Hypertension, age, diet, lack of exercise and being female all are factors that can cause the heart to stiffen. Because the ventricles are less able to relax, the heart cannot fill as readily in preparation for each heartbeat. This condition is known as diastolic dysfunction.

As blood tries to enter, pressure inside the ventricles builds up, producing extra pressure and fluid in the lungs and other body tissues, leading to heart failure. At present, no drugs are available that can cure diastolic heart failure.

How do you treat a stiff heart? “Heart failure is a complex disease that can result from any cardiac disorder, such as coronary artery disease or hypertension (high blood pressure), that impairs the ability of the heart to function properly as a pump,” explains Douglas Larson, PhD, professor of surgery, Division of Cardiovascular and Thoracic Surgery. “As a result of this pump dysfunction, a variety of body mechanisms are activated in an attempt to compensate for this defect.”

Dr. Larson says there appears to be a direct correlation between the heart system and the immune system. He is one of only a handful of researchers studying the molecular mechanisms of the immune system that may alter diastolic dysfunction and failure. His research is funded by a $1.9 million grant from the National Institutes of Health.

Dr. Larson is looking at how the T-lymphocyte cytokines (immune response mediators) play a role in the progression of heart failure by impairing the ability of the heart to contract, inducing excessive hypertrophy (enlargement), and promoting cell death or fibrosis (the formation of fibrous tissue). These mechanisms contribute to the destructive cycle of myocardial (heart muscle) remodeling that is characteristic of chronic heart failure.

Since most medicines being used today are considered palliative, only treating the symptoms not the disease, the goal of Dr. Larson’s research is to develop new therapeutics that affect the T-lymphocyte (white blood cells) function and thereby arrest the progression – and possibly reverse – cardiac diastolic dysfunction associated with heart failure.

The merging of immunology and cardiology is a whole new area of research, says Dr. Larson. He is the editor of a book just published, Immune Dysfunction, Immunotherapy and Heart Disease.

“There is an urgent need for new therapies. Heart failure is progressing to epidemic proportions. Currently, 3 million people are suffering from diastolic heart failure. By 2030, there will be approximately 10 million, Dr. Larson says.

“Discovering the relationship between the white blood cell and diastolic heart failure is extremely exciting and has high potential for the development of new and novel therapeutics to treat heart disease.”
Chairman’s Message

The most important event for the Department of Surgery this year is the selection of Dr. Rainer Gruessner, a nationally known transplant surgeon, as professor and chairman.

He will start his new position July 1. As detailed later in this newsletter, he comes from the University of Minnesota. He is charismatic, energetic and visionary, and will bring a breath of fresh air to our department and our institution. His wife, Angelica, has a PhD in biostatistics. They have two children in college, one in Chicago and one in Atlanta. His hobbies include tennis and he is an outstanding expert in ancient European history. We are looking forward to his tenure as chairman.

For me, it has been a personal pleasure to participate in the transition and I will do everything I can to make his tenure a success.

You will read in this newsletter about our continued success with the rural residency rotation in Tuba City. Our ties with Tuba City continue to strengthen. Last November, general surgery resident Dr. Adela Lente participated in the Seventh Annual Navajo Area Surgeons Conference, speaking on the role of chemoradiation in rectal cancer. She will be joining the faculty in Tuba City this summer.

The Department also has strong ties with the Arizona Surgery Club, which has shown tremendous progress. At the first Medical Students Conference on Aging for Specialists, the Surgery Club filled the room with more than 120 participants.

A new center for pelvic disorders is on its way to becoming a reality. Under the direction of our new colorectal surgeon, Dr. Susan Parker, this center will provide multidisciplinary, comprehensive care for pelvic floor dysfunctions and expects to draw patients from all over the West.

It also will add a new, much-needed area of expertise to the Department of Surgery.

UPH-Kino continues its success in providing a strong general surgery experience for our residents and students. We will miss Dr. Gerlinde Tynan, who will soon start her vascular fellowship in Chicago. She will be replaced by Dr. John Kettelle, who is trained in minimally invasive surgery and bariatric surgery.

This is my last message as your interim chairman. I want to thank you all for your help over the past three years. It has been a rewarding and difficult task, but I feel that with the assistance from all of you, we were able to accomplish many things, specifically getting UPH-Kino started on a strong foot; having the General Surgery Residency Program approved without citations for the next four years; receiving the honor of being chosen as the best clerkship in the College of Medicine; and gaining special expertise in the areas of colorectal, laparoscopic, and minimally invasive surgery, both in general surgery and urology. We also have set the conditions for the new chairman to be successful. It has been an honor and privilege to serve as your interim chairman. I thank each and every one of you.

