Charles L. Witte, MD, a founding faculty member of the UA Department of Surgery, passed away March 7. He was 67.

“The Department of Surgery has lost a scholar, humanitarian, and friend,” says Allan J. Hamilton, MD, chairman of the Department of Surgery. “He epitomized what one is looking for in the best mentor and researcher: an unbiased, unprejudiced intellect, open to everything and attached to nothing. Even while he was in the last stages of his illness, he continued to serve the Department faithfully, attending rounds and advising on residency choices. We will miss Chuck greatly.”

A professor and general surgeon in the Division of General Surgery, Dr. Witte made major contributions to the Department of Surgery and the College of Medicine, says Dr. Hamilton. As a researcher, Dr. Witte built an international reputation as an expert in lymphology. He and his wife, Marlys H. Witte, MD, also a longtime UA professor of surgery, established the only lymphological laboratory in the United States devoted to both basic and clinical investigation of lymphatic circulatory disorders. In 1994, they organized a Comprehensive Lymphedema-Angiodysplasia Diagnostic and Treatment Center.

They also developed a Curriculum on Medical Ignorance, a teaching approach that emphasizes questions rather than answers and, as a learning tool, has generated wide interest among elementary, high school, college, and medical educators.

Dr. Witte authored or co-authored more than 400 articles and chapters and for the past 20 years was editor-in-chief of Lymphology, the premier international journal devoted to the study of the lymphatic system. He received international recognition for his landmark studies in lymphology, including election to the National Academy of Medicine of Brazil.

Dr. Witte was the 1995 Founders Day Speaker, the highest honor given by the UA College of Medicine faculty to one of its own members.

“No one who knew Chuck will ever forget his charm, wit, and unrelenting intellectual approach to everything from science to baseball. Professor Witte spent 34 years gracing our halls and his last days on 6 East, still surrounded by the students, residents, faculty, and administrators, whose affection and respect he enjoyed,” says Kenneth J. Ryan, MD, interim dean, UA College of Medicine.

Dr. Witte is survived by his wife, Dr. Marlys Witte; his three adult children, Pamela Swartzel, Andrea Witte, and Dr. Russell Witte; and three grandchildren, Jake and Cynthia Swartzel and Lorena Witte.

More than 300 attended a public memorial service in DuVal Auditorium on March 20.

Charles L. Witte Endowed Professorship

When the University of Arizona College of Medicine opened its doors in 1969, Charles L. Witte, MD, became a charter faculty member of the new Department of Surgery.

Thirty-four years later, the Department has evolved into one of the outstanding surgery departments in the country and is recognizing Dr. Witte’s contribution to that evolution by establishing the Charles L. Witte Endowed Professorship.

A campaign was launched in January, with Department faculty contributing the initial $10,000 needed to establish the endowment. To fully fund the professorship, the Department
Chairman’s Message

This spring has been a difficult time for surgeons across the United States. You have all read the headlines about surgeons leaving established environments in Pennsylvania and New Jersey because of skyrocketing malpractice insurance rates. This crisis continues to cause more and more alarm in the medical community. Nonetheless, in spite of increases in malpractice premiums and budget cuts by the State of Arizona, the Department of Surgery continues to grow steadily and is focused on a bright future.

Most recently, the strategic objectives of developing robotics and minimally invasive surgery remain foremost in terms of the clinical development. In addition, research efforts across the spectrum – from molecular biology and genetics to informatics, alternative medicine, and pancreatic and GI cancer – continue on all fronts. We have had an extremely successful year recruiting surgery residents, which is a reflection of the faculty and staff of the Department of Surgery, who remain enthusiastic and committed, despite the tempest that swirls around the field of health care in these trying and difficult times.

We remain completely devoted to the future of surgery, biomedical technology, pharmacology, new devices, and new therapies. Our motto of excellence in teaching, surgical education, and surgical care remains the cornerstone of all of our activities. This newsletter is a snapshot of the fervor and productivity the Department of Surgery continues to demonstrate both at the state and national levels.

Respectfully,

ALLAN J. HAMILTON, MD
Professor and Chairman
Department of Surgery

Endowment CONTINUED FROM PAGE 1

will raise $500,000 – the minimum requirement for a named professorship. Over time, the Department plans to raise $1.5 million to enlarge the impact of the Charles L. Witte Endowment.

