John Jones Surgical Society
NEWSLETTER
Alumni News of the NewYork-Presbyterian/Columbia Department of Surgery

A fun time was had by all in the city by the Bay

José G. Guillem, MD, MPH

The weather was great, the city and venue ideal and attendance at the JJSS Reception during the American College of Surgeons Fall Meeting stronger than ever! Nearly 70 attended with representation from graduation classes as far back as the 1950s and every decade since! In addition to the usual attendees such as Ken and Kay Forde, James and Cindi Chandler, Mark and Ruth Hardy, Juan and Michele Nogueras, Carey Dolgin and Ellen Steiner, Steven and Gail Ruby, Jeff and Andrea Cohen, Larry and Deborah Jordan, Spencer Amory, Andre Campbell, Karen Horvath, Ellen Hagopian, Tyr Wilbanks, and Department Chairman Craig Smith, there were many "relative" newcomers such as, Marilyn Butler, Emina Huang, Joanne Starr, Eugene Kim, Rondi Gelbard, and many, many others that added to the night's excitement. It was a pleasure to see an increasing number of younger attendees including Abbey Fingeret (Chief Resident), Connie Keung (first John Jones Fellow), and Alodia Gabre-Kidan from the residency program, and several P&S students keenly interested in pursuing a career in surgery. Michael Salna (P&S '17), presented the outcomes of his research at the Medical Student Program Poster Session on Sunday. His story is featured in this issue.

José G. Guillem

It was a great gathering with lots of lively discussions among old and new acquaintances. Topics ranged from the usual professional and familial developments to insights on climbing Mount Everest by our own renowned Alpinist, Sherman Bull. Kudos to David Tilson who has reactivated his translational research efforts with vigor. Special thanks to Peter and Judy Dillon for making the special effort to drop in on the JJSS Reception while they hosted the Penn State Hershey Department of Surgery Reception right next door.

As the evening unfolded, one theme became apparent to many of us, namely, we enjoy telling anecdotal stories about lessons learned from our illustrious teachers at Columbia P & S. It appears that many of these lessons and sayings continue to be passed on to our current residents at Columbia as well as residents/fellows in our respective training institutions throughout the country. However, it also appears that many of these excellent teaching "pearls" may be forgotten with time. In an effort to harness this "wisdom" Karen Horvath has suggested that we all submit our favorite Forde, Hardy, King, Logerfo, Gump, Markowitz, Kister, Berch, Jaretzki, Nowygrod, Spotnitz, Bowman, Rose, Smith, etc., teaching comments/pearls to Trisha Hargaden in order to begin a repository of "Columbia Surgery Pearls". We believe that this effort will capture wisdom, judgment and humor and serve as a great teaching resource and archive of Columbia Surgery. We look forward with anticipation to your contributions. Please do not flounder with this assignment, righto, righto!

I look forward to seeing everyone during the upcoming JJSS Spring Meeting scheduled to take place on May 8, 2015, in conjunction with the Columbia University College of P&S Alumni Association Reunion Weekend. Stay tuned for further details. ■

Drs. Karen Horvath (1997), Marilyn Butler (1994), Andre Campbell (1992), Spencer Amory (1989), Joanne Starr (1996) and Chief Resident, Abbey Fingeret (2015)

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Historical perspectives of The American Association for Thoracic Surgery: Craig R. Smith

Tom C. Nguyen, MD [a], and Abe DeAnda, Jr, MD [b]

Craig Richey Smith, Jr, the 92nd president of The American Association for Thoracic Surgery (AATS), was born in Cleveland, Ohio, on November 17, 1948, several days after incumbent Harry S. Truman defeated heavily favored Thomas E. Dewey. He was the second of 4 children born to 22-year-old parents, his namesake Craig Smith and Mary Glover Smith, a first-grade teacher. Smith's father started at the bottom rung of management in a Cleveland machine tool company while serving in the Navy Reserve. Smith spent much of his childhood on the move, and he quickly learned to adapt to change. In later years, the ease with which he embraced progress became a hallmark of his career as a leader and pioneer. During the Korean War, the family bounced across the continent, finally settling in Philadelphia, where he finished his senior year of high school at Harrington High. Smith excelled at football and was versatile playing multiple positions, including quarterback, running back, and safety. He also was accomplished at lacrosse, wrestling, and the long-jump.

