endocrine Surgery Journal Club to bring together surgeons from Otolaryngology and General Surgery as well as endocrinology, pathology and radiology representatives. She asks residents who are rotating on the Womens' College ambulatory service to keep a reflective journal which she discusses with them. She will start an Ambulatory Surgery rotation for Medical Students as a multidisciplinary course that will explore this model of surgery for the future. She moderated a one hour Twitter chat for Colleen Young, the social media manager and health writer at Princess Margaret Hospital who runs a popular weekly twitter chat about health care and social media in Canada.

Karen is studying surgeon-directed ultrasound, a tool for locating the parathyroid glands and guiding fine needle aspiration biopsies. She introduced the use of the parathormone (PTH) assay at Women's College Hospital - if an abnormal PTH drops to normal in 10 minutes after excising the suspected parathyroid gland, it ensures cure of hyperparathyroidism.

Karen received her medical education at McGill, surgical training in Toronto, and completed a fellowship in endocrine surgery and surgical ethics at the University of Chicago. She has traveled to Turkey, India, South America and a thyroid surgery mission to the Philippines. "I am usually planning my next trip." Her next trip, with her fiancée Jordan Lerner-Ellis, will be an African Safari. She skydives, "tries every food known to humans", and is an avid reader. Her latest book is "The Spirit Catches You and You Fall Down" by Anne Fadiman, which she introduced to the Surgery Department Book Club. She participates in yoga and spinning, and runs a 'lean-in circle' of ten women at a similar career stage from a mix of professions.

*M.M.*

## Chair's Column

### TOWARDS A NETWORK OF EXCELLENCE IN SIMULATION



James Rutka

Recent events in the field of medical simulation at the University of Toronto have prompted me to devote this issue's column to a review of the Department of Surgery's efforts in the "Simulation Summit" that was hosted by the Faculty of Medicine at the Peter Gilgan Centre for Research and Learning at Sick Kids Hospital

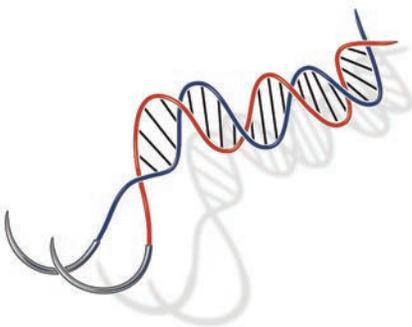
on Wednesday February 26th, 2014. Dean Catharine Whiteside had tasked Dimtri Anastakis, Vice-Dean Continuing Professional Development, and me to bring together key stakeholders across several Departments to participate in a high level "think tank" on coordinating simulation efforts across the campus. You may recall that both the Undergraduate Medical Education (UME) and Postgraduate Medical Education (PGME) Programs were identified as requiring a concerted approach to enhancing simulation infrastructure and curriculum development following their most recent reviews by the Committee on Accreditation of Canadian Medical Schools (CACMS), Liaison Committee on Medical Education (LCME) and the Royal College of Physicians and Surgeons. Thankfully, in the Department of Surgery, we are quite well endowed with numerous simulation offerings at multiple institutions for medical students, residents, fellows, and faculty. In fact, in advance of the "Simulation Summit" meeting, we had held two prior meetings in the Department of Surgery in efforts to take stock of our holdings and curriculum development in simulation. Many of you are aware of the recent establishment of the Department of Surgery "Prep Camp" which delivers core surgical skills to all PGY1's over an intense two week period at the beginning of July in the Surgical Skills Centre (SSC). This Prep Camp has proven to be a remarkable success, and is built on the premise that surgical simulation can be used to advance residents' knowledge and performance of basic surgical skills.

At the Simulation Summit meeting, following the Dean's welcome, presentations were given by Jackie James, VP Education at Mt Sinai; Oleg Safir, Director, SSC Mt Sinai; Walid Farhat, Urology, Sick Kids; Agnes Ryzynski, Simulation Centre Sunnybrook; Sal Spadafora, Vice Dean, PGME; Jay Rosenfield, Vice Dean UME; Trevor Young, Chair, Department of Psychiatry; and Paolo Campisi, Otolaryngology, Sick Kids. These presentations clearly demonstrated the strength and depth of simulation efforts in the Faculty of Medicine. The presentations were followed by group discussions on potential next steps to build a cohesive model of simulation curricula and opportunities for learners at the University of Toronto.

Some of the key discussion points included developing an appropriate governance structure for simulation efforts across the University; establishing a centralized "Office of Simulation" within the Faculty of Medicine; fostering research in simulation across all sites; defining a robust business plan centrally which would enable all sites to grow programs, educate learners at all levels, and recover costs for all offerings.

From here, it is clear that a Simulation Network Task Force will be formed. We will work with SIMOne provincially to create an inventory of all activities within the University of Toronto in the field of medical simulation. It will be the role of the Task Force in the near future to operationalize the opportunities to build a Network of Excellence for Simulation activities in the Faculty of Medicine. It is my strong hope and belief that the Department of Surgery will continue to play a major role in these efforts in the months and years to come.

*James T Rutka,  
RS McLaughlin Professor and Chair,  
Department of Surgery, University of Toronto*



## A Collective Vision of Arthritis Research



Nizar Mohamed

UHN Orthopaedic Division Head Nizar Mohamed and his colleagues have put together a vision that brings them together in a cohesive research and fundraising effort. These Orthopaedic surgeons at Toronto Western Hospital came to a critical decision in 2010. They resolved to offer arthritis patients more than pain management and joint replacement. Their vision is to create a world-leading centre for research and treatment of arthritis: "Arthritis research lags behind other diseases, yet it affects an immense number of people worldwide and has a staggering effect on their quality of life and productivity. Our goal is to find a way to diagnose arthritis early, develop novel treatments that halt the progress of arthritis, and create personalized treatment plans to prevent the onset of the disease."

In collaboration with the Toronto General and Western Hospital Foundation, they launched the Campaign to Cure Arthritis. The \$35M campaign will fund the research and needed infrastructure. To show their commitment to their cause, the surgeons decided to put their own skin in the game by making a ground breaking personal gift – a collective \$1.25M. The surgeons' commitment has, in two short years, inspired hundreds of their grateful patients to join in their quest to make joint replacements obsolete. At this time, \$31.3M has been raised toward the \$35M goal. "This shows the power of a collective vision and the power of investing your own funds in research - a very persuasive factor".

The surgeons created a strategic business plan that has now been validated by an international **Academic Advisory Board** (AAB). The programme is a multidisciplinary academic/business hybrid that involves strong collaborations with key researchers both within and outside of UHN. Significant funding from private donors has enabled more rapid implementation of research studies than traditional resources such as gov-

ernment and NGO funding. The establishment of the AAB, comprising surgeons and researchers with international stature, was a key initiative. The members are: Robin Poole, Professor Emeritus at McGill University; Stefan Lohmander, Professor in the Department of Orthopedics at Lund University in Sweden and Editor-in-Chief of the journal *Osteoarthritis and Cartilage*; Eng Lee, Professor of Orthopaedic Surgery and Program Leader of the Tissue Engineering Program at National University in Singapore; Frank Berry, Professor of Cellular Therapy at the National University of Ireland in Galway and Director of the University's National Centre for Biomedical Engineering Science ; and Jeff Katz, Professor of Medicine and Orthopaedic Surgery at Harvard Medical School and Professor of Epidemiology and Environmental Health at Harvard School of Public Health.

The AAB meets annually in person. At their first meeting in 2012, they reviewed the proposed research programme presented by the Divisional surgeons. They supported three major priorities for research: 1. Continue with the development of the informatics platform spearheaded by Christian Veillette and focused on clinical and health outcomes. This encompasses many research studies, including the Longitudinal Evaluation of Arthritis Patients. 2. Collection of tissue from various parts of the joint during total joint replacement surgery and investigation of the connection between osteoarthritis and the metabolic syndrome, spearheaded by Rajiv Gandhi. Rajiv is studying fat pad leptins and adipo-leptin and their correlation with pain and disability, as reported earlier in the Spotlight [http://www.surgicalspotlight.ca/Article.aspx?ver=Spring-Summer\\_2012&f=OsteoarthritisMetabolic](http://www.surgicalspotlight.ca/Article.aspx?ver=Spring-Summer_2012&f=OsteoarthritisMetabolic). 3. The study of stem cells for symptomatic relief and in other innovative applications. Collaborations in this area include local UHN research groups as well as a company in Korea. Clinical trials are anticipated within 2 years.

The first **Arthritis Industry Forum** was held in May, including representatives from informatics, imaging, new technology, pharma, and medical device companies. The Forum showcased research being conducted within the Division and presentations by industry attendees seeking areas of mutual interest and opportunities for sustainability.

The Division continues to expand with the recent

addition of two surgeons, one with a specialty in sports medicine and the other focusing on ankle and lower extremity surgery. "Since the basic research component of the programme is critical, we are currently conducting searches for three scientists. One will work with TECHNA on innovative imaging techniques; one will be a cartilage biologist with an interest in the metabolic syndrome and its relation to osteoarthritis, and the third will focus on translational research on stem cells in osteoarthritis." The expansion of the surgical and clinical aspects in tandem with the strengthening of basic research positions the division well for achieving its goals of early diagnosis and development of novel treatments that halt the progress of arthritis.

*MM and Nizar Mohamed*

## Ken Kizer's Bigelow Lecture

ACHIEVING CHANGE IN COMPLEX SYSTEMS



From left to right: Pixie Bigelow Currie, Ken Kizer, Ann Knight, Gail MacNaughton, Ian Currie, and Chris Caldarone

When Kenneth W. Kizer was asked to take over as the chief executive of the Department of Veterans Affairs (VA) healthcare system in 1994, "it was a hide-bound, sclerotic and highly dysfunctional system." Over the next 5 years he led a near miraculous transformation of VA healthcare, achieving what is widely regarded as

the largest and most successful healthcare turnaround in U.S. history. Ken, a former U.S. Navy diver and medical officer who worked with explosive ordnance disposal units when he was in the military, gave the 2013 Bigelow Lecture, celebrating the memory of Wilfred Bigelow, our distinguished former Chair of Cardiac Surgery ([http://www.surgicalspotlight.ca/Article.aspx?ver=Fall\\_2011&f=ResponsibleInnovation](http://www.surgicalspotlight.ca/Article.aspx?ver=Fall_2011&f=ResponsibleInnovation)).

Ken, who is board certified in 6 medical specialties or subspecialties, has had a very diverse career that includes being the Director of the California Department of Health Services and the state's top health official for nearly 7 years, founding president and CEO of the National Quality Forum, chairman and CEO of a leading open source electronic health records company, a consultant to numerous foreign countries, and one of only about a dozen persons ever elected to both the Institute of Medicine of the National Academy of Sciences and the National Academy of Public Administration. Currently, he is a Distinguished Professor at the University of California, Davis, and serves as Director of the Institute for Population Health Improvement, UC Davis Health System. When he started the Institute two years ago, he was the only full time equivalent employee. Since then, he has brought in nearly \$70 million in grants and contracts, and the Institute now has some 115 staff. He works actively with Medi-Cal, the California Medicaid Program (the largest in the U.S. with an annual budget of more than 60 billion dollars), manages the California Cancer Registry for the Department of Public Health, and has a lead role in catalyzing the development of Health Information Exchange technology in the state, among more than 20 other funded projects. A thoughtful critic of the healthcare system in the United States, he described it as "unsustainably costly, with widespread quality gaps, uneven access, great inefficiency, and marked overuse of specialists, with overall population health stagnant or declining."

In his Bigelow Lecture, Ken talked about achieving change in complex systems. He noted that while change is inherent to living, it is usually discomfiting and often not embraced. "It's hard work, and though change strategies are usually conceptually straightforward, change almost always is hard to achieve and takes longer than expected – consider the adoption of electronic health records as one example." Citing weight loss as a com-

mon example of the difficulty in achieving change, he quipped that he, like many people, "uses the rhythm method of girth control." He added, "Even though losing weight is conceptually simple - if you eat less and exercise more, you can't help but lose weight - it is often very hard to actually do it." To highlight how strong resistance to change can be, he cited the current situation in Washington, D.C. A small number of congressmen forced the shutdown of the US government to prevent implementation of healthcare reform legislation. "Resisting change is easier than effecting change. Among the prominent reasons that change efforts so often fail are: the cause of the problem or need for change is not correctly diagnosed, there is no shared vision of the new future, change strategies are not aligned with reality, poor communication, failure to align incentives for change, failure to effectively implement the change strategies and tactics, and failure to anticipate unintended consequences.

"Complex adaptive systems, unlike traditional manufacturing systems, are non-linear, dynamic and do not inherently reach equilibrium points. Complex systems are made up of independent agents who often have competing interests, which can lead to conflicting behaviors. And these independent agents are intelligent and quickly learn to 'game' the system for their advantage. Likewise, in complex systems there is no single point of control; no one is truly in charge. Core concepts for successfully changing complex systems include creating a shared vision of a new normal and making small changes in critical 'change levers', the effects of which will then reverberate throughout the system. Change strategies and tactics should overlap and reinforce each other, and it is critical to be vigilant for unintended consequences, which always occur when changing complex systems. Critical change levers in healthcare today include payment, performance measurement and reporting, information technology, patient engagement, and regulation - both implementing regulations and providing regulatory relief."

As an example of achieving change in a complex system, Ken briefly described the famed California Tobacco Control Program which he helped engineer in the late 1980s. "Proposition 99 -- a citizen-launched public initiative to increase the tax on cigarettes that was proposed after years of inaction by the California Legislature --

added a tax of 25¢ per pack to the cost of cigarettes. The campaign to defeat the initiative markedly outspent its proponents, with most of that money coming from the tobacco industry. After Proposition 99 was passed by the voters, the Tobacco Control Program sought to deglamorize smoking by characterizing it as ‘dirty, dumb, and dangerous’ in paid media advertising, in film, print and other venues. Other efforts to create a new normal with regard to smoking included making it less convenient to smoke by banning smoking in public places (e.g., restaurants, theatres, and bars). Making it more expensive was especially important in discouraging teenagers from taking up the habit. Other elements of the campaign included establishing ‘quit lines’ to assist people to quit smoking, and raising awareness of the dangers of secondhand smoke. California has led the U.S. in the rate of decline of smoking.” He illustrated this with a graph showing smoking in the population falling from 22% in 1989 to under 12% in 2010. Highlighting the types of paid advertising made possible by the increased tobacco tax, he showed several television spots, including one of an MTV band in which a rapper and dancers talk about teenagers ‘jokin’ and smokin’ and going six feet down’. A recently published study showed that the return on investment for the \$2.4 billion spent of the Tobacco Control Program was \$134 billion in savings in healthcare costs for smoking-related disease.

As another example of achieving change in complex systems, Ken highlighted the transformation of the VA healthcare system that he engineered in the late 1990s. “The VA manages the largest healthcare system in the United States, though available only to eligible veterans. It currently has an annual budget of over \$50 billion and more than 1500 healthcare facilities, located in every state and territory of the United States. VA patients are generally older, sicker, poorer, less well educated, and have more complex problems than the general patient population. Some 35% of VA patients have one or more mental health diagnoses in addition to their physical illnesses. 85% of the hospitals in the system are teaching hospitals, and VA provides training for more than 45 types of healthcare professionals every year. VA also has a large research program, having some 2 billion dollars of funded projects each year.