Sincerely,

HUGO V. VILLAR, MD
Professor and Interim Head, UA Department of Surgery

Dr. Rainer Gruessner Named New Surgery Department Chairman

Rainer W. Gruessner, MD, a nationally noted transplant surgeon, has been named professor and chairman of the UA Department of Surgery. He will begin his new position July 1.

Dr. Gruessner is coming to the UA from the University of Minnesota, where he is professor of General and Transplant Surgery, vice-chief of the Division of Transplantation, and vice-chairman of the Department of Surgery. Previously, he served as professor and head of the Department of General and Transplant Surgery at the University Hospital in Zurich, Switzerland.

Among his accomplishments, Dr. Gruessner developed the first standardized technique for living donor intestinal transplantation, now performed at leading transplant institutions. He also performed the first laparoscopic simultaneous kidney and partial pancreas transplant from a living donor, and was one of the first surgeons to perform a simultaneous liver and intestinal transplant from a living donor. Aside from transplantation, his major clinical interests include minimally invasive procedures in general surgery.

“We are absolutely delighted that Dr. Gruessner accepted the position. He is a world-class academic surgeon, who understands and embraces the concept of building excellence at the intersection of clinical care, research and education,” says Keith Joiner, MD, MPH, UA vice provost for medical affairs and dean of the College of Medicine. “He is charged with substantially expanding the size of the Department of Surgery through recruitment of faculty across a range of specialties. His own expertise and reputation as a transplant surgeon will be a particularly valuable addition to our leading-edge clinical capabilities in the Department of Surgery. As is apparent from the number
of ‘firsts’ he has accomplished, Rainer Gruessner will take us to new heights.”

“I look forward to working closely with the University faculty, the hospital staff, and the community,” says Dr. Gruessner. The generous support of the University and its hospital will allow me to build new programs and to improve and expand existing ones through inter-departmental and inter-collegial collaboration.”

“I have accepted this position because of the potential to build a great department with the goal that it will excel in all aspects of patient care, teaching and education, as well as basic and clinical research. I am committed to training the future generation of academic surgeons that will become leaders in their fields. In addition, I will help to ensure that the Department of Surgery will provide the most innovative and comprehensive surgical care to all citizens of Arizona.”

Born in Germany, Dr. Gruessner completed his medical degree as well as his residency at the Johannes-Gutenberg-Universität in Mainz. He received the German equivalent of a PhD (“Habilitatio”) at the Philipps Universität in Marburg. He completed a fellowship in transplantation at the University of Minnesota, and received additional training in vascular surgery at the Philipps-Universität, Marburg, Germany, and in living donor liver transplantation at the Kyoto University Hospital, Kyoto, Japan.

His research interests include robotics; surgical options for patients with end-stage liver, pancreas, kidney and intestinal failure; donor-specific cell augmentation; and impact of refined surgical techniques on length and cost of hospitalization.

He has written two textbooks, more than 50 book chapters and almost 300 published manuscripts. He serves on the editorial boards of Clinical Transplantation, International Transplantation, Graft, and Journal of Investigative Surgery. He is a member of 15 national and international societies and serves in multiple functions for the United Network for Organ Sharing.

Cutting-Edge Research

Coming to America – Study Examines Quality of Life of Foreign-Trained Physicians

For many foreign-trained physicians, coming to America is no easy task. In spite of this, international medical graduates make up 25 percent of the U.S. health system workforce.

Luis R. León Jr., MD, a vascular surgeon who received his medical degree in Lima, Peru, and now an assistant professor of clinical surgery and chief of vascular surgery at the Southern Arizona Veterans Affairs Health Care System, and Hugo Villar, MD, professor of surgery and interim department head, are studying the obstacles foreign physicians must overcome to pursue advanced training and to practice medicine in the U.S.

New department faculty member, Herminio Ojeda, MD, assistant professor of general and laparoscopic surgery, has joined them in their research that also is examining the quality of life (QOL) issues associated with living and working in a foreign country.

“Graduate medical education (GME) offered in the U.S. allegedly is far better than that in other areas of world,” says Dr. León. However, there are many hurdles non-U.S. citizens must overcome to access that training, he says.

The first is obtaining a certificate from the Educational Commission for Foreign Medical Graduates by passing several exams, including the U.S. Medical Licensure Examination and a spoken English proficiency assessment. Dr. León says the fees associated with the exams and preparation courses, and administrative fees for submitting credential information, including legal and translation fees, create a huge barrier.