Figure 1: The future AATS president "climbing his way to the top.'

In his early years, Smith's most influential role models were his grandparents. His grandfather, Donald Mitchell Glover, was a Harvey Cushing trainee and accomplished pediatric plastic surgeon, deeply revered by the family and community. He instilled in Smith the energy, love, and passion for patient care and hard work. His grandmother, Leona van Gorder Glover, was one of the first women of her generation to become a doctor. She was charismatic, lively, and independently wealthy because of the family-owned McKesson & Robbins company. She introduced Smith and his brother to the outdoors, teaching them the art of fly-fishing and horseback riding.

In high school, Smith had a lackluster academic performance and was mislabeled an underachiever. Eventually, he was accepted to Williams College, where he was convinced that he was the "last student to be accepted." Worried about not graduating, Smith refused to buy mugs, T-shirts, or other collegiate memorabilia until after the first semester. In his own words, he "worked like an animal, slept little, and learned to drink coffee." Smith excelled in the academic environment at Williams College and became a top student, graduating Phi Beta Kappa. Smith continued to play football and lacrosse at Williams until a summer injury his sophomore year. He worked several odd, even life-threatening, jobs over the years and spent his early college summers at a steel mill shoveling coal in the coke plant at Alan Wood Steel Company in Norristown, Pennsylvania. The job was harsh and dangerous, reminding Smith of the underworld as people walked around with wooden shoes, hazmat suits, and masks while surrounded by dangerous flames. As a young man, he was unaware of the dangers of heat exhaustion and made nothing of his shivering in the 135F inferno at first. Eventually it caught up to him. In the last 15 minutes of his last day of work one summer, delirium set in because of the heat, and his mind wandered. Before Smith knew what hit him, he was trapped between a lorry car used to dump coal and a brick wall, and then fell down an elevator shaft. He survived but had a broken pelvis and a bladder hematoma. He spent the rest of the summer recuperating in the hospital. The injury ended his collegiate athletic career.

During his final years of college, Smith was influenced by an intriguing genetics professor who taught him the value of experimental design and basic science. He learned how to critically review papers, break down design flaws, and appropriately evaluate scientific conclusions. This early experience undoubtedly contributed to his maturation into a respected clinical scientist and researcher. Smith was hooked and enrolled in a PhD program at Dartmouth with a focus on biophysics. His research projects ranged from "vitamin E and fertility of the male rotifer" to "mechanisms of olfaction," including studies on *Phycomyces* fungus. Within the first few weeks of graduate school, however, Smith confessed an "appalling misunderstanding of my own nature" with significant misgivings about his path as he laboriously counted male rotifers in petri dishes. He dropped out of the program after his second year and spent the next 14 months as a telephone lineman. His responsibilities included clearing lines, setting poles, and felling timber in the Vermont wilderness. Smith became adept at climbing trees and, to the best of our knowledge, is the only AATS president whose formative years included scaling 100-foot telephone poles (Figure 1). Smith's path to medicine was definitely circuitous. After his extensive experience as a toughened laborer and seemingly endless rumination over his eventual fate while playing the pipe organ in the Dartmouth College chapel, Smith was finally accepted into medical school at Case Western Reserve in 1974.

Smith recalls his 4 years at Case Western to be the most uncomplicated and enjoyable years of his life. In 1977, he matched in general surgery at the University of Rochester and worked in Dr Seymour Schwartz's research laboratory. Smith still laments about an early experience in the laboratory when he was naive to the world of publishing. He wrote an article with Dr Schwartz as the sole co-author, unwittingly snubbing his other colleagues, a slight he has remembered all these years. Near the end of his clinical training, Dr Schwartz encouraged Smith to consider Columbia Presbyterian for cardiothoracic surgery residency because of his connection with Dr Keith Reemtsma (71st AATS president). Smith recalls the program to be physically grueling but clinically rewarding, especially in the realm of valvular heart disease and congenital surgery.