“When President Bill Clinton asked us to re-engineer the VA healthcare system in 1994, everyone was dissatis-

fied with it. Service delivery too often was indifferent and insensitive. Quality of care was irregular and unpredictable. VA’s culture was punitive and highly risk adverse. Leadership changed frequently, and the governing board was the US Congress, which often had conflicting ideas about what the system should do - or whether it should even exist! While essentially everyone agreed on the need to fix VA healthcare, there was no agreement on how to do so. We developed a 5-pronged change strategy aimed at: 1) increasing accountability, 2) integrating and coordinating care, 3) improving and standardizing superior quality, 4) modernizing information management, and 5) aligning finances with desired outcomes.”

During the 5 years Ken was at the helm of VA healthcare, he closed 29,000 hospital beds (55% of all beds), and decreased overall staffing by 26,000 positions while adding more caregivers. Admissions dropped by more than 350,000 per year; almost 2,800 forms (72% of all) were eliminated; per patient annual cost of care decreased by over 25%; patient satisfaction rose to the point that 80% said that the VA system was better; a system-wide electronic health record was implemented; and there was much greater use of evidence-based care (e.g. post-myocardial infarction drug treatment). As a public system, one of the dynamics that helped support change was that any money saved was reinvested in making the system better. In 2006, *BusinessWeek* ran a feature article about VA’s turnaround, calling VA healthcare the ‘Best Care in the U.S.’.

In describing the “5 Es” for successfully changing complex systems, Ken listed: 1) Envision and embrace a new normal; 2) Enlist champions, partners and collaborators; 3) Engineer and execute a multi-dimensional change strategy employing critical change levers that produce overlapping and mutually reinforcing effects; 4) Enable and empower agents of change; and 5) Evaluate whether change is actually occurring and what strategies and tactics are most effective.

In the question period, Chris Caldarone said: “You mentioned pushing decision –making down to the lowest level. Wasn’t this pushing it down into a hide-bound and sclerotic system?” Ken replied, “Whenever possible the decision –making was pushed down to accountable people on the front line who knew best what needed to be done.” Tom Waddell asked about the use of competition: “the rap on the Canadian system is that it is a

single payer behemoth, like the VA, versus the United States which is very differentiated and has a high level of competition and innovation.” Ken responded by saying that, “Transparency is key to competition. In the VA, everyone in the system could see who were the winners and who was doing the best. That made everyone compete to improve - to catch up with the best performers.” Jim Wright asked about patient-centered effectiveness research. Ken said, “While there is a lot of activity in the US at the moment, it’s not clear if there is a coherent plan.” Andy Smith asked how to train residents to do the kind of work that Ken has done. Ken reported that he recently reviewed the strategic plan for a very well-known medical school that is initiating a new curriculum on billing and office management, but does not include any plans for curricula on quality improvement, change management, or how to use big data. He questioned how ready the trainees will be for the new value-based healthcare delivery models that are quickly becoming the new normal in healthcare payment. Finally, the question was asked about paying doctors, and he said that “global payment” is inevitable in the U.S. “Global payment systems incentivize providing high quality care in the right amount at the right time and right place, in contrast to fee for service that rewards providing an ever greater volume of services. He added, “One thing that helps the VA healthcare system in this regard is that the patients generally are there for life, so there is a built-in incentive to provide the care that is needed, not too much or too little.” *[Please see the Editor’s column on page 12 and commentary on page 14 for an update on the current problems of the VA Health Care System. Ed.]*

M.M.

*[In a subsequent conversation, Jim Wright pointed out to me that the alternate funding plan is working, because it aligns incentives of the staff with the incentives and goals of the institutions. It’s much like residency. The primary rewards are collegiality, challenging cases, and a noble goal, rather than individual reimbursement. Ed.]*

## Identifying Driver Genes in Liver Cancer

Genomics is a baffling new world of biologic information that is slowly revolutionizing our once more comfortable world of surgical science. The first cancer genome sequence was reported in 2006 – less than 10 years ago. At Gallie Day and Grand Rounds, surgeons sit through dazzling arrays of data hoping for a few familiar clues to remind us how to link the leading edge of biology to the everyday world of the operating room and clinic.

Sean Cleary is a hepatobiliary surgeon who is helping sort through the genomic science of hepatocellular cancer. Sean has recently published a high impact paper identifying driver genes<sup>1</sup> – those few among the tens of thousands in the tumor genome that confer selective growth advantage on tumor cells. Sorting drivers from passenger genes that have no prognostic or therapeutic significance requires bioinformatics analysis of a large cohort of tumor samples. The UHN tissue bank, which now contains over 280 samples of liver cancers and nearby normal liver tissue, was the source of the study specimens.

“The incidence of liver cancer is growing fast as the fallout of the ‘60s, ‘70s, and ‘80s, when HIV, blood transfusion, and drug use caused an uptick in the incidence of hepatitis B and C. As a result, liver cancer is now becoming more and more prevalent in North America. Coupled with this is the increase in immigration to North America from Asia and Africa, especially in the Greater Toronto Area. We are the second largest volume surgical center for liver cancer in North America, behind only Mount Sinai in New York, because of immigration and because of our hepatologists, our transplant program, and our liver and pancreas oncology program. Provincial guidelines recommend that liver cancer surgery be referred to Toronto General, Sunnybrook and St. Joseph’s Hospital. The guidelines were developed by Cancer Care Ontario as another important contribution from our former Chairman and hepatobiliary surgeon Bernie Langer.



Sean Cleary

## SPECIMEN ANALYSIS

“With my colleagues in North Carolina, we tried to broaden the genetic analysis, analyzing the whole exome (all of the genetic material which results in the production of a protein). Others have been working with multiple genes, or small segments of the exome. We developed the technology. We looked at our 87 initial specimens, the largest study so far. Studies from China and Europe have tended to be focused on one group of cancers, such as those caused by hepatitis B, C, or cirrhosis. Our sample includes all causes of liver cancer, a wider range in which we found ‘common drivers’. Although there is no one single gene, there are a dozen or so that are prevalent. In colon cancer the genomic analysis allows categorization in two groups. We have about six categories. Most colon cancers respond to certain regimens based on their genetic mutations. For example, no cetuximab unless a K ras mutation is found. This is a broad stroke toward the development of personalized treatment-response, versus no response, predicted on the basis of a particular mutation. Some mutations tell us how aggressive the cancer is, which improves our ability to prognosticate and will some day influence our choice of chemotherapy. We are hoping to achieve this improvement which we have definitely seen in colon cancer. For example, the P53 mutation leads to a particular protocol. A more familiar example is the presence of an estrogen receptor, determining the choice of treatment in breast cancer, or the B ras mutation, determining whether Brivenib is used or not in melanoma.

## OPERATIVE TREATMENT:

“Surgery is now safer. The mortality of hepatobiliary cancer surgery is less than 2%, having been as high as 10% in the past. We do many laparoscopic procedures, perhaps 40% of the operations for liver cancer in the last 3-5 years. That helps to reduce the morbidity and mortality of surgery, as there is less stress, faster recovery and shorter hospitalization. Surprisingly, the minimally invasive laparoscopic approach is also less expensive, even though disposable equipment is used.<sup>2</sup> We dispose of our instruments rather than accept the expense of cleaning and sterilizing. There is less time in the post-anesthesia recovery room, less time in the hospital and less time in the operating room. This was an eye-opener for our administration. The 5 year survival after surgery for liver cancer is now approximately 60%.

## PERSONAL BACKGROUND

“Steve Gallinger has been my mentor and role model. He is a role model for all surgical scientists. He helped me to find a niche for my work. I began with collaboration with Derek Chiang in North Carolina. He was originally from Toronto and had studied at the Broad Institute at Harvard. He is a scientist who is very strong in information technology. I provide the clinical spin to our frequent communications, particularly during the development of this present study. I now have many partners here in Toronto. I was born in North York General, grew up all over the world, because of the career of my father who worked as an executive for Procter & Gamble. I lived in six countries (Canada, the United States, Belgium, England, Austria, and Switzerland) before I was 18. I came to Canada to attend Queen’s University and then medical school at Western University. Steve Gallinger and Bryce Taylor convinced me to take my surgical training in Toronto. Joining the Surgical Scientist Program was the best decision I have ever made. Steve Gallinger was my mentor and thesis advisor. I subsequently did a Master’s degree in epidemiology, which has been very helpful for the population studies that are required in the genetic epidemiology work that I am doing.

“My wife Janice and I have two boys, Owen and Christian, who are in French immersion in public schools and active hockey players. I play hockey two times a week, swim competitively, and ski. In my reading, I favour non-fiction. I will next go to Melbourne to talk about our work here to the GI and hepatobiliary surgeons.”

*M.M.*

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2. Bhojani FD, Fox A, Pitzul K, Wei AC, Moulton CA, Okrainec A, Cleary SP. *Clinical and economic comparison of laparoscopic to open liver resection using a 2-to-1 matched pair analysis; an institutional experience.* Journal of the American College of Surgeons. 2012. 214(2):184-95.

## TOWARD GENOMICALLY PERSONALIZED CARE

The Sean Cleary paper is good news - the beginning of the journey toward the much lauded era of personalized care. Surgeons always personalize care as they tailor operations to the particular patient. The next generation of personalization is DNA and RNA sequencing, so we can sort tumors by their genomic and transcriptomic signatures, not just their stage.

Sean's work has been highly praised. He is networking with excellent scientific collaborators. The molecular classification schema that he is developing with his collaborators will have to be confirmed, but he is currently an important player in this field. The teams are complex - no one of them can accomplish the mission alone, but the teams can, as they work together. For example, Mike Taylor's team and ours are very committed to this level of 'big science', using the Cloud to bring information together in a way that could never be accomplished with any number of individual computers. There is lots of room for discovery, and this paper on hepatocellular carcinoma shows the complexity of the problem. Most cancers show a low percentage of discreet groups and very few have a single mutation of the significance of the estrogen receptor in breast cancer or the BRCA1 mutation. The important work that Sean and his colleagues are doing is helping to weed out the noise and upregulate the important signals - the drivers as they are called in the title of his paper. The drivers may begin to influence the progression 18 years before a tumor is clinically evident. After initiation, second or third drivers join in. This is well understood in the colon cancer example - there are drivers that modulate the growth and progression of small adenomatous polyps, and transform them into invasive cancers. We now know about initiators of hepatoma like alcohol, hepatitis B and



Steven Gallinger

hepatitis C. One day we will be treating patients on the basis of prognosis, predicted by their genomic or expression signatures.

Sean and his colleagues were able to pull this together as a well-managed team. It reminds me of the picture of the 20 people sitting in the control center for the Mars Rover. They all had important roles, and all were crying with relief and satisfaction when it landed. "We did it!"

*Steve Gallinger*

## Visiting China in the Tradition of Norman Bethune

Lee Errett, the President of the Bethune Foundation, asked Al Lossing to travel to China to update their vascular surgeons. Al emphasized endovascular techniques and observed and assisted surgeons in the operating room. "The surgeons are thirsty for knowledge. Some are very advanced and many are working with much less advanced techniques". Approximately 200 people attended each lecture. All the lectures were translated from English to Chinese. David Dai, who organized the trip was very helpful and was the translator throughout the entire visit. As the trip progressed, Al discovered that the interest in Telemedicine and the possible connection with Canada became the highlight of the lectures. Al is the Telemedicine Director at St. Michael's Hospital. All of the Chinese participants became very interested in establishing a relationship with the University of Toronto via Telemedicine, including not only the surgeons, but ministers of health, CEOs, nurses, and physiotherapists.

His daughters Katherine (14), Jacqueline (16), and Danielle (18) travelled with him and were treated as celebrities. People enjoyed taking pictures of them - they



Al Lossing



Al, Danielle, Jacqueline and Katherine Lossing

were a fascinating contrast to the one child policy. The Lossing girls were escorted by residents and scientists during the day, while Al gave his lectures. They saw people sweeping the streets with handmade brooms and the extremes of poverty. They travelled every 2 to 3 days, dined with the surgeons, administrators, CEOs and ministers. “The girls’ experience was wonderful. They came to appreciate Canada’s culture, healthcare, and schools in ways that they could never otherwise have known. They now communicate with friends and nursing students from China. The girls gave a talk called ‘A Day in the Life of a Canadian Teenager’ which was much appreciated. They were there for three weeks, flying first to Beijing and travelling throughout Central and Southern China and returning to Beijing.”

“I visited many operating rooms. The instruments were primitive - Metzenbaum scissors, snaps, thumb forceps and scalpels were all that was needed or used. There was no electrocautery. In most hospitals, the corridors and floors were empty of equipment, unlike Canadian hospitals. There was very little aneurysmal surgery. The volume of peripheral vascular disease was staggering including complications of diabetes mellitus.”

In Nanning, they were introduced to a fascinating surgeon (Dr. Tsui) at a 4,000 bed hospital. Each day approximately 3000 patients are seen in out-patient clinics. Dr. Tsui is a hepatobiliary surgeon, who, herself sees about 70 patients in 2 hours. She told amazing stories of being raised during the cultural revolution. Her mother was a pediatrician and her father was in the military.

Al met a 90 year old gentleman who had worked with Norman Bethune in North East China, and now oversees and cares for a local temple. “Everyone in China over 30

knows the story of Norman Bethune. Younger people who grew up in the post-Mao era are not particularly informed about Bethune, who was a medical hero and friend of Mao. The hospitals and medical schools are very interested in videoconferencing with the University of Toronto in the same way the Mississauga Campus videoconferences with the main campus.

“The most memorable experiences were seeing the Great Wall of China and working with Chinese surgeons through a translator while performing complex operations. Words were not exchanged because of the language barrier, but the communication through body language was flawless.”

*M.M.*



Allen Peter and James Rutka

## The Janes Surgical Society – A Part of Our History

The other day, I had the great pleasure of meeting with Dr. Peter Allen, who has been a longstanding member of the Janes Surgical Society. Dr. Allen trained under Dr. Janes in the 1950’s, and went to Minnesota to learn cardiac surgery under Walton Lillehei. He then began his career as the first cardiac surgeon in Vancouver, and performed the first open heart surgery procedure there in 1957. Dr. Allen now lives in Oakville, and he presented me with the Janes Surgical Society annotated history and the Janes Society gavel which lists all of the Past Presidents of this august group. Interestingly, we have the Janes Society memorabilia hanging on the walls of the Department of Surgery.

The logo of the Society reflects Dr. Janes' contribution to thoracic surgery and shows his famous tourniquet that was devised for use in lung resections.

Professor Janes was the third Professor and Chair of the Department of Surgery at the University of Toronto. We are indebted to Dr. Bob Delaney who kept accurate accounts of the Janes Society as the official historian.

All told, there were 111 members of the Janes Society, all trainees in the Department of Surgery while Dr. Janes was Departmental Chair. The Janes Surgical Society was founded in 1953. Dr. Janes was Professor of Surgery from 1947-1957, and members of the Janes Society were interns and residents in the 1940's and 50's.