“In Peru, the average minimum yearly wage is about U.S. $1,440. Testing costs by themselves are equivalent to average annual gross incomes in many countries.”

After accomplishing a match into a residency program, complications and more financial strain follow, with immigration requirements impeding them from getting to their program on time.

The assessment of QOL in patients suffering from various illnesses has become an increasingly important field of research, explains Dr. León. However, the same assessment of health care practitioners by correlating the impact of their migratory status to their QOL has never been done.

“Our current efforts evaluate job satisfaction and perceived QOL of health care practitioners who migrated abroad, compared to those who stayed in their countries,” he says. Another focus of their current research is the QOL for the migrating physicians’ families in the U.S. and whether this differs greatly from those in their home country.

Dr. Villar, surgical oncologist and a medical graduate of Universidad Catolica de Chile, in Santiago, Chile, says that while some consider the presence of international medical graduates essential to cover the health care needs of medically underserved areas, many others hold a different view. This research brings to light important controversies concerning the migration of foreign-trained physicians to U.S. residencies.

“Understanding the obstacles and the QOL issues once the foreign-trained physicians are here can help us identify ways to help them stay in the U.S. and provide care, especially in the areas that are in need of medical personnel,” he says.

The article “The Journey of a Foreign-Trained Physician to a U.S. Residency” was published in the March issue of the Journal of the American College of Surgeons.
New Pelvic Center Set to Open Soon

Bowel or bladder troubles often are embarrassing for people to talk about. Many experience “pelvic floor” problems, such as incontinence, bowel control, or prolapse, but delay seeking treatment because of the stigma associated with these disorders.

The pelvic floor concerns the muscles, ligaments and nerves around the urethra, bladder, anus, rectum and, in women, the vagina. Injury to the pelvic floor in women can result from childbirth, which can stretch and tear pelvic muscles or the anal canal. In men and women, damage can be caused by aging, straining to have a bowel movement, obesity, infections, surgery and cancer.

The Arizona Pelvic Floor Center at University Medical Center, under the direction of the department’s new colorectal surgeon, Associate Professor Susan Parker, MD, will provide comprehensive, compassionate, and private care for pelvic floor dysfunction. Using an interdisciplinary, collaborative approach, specialists with expertise in disorders of the bladder, vagina, anus, and rectum, will work together to find the best and most appropriate treatment for patients with pelvic floor problems.

The first of its kind in Arizona, the center will offer testing, diagnosis and treatment for urinary incontinence, loss of bowel control, constipation, and prolapse of the bladder, rectum or uterus.

UA surgeons performing the latest minimally invasive procedures that speed up healing and shorten recovery time will include:

- Dr. Parker, an internationally recognized expert in fecal incontinence and pelvic floor disorders. She previously headed one of the largest pelvic floor centers in the country at the University of Minnesota.
- Craig Comiter, MD, associate professor of surgery and chief of the Department’s Division of Urology. The only fellowship-trained urinary incontinence surgeon in Southern Arizona, he has served as the director of the UA Program in Female Urology and Urodynamics for the past eight years.
- Ilana Addis, MD, MPH, assistant professor of obstetrics and gynecology. She is the director of Urogynecology, and the associate director of Female Pelvic Medicine and Reconstructive Surgery in the Department of Obstetrics and Gynecology.

Dr. Latifi Linked Virtual Medical Team to Record-Breaking Amazon Swimmer

When Martin Strel set out to swim the Amazon last February, a virtual medical team of physicians from all over the world, headed by Rifat Latifi, MD, professor of clinical surgery, Division of Trauma and Critical Care, linked to the expedition by satellite.

Dr. Latifi served as medical director for the Amazon Swim Project’s Virtual Medical Team. The team monitored the health of Martin Strel, a Guinness record marathon swimmer, who swam the Amazon River from Atalaya, Peru, to the Atlantic Ocean at Belém, Brazil. Strel completed the daunting 3,000-plus-mile swim in 66 days, establishing an initial world record for the Amazon River swim and defining a first for telemedicine: this was the first time such a mission was supported by telemedicine technology.

Dr. Latifi’s medical team consisted of physicians from Arizona, Virginia, California, Missouri, Pennsylvania, Slovenia and Brazil. Also participating from the Department of Surgery was Joseph Mills, MD, chief, Division of Vascular Surgery.