After completion of his cardiothoracic surgery training at Columbia in 1984, Smith was recruited to join Drs James Malm (66th AATS president), Frederick Bowman, and Eric Rose on the Columbia faculty. In 1996 he became Chief of Cardiothoracic Surgery, and in 2007 he was promoted to Chairman of the Department of Surgery. During his tenure at Columbia, Smith has trained more than 35 general surgery residents and 43 cardiothoracic surgery residents and has co-authored more than 175 publications in peer-reviewed journals on topics of transplantation, coronary revascularization, and valve surgery. In addition, recognizing the importance of hybrid procedures and cross training, he orchestrated the first interventional cardiology fellowship designed for cardiotho-

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Firgure 2: Dr Craig R. Smith

Figure 3: Craig and Trish's 3 daughters: Elizabeth, Halley, and Emily (left to right) after completing a marathon in Utah in 2007.

racic surgeons and was the surgical principal investigator of the landmark Placement of Aortic Transcatheter Valve Trial (PARTNER) that demonstrated the safety of transcatheter aortic valve replacement.[1]

On April 31, 2012, Dr Smith presented his Presidential Address at the 92nd Annual Meeting of the AATS in San Francisco.[2] The theme of his talk was derived from an AATS motto Smith coined, *"We Model Excellence."* Noting that the verb "to model" could denote the act of emulating or the process of creating, he explored how both processes were critical to the continuing growth and success of the field of cardiothoracic surgery generally and the AATS specifically. As an example of the creative model, he contrasted the format of the annual Trans-Catheter Therapeutics meeting with the AATS annual meeting, observing that the process of the AATS meeting begins with a rigorous peer review of abstracts resulting in less than a 10% acceptance rate. The process remains dynamic and selective as the data are presented, being commented on and discussed by moderators, selected discussants, audience members, and peers. Thus, all stakeholders play a role in the release of new techniques and information. This maintains the integrity of the process compared with meetings where the content is preselected and non–peer-reviewed, and the discussions are carefully choreographed.

Smith then expanded on a now familiar subject from his recent predecessors—the future of cardiothoracic surgery as a profession and the responsibility, concern, and hurdles of our community in attracting and training future generations of cardiothoracic surgeons. He acknowledged that it was not the quality of the surgeons in the pipeline that was concerning, stating "...the quality of the students applying to our new integrated programs convinces me that the kind of individuals who become great thoracic surgeons are still plentiful." His concern was more that resources were being used "...on improving the journey, not the destination, and ignores our much more fundamental failure to project an image of a future worth pursuing." He expressed his views on the 80-hour work week requirements while conceding that the days of 120-hour work weeks were not coming back. Rather, the structure of training should be adjusted and restructured, something akin to a structured apprenticeship where residencies were compressed and followed by a period of tutorial practice with a set time to obtain requirements for the board examination. Under this scenario, the assumption would be made that residents would be challenged externally by their mentors and internally by themselves.

He concluded by urging the profession to look beyond the day-to-day practice of cardiothoracic surgery and instead to encourage innovation and collaboration. By using transcatheter aortic valve replacement as an example of a collaborative effort with the potential of changing how we approach patients needing valvular replacement, he looked to the future offering innovations and revolutions in imaging technology as the next frontier. He encouraged not just the current practitioners of cardiothoracic surgery but "...the young men and women hiding in the back" to lead the way.

Those who know Craig Smith (Figure 2) describe him as "ruggedly handsome with a boxer physique". While some command attention by a loud decibel, a boisterous tie, or arrogant swagger, Smith draws attention by his calm and unassuming demeanor. When Dr Smith walks into a room, his presence is felt. Witty, laconic, and honest, he chooses his words carefully. His humor is deadpan with a dose of sarcasm. The Columbia residents are fond of saying that one can set one's watch by Dr Smith, and that they know it is 5:55 AM when they see him walk into the intensive care unit to round. Smith likes to say, "It's just as easy to always be 5 minutes early as it is to always be 5 minutes late."