The Janes Society was actually inspired by its predecessor, the Gallie Club. One might argue that the two groups, the Janes Society and the Gallie Club were rivals. For the Janes Society, the inclusion of wives in this Society was considered to be extremely important. Over the years, the Janes Society met almost annually in interesting locations. Some of the venues included Niagara Falls, Sudbury, Jamaica, New Orleans, Manchester London, and Elbow Beach Bermuda to name just a few.

The final meeting of the Janes Society was on the occasion of its 54th Anniversary at the Briar's Resort in Sutton, Ontario September 21-23, 2008. At that time, some of the attendees included Ross and Pat Fleming, Anne and Bill Bahen, George and Esther Hiraki, Griff and Hilppa Pearson, Ron Tasker, Neil Watters, and Don Wilson and Peter Allen.

Dr. Allen retired in 2006. He is currently updating his autobiography. I invited him to the Department of Surgery, and he was pleased to see our new Departmental office. I was pleased to receive the framed portrait of Dr. Janes, which now hangs proudly in the Department of Surgery, the Janes Society Gravel, and the Proceedings of the Janes Surgical Society, and its illustrated history.

This to me was a poignant reminder of our very strong and rich history. The legacy pieces from the Janes Society speak loudly of our numerous accomplishments in the Department of Surgery. For those younger faculty members in our midst, I thought this review of the Janes Society would be both timely and important.

*James T Rutka,  
RS McLaughlin Professor and Chair  
Department of Surgery, University of Toronto*

## SEAD Director Neil D'Souza



Neil with Wife Tiffany and Dog Wellington

Neil D'Souza is a third year medical student on his surgical rotation with plastic surgeons Melinda Musgrave and James Mahoney at St. Michael's Hospital. He is the surgery clerkship co-representative and, having participated in the Surgical Exploration and Discovery (SEAD) Program in its inaugural year, was selected as the Director in 2013 during his second year. Following undergraduate work in radiation medicine at the University of Toronto, he served as a radiation therapist at the Odette Cancer Centre before entering medical school. Through his various student led roles, he liaises with George Christakis, Ron Kodama, and Jim Rutka, soliciting feedback from students which helps drive continuous improvement for undergraduate surgical education. Neil has considerable experience in quality improvement, as he was the Quality Assurance coordinator for the Radiation Oncology Program and Co-Chaired the QA Committee during his years working at Sunnybrook.

Neil earned a Master of Health Administration degree in the Institute for Health Policy Management and Evaluation at the University of Toronto. He found the combination of this administration experience with frontline work in the health system both rewarding and important. "It gave me a better understanding of how our complex health care system works. I also learned from my fellow classmates who were working in various leadership roles. Further, our lecturers were themselves leaders in health care, from hospital CEOs to academic scholars – it was a privilege to have close interactions with a breadth of experienced individuals such as Raisa Deber, Ross Baker and Adalsteinn Brown." Neil would like to be involved in health policy work when he finishes his training, and maintain an active participation in frontline healthcare similar to Dr. Calvin Law - a role model for Neil who serves as Head of the Odette Cancer Centre while continuing a very active surgical practice at Sunnybrook. Drs. Gillian Thomas and Andrew Loblaw, radiation oncologists at Sunnybrook, have also been important role models and mentors over many years working together.

Neil found his leadership role in the SEAD Director position to be extremely rewarding. Neil was responsible for leading the program, and worked with a team of 9 fellow classmates to organize OR shadowing, surgeon "lunch and learns" and hands-on workshops. The SEAD Program received coverage in the Toronto Star, where Dr. Christakis, Dr. Tsigotis (Cardiac surgery resident), SEAD participants and Neil were featured. ([http://www.thestar.com/news/gta/2013/06/21/mount\\_sinai\\_med\\_students\\_explore\\_specialties\\_with\\_simulated\\_surgery.html](http://www.thestar.com/news/gta/2013/06/21/mount_sinai_med_students_explore_specialties_with_simulated_surgery.html)). The SEAD Program idea has caught the interest of other medical programs, spreading to Ottawa, McGill and some programs in the United States. The teaching in the SEAD Program provides a very rewarding engagement with surgical staff - for example in replacing an aortic valve in a pig heart. "As UofT medical students, we are very fortunate to have some of the best surgeons in the world right here in our own back yard. They love to teach, and when they see interested students, such as in the SEAD Program, they are happy to take time out of their busy schedules to educate potential future surgeons. Some students said that the SEAD Program was the highlight of their medical career so far. Another said

'I learned more on one trauma shift than I did all year in class.' The students would very much like to have a similar SEAD Program for the second year."

In his leadership role in the SEAD Program, Neil found Drs. Rutka, Christakis and Kodama to be great sources of support and mentorship. Neil was an outstanding student as an undergraduate and graduate student with important scholarship awards, grants, and publications. Neil has also worked with the general surgery group at Toronto Western Hospital, doing research with Drs. Alan Okrainec and Timothy Jackson, and learning about teaching surgical technique by tele-simulation. Some of his extra-curricular volunteer activities include being an executive member of the Crohn's and Colitis Foundation of Canada, a mentor/teacher for the Saturday Program and member of the student health team for the IMAGINE clinic.

Outside of his academic pursuits, Neil enjoys traveling with his wife Tiffany, most recently on a tour of Italy. Together they enjoyed the sights, sounds and food of Bari, Rome, Venice, Florence and Sorrento. He enjoys hockey, basketball, and golf, and playing with his daschund Wellington. Neil has a fair share of health care influence in his family; his wife Tiffany works at Sunnybrook as a nurse on the Acute Care Nursing Resource Team, his sister is a public health nurse for the Ministry of Health, his mother a was unit coordinator at North York General Hospital and his great aunt was the Director of Nursing at Rumialah in Doha, Qatar.

*M.M.*

## A Surgical Ethics Course, and A Sad Footnote on the VA



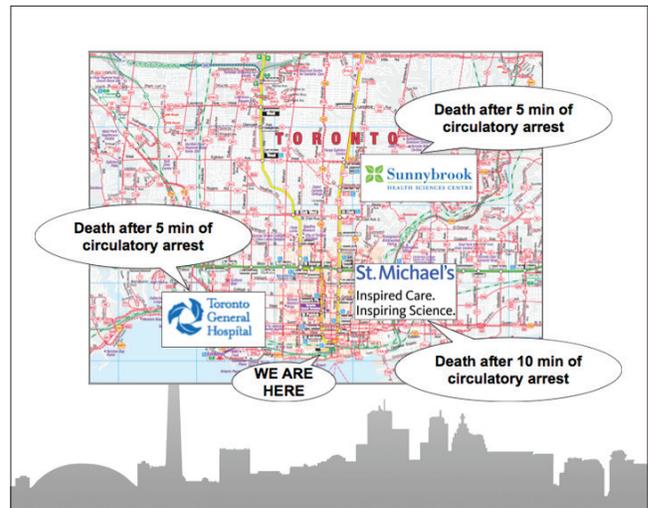
Martin McKneally

The Surgery Department organized a one day intensive Surgical Ethics course this spring at the Toronto Convention Centre. It was co-sponsored and managed with the American Association for Thoracic Surgery at its annual meeting. The course used the Teach the Teachers technique that has worked well for teaching bioethics to residents at the

University of Toronto for the past 15 years. Instead of importing ethics scholars, we helped expert surgical teachers prepare short talks about ethical issues in their field of specialization.

Cardiac surgeon Vivek Rao discussed the ethics of rationing mechanical support for failing hearts. "There is a natural limit on the supply of transplants, but only an economic limit on the availability of manufactured LVADs." Nurse Practitioner-ethicist Jane MacIver explained the ethics of surgical decision making, based on her studies of how patients make choices between transplants and LVADs for advanced heart failure. Surgeon-ethicist Karen Devon challenged caregivers to become involved in the electronic and social media that are becoming a major source of patient information and disinformation. Karen described how former Playboy bunny Jenny McCarthy continues to lead her internet followers to oppose vaccination, based on the disproven myth of a link to autism. Her campaign has resulted in outbreaks of measles, whooping cough and mumps where these diseases had disappeared. Karen challenged us to engage and improve the media by refuting false claims.

Cardiac resident Bobby Yanagawa clarified the evolving and contentious issue of organ donation after cardiac death. "The dignitary rights of dying donors and their families are as important as the legal and neurophysiologic data about the hands-off period. The definition of death is socially constructed and somewhat variable."



Donation after Cardiac Death criteria vary.

Harvard thoracic surgeon and Chair of the Society of Thoracic Surgeons Ethics Committee Richard Whyte presented "Explaining our mistakes to patients", coached by our senior surgeon-ethicist Mark Bernstein who was away during the course. Your editor presented our study of pre-operative discussions of life sustaining treatment (described in Spotlight Fall 2013- [http://www.surgicalspotlight.ca/Article.aspx?ver=Fall-Winter\\_2013&f=EditorColumn](http://www.surgicalspotlight.ca/Article.aspx?ver=Fall-Winter_2013&f=EditorColumn)). Surgeons from Syracuse, Wake Forest, Duke, Ohio State, Cleveland Clinic, Nicaragua, Medical University of South Carolina, Baylor, and Calgary spoke on topics ranging from "When is the resident competent to operate independently" to the "ethics of the learning curve" and "managing the declining competence of aging surgeons". Our Department will offer another Surgical Ethics Intensive Course next spring.

Course co-director and Medical University of South Carolina cardiac surgeon Bob Sade recently made my day by sending references to two publications championing the fist bump as a safer form of greeting than the handshake (1, 2). I'll write more about this in the next issue, and give a friendly bump to all who have doubted the wisdom of switching to this cool and safer greeting.

I asked Ken Kizer, our Bigelow Lecturer, whose management transformed the VA health care system, for a comment on the disturbing current headlines about waiting lists, suffering, and deaths of neglected military veterans in the US. Ken has been out of the VAHS for the past 15 years. His description of the current situation is printed nearby. In my view, his remarkable

contributions have been undermined by imposition of a command and control regime. Militarizing a health care system under former generals, setting unrealizable standards with inadequate resources, and reluctance to accept unfavorable information inevitably led to falsifying waiting list reports without attending to waiting patients. There is an excellent Perspective commentary by Kizer & Jha in the June 4, 2014, NEJM that has relevant lessons for all health care systems (3).

Finally, after 10 years as editor of the Spotlight, I am searching for an associate editor to work with and then succeed me. I can promise a stimulating experience - interviewing the fascinating people who are guests and members of our surgical family, and learning more than you ever could imagine about the Department that binds us together. Writing about all this is illuminating, because writing requires a level of reflection and justification that exceeds the requirements of conversational discourse. This can sometimes be frustrating (see cartoon) but is immeasurably rewarding.

#### MM

1. Sklansky M et al. *Banning the handshake from the health care setting*. JAMA online May 15, 2014.
2. Ghareeb PA et al. *Reducing pathogen transmission in a hospital setting: Handshake versus fist bump – a pilot study*. J Hosp Infect. 2013;85(4):321-323.
3. Kizer & Jha, *Restoring trust in VA health care*. NEJM.org June 4, 2014.



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## KEN KIZER ON RECENT PROBLEMS OF THE VA HEALTHCARE SYSTEM

“The recent allegations that some VA medical centers may have falsified wait time lists to cover up treatment delays for veterans are deeply disturbing. Multiple investigations are underway to determine the validity of the allegations and the extent to which any veterans may have been harmed. It will be some time before the findings of these investigations are known, but I am certain that they will find that the genesis of the organizational malfunction in this case is multidimensional. Skyrocketing demand for services, and especially mental health service, for veterans returning from the wars in Iraq and Afghanistan is certainly a factor. Shortages of some types of health care workers, insufficient funding or budget flexibility, information technology and staff training shortcomings, and possible bad behavior of some administrators also are likely to emerge as contributing factors.

“However, the fact that more than 20 VA medical centers are under investigation for possible improper behavior on the same issue speaks to deeper, more systemic problems. VA leadership has turned over multiple times in the past decade with, unfortunately, a gradual return to the command and control style of management that predominated prior to the organization’s transformation in the late 1990s.

“Concomitant with the changes of leadership has been successive erosion of the principles of quality improvement that were integral to the VA’s turnaround. Hospital managers and clinicians have been less engaged in the development of policies and programs that they would have to implement, and the environment has become less open, or safe, for them to express criticism or dissenting views about the directives. Likewise, while many of the same performance improvement tools, and especially performance measurement, have continued to be employed, these tools are now being used in an increasingly compliance-focused (instead of improvement-focused) environment. These dynamics have been further complicated by

the implementation of a pay-for-performance-like incentive program that ties personal financial gain to performance measure results.

“Additionally, it has been known for several years that the information technology and other infrastructure being used to monitor and track patient wait times is inadequate for what it is being used for, although it appears that little has been done to fix the problems. Given all these circumstances, when VA’s leadership changed the wait times performance measure standard from 30 days to 14 days a couple years ago, it became, in essence, a prescription for driving administrators to find workarounds. Predictably, not all of the workarounds would be acceptable.

“On a more positive note, the VA’s current wait times problems are fixable, and there are thousands of hardworking, dedicated VA staff who are anxious to fix them so they can get on with providing high quality care to veterans.”

*Ken Kizer*

## ALUMNI AND ADVANCEMENT

### SURGICAL ALUMNI ASSOCIATION AWARDS

In 2008, the Surgical Alumni Association endowed funds to support trainees within the Surgeon Scientist Training Program (SSTP). We are pleased to highlight the 2013-2014 recipients of the SAA Awards: Mike Hendry from the Division of Plastic & Reconstructive Surgery and Andrea Covelli from the Division of General Surgery. Here’s a bit about their research...

Mike’s research has investigated the pathobiology of peripheral nerve injuries and strategies to improve functional outcomes after surgical repair. One project



Mike Hendry

focused on characterizing the cellular events that explain why side-to-side nerve grafts are able to protect against the harmful effects of chronic denervation. A second project explored the effects of administering the therapeutic monoclonal antibody Herceptin after surgical repair of peripheral nerves. The receptor targeted by this antibody is important in regulating the signals of a class of neurotrophic factors called “neuregulins”. Herceptin administration enhances several aspects of nerve regeneration and serves as one of the first pre-clinical demonstrations that therapeutic antibodies may be used as adjuncts to surgical repair.



Andrea Covelli

The SSTP provided Andrea with the opportunity to complete her PhD at the Institute of Health Policy, Management and Evaluation under the supervision of Drs. Nancy Baxter and Frances Wright. For her thesis, she completed a qualitative study examining factors that are influencing the changing surgical trends in the treatment of early-stage breast cancer (ESBC). Since the mid-2000s rates of unilateral mastectomy (UM) for treatment of ESBC have been increasing in both Canada and the United States. Despite no medical recommendations, there has also been an increase in the use of contralateral prophylactic mastectomy (CPM), for the treatment of unilateral ESBC in women who are at average risk of developing a contralateral breast cancer. “Through a qualitative exploration I have gained an understanding of those factors that are influencing women’s choice to undergo more extensive surgical management than is medically necessary. Examining the treatment decision-making dyad between patients and their surgeons has demonstrated that patients are the driving factor behind the increasing mastectomy rates. Despite evidence based consultations with the surgeon, a previous cancer experience was extremely influential in shaping women’s misperceptions about the risk and severity of ESBC. Although surgeons recommended against more extensive surgery, patients believed that by choosing UM+/-CPM they would substantially improve their cancer outcomes, over-estimating the benefit of mastectomy. While most women

did not perceive any risks of undergoing more extensive surgery, many experienced long-term issues with pain, disturbed skin sensation, and body image. This research has demonstrated that there is a gap in the current surgical consultation process for ESBC; as overestimated risks and misperceived benefits influenced women's choice for mastectomy. Given the potential for long-term complications, the choice to undergo mastectomy needs to be accurately informed about risks associated with ESBC, the net benefits of UM+/-CPM, and not based solely on the belief that more surgery equates to better survival."