Dr. Latifi monitored Strel through the Arizona Telemedicine Program and consulted with his virtual team of medical specialists. He also made house calls on board Strel’s boat, working closely with the swim team physician, Mateja deLeonni Stanonik, MD, PhD.

In addition to playing a critical role in the success of the expedition through daily medical interventions and preventive medicine, telemedicine made significant inroads to remote regions of northern Brazil. Dr. Latifi, associate director of the Arizona Telemedicine Program (ATP), and his team identified potential telemedicine sites in rural communities in Peru and Brazil that may begin to link to ATP.

Susan Parker, MD
Residency Rural Rotation Continues to Offer Rewards

The University of Arizona Department of Surgery continues to team up with Tuba City Indian Medical Center to provide a new opportunity in surgical training – put young surgeons to work in the operating room of a rural hospital.

The department developed the General Surgery Residency Rural Rotation Program four years ago to give its residents experience in rural medicine and Native American culture, says Hugo Villar, MD, professor and interim chairman of the UA Department of Surgery. The department worked with Gregory Jarrin, MD, chief of surgery at Tuba City Medical Center, to put the program in place.

“We not only wanted to give young surgeons hands-on experience in a very structured and focused setting, but also allow them to broaden their horizons by delivering medical care to people who live in a very remote area,” Dr. Villar says.

The rotation started as an elective, but today all second-year residents are required to train six to eight weeks in Tuba City, a tiny town located about 80 miles north of Flagstaff. Ten residents have participated so far.

With a backdrop of jagged red rocks and vast open desert, Tuba City Indian Medical Center is the largest western reservation hospital with 73 beds serving 40,000 Hopi, Navajo and Paiute tribal members in a 4,400-square-mile area. The center currently is staffed by four surgeons, all board certified, and one physician’s assistant.

Tuba City surgeons mentor the residents as they practice general, oncological and endoscopic surgery. The majority of the patients come to the surgery clinic for gastric and colon cancer screening and management, laparoscopic and open biliary procedures, breast cancer diagnostics and management, thyroid, appendix, skin and soft-tissue biopsies, hernia repairs and trauma and critical care, says Julie Lindholm, MD, Tuba City residency program coordinator.

“In a rural hospital the doctors handle all types of surgeries. The wide variety of cases provides a great opportunity for the residents to learn surgical skills,” she says.

Arizona’s rural communities are not unlike rural areas across the nation – doctors, nurses, pharmacists and other health professionals are in great need. Most physicians tend to live and work in cities – just as the rest of the population.

“Our hospital and surgical department are continuously growing as we steadily add and integrate new techniques and technology with the help of The University of Arizona. For example, stereotactic breast biopsies, h. pylori breath tests, and virtual CT colonoscopies are important additions to our patient management,” Dr. Lindholm says.

Having the residents at the center adds a layer of attention to patient care and strengthens ties with University Medical Center, where many of the patients are referred either in person or by telemedicine consultation, she says. “We also hope this rotation is eventually a recruiting tool. We want to show surgery residents that they can find work outside big cities.”

Goals of the program are to practice effective medicine in an isolated area with multiple Native American cultures, increase awareness of how culture influences health care, experience underserved populations, and learn surgical skills with an emphasis on laparoscopic and endoscopic procedures, says James Warneke, MD, UA associate professor and director of the General Surgery Residency Program.

“In addition to improving surgical techniques, residents learn about Native American culture and develop a better appreciation for their beliefs on medical and surgical treatment,” Dr. Warneke says.

Second-year general surgery resident Sarah Popek, MD, who completed the rotation last September, says the experience has given her more skills and confidence. “Being the only resident was a huge plus,” she says. “I was able to do a lot of basic general surgery. I even have received several compliments on my laparoscopic skills from the faculty since I’ve been back.”

Dr. Popek describes the environment in Tuba City as more “laid back” than in Tucson. She says, “Many of the patients did not speak English, so we used translators. When discussing the surgery with patients, it was interesting how they would listen to their family members. The family ultimately made the decision.”

“The rotation is a very educational experience for the residents, socially and culturally,” Dr. Lindholm says. “All health care in the United States is multicultural, but here we selectively serve Navajo and Hopi patients, as well as a few patients from the Supai and Paiute tribes. It is very educational to see how the belief systems and the dynamics of extended families and, of course, the economic stress here affect surgical management daily.”