Smith met his wife, Trish, when she was an exchange student at Vassar College during his junior year at Williams. They married shortly after he graduated during Labor Day weekend in 1970. His wife later turned down law school at the University of Virginia, following him to Cleveland, where she pursued a law degree from Case Western. Trish was an outstanding multisport athlete in high school (field hockey, basketball, lacrosse, and squash) and was invited to try out for the Olympic field hockey team, which she declined to attend college. She picked up running instead and soon became the best runner for the Atlanta women's team, was Nike supported, and was nominated for "Runner of the Year" by the New York Road Runners Club in 1982.

She had a successful career as a lawyer and judge. Craig and Trish had 3 equally talented and athletic daughters (Figure 3). Emily was an All-American swimmer at Stanford and qualified for the Olympic Trials in 1996; she later pursued a career in law. Elizabeth skipped her junior year at Williams College to train with the US sculling team and went to the Sydney Olympics in 2000; she is now an investment banker in New York. Halley was a 4-year varsity athlete at Williams College in track and field while majoring in Chinese; she works for the Sandia National Laboratory in bioterror defense. Although many know Dr Craig Smith as a technical master and respected academician, few are familiar with the ups and downs of his journey. Smith once said, "In cardiac surgery the highs are high and the lows are low. If you can't handle the lows, you don't deserve the highs." The grace and humility of his ascent and his inspiring nod to the "young men and women hiding in the back" during his AATS presidential address are true to character. To whom much is given, much is expected, and to his colleagues and trainees, Dr Smith's "model of excellence" exceeds the greatest of expectations. ■

The authors thank Dr Smith for providing photographs and background material for this work and for spending time with the authors in discussion. We acknowledge the following for their personal insight in preparing this profile: Michael Argenziano, Allan Stewart, Eric Weiss, Serguei Melnitchouk, Mark Russo, George Comas, and Isaac George. We particularly appreciate the in-depth editorial review by Lori Soni.

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Mark A. Hardy, MD, receives the American Society of Transplant Surgeons Pioneer Award

In July 2014, Dr. Mark A. Hardy, received the American Society of Transplant Surgeons (ASTS) highest honor, the ASTS Pioneer Award.

The ASTS Pioneer Award is the most distinguished award and the highest honor bestowed by the American Society of Transplant Surgeons. This award is presented annually to an individual whom the Society deems to recognize for their important leadership in transplantation or who has made sentinel contributions to the field.

Dr. Hardy was President of the American Society of Transplant Surgeons in 1994 and served as Councilor of the Transplantation Society (International) two non-consecutive three year terms.

Mark A.Hardy, MD

He is an Editor of *Transplantation* and has published more than 330 articles on subjects varying from surgical techniques to basic immunology. His professional scientific career has revolved around transplantation and transplantation biology, with a major interest in the immune responses in induction of tolerance, including alteration of donor immunogenicity and of antigen presentation. His most recent focus has been on cellular transplantation with emphasis on islet transplantation. His clinical interests have been in transplantation and vascular surgery.

Dr. Hardy is the editor of one of the first books on *Xenotransplantation* and another on *Organ Replacement in Diabetes Mellitus*. In addition to his work in transplantation, in the earlier part of his career he made several contributions to the development of prosthetic vascular grafts and the development and studies of biologic function of thymic hormones, both experimentally and clinically.

Dr. Hardy is a former Director of Vascular Surgery and Transplantation at Albert Einstein College of Medicine in New York and former Director and Founder of Transplantation Program at NY Presbyterian Hospital and Columbia University College of Physicians and Surgeons. He is the Founding Director and former President of the New York Organ Donor Network and former Director and member of the Board of Directors of United Network for Organ Sharing (UNOS). He has received a number of prizes for his work, including the NIH Scholar Award early in his career.

He is a Fellow of the American College of Surgeons and a member of numerous surgical and scientific societies including American Surgical Association, Society of Clinical Surgery and American Association of Immunology. He has been awarded Honorary Fellowship in the Polish Surgical Society and Honorary Doctorates at Hallym University in Korea and at Warsaw University in Poland. He has served as a visiting Professor in some 50 institutions and delivered over 15 eponymous lectures worldwide.