*Darina Landa,  
Senior Development Officer,  
University of Toronto, Department of Surgery*

## ALUMNI NOTES

**Steve McCluskey** (Thunder Bay) and James Drake (Hospital for Sick Children) (NeurSurg) were featured in a piece on neurosurgical tele-mentoring in the Thunder Bay Chronicle-Journal.

<http://www.healthsciencesfoundation.ca/upload/documents/chronicle-journal/cj-sept-14-2013.pdf>

**Amir Dehdashti** (NeurSurg) is Director of Cerebrovascular Research and Associate Professor of Neurosurgery at the Hofstra North Shore-LIJ School of Medicine. [http://www.northshorelij.com/hospitals/news/amir\\_dehdashti%252C\\_md](http://www.northshorelij.com/hospitals/news/amir_dehdashti%252C_md)

**Betty Kim** (NeurSurg) is Assistant Professor of Neurological Surgery at the Mayo Clinic College of Medicine, Florida. <http://network.nature.com/profile/nanosurgeon>

**Demitre Serletis** (NeurSurg) is Assistant Professor in the Department of Neurosurgery in the University of Arkansas for Medical Sciences (UAMS) College of Medicine: <http://www.uamshealth.com/News/NeurosurgeonDemitreSerletisM.D.Ph.D.JoinsUAMS?id=5349&showBack=true&PageIndex=0&cid=4>

**Sean Smith** (NeurSurg) recently returned to Barbados and is presently a Consultant Neurosurgeon at The Queen Elizabeth Hospital: <http://neurosurgerybarbados.com/our-associates.html>

**Peter Pahapill (NeurSurg)** is Associate Professor of Neurosurgery and Director of Functional Neurosurgery at the Medical College of Wisconsin. <http://www.mcw.edu/neurosurgery/neurosurgeryfaculty/pahapill.htm>

**Ann Parr** (NeurSurg) is Assistant Professor of Neurosurgery at the University of Minnesota, Director of Spinal Neurosurgery, and a faculty member of the Graduate Program in Neuroscience and the Stem Cell Institute. <http://www.neurosurgery.umn.edu/faculty-and-staff/parr-ann/>

**Ali Rezai** (NeurSurg) is Director of the Ohio State University (OSU) Neuroscience Program, Stanley and Jodi Ross Chair in Neuromodulation, Associate Dean of Neurosciences, Professor of Neurosurgery and Neuroscience, and Director of the OSU Center for Neuromodulation at Ohio State University. <http://www.crunchbase.com/person/ali-rezai>

**Martin Tisdall** (NeurSurg) is a consultant paediatric neurosurgeon at Great Ormond Street Hospital (London, UK). <http://www.gosh.nhs.uk/medical-conditions/clinical-specialties/neurosurgery-information-for-parents-and-visitors/meet-the-team/martin-tisdall/>

Former Toronto alumna **Susan MacKinnon** (PlasSurg) gave a great, honest, passionate and inspirational TEDx talk about *Pioneering Surgery*: <http://www.youtube.com/watch?v=F2BjmgcVRzU>

Surgical alumnus **Martin Barkin** (Urol) is stepping down as Chair of the Surgical Alumni Association (SAA) having served in this capacity for several years. Under his leadership, the SAA has made significant advancements in its computerized alumni database, outreach to alumni, and planning of numerous alumni events. For his efforts as Chair of the SAA, Martin recently received an Arbor Award from the University of Toronto.

## NEW STAFF



Aaron Nauth and his wife Rhonda

It is with great pleasure that I announce the addition of **Aaron Nauth** to the Division of Orthopaedics at St. Michael's Hospital as an associate scientist and surgeon.

Aaron completed his orthopaedic residency at University of Toronto, followed by two fellowships: Sports Medicine and Arthroscopy at the University of British Columbia and Trauma and Upper Extremity at the University of Toronto. Aaron's clinical focus is orthopaedic trauma, soft tissue reconstruction and arthroscopy. He is an active member of the University of Toronto Sports Medicine (UTOSM) program and works as a trauma team leader at St. Michael's hospital in addition to his orthopaedic practice. His research focus is on the basic science of fracture and tendon healing with stem cell therapy in addition to conducting randomized clinical trials in orthopaedic trauma.

To date, he is the recipient of several prestigious awards and grants: (1) the Canadian Orthopaedic Research Society Founders Medal Award for Best Basic Science Paper in 2012 at the Canadian Orthopaedic Association Annual Meeting in Ottawa, and (2) peer-reviewed grants from the Physician Services Incorporated Fund and the Orthopaedic Trauma Association in 2013 in both basic science and clinical research. Already an invaluable member of our Division, we look forward to his contribution in our pursuit of clinical excellence, groundbreaking research and commitment to teaching.

Aaron enjoys spending his free time outdoors with his wife Rhonda and their dog Watson.

*Timothy Daniels, Chief of the Division of Orthopaedic Surgery, St. Michael's Hospital*



Suneil Kalia

**Suneil Kalia** is a graduate of the MD/PhD program at the University of Toronto, where he entered the neurosurgery residency program in 2006. During his PhD he discovered novel molecular targets which contribute to the degeneration of dopaminergic neurons in Parkinson's disease. From 2009-10, he completed a post-doctoral research fellowship

at the Massachusetts General Hospital Institute for Neurodegenerative Disease, Harvard University. He resumed residency training and graduated from the Toronto program in 2012 and became a Fellow of the Royal College of Physicians and Surgeons of Canada that year. From 2012-13, Dr. Kalia completed a clinical fellowship in functional and stereotactic neurosurgery at Toronto Western Hospital, and was recruited to the Division of Neurosurgery with a staff appointment at Toronto Western Hospital.

He is appointed as an Assistant Professor in the Department of Surgery at the University of Toronto. His clinical focus on the surgical management of movement disorders, particularly Parkinson's disease, follows as a logical extension of his longstanding research interests. His research laboratory is within the Toronto Western Research Institute and focuses on understanding molecular mechanisms of protein homeostasis in neurodegeneration and on establishing model systems to study protein function in neurodegenerative disease. Dr. Kalia is married to Lorraine Kalia, a neurodegenerative disease researcher and a movement disorders neurologist at Toronto Western Hospital.

*James Rutka,  
RS McLaughlin Professor and Chair,  
Department of Surgery, University of Toronto*



Dean Elterman with his wife Yvonne Bombard

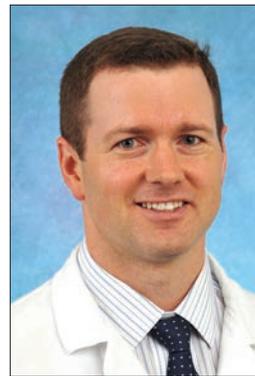
I am delighted to announce the appointment of **Dean Elterman** to the Division of Urology at the University Health Network. Dean grew up in Vancouver and attended McGill University for his undergraduate studies. Dean completed his medical degree followed by residency in Urologic Surgery here at the University of Toronto. He became a fellow of the Royal College of Physicians and Surgeons of Canada in 2011.

Dean has returned to the University of Toronto after completing a two-year fellowship in Voiding Dysfunction, Female Urology, Neuro-Urology and Pelvic Reconstruction at Memorial Sloan-Kettering Cancer Center, New York Presbyterian Hospital/Weill Cornell Medical College and the Iris Cantor Men's Health Center at New York Presbyterian Hospital in New York City. During his fellowship, Dean also completed a Master of Science degree in Clinical Epidemiology and Health Services Research from Weill Cornell Graduate School of Medical Sciences of Cornell University.

Dean's research interests include men's health and novel technologies for treating voiding dysfunction including sacral neuromodulation. Clinically, Dean also performs prosthetic and reconstructive surgery for male urinary and sexual dysfunction, as well as female and oncologic pelvic reconstruction. Dean is joined by his wife, Dr. Yvonne Bombard, a Scientist at the Li Ka Shing Knowledge Institute of St. Michael's Hospital and the Institute of Health Policy Management and Evaluation at the University of Toronto.

On behalf of the Division of Urology at the University of Toronto, please join me in welcoming Dean back to Toronto.

*Neil E. Fleshner*  
*Chair, Division of Urology*  
*University of Toronto*



William Stansfield

We are excited to announce the arrival of **William Stansfield** to the UHN Division of Cardiovascular Surgery in the Peter Munk Cardiac Centre. Bill received his M.D from McGill University and then pursued training in general surgery at the University of North Carolina in Chapel Hill. He remained at UNC for a research fellowship in basic and translational research, and for clinical training in cardiac and thoracic surgery. After completing training, he was recruited to stay at UNC as surgical faculty in the division of cardiothoracic surgery.

William is appointed as a Surgeon Scientist and Assistant Professor in the Division of Cardiac Surgery, University of Toronto. His primary clinical interests are in valve repair and replacement through minimally invasive techniques, and care of the end-stage heart failure patient. This includes a range of cardiac operations on low EF patients, including different types of mechanical support and heart transplant. Bill's research interest is in myocardial reverse remodeling, especially after pressure offloading of the left ventricle through aortic valve replacement or LVAD therapy. He may be reached through his assistant, Joanna Blackman, at extension 14-4218.

Please join me in welcoming Bill to the Peter Munk Cardiac Center.

*Vivek Rao,*  
*Chief of Cardiovascular Surgery,*  
*University Health Network*

# ANNOUNCEMENTS

## IN MEMORIAM

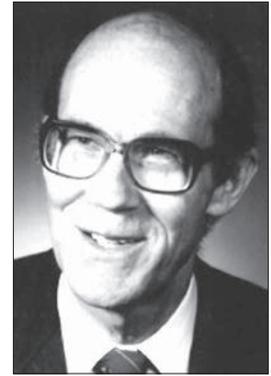
### Gerald Thomas Cook

Born in Herbert, Saskatchewan March 6, 1929, **Dr. Gerald Thomas Cook** passed away unexpectedly on January 13, 2014. Gerry will be remembered for his medical career spanning five decades. He opened the first hospital in Lac La Ronge, Saskatchewan, then went on to a residency at the New York Hospital-Cornell Medical Centre and the Medical College of Virginia. For more than 20 years until TW and TG merged, Dr. Gerry Cook did renal transplant surgery at Toronto Western, including the first in Toronto, done with longtime colleague and friend, nephrologist Dr. Gear Deveber. He had very good surgical credentials after training with Dr. David Hume at the University of Virginia, one of the transplant pioneers. Dr. Cook prided himself on excellent technical surgery and emulated his mentor, Dr. Victor Marshall at Cornell New York Hospital. Dr. Marshall ran what was arguably the most prestigious urology training program in the US at that time. Dr. Cook was an energetic surgical teacher who was always his own man and vigorously interrogated new techniques to ensure that they exceeded the standards set by the conventional procedures. He saw the role of the academic surgeon as one who would inculcate future generations with a desire to be technically precise, yet fast to obtain the best results. He was a surgeon's surgeon. He retired at age 65 soon after the merger of the TW and TG to enjoy a very long retirement in the country north of Toronto keeping a pied a terre in town. Donations in his honour may be made to the Kidney Foundation of Canada. (Bryce Taylor & Globe and Mail)

### Dr. J.F. Ross Fleming

On December 1, Dr. J.F. Ross Fleming, MD, MSc, FRCSC, FACS, past Professor Emeritus in our Division of Neurosurgery, passed away at the age of 88. Dr. Fleming was a graduate of the University of Toronto medical school (1947) and neurosurgery residency program (1956), during which time he completed additional training in Oxford, England and Ann Arbor, Michigan. In 1956 he joined the neurosurgical staff at Toronto Western Hospital, where he served as Division Head of Neurosurgery from 1965 to 1984. Dr. Fleming

was a wonderful mentor to our Faculty and residents. He also served as Associate Dean of the Faculty of Medicine at the University of Toronto, impacting very positively on the lives of many medical students. The Fleming Neurosurgical Intensive Care Unit at Toronto General Hospital and the Ross Fleming Surgical Educator Award at the University of



Dr. J.F. Ross Fleming

Toronto were named in his honor in 1990 and 1992, respectively. Dr. Fleming retired from neurosurgical practice in 1997, after a long and distinguished career as a leader in all aspects of our profession. Dr. Fleming was preceded in death by his wife Patricia and is survived by his children Jim, Sheila, Ian and Anne and his grandchildren Patrick, Daniel, Tim, Meredith, George, Cynthia, Brian, Erin, Jamie and Kate. Please join me in extending condolences to the extended Fleming family.

### Andres Lozano



Dr. N. Barry Rewcastle

### Dr. N. Barry Rewcastle

It is with sadness we remember Dr. N. Barry Rewcastle, past Faculty at the University of Toronto and University of Calgary, who passed away peacefully on Jan. 7 at Lion's Gate Hospital, North Vancouver. Dr. Rewcastle had a long and distinguished career in the field of medicine and academics, until his retirement from the University of Calgary in 2003.

<http://www.legacy.com/obituaries/calgaryherald/obituary.aspx?pid=169018582>

## Dr. William Feindel



Dr. William Feindel

With sadness we also reflect on the passing away of Dr. William Feindel, O.C., G.O.Q., MDCM, D. Phil. (1918-2014). Dr. Feindel, one of Canada's most distinguished neurosurgeons and third Director of the Montreal Neurological Institute and Hospital (The Neuro) of McGill University and the McGill University Health

Centre (MUHC), passed away quietly at The Neuro on Jan. 12 following a brief illness. Details of his remarkable and distinguished career in neurosurgery can be accessed at: <http://www.legacy.com/obituaries/montrealgazette/obituary.aspx?n=william-feindel&pid=169111150>

Andres Lozano, who trained with Dr. Feindel as a junior resident at McGill and learned epilepsy surgery from him, had the honor of serving as the most recent Feindel Lecturer in Montreal on December 17, 2013, just a few days before Dr Feindel's death. As a mentor to a generation of McGill trained neurosurgeons, Dr. Feindel is remembered as a great man, a builder, someone who was widely admired and looked up to. He made enduring contributions to neurosurgery, to brain imaging and to putting Canadian Neurosurgery at the forefront of the world.



Left to Right: Dr Richard Leblanc Professor of Neurosurgery at McGill, Dr. William Feindel (seated) and Dr. Andres Lozano, Montreal, November 2013).