THE CREATION OF AN ENDOWED PROFESSORSHIP IN DR. WITTE’S NAME WILL HELP THE DEPARTMENT IN COUNTLESS WAYS. ITS PURPOSE WILL BE TO:

- Attract outstanding clinicians, educators, and researchers;
- Project a role model for integrity, curiosity, iconoclasm, and professionalism, and;
- Highlight the Department’s mission to provide the highest-quality patient care, education, and research programs.

The endowment will be managed by the UA Foundation. Interest income generated from the endowment will be allocated annually to support the scholarly pursuits of the professorship. The principal grows to keep up with inflation, assuring that the relative value of the endowment remains constant.

Please join with colleagues, students, friends, and families who have had the privilege of knowing and working with Dr. Witte by supporting the Charles L. Witte Endowed Professorship named in his honor.

Tax-deductible gifts to the endowment should be made to the Charles L. Witte Endowment Fund/UAF. Checks may be mailed to UA Department of Surgery, PO Box 245066, Tucson, AZ 85724-5066. You may use the attached envelope.

For more information, call Jo Marie Gellerman, UA Department of Surgery Community Affairs, (520) 626-7219.

Minimizing Complications Associated with Open-Heart Surgery

Each year, more than 700,000 open-heart procedures are performed in the United States. The most common heart procedure is coronary artery bypass grafting (CABG). Although a proven, highly effective treatment for severe coronary artery disease, a continuing aim for heart surgeons and researchers is to make the surgery as risk-free as possible and to minimize complications.

“One common and potentially serious complication associated with open-heart surgery is inflammation,” says Paul McDonagh, PhD, professor of surgery and physiology, Section of Cardiovascular and Thoracic Surgery.

Dr. McDonagh explains that the heart-lung machine replaces the functions of the heart and lungs during the surgery, allowing the surgical team to repair the heart while it is bloodless and motionless. When the patient’s blood comes in continuous contact with the plastic components of the extracorporeal circuit, which includes tubing, an oxygenator, a blood filter and a pump, the immune system in the blood cells and plasma proteins are
stimulated, leading to an inflammatory response. The inflammatory response includes activation of pro-inflammatory cytokines, white cell activation, complement protein activation and platelet activation. These responses can impair organ function, including the heart and lungs, and can lead to a hypercoagulable state, which could contribute to further intravascular clotting, he says.

In collaboration with Jack Copeland, MD, section chief, Cardiovascular and Thoracic Surgery, and Alexandre LeGuyader, MD, research fellow in the Applied Cardiovascular and Thoracic Surgery Research Laboratory, Dr. McDonagh is studying a compound that can be used to coat the extracorporeal circuitry in an attempt to reduce the inflammatory response that occurs while the patients are on the heart-lung machine. This organic polymer, called Poly(2-methoxyethylacrylate) (PMEA), commercially known as X-Coating, is produced by Terumo Medical Inc.

In their ongoing study, the UA clinicians and scientists are determining if the use of X-Coated circuits reduces activation of platelets, white blood cells, and coagulation proteins during and immediately after the surgery. Blood cell activation is being assessed using a flow cytometer, which recently was donated to the Sarver Heart Center.

“This state-of-the-art measurement technique is far more sensitive than used in previous studies of X-Coating and more likely to pick up a difference in inflammation between coated and non-coated circuits, should one exist,” Dr. McDonagh says. “We also are measuring clinical outcomes, such as length of hospital stay, to test the efficacy of X-Coating.

“This study is just one way in which surgical research will help to eliminate, or at least contain, complications associated with open-heart surgery, making the surgeries safer, less complicated and improving outcomes.”

Results from this study could have applications to other procedures in which biomaterials and polymers come in contact with blood for long periods of time, such as patients on dialysis and those with vascular grafts and artificial hearts, he says.

Paul McDonagh, PhD, and Alexandre LeGuyader, MD, stand next to the recently donated flow cytometer.

Surgeon Studies Effects of Prayer on Healing

Allan J. Hamilton, MD, head of the UA Department of Surgery, is leading a clinical study examining the effects of prayer on patients recovering from cardiac bypass surgery. He and other researchers will try to determine whether these non-invasive, alternative practices can reduce complications, decrease stress and pain, and facilitate wound healing after surgery.

The research is part of a $1.3 million grant for a Center for Frontier Medicine in Biofield Science awarded by the National Center for Complementary and Alternative Medicine (NCCAM), the National Institutes of Health (NIH).