Surgery Native American Residents

Native American tribes are woven into the diverse fabric of Arizona. Respecting this, the UA Department of Surgery, which has encouraged diversity in its General Surgery Residency Program, currently has five Native Americans training to become surgeons. Three are Navajo from Arizona, one is Pueblo from New Mexico and one is from the Oglala Sioux Tribe in South Dakota.
Innovative Education

Club Exposes UA Students to Surgery

The University of Arizona Surgery Club has more than 330 undergraduate and 130 medical student members participating in programs that promote interest in the science, culture and profession of surgery. Some of the skill-building programs offered throughout the year include the suture, vascular, and scrub clinics and training to certify in CPR. Members also train in the Arizona Simulation Technology and Education Center (ASTEC) to practice and assess their understanding of various medical procedures.

Undergraduate students can apply to participate in the Surgery Internship for one semester. With the help of volunteer surgeons from the Department of Surgery, participants are allowed to observe surgeries in the operating room. The one-on-one interaction with surgeons in the OR and clinic gives students the full exposure to surgery and medicine.

The Surgery Shadow Program offers medical students a similar exposure to various surgery specialties, such as neurosurgery, vascular surgery, cardiothoracic surgery and surgical oncology.

“T have always been interested in medicine and have leaned toward surgery,” says Kyle Freese, a UA junior majoring in physiological sciences. “I was assigned to vascular surgeon Dr. Kay Goshima and so far the learning experience has been a remarkable one. Of all the extracurricular activities I participate in, this one, hands down, has been the most beneficial and most meaningful.”

Surgeon Leads Effort to Improve Health Care in the Balkans Using Telemedicine

Over the past decade, war and economic upheaval have left the Balkan countries struggling to provide adequate health care to its citizens.

The U.S. Department of State Bureau of Educational and Cultural Affairs (ECA) has awarded $850,000 to the International Virtual e-Hospital (www.iveh.org) to implement a two-year cultural exchange program using telemedicine and advanced technologies to improve the delivery of health care in the Balkans. The program is led by Rifat Latifi, MD, professor of clinical surgery, Division of Trauma and Critical Care.

This project, “Improving Health Care in the Balkans Using Telemedicine, Advanced Technologies and Cultural Exchange Program as a Platform,” will create the medical and technical leadership to significantly enhance health care access and quality in the region, says Dr. Latifi. “This program will create a powerful international medical-education network in the Balkans for further collaboration and development,” he says.

Through this educational exchange program, 48 physicians, nurses and technical professionals from Kosova, Montenegro, Macedonia and Albania will travel to the United States for training in telemedicine, e-health, electronic library management, trauma and surgical critical care at The University of Arizona and Anchorage, Alaska. A group of 16 U.S. experts in these same medical disciplines will conduct workshops, seminars and other cultural and educational activities in the Kosova region.

The program started in October 2006 and in March the first group of eight physicians from Kosova spent three weeks at the UA College of Medicine. The next group of 10 physicians, technical personnel and administrators from the Balkans is scheduled to arrive in June.

In addition to the educational programs, the project will expand the existing infrastructure for telemedicine and a virtual medical educational network of the Telemedicine Center of Kosova to six regional hospitals in Kosova. This network will include telemedicine units enabling live and direct medical consultations from regional hospital emergency rooms, as well as storing and forwarding telemedicine consultations. Each regional hospital is being equipped with 10 computers for electronic medical library access with more than 1,200 full-text medical journals available.

Dr. Latifi is associate director of the Arizona Telemedicine Program, a premier telemedicine program in the nation, where he leads telesurgery and international affairs. Born and raised in Kosova, he is an alumnus of medical faculty of the University of Prishtina, project director of the Telemedicine Program of Kosova, and president and founder of IVEH.
What’s Up in Surgery?

New Faculty

**Luis León, MD, RVT**, has joined the UA Department of Surgery Division of Vascular Surgery as assistant professor of clinical surgery. He will practice at the Southern Arizona Veteran’s Administration Health Care System.

Dr. León specializes in clinical aspects of vascular diseases, particularly aortic, carotid and venous disease. A member of the American College of Surgeons and the Society for Vascular Surgery, Dr. León received his medical degree from Universidad Peruana Cayetano Heredia School of Medicine in Lima, Peru. He completed his residency in general surgery at Harbor-UCLA Medical Center, Torrance, Calif., and a fellowship in peripheral vascular and endovascular surgery at Loyola University Medical Center and Edward Hines Jr., VA Medical Center in Illinois.

**Herminio Ojeda, MD**, assistant professor of clinical surgery, Division of General Surgery, is a board-certified general surgeon, primarily performing procedures of the abdomen, gastrointestinal tract, endocrine system, skin and soft tissue. He specializes in general and advanced laparoscopic and endoscopic surgery.