## Dr. Raymond Heimbecker



Dr. Raymond Heimbecker

Dr. Raymond Heimbecker (Cardiac Surgery) passed away on February 13, 2014 in his 92nd year. He received his Doctor of Medicine degree from the University of Toronto in 1947. In 1962, he became a cardiovascular consultant to the Wellesley Hospital. In 1974, Dr. Heimbecker was named the first Professor and Chief of Cardiovascular Surgery at the new University Hospital in London, Ontario. He performed the world's first complete heart valve transplant in 1962 and Canada's first modern heart transplant in 1981.

## ALLAN OKRAINEC APPOINTED DIVISION HEAD, GENERAL SURGERY, UHN



Allan Okrainec

I am pleased to announce that Allan Okrainec has been appointed as the Head of the Division of General Surgery at UHN.

Allan joined the Division of General Surgery at UHN in 2006 and has served as deputy head of the division since 2009. He completed medical school at McGill University and residency in general surgery at McMaster University. He went on to complete a fellowship in minimally invasive surgery at McGill University. His clinical practice specializes in minimally invasive gastrointestinal and bariatric surgery. He is currently Associate Professor in the Department of Surgery, and Director of the Minimally Invasive and Bariatric Surgery Fellowship Program at the University of Toronto. He is the director of the Temerty/Chang International Centre for Telesimulation and Innovation in Medical Education at UHN.

Allan completed a Master's Degree in Health Professions Education at the University of Illinois at Chicago. His research interests include the use of simulation and telesim-

ulation for teaching and assessment of laparoscopic skills in remote areas and resource-restricted countries, and the assessment of clinical outcomes and enhanced recovery programs after surgery. Dr. Okrainec has leadership roles in several national and international surgical societies. He has published widely and is a highly sought after speaker both nationally and internationally. His work is supported by several research grants, including the Center for Excellence in Surgical Education, Research and Training, and Grand Challenges Canada Stars in Global Health.

Please join me in congratulating Allan on his achievements and on taking on this important leadership role in the Sprott Department of Surgery at UHN.

I would also like to announce that Allan has been officially appointed as the Peter A. Crossgrove Chair in General Surgery. This is a University Health Network and University of Toronto named chair. This appointment has been effective December 1st, 2013 in conjunction with the Division Head of General Surgery appointment.

Please join me in congratulating Allan on this additional achievement and wonderful opportunity for ongoing academic advancement of our Division of General Surgery.

*Shaf Keshavjee, Surgeon-in-Chief,  
Sprott Department of Surgery, UHN*

## APPOINTMENT OF MICHAEL FEHLINGS AS VICE CHAIR RESEARCH, DEPARTMENT OF SURGERY



Michael Fehlings

After an extensive and comprehensive search process, it is with great pleasure that I announce the appointment of Dr. Michael G. Fehlings as the new Vice Chair Research in the Department of Surgery. Michael graduated from medical school at the University of Toronto (UofT), and was one of the first residents to enter the Surgeon Scientist Training Program (SSTP), supervised by Dr. Charles Tator. Michael received his PhD in Dr Tator's laboratory in 1989 and his

FRCS in Neurosurgery in 1990. He did a postdoctoral research fellowship under Dr. Wise Young at New York University in 1991, and a clinical spine fellowship at that same institution in 1992. Michael joined the Division of Neurosurgery at the UofT as a staff neurosurgeon at the Toronto Western Hospital in 1992. He is currently Professor of Neurosurgery, the Gerald and Tootsie Halbert Chair in Neural Repair and Regeneration, past Director of the Collaborative Program in Neuroscience at UofT, Co-Chairman of the Spinal Program in the Department of Surgery at UofT, and Medical Director of the Krembil Neuroscience Centre at the Toronto Western Hospital, University Health Network.

Michael has received numerous international and national awards and accolades. He has over 400 peer-review publications. He continues to supervise trainees in the SSTP. His research laboratory is well supported by grants from the CIHR and Christopher Reeve Foundation. Michael has served in numerous leadership positions in organized neurosurgery and spine surgery including Chair of the Joint Section of Neurotrauma and Critical Care of the AANS/CNS, Chair of the Scientific Committee of AO Spine North America, Grants Panel Reviewer for CIHR, and President of the Cervical Spine Research Society.

Please help me welcome Michael Fehlings as the new Vice Chair Research in the Department of Surgery. We thank Benjamin Alman for his tremendous work as Vice Chair Research since November 2004 and wish him much success in his new role as Chair, Department of Orthopaedic Surgery, Duke University in Durham, North Carolina.

*James T. Rutka,  
RS McLaughlin Professor and Chair  
Department of Surgery, University of Toronto*

## JOHN HAGEN APPOINTED CHIEF/ PHYSICIAN DIRECTOR OF SURGERY



John Hagen

It is a great pleasure to announce that John Hagen has accepted the position of Chief/Physician Director of Surgery at Humber River Hospital effective January 1, 2014.

Dr. Hagen is well known to the Humber community and by his colleagues at the national and international levels. He obtained his MD from the

University of Alberta and completed Surgical Residency at the University of Toronto. He had additional training in Surgery in New Zealand and England before joining the staff of Northwestern Hospital.

For many years he was the Chief of Surgery at Northwestern, and after the amalgamation, was the first combined Head of General Surgery for Humber River Regional Hospital.

John was one of the earliest adopters of minimally invasive surgery and taught the techniques to many others, both junior and senior surgeons. He was also instrumental in the development of Bariatric surgery and his input led to Humber River being recognized as a provincial Center of Excellence.

Dr. Hagen is also recognized as an outstanding teacher and his efforts have contributed to the expanding academic profile of Humber River.

Please join me in welcoming Dr. Hagen to his new role at this important time in the history of our hospital.

*Ray Martin, VP, Medical Affairs,  
Humber River Hospital*

## STEVEN GALLINGER APPOINTED THE INAUGURAL JOSEPH & WOLF LEBOVIC CHAIR IN HPB SURGERY

I am delighted to announce the appointment of Steven Gallinger as the inaugural Joseph and Wolf Lebovic Chair in Hepato-Pancreatico-Biliary Surgery at University Health Network.

Dr. Gallinger is a Hepatobiliary/pancreatic (HPB) surgical oncologist at Princess Margaret Cancer Centre at University Health Network. He is Professor of Surgery at the University of Toronto, Head of the HPB Surgical Oncology Program at UHN and MSH, and Chair of the Cancer Care Ontario HPB Community of Practice. His research interests are primarily in the area of GI cancer genetics. He is co-Director of the Centre for Cancer Genetics at the Samuel Lunenfeld Research Institute, and co-PI of the Zane Cohen Familial Gastrointestinal Cancer Registry at MSH. He is PI of the Ontario Familial Colorectal Cancer Registry, an NIH supported international consortium studying multidisciplinary aspects of sporadic and familial colorectal cancer. He is also PI of the Ontario Pancreas Cancer Study, a member of the NIH funded Pancreas Cancer Genetic Epidemiology consortium, a population-based registry of pancreas cancer cases and their families which is now integrated with the International Cancer Genome Consortium at the OICR where he was recently appointed as Lead of the Translational Research Initiative in pancreas cancer. Dr. Gallinger also co-leads with Dr. Malcolm Moore the McCain Centre for Pancreas Cancer which is fostering the development of a rapid treatment program at UHN.

Please join me in congratulating Dr. Gallinger on this prestigious milestone in his stellar career as an exemplary surgeon scientist at University Health Network.

*Shaf Keshavjee, Surgeon-in-Chief,  
Sprott Department of Surgery, UHN*

## PETER STOTLAND APPOINTED AS DEPUTY CHIEF OF SURGERY, NORTH YORK GENERAL HOSPITAL

Peter Stotland joined North York General Hospital in 2008. Prior to that, he completed residency and fellowship training in Minimally Invasive Surgery and Surgical Oncology at the University of Toronto. Dr. Stotland has been very active within our Department of Surgery and the University of Toronto. He has been recognized locally and nationally as an outstanding surgical teacher.

## FRED GENTILI APPOINTED ALAN & SUSAN HUDSON CHAIR IN NEURO-ONCOLOGY AT UHN

I am pleased to announce the appointment of Dr. Fred Gentili as the Alan and Susan Hudson Chair in Neuro-Oncology at University Health Network.

Dr. Gentili joined the Neurosurgical staff at University Health Network in 1982 and is currently Professor in the Division of Neurosurgery at the University of Toronto. Dr. Gentili is a founding member of the North American Skull Base Society and a member of the Skull Base Surgery Committee of the World Federation of Neurosurgical Societies as well as a member of the WFNS Neuro-Endoscopy Committee. He helped establish the first interdisciplinary Skull Base Surgery Group in Canada at the University of Toronto. Dr. Gentili's primary interests are Skull Base Surgery using both open and minimally invasive endoscopic techniques, pituitary surgery, and radiosurgery.

Dr. Gentili has been a dedicated teacher and educator, having received numerous teaching awards. He is a member of both local, national and international committees on education. He is currently the Director of Undergraduate Surgical Education at University Health Network.

Please join me in congratulating Fred Gentili on this prestigious appointment.

*Shaf Keshavjee, Surgeon-in-Chief,  
Sprott Department of Surgery, UHN*

## GILLIAN HAWKER APPOINTED AS CHAIR OF THE DEPARTMENT OF MEDICINE

Gillian Hawker has been appointed as Chair of the University of Toronto Department of Medicine for a 5-year term effective July 1, 2014. She is Physician-in-Chief of Medicine at Women's College Hospital, where she holds the F.M. Hill Chair in Academic Women's Medicine. Dr. Hawker will be taking over this position from Dr. Wendy Levinson who has held the position for the past ten years.

## IN THE MEDIA

**Fuad Moussa** (CardSurg) has recently had his simulation-based beating heart surgery curriculum highlighted as their cover story in MedSim Magazine: [http://issuu.com/halldale/docs/medsim\\_1\\_2014?e=1283403/6449702#search](http://issuu.com/halldale/docs/medsim_1_2014?e=1283403/6449702#search)

**Nancy Baxter** (GenSurg) was in the press (Toronto Star) for one of her research grants: ([http://www.thestar.com/life/health\\_wellness/2014/05/02/new\\_hope\\_for\\_patients\\_who\\_want\\_kids\\_after\\_cancer.html](http://www.thestar.com/life/health_wellness/2014/05/02/new_hope_for_patients_who_want_kids_after_cancer.html))

**Andrea Covelli** (GenSurg) was interviewed by Oncology Times for the work presented at ASCO breast cancer symposium - *Taking control of cancer: Why women are choosing mastectomy*: <http://journals.lww.com/oncology-times/blog/onlinefirst/pages/post.aspx?PostID=840>. The story was subsequently picked up by other sites, including the American College of Surgeons <http://www.acssurgerynews.com/single-view/women-choose-mastectomy-to-gain-control/ba3be9d1574e6ea8a2680d11dd0c616a.html>.

**Andrea's** work presented at the American Society of Breast Surgeons (*Increasing Mastectomy Rates: The role of the health-care milieu. A comparative analysis between Canada & the United States – 05/2014*) was selected for a press release through the society. St. Michael's also released a press statement which has since been picked up by many sites including U of T. [https://www.breast-surgeons.org/new\\_layout/annual\\_meeting2014/news\\_releases.php](https://www.breast-surgeons.org/new_layout/annual_meeting2014/news_releases.php) [http://www.stmichaelshospital.com/media/detail.php?source=hospital\\_news/2014/20140430\\_hn](http://www.stmichaelshospital.com/media/detail.php?source=hospital_news/2014/20140430_hn)

<http://news.utoronto.ca/women-breast-cancer-likely-opt-double-mastectomy-unless-counselled-otherwise>

Most notably the press release of Andrea Covelli's presentation at the American Society of Breast Surgeons resulted in an interview with CTV (05/14). <http://www.ctvnews.ca/video?clipId=354919>

**Mark Bernstein** (NeurSurg), the Greg Wilkins-Barick Chair in International Surgery, was featured in a piece entitled "*Transferring Knowledge*" for his ongoing work in training neurosurgeons from developing countries. [http://barrickbeyondborders.com/2013/11/barrick-gold-transferring-knowledge-wilkins-chair-international-surgery/?utm\\_source=3bl&utm\\_medium=social&utm\\_campaign=nov7](http://barrickbeyondborders.com/2013/11/barrick-gold-transferring-knowledge-wilkins-chair-international-surgery/?utm_source=3bl&utm_medium=social&utm_campaign=nov7)

**Michael Cusimano** (NeurSurg) discussed banning fighting in hockey in the NHL in the Globe and Mail February 11, 2014.

Michael was also interviewed by The Ottawa Citizen for his opinion on head injury risk in the National Hockey League. The story can be accessed at: <http://www.ottawacitizen.com/opinion/columnists/Column+luck+will/9279706/story.html>

**Leo Da Costa** (NeurSurg) was featured in CTV News piece entitled "Miracle babies: Woman has brain surgery while delivering". The video can be accessed at: <http://toronto.ctvnews.ca/video?playlistId=1.1593540> <http://health.sunnybrook.ca/sunnyview/miracle-patient/>

**Leo** also appeared in a Global News piece entitled "*Emergency Brain Surgery*" for his role in operating on pregnant patient requiring emergency surgery for a brain blood clot. The story and video can be accessed at: <http://globalnews.ca/news/1321906/mothers-day-after-brain-surgery-c-section-mom-thriving-with-twins/>

The work of **Andres Lozano** (NeurSurg) on deep brain stimulation for Alzheimer's disease was featured on The Nature of Things on CBC television. The episode entitled "*Untangling Alzheimer's*" can be accessed at: <http://www.cbc.ca/natureofthings/episodes/untangling-alzheimers>

**Andres** was also featured by CBC Radio program *The Current* about his research on new treatments for dementia. The interview can be accessed at: <http://www.cbc.ca/thecurrent/episode/health/2014/05/12/dementia-research/>

**Tom Schweizer** (NeurSurg)'s study on the effect of "heading the ball" in soccer was featured in the Star, February 10, 2014: [http://www.thestar.com/life/health\\_wellness/2014/02/10/impact\\_of\\_heading\\_soccer\\_ball\\_needs\\_more\\_study\\_researchers.html](http://www.thestar.com/life/health_wellness/2014/02/10/impact_of_heading_soccer_ball_needs_more_study_researchers.html).

**Michael Tymianski's** work (NeurSurg) on developing the potential stroke drug NA-1 was the subject of a major feature by The Globe and Mail. The piece can be accessed at: <http://www.theglobeandmail.com/news/national/one-toronto-neurosurgeons-crusade-to-develop-an-effective-stroke-drug/article18718026/>

**Marc Jeschke** (PlasSurg) was recently interviewed on Canada AM for his work on a novel skin printer to better serve burn patients. The video can be viewed at: <http://canadaam.ctvnews.ca/video?clipId=282874&binId=1.811572&playlistPage>



Steve McCabe

Toronto Star article entitled "*Need a hand?*" spotlights the Toronto Western Hand and Upper Extremity Unit with **Steve McCabe** (PlasSurg) in his mission to develop and perform Canada's first upper limb transplant. Ron Zuker and the pediatric program are also featured. [http://www.thestar.com/life/health\\_wellness/2014/05/23/toronto\\_doctors\\_set\\_to\\_perform\\_canadas\\_first\\_hand\\_transplant.html](http://www.thestar.com/life/health_wellness/2014/05/23/toronto_doctors_set_to_perform_canadas_first_hand_transplant.html)

**Shaf Keshavjee** (ThorSurg) made a cameo appearance in the show “Saving Hope” on February 13<sup>th</sup>. He saves a life delivering the ex vivo lung perfusion system in time!