The study, led by Dr. Hamilton, a Harvard-trained neurosurgeon, focuses on Johrei (pronounced, “Jo-Ray”), an ancient practice originated in Japan and now used worldwide. Johrei practitioners transmit energy through prayer to a recipient and believe that by “channeling spiritual energy,” the spirit is healed, and it in turn heals the physical body. About 35 million Americans undergo surgery each year and recovery can be long and painful, Dr. Hamilton says. Johrei practitioners claim that the practice can serve as a complementary medicine modality to enhance recovery from surgery.

“Our project is designed to determine if Johrei has effects that can be documented scientifically,” explains Dr. Hamilton. “This is the first randomized, double-blind clinical trial to evaluate the potential effects of biofield practices on recovery from surgery.”

Dr. Hamilton says this scientific research on alternative medical practices mirrors a trend among leading medical schools all over the country to try to understand the mechanisms that lead to the connection between mind and body, and spirituality and healing.

Americans spend billions of dollars on spiritual healing and alternative medicine therapies, despite the fact that little data or clinical research exists demonstrating the safety, efficacy or effectiveness of these approaches. The National Center for Complementary & Alternative Medicine at the NIH is supporting rigorous scientific investigation of alternative medical therapies.

In the future Dr. Hamilton plans to conduct a research study that will look at spiritual healing at a genetic level. This will include a basic science study on how prayer affects the growth of cell cultures, Dr. Hamilton says. “This research will apply mainstream methods to mind-and-body questions.”
Minimally Invasive Prostate Cancer Surgery Performed at UMC

Surgeons at University Medical Center in January performed Southern Arizona’s first laparoscopic prostate removal surgery. UMC now is one of only a few medical centers in the United States to offer patients a new, less invasive option for the treatment of prostate cancer.

The prostate is a walnut-sized gland located in front of the rectum, just below the bladder. Prostate cancer is the most commonly diagnosed cancer in men and the second-leading cause of cancer death in the United States. The American Cancer Society estimates that about 200,000 new cases of prostate cancer will be diagnosed this year and more than 30,000 men will die from the disease.

If the disease is localized and the patient is healthy enough to withstand the surgery, prostate cancer can effectively be cured by removing the prostate and surrounding tissue, says Sanjay Ramakumar, MD, assistant professor of surgery, Section of Urology. Called a radical prostatectomy, this complex procedure involves the surgeon attempting to not only remove the entire prostate along with cancerous tumor tissue, but also working to preserve continence (urine control) and spare nerves to avoid impotence.

In a tight space like the pelvis, those goals are difficult even for surgeons using the traditional, open surgical technique, which usually involves a 5- to 8-inch abdominal incision with four to six weeks of recovery, says Dr. Ramakumar. The new technique called laparoscopic prostate removal involves the use of tiny instruments inserted through a few small punctures in the abdomen. “Performing this procedure laparoscopically is probably the most complex surgery in urology today,” he says.

Although challenging, surgeons now are beginning to offer laparoscopic prostate removal because of its potential advantages over the traditional open surgery, says Dr. Ramakumar. Because laparoscopic prostatectomy requires only a few small incisions, most men will have a shorter hospital stay and a faster recovery.

There also is less blood loss with this technique. Currently, the biggest drawback to laparoscopic radical prostatectomy is the surgery time; it requires almost twice the time of the open procedure. However, as surgeons gain expertise with the techniques, operating times decrease.

“This is the latest surgical advance for the treatment of prostate cancer and we believe this could potentially be better than open surgery,” Dr. Ramakumar says.

New Treatment for Brain Cancer

Glioblastoma multiforme (GBM), the most rapidly progressive and universally fatal type of brain cancer, strikes thousands of people every year, many of whom are in the prime of their lives. Glioblastomas are the third- leading cause of cancer-related deaths among individuals ages 15 to 34.

Allan J. Hamilton, MD, neurosurgeon and head of the UA Department of Surgery, has been involved in research on the use of intracavitary BCNU polymer wafer, an exciting new treatment for malignant brain cancer since the technology was developed seven years ago. The Arizona Health Sciences Center was one of only five medical centers in the country to begin the first experimental studies.

The results of these studies have led to FDA approval in February for use of the implantable wafer in newly diagnosed patients with high-grade malignant glioma as an adjunct to surgery and radiation. This approval “offers patients the chance of extending their lives while improving the quality of that precious time,” says Dr. Hamilton.