Dr. Ojeda is a member of the American College of Surgeons, the Society of Laparoendoscopic Surgeons and the DeBakey Surgical Society. He completed a fellowship in minimally invasive surgery at Baylor College of Medicine in Houston, two residencies at St. Agnes Healthcare in Baltimore, and his medical degree at Universidad Peruana Cayetano Heredia in Lima, Peru.

**Michael Moulton, MD**, is associate professor of surgery in the Division of Cardiovascular and Thoracic Surgery. Dr. Moulton comes to the UA from Davis-Monthan Air Force base as a staff cardiothoracic surgeon and has been practicing at the Southern Arizona VA Health Care System and deployed in Iraq supporting Operation Iraqi Freedom. Dr. Moulton received his medical degree from Harvard Medical School and completed residencies in general and cardiothoracic surgery at Washington University School of Medicine. His research interests include mathematical modeling of the heart. He is a fellow of the American College of Surgeons and a member of the Society of Thoracic Surgeons.

**Susan Parker, MD, MS**, is associate professor of clinical surgery in the Division of General Surgery. Dr. Parker comes to the UA from the University of Minnesota Department of Surgery where she was the director of the Pelvic Floor Center. Dr. Parker received her medical degree from St. Louis University and completed a master’s of science degree in experimental surgery at the University of Minnesota. She completed residencies at State University of New York, Buffalo, and Good Samaritan Hospital in Cincinnati. Dr. Parker’s research interests are in the evaluation and treatment of pelvic floor disorders and quality-of-life measurements.

Dr. John Hughes Named UMC Chief of Staff

A associate professor of clinical surgery **John D. Hughes, MD**, Division of Vascular Surgery, was elected to a two-year term as Chief of Staff of University Medical Center. The appointment took effect Jan. 1.

Elected by the hospital’s medical staff, Dr. Hughes will be the chief administrative officer for the more than 650 physicians who practice at UMC. He also will serve as chairman of the hospital’s Medical Executive Committee, while continuing to care for patients.

Dr. Hughes joined the UA College of Medicine as an assistant professor in the Department of Surgery in 1996 and today serves as associate professor of clinical surgery. Dr. Hughes has been the Chief of Staff-Elect since 2005 and has served on several UMC committees, including the Quality and Safety Board and Quality Review committees.

In addition to his clinical and teaching roles at UMC and the College of Medicine, Dr. Hughes is involved in research projects on vascular disease in diabetic patients. He is the author of dozens of research papers, abstracts and book chapters on vascular disease and surgery, diabetic complications and organ transplantation.
Alumni Spotlight

Greetings from the Combat Zone

Jinu Kamdar, MD
Class of ’03

You may be asking yourself, “How the @#$%^ did he end up there? Were there no good jobs available in the U.S. that year?” Sit back while I tell you of my adventure.

Soon after graduation in 2003, I headed off to the Naval Officer Indoctrination School (boot camp) in Newport, Rhode Island, for about two months. After years of working my way up from the bottom of the residency food chain, all the while getting the most gracious of surgical instruction, i.e. chewing out, I ended up in a place where the drill sergeant chews you out for fun, i.e. offers gracious naval instruction.

From here, my wife, Meghana, and I were sent to Okinawa. We stayed there for two years and our son, Manav, was born there. We had a wonderful time. The island is beautiful and the people are even more so. Professionally, things were going well. Okinawa is the fourth

Dr. Joseph Mills Elected a Director of the American Board of Surgery

Joseph Mills, MD, professor and chief of the Division of Vascular and Endovascular Surgery, was elected a director of the American Board of Surgery (ABS).

Dr. Mills was nominated by the Society of Vascular Surgery and selected by his peers on the ABS for the six-year position in recognition of his contributions to education, research and the practice of surgery in the United States. As a director, his responsibilities will include oversight and conduct of general surgery and vascular surgery qualifying examinations and improving and broadening the opportunities for graduate education and training of surgeons. Dr. Mills also will sit on the Vascular Surgery Board (VSMB), a component board of the ABS and serve a three-year term as chair of the VSMB from 2010-2013.