**Dean Elterman** (Urol) contributed to Globe and Mail in the section Health Advisor: <http://www.theglobeandmail.com/life/health-and-fitness/health-advisor/guys-its-time-to-man-up-and-make-your-health-a-priority/article19162304/>.

**Rob Nam** (Urol) and colleagues publish new findings on complications after radical prostatectomy in *Lancet Oncology*. The full report can be found online at: *Lancet Oncology*, January 17, 2014, [http://dx.doi.org/10.1016/S1470-2045\(13\)70606-5](http://dx.doi.org/10.1016/S1470-2045(13)70606-5)

## NEWSWORTHY ITEMS

**Anand Ghanekar** (GenSurg) has been appointed Co-Director of the Renal Transplant Program at the University Health Network, along with S. Joseph Kim (Nephrology).

**Bernie Goldman** (CardSurg) launched his book “Mending Hearts, Building Bridges: the Story of Save a Child’s Heart” at Indigo Manulife, May 13 - with SACH doctors from Ethiopia, the Palestine Authority, Israel and Canada. As part of their commitment to international humanitarian work they are sending 3 medical students to SACH for 2 week electives in pediatric cardiology and surgery (one each from U of T, McMaster and the Northern Ontario Medical School) and one student pursuing an MA in Global Health (1 month) from McMaster.

**Hugh Scully** (CardSurg) has been appointed as Chairman at Canadian Motorsport Hall of Fame.

**Subodh Verma** (CardSurg) and **Samuel Siu** published their work on the management of aortic dilatation in patients with bicuspid aortic valves in the *New England Journal of Medicine*. The full reference is found at: *N Engl J Med*. 2014; 370:1920-9.

**Sherif Hanna** (GenSurg) has retired from the Division of General Surgery at Sunnybrook as of January 2014. He joined the staff of Sunnybrook Health Sciences Centre in January 1980 where his practice focused on HPB surgical oncology. He was Head of the Division of General Surgery for 10 years and Head of the Surgical Oncology Program at the Odette Cancer Centre at SHSC for 11 years.



Sherif Hanna

**Rob Mackenzie** (Gen Surg) practiced community general and vascular surgery and served as hospital medical director until 2003, when he became President/CEO of Cayuga Medical Center in Ithaca, NY. Recently retired after ten years in administration, he and Maggie just completed an eight-month RV tour of the US and Canada. Colleagues traveling through Finger Lakes wine country are welcome to stop by.

**Jim Drake** (NeurSurg) has been appointed Secretary of The American Society of Pediatric Neurosurgery.

**Michael Taylor** (NeurSurg) and his team recently had a lead article on paediatric ependymoma in *Nature* (Impact Factor 31.434). He and his team also had press coverage in the *Toronto Star*. This should create tremendous interest amongst clinical trials groups as a novel drug treatment has been identified that could benefit patients with this devastating disease: *Epigenomic alterations define lethal CIMP-positive ependymomas of infancy*. Mack SC, Witt H, Piro RM, Taylor MD, et al. *Nature* 506, 445–450 (27 February 2014) doi:10.1038/nature13108.

## 2014 1ST ITERATION PGME CARMS MATCH RESULTS

Congratulations to the 7 surgical divisions who participate in CaRMS. All spots were filled in the 1st iteration. The Department of Surgery has 33 CMG and 7 IMG positions for 2014-2015.

Neurosurgery at St. Michael's Hospital and the University of Toronto have recently established a **Joint Term Chair in Cerebrovascular and Brain Tumor Surgery**.



Department of Surgery Soccer Team

The 2014 **Department of Surgery Soccer Team** won their league championship cup and the golden boot for highest number of goals scored!

## CELEBRATING THE DAN NEUROSURGERY FELLOWS!



From left to right: front row: Amira Dan, Michael Dan, Marie Slegre. Back row: Darina Landa, Menno Germans, Jim Rutka, Mari Rutka, Amancio Guerrero Maldonado, Andres Lozano.

A great evening celebrating the second annual *Michael and Amira Dan Neurosurgery Fellowships*. Dr. Menno Germans, from the Netherlands, has had a great year

here in Toronto and is completing his fellowship at St. Michael's with Dr. Loch Macdonald. Dr. Amancio Guerrero Maldonado is soon heading home to Mexico after completing his fellowship at UHN with Drs. Michael Tymianski and Ivan Radovanovic. Congratulations to both – we wish you much success in the future!

## MICHAEL FEHLINGS TO LEAD STUDY FOR AOSPINE NORTH AMERICA

AOSpine North America received a research grant from The Rick Hansen Institute to develop a set of MRI based biomarkers in patients with acute spinal cord injury.

Michael Fehlings hosted a **Research Town Hall Meeting** of scientists, surgeon investigators, surgeon scientists, surgeon scientist trainees and key stakeholders on April 1st at the Peter Gilgan Centre for Research and Learning. Over 50 attendees learned about key issues related to research, and expressed their pride in working at the University of Toronto. Researchers noted that recent changes at CIHR have made it more of a challenge to receive funding. Some next steps arising from the Town Hall meeting included:



- A focused effort to advance fund raising for research in the Department of Surgery with the assistance of the UofT Advancement office.
- Meetings with surgeon scientist trainees and junior residents considering research as career options in the next several months.
- A comprehensive synopsis of research activities by surgeon scientists, surgeon investigators and scientists in the Department of Surgery.
- A retreat to discuss research directions and priorities in the Department of Surgery in early 2015.

## ANDRES LOZANO APPOINTED AS 2014 UNIVERSITY PROFESSOR

Dr. Andres Lozano has been appointed as a 2014 University Professor at the University of Toronto. He is the first neurosurgeon to receive this prestigious appointment where U. of T. recognizes its most outstanding scholars with this designation.



Andres Lozano

Professor Andres Lozano is a world leader in Functional Neurosurgery. He is renowned for his pioneering work in the (1) identification and mapping of new brain areas and circuits underlying neurological and psychiatric diseases; and (2) translation of these discoveries into the clinical application of

deep brain stimulation for Parkinson's disease, treatment-resistant depression and Alzheimer's disease. He is recognized for his pace-setting creativity and innovation in developing new surgical treatments for patients whose disorders have no adequate alternatives for therapy. He and his team are acknowledged as the pioneers that have mapped out the activity of single neurons in several deep brain structures for the first time in man, including the subthalamic nucleus, pedunclopontine nucleus (PPN) and subcallosal cingulate gyrus. His team is widely recognized for conducting the first ever trials of deep brain stimulation for depression, anorexia and Alzheimer's disease. His research has led to new surgical interventions for Parkinson's disease (PPN stimulation), dystonia, Huntington's disease, depression (area 25 stimulation) Anorexia and Alzheimer's disease (fornix stimulation).

Professor Lozano's work and contributions to the field have been recognized with some of the most prestigious awards in his discipline. He has received the Olivecrona Medal—often regarded as the “Nobel Prize in Neurosurgery”—from the Karolinska Institute in 2012. He was awarded the Winn Prize from the Society of Neurological Surgeons—the most senior and prestigious society in neurosurgery - in recognition of outstanding, continuous commitment to research in the neurosciences by a neurological surgeon in 2010. He is the first neurosurgeon-scientist to receive the Innovation Award from the Canadian College of Neuropsychopharmacology

(2014) and has also received the inaugural Tasker Award from the World Society for Stereotactic and Functional Neurosurgery (2013), the Margolese National Brain Prize (2013), the Pioneer in Medicine Award from the Society for Brain Mapping and Therapeutics (2012) and the Jonas Salk Award (2008).

Professor Lozano was elected to the Canadian Academy of Health Sciences in 2012 and to the Royal Society of Canada in 2009. He has been made an honorary member of distinguished societies in four continents around the world, including the German Academy of Neurosurgery, the Neurosurgical Society of Para, Brazil and the Japanese Neurological Society. He has also been recognized by his native country, receiving the Order of Spain in 2007, and he was elected to “100 Espanoles” (100 People of Spanish Origin) in 2013. He has served as President of the World Society of Stereotactic and Functional Neurosurgery (2005) and the American Society of Stereotactic and Functional Neurosurgery (2004).

Professor Lozano has published over 425 papers that have been cited over 32,500 times, making him the most highly cited neurosurgeon in the history of Canadian neurosurgery. He is also the single most cited scientist in the field of deep brain stimulation and ranks among the top five most cited scientists globally in the field of Parkinson's disease. Seventeen of his papers have attained “Citation Classic” status, having been cited over 400 times (Google Scholar, as Feb. 26, 2014). He has published 85 book chapters and has edited five books in neurosurgery and neuroscience, including the seminal textbook used in functional neurosurgical training. He currently serves on the editorial board of eighteen journals. Over the course of his career, he has delivered 40 named international lectures, in addition to nearly 500 other presentations.

Professor Lozano has mentored students, residents, young faculty and graduate neurosurgeons, and personally trained 50 fellows in functional neurosurgery—more than any other neurosurgeon worldwide. He is committed to developing the field of academic functional neurosurgery, and those he has mentored have obtained some of the most prestigious training awards in their discipline and have gone on to academic surgeon-scientist positions at leading academic centres in Canada and around the world.

Professor Lozano received his MD degree at the University of Ottawa (1983) and his neurosurgical training and PhD degree in Neurobiology at McGill University (1989). He completed postdoctoral training in movement disorders at Queen Square, London, UK and in cell and molecular biology at Toronto Western Hospital. He was recruited to Faculty of the University of Toronto in 1991, where in eight years, at 39, he would become the youngest individual to be appointed in the Department of Surgery as a Full Professor. He currently holds the Dan Family Chair in Neurosurgery at the University of Toronto, the R.R. Tasker Chair in Functional Neurosurgery at University Health Network, and a Tier 1 Canada Research Chair in Neuroscience.

Please join me in congratulating Andres on this incredible achievement!

*James T. Rutka*  
*RS McLaughlin Professor and Chair*  
*Department of Surgery, University of Toronto*

## THE SURGICAL EXPLORATION AND DISCOVERY (SEAD) PROGRAM

The Surgical Exploration and Discovery (SEAD) Program is a 2-week summer program for medical students looking to learn about the art and science of surgery. Created and coordinated by UofT medical students, it is the first program of its kind in Canada, pioneering a unique combination of observerships across all surgical specialties, informal discussions on surgical lifestyle and career options, as well as hands-on surgical skills development through simulation workshops. Having just completed a successful 3<sup>rd</sup> year, the SEAD Program is now being adopted by medical schools in Chicago and Ottawa.



First year medical students participating in the 2014 SEAD program observe Dr. Dimitrios Tsirigotis, Cardiac Surgery resident, demonstrating an aortic valve replacement on a pig heart.



Mark Wheatcroft, Department of Surgery Assistant Professor and Vascular Surgeon at St. Michael's Hospital, teaches a vascular bypass to SEAD participants



SEAD participants Graeme Hoit and Lebei Pi perform a patient assessment in the trauma simulation workshop.



Plastic surgeon and Assistant Professor in the Department of Surgery, Dr. Kyle Wanzel shares his expertise on microsuturing techniques as part of the 2014 SEAD program.



A SEAD participant practices a tendon repair during the plastic surgery workshop.

## AWARDS/HONOURS/ ACCOMPLISHMENTS

**Anne Agur** (Anatomy) has been chosen as the 2014 recipient of the Excellence in Linking Undergraduate Life Sciences Teaching to Research Award for her leadership in creating and providing research experiences for undergraduate students, and linking to undergraduate and graduate courses.

**Cindi Morshead** (Anatomy) along with N. Dancause, M. Fehlings, I. Mendez, and M. Shoichet received a 5 year CIHR grant for their project *"Promoting neural regeneration with stem cell based therapies: A novel source of autologous human neural stem cells for transplantation"*.

**Mike Wiley** (Anatomy) received the Pre-Clinical Dr. Hollington Teaching Award. The award is presented to a teacher who has demonstrated excellence in pre-clinical or basic science teaching in the undergraduate medical education curriculum.

**George Christakis (CardSurg)** received the Dean A.L. Chute Award (The Silver Shovel) award. This award honours an undergraduate teacher who is deemed to have demonstrated excellence in overall clinical teaching in the undergraduate medical program. The winner is selected by the fourth year class.

**Stephen Fremes** (CardSurg) received a 2 year CIHR grant for his work on *"SodiUm SeleniTe Administration IN Cardiac Surgery (SUSTAIN CSX-trial)"*.

**Fuad Moussa** (CardSurg) is the recipient of a 2013 – 2014 Peters-Boyd Academy Clerkship Teaching Award.

PGY4 **Hunter Cape** (GenSurg) received the Highest CAGS Result award at the 2014 Annual Assembly of General Surgeons 2014

**Sean Cleary** (GenSurg) received the Nicolas Colapinto Teaching Award 2014 at the Annual Assembly of General Surgeons.

**Andrea Covelli** (GenSurg) was awarded Best Scientific Presentation at the American Society of Breast Surgeons in Las Vegas (May 2014) for an oral presentation entitled “*Increasing Mastectomy Rates: The role of the health-care milieu. A comparative analysis between Canada & the United States*”. She also received an oral presentation award from the Institute of Health Policy, Management and Evaluation Research day, UofT for this research in May 2014.

Andrea also received the Novartis Oncology Young Canadian Investigator Award (NOYCIA) for a poster entitled “*Why women are choosing mastectomy: influences beyond the surgeon.*”

Andrea Covelli received also the ASCO Quality of Care Merit Award for a poster entitled “*Taking control of cancer: Why women are choosing mastectomy*” at the American Society of Clinical Oncology- Quality of Care Meeting –San Diego, CA, USA. She also received an oral presentation award from Li Ka Shing Research day (St. Michael’s Hospital) for the same research.

**Stan Feinberg** (GenSurg) has been awarded the 2014 PARO Excellence in Clinical Teaching Award. This prestigious award is given to only two Toronto physicians each year.

Stan has also received a Faculty of Medicine Integrated Medical Education Award in Community-Based Teaching (Community Hospital setting) for his dedication to excellence in clinical teaching and providing exemplary mentorship.

**Steven Gallinger** (GenSurg) has been named as the inaugural Joseph and Wolf Lebovic Chair in Hepato-Pancreatico-Biliary Surgery at University Health Network.

**Teodor Grantcharov** (GenSurg) is the recipient of the Jameel Ali Award in Continuing Education. This award is presented to a SMH surgeon who has contributed to continuing education through participation, development and dissemination of knowledge in programs locally, nationally and internationally.

**Paul Grieg** (GenSurg) received the Francis D Moore Excellence in Mentorship in the Field of Transplantation Surgery award at the annual American Society of Transplant Surgeons State of the Art Winter Symposium.

This award acknowledges the efforts of established surgeons for their stewardship of fellowship trainees and junior faculty.



Paul Greig with President, Dr. Alan Langnas, and Symposium Chair, Dr. Michael Englesbe

**Steven Gu** and **Shelly Luu**, (GenSurg) were the winners of the 15<sup>th</sup> Annual Laparoscopic Skills Challenge on November 26<sup>th</sup>, 2013. Shelly Luu also posted the fastest time of the day.