Marketed by Guilford Pharmaceuticals, the dime-sized, biodegradable polymer wafer, infused with chemotherapy drugs, is surgically implanted in the tumor cavity immediately after the tumor is removed. It slowly dissolves over a period of weeks, releasing chemotherapy drugs directly at the tumor site, while minimizing drug exposure to other areas of the body. Drug concentrations in the brain can be 1,000 times the level achieved with standard chemotherapy administered intravenously through the blood.

The treatment is not a cure, but studies show it has extended patients’ lives as long as to three years after initial treatment.
By giving to the Department of Surgery at the University of Arizona College of Medicine, you are helping our efforts to recruit and retain key faculty, support promising young research scientists and doctors, and maintain laboratories and lectureships.

Your donation is fully tax-deductible. For more information, please contact us, or mail your tax-deductible contribution to:

UA Department of Surgery
PO Box 245066
Tucson, AZ 85724-5066
(520) 626-7219

Innovative Education

Residents Reap Rewards on the Reservation

Roland Snure, MD, third-year resident, signed up to be the first from the UA General Surgery Residency Program to participate in the new rural surgery rotation at Tuba City Indian Medical Center. The Department of Surgery developed this new elective to give its residents the opportunity to explore rural medicine and, in turn, assist a community in need.

For Dr. Snure, the rural surgery rotation was a great way to gain experience. Tuba City general surgeons mentored Dr. Snure as he practiced general surgery, surgical oncology and endoscopic surgery. He also was exposed to urologic, orthopedic, and ENT cases during his two-months at the medical center.

“The wide variety of cases provided many opportunities to develop my surgical skills,” says Dr. Snure. “I was able to operate on four to five patients a day and participate in educational conferences.”

Tuba City Indian Medical Center is a 65-bed hospital serving 35,000 Hopi, Navajo and Paiute Tribal Members. The Center is staffed by board-certified surgeons who also are volunteer faculty in the Department. In addition to improving his surgical techniques, Dr. Snure learned about Native American culture and developed a better appreciation for their beliefs on medical and surgical treatment. The only drawback, Dr. Snure says, was having to refer patients with difficult diagnoses to larger hospitals outside the area.

Fourth-year resident, Chris Abbot, MD, also took advantage of the Tuba City rotation. “I found my experience on the Tuba City rural general surgery service to be very rewarding,” says Dr. Abbot. “As a ‘catch basin’ for the western half of the Navajo Nation, the general surgeons in Tuba City not only do a high volume of bread-and-butter general surgery, but also cover subspecialty cases including pediatric, vascular, and trauma. Caring for children and adults over a broad spectrum of diseases was challenging, but kept the rotation interesting.”

Drs. Snure and Abbot shared their experiences at Surgery Grand Rounds April 9. “This was a great opportunity to work in a beautiful place and expand my surgical training,” Dr. Snure says.

Residency Program Limits Work Hours

The American Council of Graduate Medical Education (ACGME) has set new work-hour limitations on all accredited residency programs in the United States. The new standards go into effect July 1, 2003, and limit residents’ work week to 80 hours.

The ACGME rules also allot residents one full day (out of seven) free of hospital duties, and limit in-house call to average no more than every third night over a four-week period and must not exceed 24 consecutive hours. A six-hour transition period is allowed after the 24 hours to transition patient care to the next on-call resident and to attend mandatory conferences.

James Warneke, MD, General Surgery Residency Program director, is helping the Department of Surgery sections to comply with these guidelines.

While Dr. Warneke says the new rules are “a good idea,” opinions are divided among surgery residents. Third-year resident Cheri Ong, MD, says she has mixed feelings. “Cutting down on work hours will increase rest and allow us to focus on our education,” she says. “However, the hands-on experience with overall patient care will be significantly decreased.”

The ACGME sets guidelines in hospitals nationwide in the interest of the safety and welfare of all patients, while still providing medical residents with a sound academic and clinical education.

“We are glad to see that establishing guidelines to ensure each patient access to a rested, attentive surgeon is now a national concern,” says Dr. Warneke.
New Surgeon Joins Trauma Team; Named Director of Surgical Critical Care

Rifat Latifi, MD, has joined the UA Department of Surgery as associate professor of clinical surgery, Section of Trauma and Critical Care, and director of UMC Surgical Critical Care. In addition to his trauma and general surgery responsibilities, Dr. Latifi will collaborate with the Arizona Telemedicine Program to create a telemedicine trauma and surgery program, enabling surgeons from UMC to assist physicians in emergency and operating rooms in rural areas in Arizona using telemedicine technology.