“I am quite honored to have been elected a new director on the American Board of Surgery. It is an exciting time to be a surgeon, particularly a vascular surgeon, because of the explosion in technological advances in the field of minimally invasive surgery. There is a pressing need to rapidly redesign our 100-year-old American surgical training paradigm to allow us to attract and train expert surgeons within the limitations imposed by economic and societal constraints. The rapid pace of technological advances, the limitations of an 80-hour residency work week, and differing career and lifestyle expectations among the next generation of potential surgeons, are challenges we must face,” says Dr. Mills.

The American Board of Surgery is an independent, non-profit organization founded in 1937 for the purpose of certifying surgeons who have met a defined standard of education, training and knowledge.

Dr. Mills has had an extensive list of publications throughout his career, and has served on multiple editorial boards for professional journals such as the Journal of Vascular Surgery and Vascular and Endovascular Surgery. Additionally, Dr. Mills has participated in more than 30 research projects, including two current studies of carotid endarterectomy versus carotid stenting and the early endovascular treatment of abdominal aortic aneurysms.

In Memoriam: Thomas Stanisic, MD

Dr. Thomas H. Stanisic, 62, former professor of surgery at The University of Arizona, died Dec. 30, 2006. Dr. Stanisic was a graduate of Cornell University in Ithaca, NY, in 1965 and Northwestern University Medical School, where he was valedictorian of his class of 1969. He served his internship and residency in surgery at the University of Rochester, NY, from 1969 to 1971. He then served his internship in urology at Northwestern University from 1973 to 1977. A professor of surgery/urology at The University of Arizona from 1977 until 1993, he was a partner with Midwest Urological Group in Peoria until the time of his death. He was a member of the Peoria Medical Society and the American Urological Association. He served in the U.S. Navy from 1971 to 1973 during the Vietnam War. Memorial contributions may be made to Community Foundation of Central Illinois for the Dr. Stanisic Scholarship Fund, 331 Fulton, Peoria IL 61602.

Alumni Spotlight

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From here, my wife, Meghana, and I were sent to Okinawa. We stayed there for two years and our son, Manav, was born there. We had a wonderful time. The island is beautiful and the people are even more so. Professionally, things were going well. Okinawa is the fourth
busiest hospital in the Navy. Therefore, I got a good surgical experience. In addition, I was promoted to Lieutenant Commander. Once we started to like it, the Navy moved us back to the states.

We were then assigned to the Naval Hospital Great Lakes, just north of Chicago. We arrived in September 2005. Soon after we arrived, our daughter, Ria, was born. It was a joyous time for us. Not only did we have a beautiful new baby, we also were back with family. The good fortune did not stop there. In the spring of 2006, I got offered an all-expense paid, all-inclusive trip to a desert oasis. I asked about taking my family on this great trip, but they said it was only for me. I should have known something was wrong when they asked me to make sure I had life insurance, but I couldn’t pass up this opportunity. I told my family that I would take them next year! The next thing I know, I am crammed into the scorching belly of a C-130 on my way to Iraq! I tried calling my travel agent to inform him of this obvious mistake in my itinerary, but I couldn’t get a hold of him.

Well, here I sit in the combat zone. We are the busiest Level 2 hospital in the country. Level 2 hospitals take care of the life-threatening emergencies and send them to a higher level of care for more definitive care once they are more stable. It has been an incredible experience. Our trauma is 99 percent penetrating, which has led to a great operative experience. I have done a wide variety of trauma surgery, short of neurosurgery. You cannot help but feel comfortable with our civilian trauma after leaving this place.

Even better is the patriotic feeling that you get from working here and saving the lives of the young men and women that risk their lives every day for our country. When we save a life, we are on cloud nine. When we lose one, the anguish is beyond belief. Thankfully, we are usually on cloud nine.

I will be home in the spring. If you are ever in the Chicago area, please stop by the Naval Hospital. I have lots of stories to share.

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**Our trauma is 99 percent penetrating which has led to a great operative experience.**

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**Shooting Birdies and Eagles for UMC Trauma**

The annual Cecil Family Golden Hour Golf Classic once again provided Southern Arizona the opportunity to tee-up to raise money to benefit the University Medical Center Level One Trauma Program and the Southern Arizona Trauma Network (SATNET) May 11.

Trauma is one of the major health care issues faced by Americans today, and is the leading cause of death through the first four decades of life, causing more disability and lost productivity than heart disease and cancer combined.

UMC has served as the only Level I Trauma Center serving Southern Arizona since 2003. This community service costs an estimated $75,000 per day to operate.

The Golden Hour Golf Classic has raised more than $100,000 in recent years to offset the costs for purchasing equipment used for patient care and education, providing staff development educational opportunities, sponsoring community trauma awareness and injury prevention campaigns and other critical program needs.