**John Hagen** (GenSurg) is the recipient of a Faculty of Medicine Integrated Medical Education Award for Community-Based Teaching Excellence (community hospital). This award recognizes excellence clinical teaching in a Community Hospital

PGY1 **Jonathan Josse** and **Ramy Behman** (GenSurg) received the 2014 Professionalism Essay award at the Annual Assembly of General Surgeons

**Erin Kennedy, Robin McLeod, and Nancy Baxter** (GenSurg) received a \$1M grant to implement the synoptic MRI report for rectal cancer, rectal cancer MCC and Quirke pathology method across 8 Canadian centres from Canadian Partnership Against Cancer (CPAC).

PGY5 **Pawan Kumar** (GenSurg) received the **Best Resident Mentor Award at the 2014** Annual Assembly of General Surgeons

Pawan is also the recipient of the *E. W. Wight Memorial Award* for 2013-2014. This award is given annually to a resident at North York General Hospital who has displayed qualities of compassion for patients with a devotion to the highest level of patient care.

**Bernard Langer** (Professor Emeritus, GenSurg) received an Honorary Degree from Queen's University, May 22, 2014

**Jack Langer (GenSurg)** is the recipient of the 2014 Detweiler Travelling Fellowship awarded by the Royal College of Physicians and Surgeons of Canada.

**Robin McLeod** (GenSurg) has been appointed as the new Vice President of Clinical Programs and Quality Initiatives at Cancer Care Ontario.

Robin also received the Robert Mustard Mentorship Award 2014 at the Annual Assembly of General Surgeons.

**Robin McLeod** won the College of Physicians and Surgeons of Ontario's 2013 Council Award. The Council Award honours outstanding physicians who have demonstrated excellence and characterize the Society's vision of an ideal physician.

PGY2 **Stephanie Mason** (GenSurg) received the Highest POS Practice Exam award at the 2014 The Annual Assembly of General Surgeons.

**Avery Nathens** (GenSurg) is the recipient of the U of T 2014 Carolyn Tuohy Impact on Public Policy Award. **Avery** is also the recipient of a 2013 – 2014 Peters-Boyd Academy Clerkship Teaching Award.

**Fayez Quereshey** (GenSurgs) is the recipient of a Wightman-Berris Academy Individual Undergraduate Teaching Excellence Award.

PGY3 **Chethan Sathya** (GenSurg) received the Advocacy Award 2014 at the Annual Assembly of General Surgeons



Mark Bernstein

**Mark Bernstein** (NeurSurg) was introduced in the Senate of Canada on Wednesday, March 26, 2014 by the Speaker of the House, and a description of his global work was presented by Senator Donald Meredith. To read the proceedings, please go to [http://www.parl.gc.ca/Content/Sen/Chamber/412/Debates/044db\\_2014-03-26-e.htm#2](http://www.parl.gc.ca/Content/Sen/Chamber/412/Debates/044db_2014-03-26-e.htm#2)

PGY4 **David Cadotte** (NeurSurg) was awarded the Queen Elizabeth II/Patty Rigby and John Wedge Graduate Scholarship in Science and Technology by the University of Toronto.

David also won the Gallie-Bateman Award, 1<sup>st</sup> Place from the Department of Surgery, University of Toronto for the top paper presented by a Surgeon-scientist Program trainee in the Department of Surgery at the University of Toronto. David's paper entitled "*Visualizing Structural and Functional Plasticity of the Human Cervical Spinal Cord*" was presented at the 2014 Gallie Day.

**Leodante da Costa** (NeurSurg) successfully completed an MSc degree based on research on bedside methods for assessment of cerebrovascular reactivity to carbon dioxide after brain insult/injury.

**Leodante** and his team, including Joe Fisher, Peter Howard, and Bradley MacIntosh, were successful on their grant application to the GE & National Football League \$20M Head Health Challenge. They were 16 winners. The team will receive \$300,000 to advance their work to speed diagnosis and improve treatment for mild traumatic brain injury. The goal of the Head Health Challenge is to improve the safety of athletes, members of the military and society overall.

**Michael Cusimano** (NeurSurg) has led the development of a new research program in Quality and Best Practices in Neurosurgery, including knowledge translation and implementation science, for our city-wide Division. The initial project will examine unplanned readmission after neurosurgical procedures and will be the start of a series of important quality studies that aim to improve best practices and patient outcomes.

**Sunit Das** (NeurSurg) is the recipient of a 2 year American College of Surgeons Franklin Martin, MD, FACS Faculty Research Fellowship for his project entitled "*Elucidating the role of vascular mimicry in glioblastoma*". These highly competitive fellowships are offered to surgeons who are embarking on their career.

**James Drake** (NeurSurg), together with partners at the Hospital for Sick Children, Thunder Bay Regional Research Institute and **Mojgan Hodaie**, TWH, have

been awarded a 3 year, \$1.5 million Brain Canada/Garfield Weston Foundation MIRI grant for the project entitled *“Developing a non-invasive treatment of pediatric neurological disorders using MR-guided focused ultrasound”*.

**Karen Davis** (NeurSurg) is a 2013-2014 Mayday Fellow. As part of the Mayday Pain & Society Fellowship, Professor Davis will further her training as a pain management expert by learning to more effectively communicate her work, raise awareness, and improve treatment of acute and chronic pain.

Clinical fellow **Antonio Di Ieva** (NeurSurg) (supervisor: Dr. Michael Cusimano) was appointed to the Editorial Board of *Frontiers in Neuroanatomy*

**Peter Dirks** (NeurSurg) is the recipient of the Garron Family Chair in Childhood Cancer Research.

**Michael Fehlings** (NeurSurg) received a 21st Century Grant from the Cervical Spine Research Society for his project, *“Therapeutic approaches to protect against ischemial/reperfusion injury following surgical decompression for cervical spondylotic myelopathy: A potential solution to attenuate perioperative neurological complication following decompressive surgery”*.

Michael Fehlings (NeurSurg) has been appointed as Vice Chair Research in the Department of Surgery at the University of Toronto

**Michael Fehlings** and **Charles Tator** received a 2014 renewal grant from the Christopher Reeve Foundation to continue and commence new trials with the North American Clinical Trials Network for the Treatment of Spinal Cord Injury.

**Michael Fehlings** was presented with the Rick Hansen Foundation’s Difference Maker Award by Mr. Rick Hansen and the Hon. Reza Moridi, Ontario Minister of Research and Innovation. The Award is given to recognize individuals who have made a significant impact in the area of accessibility, researchers who have advanced discoveries related to spinal cord injury research, and community leaders and youth who have put “service

above self” to make an extraordinary difference in the lives of others

**Michael Fehlings** received research funding from Baxter to investigate *“Enhancing recovery following cervical spinal cord injury by modulating inflammation with IgG.”*

**Michael Fehlings** has entered a Clinical Trial Agreement with StemCells, Inc to conduct a *“Phase III study of the safety and preliminary efficacy of intramedullary spinal cord transplantation of human CNS stem cells (HuCNS-SC®) in subjects with thoracic (T2-T11) spinal cord trauma”*.

**Michael** was one of nine leaders at UHN who will receive a share of \$4.8M given to the institution from Canada Foundation for Innovation (CFI) John R. Evans Leaders Fund competition. This will help create and expand research facilities and programs in cancer, spinal cord injury, diabetes, cardiovascular, neurodegenerative and retinal diseases at UHN.

**Michael** received as Co-Investigator a 5-year \$2,500,000 grant from the Canadian Institutes of Health Research (CIHR) for the project entitled *“Promoting neural regeneration with stem cell based therapies: A novel source of autologous human neural stem cells for transplantation”* led by Cindy Morshead (U of T).

**Fred Gentili** (NeurSurg) has been appointed as the Alan and Susan Hudson Chair in Neuro-Oncology at University Health Network.

**Mojgan Hodaie** (NeurSurg) has been appointed as affiliated scientist with the Techna Institute at University Health Network.

Mojgan has also been selected as Chair of the scientific program for the Interim meeting of the World Society of Stereotactic and Functional Neurosurgery (WSSFN), Mumbai, India 2015.

**George Ibrahim** (NeurSurg) received the Kenneth Shulman Award for best paper presented at the annual meeting of the Joint Section of Pediatric Neurological Surgery by the American Association of Neurological Surgeons/Congress of Neurological Surgeons Pediatric Section.

Clinical fellow **Ahmed Ibrahim** (NeurSurg) received the best oral poster presentation prize at the North American Fellows Forum in Banff (supervisor Michael Fehlings).

PGY4 resident **Nir Lipsman** (NeurSurg) received the 2013 PSI Resident Research Award for his work on deep brain stimulation for anorexia nervosa published in *The Lancet*.

**Andres Lozano** (NeurSurg) received the 2013 Margolese National Prize in Brain Disorders from the University of British Columbia. The Prize is awarded to a Canadian who has transformed care in heart and brain diseases, with the expectation that the recipient will continue outstanding research to improve the lives of individuals with these disorders.

**Andres Lozano**, Mojgan Hodaie, Robert Chen and Ping Zhuang were awarded a three year, \$225,000 grant entitled “*Role of the basal ganglia in inhibiting and promoting voluntary movements*” from CIHR.

**Andres** has been cross-appointed as a Senior Scientist at the Sunnybrook Research Institute.

**Andres Lozano** was selected to receive the Canadian College of Neuropsychopharmacology (CCNP) 2014 Innovations Award, in recognition of outstanding and innovative research in the basic or clinical fields of neuropsychopharmacology.

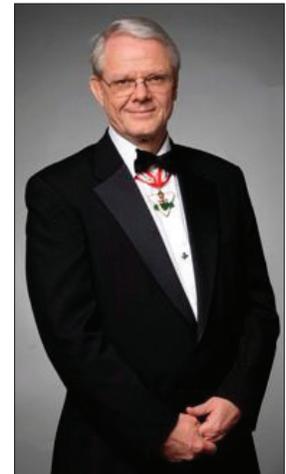
**Todd Mainprize** (NeurSurg) has been included by Toronto Life magazine in a feature on the city’s Best Doctors in the “Brain Surgery” category. Selections were made by a poll of over 1,000 doctors in Toronto.

Medical student **Gray Moonen** won the first prize - “Best Paper Award” at the Lumbar Spine Research Society’s annual conference (supervisor: Charles Tator)

PGY4 resident **Teresa Purzner** (NeurSurg) was awarded a Neurosurgery Research and Education Foundation (NREF) fellowship for her PhD work on quantitative mass spectrometry-based proteomics applied to early Hedgehog signal transduction, supervised by Dr. Josh Elias at Stanford University.

**James Rutka** (NeurSurg) was appointed to the Order of Ontario, the province’s highest honour.

**James Rutka** was recently inducted into the American Surgical Association, and received an Honorary PhD from the Faculty of Medicine, Bahcesehir, University of Istanbul, Turkey on May 2, 2014.



James Rutka- Order of Ontario

**Mohammed F. Shamji** (NeurSurg) was advanced to the Education Committee of the Lumbar Spine Research Society for a three-year term (2014-7).

Mohammed was also presented with a CPS / Pfizer Early Career Investigator Pain Research Grant at the 2014 Canadian Pain Society Annual Meeting.

**Charles Tator** (NeurSurg) delivered the inaugural Charles Tator Honorary Lectureship on Spinal Trauma at the Annual Scientific meeting of the American Association of Neurological Surgeons (AANS) in San Francisco. The AANS and Congress of Neurological Surgeons (CNS) Section on Neurotrauma and Critical Care established this lecture in recognition of Dr. Tator’s contributions and impact in neurosurgery and spinal cord injury

**Victor Yang** (NeurSurg) was awarded as Co-Investigator a three year, \$627,275 grant entitled “*Controlling femto-second laser processing: smart fibers, catheters, and lab-on-fiber concepts*” from NSERC.

**Victor Yang** received a 4 year grant from the Networks of Centres of Excellence (NCE) (Refined Manufacturing Acceleration Process – ReMAP) for his project entitled “*Optically guided laser ablation with integrated surgical navigation*”.

**Victor** also received a 5 year grant from the Natural Science and Engineering Research Council for his project “*Optical coherence tomography and fluorescence guided surgical laser ablation*”.

**Victor Yang** is the recipient of a 5 year grant (\$966,245) from Canada Foundation of Innovation for work on a Biophotonic Experimental Operating Room.

Victor was awarded a four-year \$236,000 sub-grant from the Networks of Centers of Excellence (NCE) for his project entitled “*Refined Manufacturing Acceleration Process - ReMAP*”.

**Victor Yang** was awarded as Co-Investigator a \$150,000 Research Tools & Instruments (RTI) - Category I (2014) grant from NSERC for his project entitled “Femtosecond Laser - Tailoring extreme laser interaction physics for nano-processing”.

**Gelareh Zadeh** (Neursurg) was appointed as representative of International Outreach for Neuro-oncology by the Society of Neuro-oncology.

**Gelareh** has been cross-appointed to the Department of Otolaryngology-Head & Neck Surgery at the University of Toronto.

Gelareh has been appointed to the new role of Director of Academic Affairs for the University of Toronto Division of Neurosurgery. In this role, she will work with the University Chair in promoting and recognizing the teaching, research and clinical excellence that is characteristic of the residents, fellows and Faculty in our Division.

Gelareh received as Co-I a 5-year grant from the Canadian Institutes of Health Research (CIHR) for the project entitled “*Coagulation system effectors as regulators of tumour dormancy and therapeutic targets*” with Janusz Rak (McGill; Lead PI).

**Gelareh** was awarded a one-year \$50,000 Adam Coules Research Grant for her project entitled “*Inhibition of MMPs in Malignant Meningiomas*”.

Gelareh Zadeh won 2014 Bernard Langer Surgeon-Scientist Award, presented annually to an outstanding graduate of the Surgeon-Scientist Training Program in the Department of Surgery at University of Toronto who shows the greatest promise for a career in academic surgery.

Gelareh Zadeh won the 2014 Wightman-Berris Academy Postgraduate Education Teaching Excellence Award. The Award recognizes teachers whose outstanding skills have been personally identified by their students.

**Bob Bell** (OrthoSurg), stepped down as President and CEO of UHN and took on the role of Deputy Minister of the Ministry of Health, replacing Mr. Saad Rafi.

**Amr ElMaraghy** (OrthoSurg) received a Recognition Award from the Department of Physical Therapy at the University of Toronto. These awards acknowledge individuals who have provided great learning environments, guidance, supervision and are an inspiration to physical therapy students.

**Peter Ferguson** and **Markku Nousiainen** (OrthoSurg) and colleagues in the Division of Orthopaedic Surgery are to be congratulated in successfully renewing support from the The Ministry of Health and Long term Care (MOHLTC) for the Orthopaedic Surgery **Competency Based Curriculum**, the first of its kind in Canada.

**Jeremy Hall** (OrthoSurg) is the recipient of the Donald J. Currie Undergraduate Teaching Award which recognizes an individual from SMH who displays excellence in UG education.