Dr. Latifi comes to the UA from Virginia Commonwealth University Medical College of Virginia, where he served as assistant professor of surgery, director of Surgical Nutrition Support Service, director of Education and Long Distance Learning at the Medical Informatics and Technology Applications Consortium (MITAC), a NASA commercial space center at VCU in Richmond, Va., and medical director, A.D. Williams Surgical Clinic at Medical College of Virginia.

Dr. Latifi’s interest in telemedicine at VCU led to the establishment of a telemedicine network and an international “virtual e-hospital” in Kosova, which was launched in December. Using the latest technology and collaborating with health care institutions around the world, the Telemedicine and International Virtual E-Hospital Network of Kosova is dedicated to providing medical education, training and health information to health care professionals and the public in Third World countries.

A medical graduate of the University of Prishtina, Prishtina, Kosova, Dr. Latifi completed internships at the University of Prishtina and the Cleveland Clinic Foundation, Ohio, and residency at Yale University School of Medicine. He also was a Surgical Critical Care Fellow at New York Medical College.

Dr. Latifi specializes in trauma, general surgery and critical care with special interest in reoperative surgery, advanced laparoscopic surgery, and nutrition support of surgery and critically ill patients.

He has authored or co-authored more than 50 articles and six books. His latest book “The Biology and Practice of Current Nutritional Support,” a second-edition, was co-authored with Stanley J. Dudrick from Yale University and published by RG Landes and Eurekah.com, Austin, Texas.

Surgical Robot Demonstrates the Future of Surgery

The da Vinci surgical robot visited the Arizona Health Sciences Center for special presentations and tours Feb. 18-20, and March 18 and 19, demonstrating how robotics allows surgeons to perform advanced, minimally invasive procedures in multiple disciplines, including cardiothoracic, general, gynecologic, and urologic surgery.

Made by Intuitive Surgical, Inc., the da Vinci system allows a surgeon to operate without actually putting his or her hands on the patient. Instead, the surgeon sits at a computer console several feet away that offers a three-dimensional view of the area to be treated with magnification up to 12 times that of normal vision. By mimicking the movements of the surgeon’s hands, the remote-controlled instruments inserted through small incisions in the patient can be used in hard-to-reach areas and turned in ways that would be impossible with normal wrist dexterity. Altogether, these advantages allow the surgeon to work on a smaller scale and more precisely than traditional surgery.

This highly sophisticated equipment, housed in a self-contained 18-wheeler, provided faculty, residents, medical students, hospital administrators and staff an opportunity to actually sit at the console with the master controls.
More than 130 players golfed for fun and prizes at the first annual Golden Hour Golf Tournament to benefit Trauma at University Medical Center on Friday, Dec. 6.

Presented by HEALTHSOUTH, the Southern Arizona Trauma Network (SATNET), and UMC, the tournament was held at the Arizona National Golf Course. Sports celebrities Vince Coleman, Seth Joyner and Roy Green also showed their support for trauma by participating in the tournament.

The first-time event raised more than $16,000 for the Trauma Program, directed by John Porter, MD, chief of the Section of Trauma and Critical Care. A special thanks go to tournament sponsors who “chipped” in, “putted” and “drove” to support trauma:

- Lifesaver – SCF (State Compensation Fund) of Arizona, and KOLD-TV
- Trauma Code Red – Lloyd Construction Co.
- Trauma Code White – SAEMS (Southeast Arizona Emergency Medical Services Council)
- Trauma Code Green – Hanger, ARAMARK, Cox Communications, CareGiver Connection, Qualified Mechanical, Southwest Ambulance, Professional Hospital Supply, Wells Fargo Private Client Services, Gordon, Zucarelli & Handley, Moret Advertising.

The “Golden Hour” in the tourney’s title refers to the critical 60 minutes following traumatic injury. Chances of survival triple if the injured person receives emergency medical care within approximately one hour of injury.

SAVE THE DATE!
The second annual Golden Hour Golf Tournament will be held Friday, Nov. 21, 2003, at Loews Ventana Canyon Resort.

Jack Camper, president, Tucson Metropolitan Chamber of Commerce, and Greg Fitzgerald, SCF of Arizona

and “test drive” the robot.