The tournament was held at The Lodge at Ventana Canyon, which is consistently ranked in the top 100 resort courses by Golf Week Magazine.

Chuck and Carrie Cecil first joined forces with UMC in 2005 to help raise funds for the trauma program. Both attended the UA where Chuck was an All-America football player in 1987. He is now the secondary coach with the Tennessee Titans of the NFL. Carrie Gerlach Cecil is a mom, successful author and an accomplished public relations executive.

SCF of Arizona was the presenting sponsor for this year’s event.

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**Awards & Recognition**

**Jack Copeland, MD,** professor and chief, Division of Cardiothoracic Surgery, received the 2006 Dwight Emary Harken Award, which is the most prestigious award given by the Mended Hearts. The award recognizes individuals or organizations for excellence in the field of cardiovascular medicine. He also was elected member of L’Académie Nationale de Médecine, Paris, France.

**Luis R. León Jr., MD,** assistant professor and chief of vascular surgery at the Southern Arizona Veterans Affairs Health Care System, has been selected as the 2007-2008 E.J. Wylie Traveling Fellowship Award recipient. The fellowship was created in 1985 by the Society for Vascular Surgery to expose young surgeons with strong commitments to academic surgery to travel and learn about the art and science of vascular surgery.

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**Dr. León** applied for the fellowship to ultimately enhance treatment opportunities for veterans with thoracic aortic aneurysms, who are not good candidates for currently available surgical techniques.

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**Michael J. Demeure, MD,** professor of surgery, Division of General Surgery, has been named president-elect of the American Association of Endocrine Surgeons. AAES is the premier society for surgeons devoted to the treatment and study of patients with diseases of the thyroid, parathyroid, adrenal glands and pancreas. Dr. Demeure’s term begins in April 2008 and lasts for one year.

In addition to his faculty appointment at the UA College of Medicine, Dr. Demeure is a senior investigator at the Translational Genomics Research Institute (TGen) in Phoenix. His research includes...
efforts toward finding new treatments for adrenocortical carcinoma and pancreatic cancer by focusing on the molecular genetics of these tumors to expose new vulnerabilities.

Linda C. Meade-Tollin, PhD, research assistant professor, Division of Surgical Research, was inducted as a Fellow of the African Scientific Institute Nov. 18 at Howard University in Washington, D.C. The African Scientific Institute is a network of scientists and technologists of African descent. The objective of the ASI Fellows program is to facilitate a roundtable of accomplished individuals who serve as a “think tank,” addressing issues relating to the world of science and technology.

Publications


Liliana Bordeianou, MD, Todd Rockwood, PhD, Nancy Baxter, MD, PhD, Ann Lowry, MD, Anders Meilgren, MD, PhD, Susan Parker, MD. Does Incontinence Severity Correlate with Quality of Life? Prospective Analysis of 502 Consecutive Patients. Colorectal Disease: in press.


Presentations


Michael Demeure, MD, presented the poster “Adrenocortical Carcinoma Survival Rates Linked to Comparative Genomic Hybridization” at the American Association of Cancer Research Oncogenomics meeting in Phoenix.

Allan Hamilton, MD, was a guest speaker at the National Meeting on Health Tort Law and Medical Malpractice in Atlanta in March: “Emerging Technologies and their Impact on Medical Errors and Litigation.”


Susan Parker, MD, was keynote speaker at the 3rd Cukurova Colo-proctology and Stoma-therapy Symposium, Adana, Turkey, April. Topics: Evaluation and Treatment of Pelvic Floor Disorders, Evaluation and Treatment of Fecal Incontinence, Improving Outcomes in Surgery for Defecation Disorders.

Susan Parker, MD, spoke at the 140th Annual Session of the Texas Medical Association, Dallas, April 2007. Topic: Physiologic and Radiographic Evaluation of Pelvic Floor Disorders.


Hugo Villar, MD, and Adela Lente, MD, were invited speakers at the Seventh Annual Navajo Surgeons Conference in November held at the Grand Canyon. Dr. Villar presented “Treatment of Pancreatic and Biliary Cancer.” Dr. Lente presented “Radiation Therapy for Rectal Cancer: Pre- and Post-op.”

Albert Chi MD, Aaron Smith MD, Marni Colvin MD, John Porter MD, Mark Williams MD, presented at the 59th Annual Meeting of the Southwestern Surgical Congress March 2007 the poster “Gallstone Pancreatitis Occurs with Cholecystitis.”