**Oleg Safir** (OrthoSurg) has been selected for the 2014 Excellence in Postgraduate Medical Education Award - Development/Innovation for his sustained commitment to postgraduate medical education.

**Emil Schemitsch** (OrthoSurg) is the recipient of the William Horsey Post-Graduate Teaching Award at St. Michael's Hospital. This award recognizes an individual who displays excellence in postgraduate education.

**Paul Binhammer** (PlasSurg) has been appointed to the Plastic Surgery Executive – Paul is well known for his efforts in education and his dedication to improving Surgical Skills with the Boot Camp. Paul will take on the portfolio of junior resident curriculum and will work with Kyle Wanzel and Mitch Brown on enhancing the junior resident experience.

**Greg Borschel** (PlasSurg) was awarded the George Armstrong Peters Prize for 2014. This is awarded to a young investigator who has shown outstanding productivity during his/her initial period as an independent investigator as evidenced by research publications in peer



Greg Borschel

reviewed journals, grants held, and students trained, and represents the highest level of recognition that can be bestowed by the Department of Surgery on a young surgeon.

**Mitch Brown** (PlasSurg) has been inducted into the membership of the American

Association of Plastic Surgeons. Criteria for membership in this prominent society are robust and the candidate must show recognized contributions of quality in the field of plastic surgery as a pre-requisite to membership. They will be expected to have made outstanding contributions to the field of plastic surgery in the areas of education, research or clinical excellence.

SSP **Joseph Catapano** (Plas Surg) (supervisor Gregory Borschel) was awarded first prize at the Hospital for Sick Children 2014 Peri-Operative Research Symposium this year in the Basic Science category for his work entitled “*Enhancement of nerve regeneration following neonatal nerve injury.*”

**Marc Jeschke** (PlasSurg) was recently inducted into the American Surgical Association.

**Ron Levine** (PlasSurg) is the recipient of a Faculty of Medicine Integrated Medical Education Award for Sustained Excellence in Community-Based Teaching for sustained and exemplary teaching skills, demonstrated ability to stimulate learners to think critically, analytically and independently and commitment to the enhancement of the learner experience.

**Cho Pang** PhD, Senior Scientist, (PlasSurg) was recognized for a lifetime of achievement and dedication to the Department of Surgery. Cho has been an active member of the Research Institute for 32 years and sat on the Department of Surgery Research Committee for 24 years. He has mentored dozens of surgeon-scientists during his time in the Division of Plastic and Reconstructive Surgery including 3 chairs and has been recognized by the American Society of Plastic Surgeons for his achievements. Recent graduate of the Surgeon-Scientist Training



James Rutka and Cho Pang

Program **Jennica Platt** (PlasSurg) was awarded 2nd Prize in the Gallie-Bateman Research Competition for her work “*Pre-consultation educational group intervention to improve shared decision-making for post-mastectomy breast reconstruction: A pilot randomized controlled trial*” (Supervisor: Toni Zhong).

**John Semple** (PlasSurg) received the “Cause Leadership Award” from the Canadian Breast Cancer Foundation (Ontario Chapter). Dr. Semple was honoured for his leadership in Breast Reconstruction in Breast Cancer patients and for his outstanding clinical accomplishments and research in this area.

**John Semple**, SSP **Katie Armstrong** and co-investigators Sacha Bhatia (Dept of Medicine) and Peter Coyte PhD (HPME) were successful in receiving funding for their CIHR application, entitled “*Replacing ambulatory clinic follow-up with remote home monitoring using smart-*



From left to right: Beverly Thompson from CTV, John Semple, and Christy Teasdale, VP on the Board of Directors for CBCF

*phones in breast reconstruction patients: Is it cost-effective?*”, submitted to the *Catalyst Grant: e-Health Innovations: Supporting More Efficient Population and Individualized Healthcare* program. This proposal was one of 12 approved from the 88 grants submitted to the e-Health Innovations Panel.

**Toni Zhong (PlasSurg)** recently had her manuscript “*Barriers to immediate breast reconstruction in the Canadian universal healthcare system*” selected for publication on a Rapid Communications basis in the *Journal of Clinical Oncology*.

**Ron Zuker (PlasSurg)** received the 2014 CSPS Lifetime Achievement Award Canadian Society of Plastic Surgeons. This award honors members of the CSPS who have made outstanding contributions to the profession and to the Society.



Ron Zucker

**Andras Kapus (Scientist)** and **Kati Szaszi** received a 2 year NSERC grant of \$150,000 for their project entitled “*Long-term live fluorescent imaging system for monitoring site-specific functions in epithelia*”.

**Lisa Satterthwaite (Surgical Skills Lab)** received the 2013 SIM Citizenship Award. This award pays tribute to Ontario simulationists who have made outstanding contributions in education, teaching and other creative professional activities. This prestigious award honours collaboration-oriented, hard-working professionals who regularly go above and beyond the expectations of their assigned roles and responsibilities.

**Marcelo Cypel (ThorSurg)** received the Early Research Award from the Ministry of Research and Innovation (MRI), which gives funding to new researchers working at publicly funded Ontario research centres. Marcelo also received approval for his grant “*Measurement of Extravascular Lung Water to Predict Primary Graft Dysfunction and Outcomes Following Lung Transplant*” from the Ontario Lung Association Board of Directors

**Gail Darling (ThorSurg)** was recently inducted into the American Surgical Association.

Gail also received the 2013-2014 Gail E. Darling Award for Excellence in Undergraduate Teaching

**Tiago Machuca (ThorSurg)** received the 2014 Pearson Day Clinical Research Award.

**Martin McKneally (ThorSurg)** received the Institute of Medical Science Graduate Course Director Award for the development and direction of *MSC3002Y - Foundations 2: Teaching Bioethics*, and course management of *MSC1052H: Practical Bioethics*. Dr. McKneally’s significant contributions have been recognized by both colleagues and students. They demonstrate his commitment to the MHSc in Bioethics program and the Institute of Medical Science as a whole.

**Thomas Waddell (ThorSurg)** received the 2013-2014 Robert J. Ginsberg Award for Excellence in Postgraduate Teaching.

**Jonathan Yeung (ThorSurg)** received the 2014 Pearson Day Basic Science Research Award.

**Laurence Klotz (Urol)** is Co-I along with Bharati Bapat on a grant received from Prostate Cancer Canada. This grant, entitled “*Moving beyond discovery: validation of an integrated biomarker panel for detection of aggressive prostate cancer*” is for \$1.5 million dollars and will significantly move their Biobank and Biomarker project forward.

**Laurence** was also awarded the Society of Urologic Oncology Medal at their annual meeting in May. This medal is given to a surgeon who has made significant contributions to the field.

**Ron Kodama (Urol)** is the recipient of the 2014 Excellence in Postgraduate Medical Education Award - Teaching Performance, Mentorship and Advocacy for his sustained commitment to postgraduate medical education.

**Ron** is also the recipient of the 2013 – 2014 Peters-Boyd Academy Clerkship Teaching Award.

**John Trachtenberg (Urol)** has been honoured with a Doctor of Science, honoris causa by the University of Guelph in recognition of his leadership and contributions to the treatment of prostate cancer.

**Alan Lossing (VascSurg)** is the recipient of the Squires-Hyland Trust James Waddell Mentoring Award at St. Michael's Hospital. This award is presented to a SMH surgeon who has demonstrated excellence in mentoring fellow faculty members.

**George Oreopoulos (VascSurg)** was the winner of the 2014 "University of Toronto Surgical Skills Centre at Mt. Sinai Hospital Education Award"  
George also received the Surgical Skills Teaching award at Gallie Day dinner.

**Trisha Roy (VascSurg)** received a 1 year CIHR Canada Graduate Scholarship for her project entitled: "*MR Guided Revascularization of Occlusive Peripheral Vascular Disease*" (Supervisors Graham Wright and co-supervisor Andrew Dueck).

**Douglas Wooster (VascSurg)** is the 2012-2013 recipient of the Faculty of Medicine's David Fear Fellowship for his development of an on-line e-learning course into a national vascular ultrasound e-learning strategy.

**Cale Zavitz**, a third year medical student at the University of Toronto has been awarded a Society for Vascular Surgery (SVS) Student research fellowship, which he will put to use in the lab of **Barry Rubin (VascSurg)**, in collaboration with Dr. *Clinton Robbins, a researcher at the Toronto General Research Institute. Cale's project, entitled "Live-cell characterization of proliferating macrophages in atherosclerosis"* will use a technique he developed for isolating macrophages (the main protagonists in atherosclerosis) from atherosclerotic plaques. Cale will now analyze the gene expression of proliferating macrophages in order to identify the genes which drive this important pathologic process.

## 2013 CANADIAN CANCER SOCIETY RESEARCH INSTITUTE GRANT AWARD RECIPIENTS

I am pleased to announce the most recent CCSRI Grant recipients from the Department of Surgery, University of Toronto. Please join me in congratulating them on their tremendous success!

**Nancy Baxter.** Improving the quality of oncofertility decision-making for women at risk of infertility during cancer survivorship. 3 years; \$299,936

**Marcelo Cypel.** Development of isolated lung perfusion for the treatment of cancer metastases to the lungs. 2 years; \$196,830

**Peter Dirks.** Wnt signaling control of glioblastoma stem cell fate. 2 years; \$198,278

**Steven Gallinger.** Hallmarks and therapeutic implications of "BRCAness" in pancreatic cancer. 5 years; \$1,229,504

**Murray Krahn; Girish Kulkarni.** Development of a utility weighting function for the bladder utility symptom scale (BUSS-U). 3 years; \$299,900

**Jeffrey Wrana; Alexandre Zlotta.** Establishing a biological network strategy for personalizing prognosis in non-muscle invasive bladder cancer. 5 years. \$1,249,950

**James T. Rutka,**  
*RS McLaughlin Professor and Chair*  
*Department of Surgery, University of Toronto*

## 2013 Canadian Institutes Of Health Research (CIHR) Grant Award Recipients



2013 Canadian Institutes of Health Research (CIHR) grant award recipients

Dear Colleagues,

I am pleased to announce the most recent CIHR Grant recipients from the Department of Surgery, University of Toronto. Please join me in congratulating them on their tremendous success!

Webster F, Bhattacharyya O, David AM, Katz JD, Krueger PD, Watt-Watson JH, Wilson LM, **Yee AJ**. Finding the complex patient in patient-centred care: an institutional ethnography of chronic pain management in family medicine. 1 year; \$100,000

**Morshead CM**, Danacause N, **Fehlings MG**, Mendez IM, Shoichet MS. Promoting neural regeneration with stem cell based therapies: A novel source of autologous human neural stem cells for transplantation. 5 years; \$1,250,000

**Karanicolas PJ**, Guyatt GH, Shaudhury PK, Dixon E, Lin Y, McCluskey SA, Porter GA, Tarshis J, **Wei AC**. Tranexamic Acid Versus Placebo to Reduce Perioperative Blood Transfusion in Patients Undergoing Major Liver Resection: A Pilot Randomized Controlled Trial. 2 years; \$248,319

Sockalingam S, Cassin SE, Parikh SV, Hawa R, **Jackson TD**, **Urbach DR**, Wnuk SM. Telephone-Based Cognitive Behavioural Therapy for Bariatric Surgery Patients: A randomized Controlled Trial. 1 year; \$100,000

**Baxter NN**, Nathan P, Barr RD, Greenberg ML, Gupta AA, Gupta S, Pole JD, Rapoport A, Sawka AM, Sussman J, Sutradhar R, Wasserman JD. Initiative to Maximize Progress in Adolescent and Young Adult (AYA) Cancer Therapy (IMPACT). 5 years; \$913,872

**Caldarone CA**, **Coles JG**, Maynes JT. Pulmonary Vein Stenosis: Focus on Upstream Vasculopathology. 3 years; \$211,509

**Dirks PB**. Defining and Targeting Medulloblastoma Intratumoral Diversity. 5 years; \$754,345

**Fairn GD**. Molecular mechanisms generating and maintaining phospholipid asymmetry and its consequences. 5 years; \$634,685

**Gagliardi AR**, **Urbach DR**, Bell CM, Ducey A, Easty AC, Lehoux PN, Ross SJ, Trbovich P. Safety of medical devices licensed for use in Canada: A mixed methods study to inform policy for effective post-market surveillance. 3 years; \$301,055

Hawker GA, Marshall DA, Bohm ER, Dunbar MJ, Faris PD, Jones CA, Noseworthy TW, **Ravi B**, Woodhouse LJ. Towards Better Surgical Outcomes through Improved Decision Making about Appropriateness for Total Knee Arthroplasty in Patients with Knee Osteoarthritis. 5 years; \$764,384

Karkouti K, Callum JL, Crowther MA, Grocott HP, **Rao V**, Scales DC, Wijeyesundera DN. Blood conservation in cardiac surgery using a novel transfusion algorithm based on point-of-care testing: a stepped-wedge cluster randomized controlled trial. 2.5 years; \$484,584

**Keshavjee S, Cypel M, Liu M.** Advanced therapeutic strategies for ex vivo repair of lungs for transplantation. 5 years; \$914,350

**Narayanan U**, Fehlings DL, Graham K, Hamdy RC, Mulpuri K, Stephens D, Willan AR. Outcomes of Hip Interventions for Children with Cerebral Palsy – An International Multi-Centre Prospective Comparative Cohort Study. 5 years; \$678,974

**Schweizer TA**, Bedard M, Fischer C, Graham SJ, Hung Y, Naglie G. Driving and the aging brain: an immersive fMRI study. 1 year; \$144,553

Fischer C, Ismail A, Millikin C, **Schweizer TA**, Lix LM, Munoz DG, Shelton P, Smith EE. Neuroimaging correlates of delusions in Alzheimer's Disease and related dementias. 2 years; \$98,390

*James T. Rutka,  
RS McLaughlin Professor and Chair  
Department of Surgery, University of Toronto*

## 2014 DEPARTMENT OF SURGERY FACULTY PROMOTIONS

### ASSISTANT TO ASSOCIATE PROFESSOR

**Sean Cleary** (GenSurg, UHN).  
**Manuel Gomez** (GenSurg, SRI)  
**Tom Harmantas** (GenSurg, St. Joseph's Health Centre)  
**Erin Kennedy** (GenSurg, MSH)  
**Taufik Valiante** (NeurSurg, UHN)  
**Gelareh Zadeh** (NeurSurg, UHN)  
**Veronica Wadey** (OrthoSurg, SHSC)  
**Toni Zhong** (PlasSurg, UHN)  
**Armando Lorenzo** (Urol, HSC)  
**Robert Stewart** (VascSurg, SMH)

### ASSOCIATE TO FULL PROFESSOR

**Subodh Verma** (CardSurg, SMH)  
**Calvin Law** (GenSurg, SHSC)  
**Abhaya Kulkarni** (NeurSurg, HSC)  
**Albert Yee** (OrthoSurg, SHSC)  
**Walid Farhat** (UrolSurg, HSC)

The Deadline for the next Surgery Newsletter is September 15, 2014. All members and friends of the Department are invited to submit items, articles, pictures, ideas or announcements.

You may reach us by:

**voice mail: 416-978-8909**

**e-mail: [alina.gaspar@utoronto.ca](mailto:alina.gaspar@utoronto.ca).**

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

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