He was Vice Chairman and Director of the Department of Surgery's Residency Program at Columbia until 2008. In addition he received the Francis Moore Excellence in Mentorship in the Field of Transplantation Surgery Award in 2010. He continues to focus on issues in surgical education, international health care and education, and is the Director of the nationally acclaimed Annual NY Surgery Board Review Course. He is on the Scientific Advisory Board of Hallym-Columbia International Surgical Education Fund which he helped to create to support international exchanges of faculty between developing and developed countries.

Currently, Mark A. Hardy, MD, is the Auchincloss Professor of Surgery in the Department of Surgery and is Director Emeritus of the Transplantation Center at Columbia University College of Physicians and Surgeons and NY Presbyterian Hospital in New York City. He now serves as Director of the NY Islet Resource Center. ■

Handling it: Anthems of a Junior Attending

Lisa Marie Cannon, MD

This is an interim report. In preparing for this chronicle, I couldn't help but notice most of the Alumni memoirs are oeuvres, not aperitifs. When Dr. James Lee wrote and told me I was a fan favorite of those queried regarding whom they wanted to hear from, I was flattered. I had my second thought, 'how am I going to avoid letting on that I don't have my career figured out yet?' I am exactly six months into my first year as a junior colorectal attending. This is not a retrospective. This is an unedited live stream.

Lisa Marie Cannon
General Surgery Residency
2008-2013

What am I up to? I finished my colorectal residency at University of Chicago and am staying on as clinical associate for the year. Completely by happenstance, a colleague had just moved on and I found myself saddled quickly into her practice. Under the leadership of a new section chief, Dr. Neil Hyman, four of us now make up the new Section of Colon and Rectal Surgery. My non-clinical contributions this year consist of revamping the section web content and developing and implementing a multidisciplinary enhanced recovery pathway for colorectal procedures.

I met my husband, Patrick Reavey, while I was a PGY2 and he was a PGY4 at Columbia. He charmed me first with his work ethic, and then with just plain 'ol all-American charm. Patrick went on to do a plastic and reconstructive surgery residency at New York University, and is currently finishing an orthopedic hand surgery fellowship (yes, his PGY11 year) at the University of California Irvine. In July 2014, Dr. Marc Mandel married us in Brooklyn on the night of a perigee-syzygy, or super moon. Our professional lives are a little off-harmony, he in California and myself in Illinois, but we're working hard toward securing job contracts in the same city by August 2015. As I said, I don't have my life figured out yet. We'll be fine.

Year after year, the chief residents at Columbia perpetuate a proud legacy of resident autonomy and accountability. It is the closest approximation to life as a junior attending that I have experienced, now that I've had a chance to inhabit six months of genuine up to scratch. I draw daily from this pillar of my training. Still, experiences during the first year out are raw and stay in my memory. I'm prompted to jot down the ups and downs and seal them in an envelope for a later decade. An alumni newsletter will probably work just as well.

The first complication sticks with you. My case denominator had only barely achieved the tensile strength to withstand the weight of this numerator, but I quickly found I possessed the mettle to handle this instance safely and gracefully with my patient. It gave me pause to step back and check in on my practice. I have performed over 100 operations six months into my first year, with only two days per month of bona fide block time. Over half of these were major abdominal procedures; many on immune suppressed inflammatory bowel disease patients. I once said at an interview that I wanted to be a busy surgeon who didn't shy away from complex and re-operative procedures. At the time I wondered if I had the backbone to shore that up. So far, it seems, I do.

The partnerships I build with my patients are some of the most rewarding parts of practice. I completed my surgical residency in five years without research time. Columbia has a special way of acting as the wick that draws the essence out of a resident, and I wanted to be out on the wards. My psyche during those years leaned heavily toward strengthening the fabric of my clinical and technical ability, and the patient narrative. I love patient interaction in earnest, finding an accessible way to explain surgical disease to a patient. This most often materializes in a collage of colorful analogy and personalized sketches, and my patients' rooms are littered with explanatory doodles on the backs of Kleenex boxes and low residue diet menus.