To coincide with the robot visits, Robert Berger, MD, assistant professor at the University of Illinois at Chicago, presented Grand Rounds Feb.12 on the general surgery applications for robotic surgery. Another Surgery Grand Rounds presentation on March 19 by Vaughn A. Starnes, MD, chairman, Department of Cardiothoracic and Critical Care at the University of Southern California School of Medicine, focused on robotic-assisted heart surgery.

The Department is working with University Medical Center to purchase a surgical robot. The $1 million robot will allow the Department to train residents, nurses and medical students on this new technology and expand its minimally invasive surgery patient care.

Research Symposium Winners
The 13th Annual Department of Surgery Research Symposium was held Dec. 4 during Surgery Grand Rounds. All residents, fellows, graduate students and post-graduate students were encouraged to submit abstracts on clinical and laboratory investigations.

Nine abstracts were submitted and the top three were presented at the Symposium:

- First place was awarded to Peter Colegrove, MD, fifth-year urology resident, for “The Development and Characterization of a Reliable and Reproducible Urethral Stricture Animal Model” (with Marvin Slepian, MD, and Bruce Dalkin, MD).

- Second place went to Bo Yang, MD, graduate student in Pharmacology and Toxicology, for his abstract on “Modulation of iNOS Activity in Senescent Cardiac Dysfunction” (with Douglas Larson, PhD, and Ronald Watson, PhD).

- Third place was given to Nelson Alexander, graduate student in Cancer Biology, for “Cadherin-Integrin Crosstalk Enhances Prostate Carcinoma Progression” (with Ronald Heimark, PhD).

Each presenter will have his name displayed on the Department of Surgery Research Plaque on the fifth floor.
Dr. John Porter Publishes Book, *The Tao of Star Wars*

Ingredients of a trauma surgeon: one part samurai, one part Jedi, and one part philosopher. At least those are the ingredients that make up John Porter, MD, chief of Trauma and Critical Care and author of the recently released book, *The Tao of Star Wars*. Dr. Porter, who, in addition to medicine, also practices Taoism and the martial art of Aikido, says Taoism is a philosophy founded more than 2,500 years ago in China. “The Tao is the force that pervades the universe, just like ‘The Force’ in *Star Wars,*” Dr. Porter explains. An avid *Star Wars* fan, he decided to write a book using *Star Wars* themes to explain the Tao’s basic life concepts. The book was published by Humanics Publishing Group.

Dean’s Teaching Awards

Faculty member Dr. John Hughes, and surgery residents Drs. Chris Abbot, Craig Cook, and Jinu Kamdar each were presented the “Dean’s List for Excellence in Teaching by a House-officer Award” during the Annual Faculty Teaching Awards Ceremony Nov. 6.

Craig Comiter, MD, chief, Section of Urology, has published the largest series to date of neuromodulation for the treatment of interstitial cystitis, the only physician in Arizona to offer this technique to patients with this debilitating disease. Dr. Comiter, formerly an assistant professor, clinical track, is now associate professor, tenure eligible.

Allan J. Hamilton, Department chairman and chief, Section of Neurosurgery, presented “The Frontline Management of Malignant Gliomas” as Grand Rounds visiting professor at the University of California. He also spoke at the California Academy of Neurosurgeons at the University of California in San Diego on “The Ethics of Patient Care in Brain Tumor Management.”

Steve Lanzarotti, MD, General Surgery third-year resident, presented an abstract at the Resident’s Forum titled, “The Cost of Trauma” by Lanzarotti, Craig Cook, MD, John M. Porter, MD, Daniel Judkins, RN, MSN, and Mark D. Williams, MD, at The Southeastern Surgical Congress annual meeting, Feb. 7, in Savannah, Ga.

Lung Transplant Program marks two Arizona milestones: Jesse Kolb, 11, became the youngest patient to undergo a double-lung transplant, and Howard Cook, 46, is the oldest cystic fibrosis patient to get a new pair of lungs. Francisco Arabia, MD, Section of Cardiovascular and Thoracic Surgery, who performed the surgeries, is the director of the program.

For two consecutive years (2002 and 2003), Joseph L. Mills, MD, chief, Section of Vascular Surgery, received the Department of Surgery Outstanding Teaching Award by the UA College of Medicine. Also, June 2002, the General Surgery residents presented him with the Anthony C. Guzauskas Excellence in Clinical Teaching Award.

Hugo Villar, MD, chief, section of Surgical Oncology and Department associate head, has helped create the first pancreatic cancer support group in Arizona affiliated with the nationally known Pancreatic Cancer Action Network, Inc.