I learned that though I hardly look my age, the majority of patients are fine winnowing me into their own homespun Doogie Howser parable. I was afraid of this before I started my practice, of youth mistaken for immaturity. Certainly, a few patients have dismissed me. "It's nothing personal, it's just that you look so young…we don't want an inexperienced surgeon." I try to take this in stride; after all I have large dimples and an easy smile. I can't change my chronologic age. I have a riff that sounds rehearsed by now. "You're right that I haven't been practicing as long as my colleagues. It's important to me that you are comfortable with your surgeon..." And, almost always, they stay. I've had a patient leave my care to seek consultation from a respected and talented colorectal surgeon elsewhere, only to come back and tell me he wanted me to be his physician. That was a great day. I learned about patience, and of fostering patient allegiance through forthrightness.

I'm learning if I aim to do right by my patients all the time, I manage to end up doing the right thing most of the time. This is dually exhausting and exhilarating. The residents respect me as a young surgeon in the trenches. On occasion they reach out to me when I am not on call. For a while I assumed it was because I was the most junior attending, as a right of passage. One morning, one resident conceded, 'It's actually because you'll help do the right thing, and you always talk me through your thought process and I appreciate it.' I'm honored by the faith they place in my surgical prudence.

I thought I would need to page my colleagues down to the operating room more often. It turns out that bouncing the occasional patient sound bite off them and just hearing a few comforting words, 'I agree with your plan. That's exactly what I would do if I were you,' is nourishment enough to handle most scenarios. Still, the importance of supportive mentors who are available when I really do need them cannot be understated. The first step to staying out of trouble is knowing that you need help. The second step is knowing help will come.

Mostly, when I feel like I'm handling it, I can feel my 'Columbia-ness'. This can mean staying cool while being elbows deep in re-operative intrigue like Dr. Paul Starker and Dr. Ben Samstein, or pressing residents to be decisive and resist dogma like Dr. Tracey Arnell, or channeling my very best Dr. Danny Feingold against a deluge of hemorrhoidal and pruritic ails, or just trying to be Dr. Roman Nowygrod. Though it may not be embroidered on my white coat any longer, I proudly wear my Columbia crown every day by representing the best of my foundation. I may be talking about me, the singular, but this is just the story of the Columbia-trained. Some of you are reading this and reminiscing about your early career tribulations. So many of us are at that precipice now, learning how to be great out of our archetypes. I know Beth Hochman is out there handling it. Joe DiNorcia is handling it. Megan Winner is handling it. What a spectacular five years. I miss you guys. Patrick and I look forward to dispatching a pithy update from a common zip code very soon. ■

Alumnus Update

Dennis L. Fowler, MD, MPH

Dennis L. Fowler

After 14 years in the Department of Surgery at P & S, I resigned from my faculty position in our department in the spring of 2014. Although I am theoretically of retirement age, I resigned not to retire, but to begin a new career as Executive Vice President of Titan Medical Inc (titanmedicalinc.com). Titan Medical is a Toronto-based, publicly traded, developmental stage company that is focused on commercializing a new surgical robot designed to compete against and provide significant advantage over currently available surgical robots. The robot is based on intellectual property (IP) that I developed in collaboration with two faculty members from the Fu Foundation School of Engineering and Applied Science at Columbia – Peter Allen and Nabil Simaan. Columbia owns the patents, and in 2012, Titan Medical obtained an exclusive license from Columbia to commercialize the technology.

At Titan, I have three areas of responsibility: design and development of prototypes, clinical affairs, and regulatory approval. I meet at least weekly with the engineer who is the project manager and then I work closely with multiple teams of engineers, each of which designs and tests a specific component or subcomponent of the robot (i.e., robotic arms and tools, imaging, kinematics software, patient cart, workstation, etc.) Currently we have 51 engineers working on the development, and I interact with each one at various times.

Because our technology is for the use of surgeons, my clinical affairs responsibility is to formally and effectively engage with surgeons. I have assembled a Surgeon Advisory Board and invite each surgeon on that board to participate in lab sessions and strategy sessions from time to time. Clinician input is critical for informing design, for pre-clinical and clinical testing, and for developing training tools. Training is a priority for Titan, and to develop this, in addition to working with surgeons as content experts, we are contracting with various consultants and vendors to develop the training tools needed by the surgeons and OR teams.

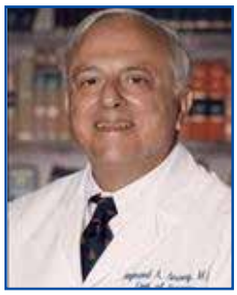
Although obtaining regulatory approval for marketing the robotic technology is the responsibility with which I have the least experience, I have enjoyed learning about this and embracing the challenge. Our target markets are the U.S. and Europe. In this role, I have taken our team to Annapolis where we had our first formal meeting with the FDA. We have chosen a notified body and have established a quality management system, both of which are requirements for obtaining CE Mark. I have made several trips to Europe and engaged with surgeons in Sweden, Germany, France, Switzerland, U.K., and Italy. It is exciting that, both in the U.S. and in Europe, leading surgeons in multiple disciplines eagerly want to participate in our clinical trials and to provide training centers in which we can train future users of the robot.

Friends and colleagues often ask how/why I get to do this. Although there was never any certainty that I would get an opportunity like this, it would not have happened if I had not prepared for it. In several ways I have been cultivating the opportunity for more than a decade. At various times I had worked with the engineering school, the Columbia technology transfer office, and the Coulter Foundation to enable technology development. I was credible to industry by having been a manager and as a decision-maker for OR purchases, and I had a master's degree in management. Finally, I had been on clinical advisory boards for several successful products (harmonic scalpel, hernia mesh, etc.) and, more recently, I had been on the board of a for-profit surgical device company. Although for most of my surgical career, I was not focused on this goal, it was the sum of these experiences that not only prepared me for my current responsibilities but also fueled my desire to pursue the business side of surgical technology.

I am passionate about the opportunity that I have to guide this project because we have the potential to bring better technology into the operating room at a lower cost. Although that is perhaps an overly grandiose ambition, it is in fact the mission of the company. The entire company, including the CEO, believes that we will be successful only if we sell technology that both improves patient care and holds down costs. Titan is totally focused on that.

I travel every week and I work nearly as many hours as I did as a clinical surgeon. However, the work is quite different. I truly enjoy interacting with the engineers and I am excited by their design solutions. They are very receptive to a surgeon's input. Alternatively, interactions with investors and traditional board members is often frustrating because their perspective is exclusively financial, and they don't always fully understand the potential clinical and human impact of what we are trying to do. Overall, I am having great fun. Surgeons and hospitals seem to want the robot that we are developing; we are hitting the milestones on our timeline; and the technology really works. I would do it again in a heartbeat. ■

In Memoriam



Raymond A. Amoury, MD
General Surgery Residency
1955-1963

Dr. Amoury died on August 27, 2014 at his home in Leawood, Kansas. He was 86 years of age.

Ray was a native of Staten Island. He remained loyal to his New York roots and retained a trace of his New York accent throughout his life. After military service, Ray enrolled at Wagner College and graduated *cum laude*. He earned his MD degree from the College of Medicine, State University of New York, Downstate Medical Center. He completed post-graduate surgical training in general, thoracic and pediatric surgery at Bellevue Hospital, Columbia-Presbyterian and Babies' Hospital. He remained on the surgical faculty at Babies' Hospital working with Drs. Thomas Santulli and John Schullinger, among others.

In 1968 Ray and Mary moved to Kansas City with their five children. He became Surgeon-in-Chief at Children's Mercy Hospital and occupied the Katharine Berry Richardson Endowed Chair. Under his leadership the Fellowship Training Program in Pediatric Surgery at Children's Mercy became one of the premier programs in the country.

Ray was known for his love of family, for teaching and for his wonderful sense of humor. He was an apt student of medical literature and was gifted with an exceptional memory. He served as President of the Missouri Chapter of the American College of Surgeons, the Association of Pediatric Surgical Training Program Directors and the American Pediatric Surgical Association.

Ray was preceded in death by Mary, his wife of fifty years, his son Peter and a grandson, Joseph Christopher Amoury. He is survived by three daughters, Mary, Anne and Jane, his son Gerard, six grandchildren and four great-grandchildren. ■

Paul Koontz, MD

Memories of a Friendship Shared

I would like to add to Paul Koontz's lovely memorial a few small personal insights. Ray was everything that Paul wrote – his love of family, the consummate student, his exceptional memory, and his wonderful sense of humor. Few of us escaped his delightful imitations and occasional barbs. He had a few favorite comments, one of which was an emphatic growly, under-the-breath "Judas!" for an unexpected occurrence or mishap. Temperature spikes on a patient's chart were known as "prickles".

I knew Ray well. He was a warm, sensitive and caring human being. The death of a patient affected him deeply, whether it was one of his own or someone else's. If misfortune befell a friend or colleague, he was the first to offer his help and sympathy.

I think we all remember how much he loved people and enjoyed engaging them in conversation, never in a hurry, always looking for the good, never a bad word, and how much of what he learned was filed away in that vast storehouse of his mind. He knew and remembered everything about you: where you grew up, went to school, where you trained, your spouse and children, special interests, and on and on. To paraphrase Paul: a remarkable memory.

During his New York years, he, Mary, Nancy and I shared a close and wonderful friendship, one that remained so despite the separation of half a continent, always enjoying our long distance phone calls and yearly APSA reunions. Ray never forgot his old friends. As his Columbia colleagues gradually went their way, he was fortunate in maintaining his friendship with Dr. Walter E. Berdon, Director Emeritus of Pediatric Radiology at Babies Hospital. Each was quite deaf, and their monthly phone calls were, according to Walter, sometimes "pretty difficult". Ray with his customary sense of humor likened them to a series of shouting matches. However, those calls were for both a treasured link to the past.

Ray loved to teach. In his Presidential address in May, 1994 to the membership of the American Pediatric Surgical Association on the Evolution of Pediatric Surgical Training Programs he emphasized the fact that most pediatric surgeons were good teachers and enthusiastic role models. Among those, Ray Amoury was foremost. This and his love for children, his concern over their safety and quality of care, were the hallmarks of his professional life and his lasting legacy. ■

John N. Schullinger, MD

In Memoriam

David M. Carberry, MD
General Surgery Residency
1951 – 1956

Dave Carberry, a giant of a man, died peacefully on April 17, 2014 at the age of 91. Born in Brooklyn, N.Y. in 1923, Dave was proud of his Irish-Catholic heritage, a most important element in his long life. He entered the Army in World War II and as a member of General George Patton's Third Army, fought in the Battle of the Bulge in December 1944. Subsequently, he was decorated for his military service.

After the war, he attended Providence College and graduated in 1947. He then became an active dedicated alumnus and served for many years as the President of the New York Providence College Alumni Club.

Following college, Dave entered Jefferson Medical College in Philadelphia and graduated in 1951. Surgical training then ensued culminating with a thoracic surgery fellowship at Buffalo General Hospital where he gained valuable experience in the difficult and complicated surgery for tuberculosis. Dave then came to Manhattan where he practiced for over forty years in both general and thoracic surgery at many of the city's most prestigious institutions.

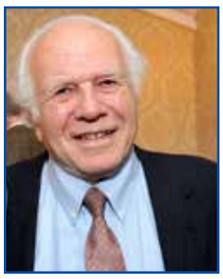
He first gained a surgical appointment at Roosevelt Hospital where he joined the practice of Dr. J. Maxwell Chamberlain, a world-renowned thoracic surgeon, and together they operated on a high volume of thoracic and later cardiac surgery patients often at two or three hospitals daily. At the same time, Dave also had a general surgery presence at Roosevelt where he soon became the residents' best friend. Dave was very facile and experienced in the varied aspects of general and trauma surgery and always could be counted upon to be available to assist the residents in difficult cases. After Dr. Chamberlain's untimely death in 1968 at age 62, Dave concentrated the majority of his surgical practice at Roosevelt in addition to becoming the House Physician for Rockefeller Center where many NYC police officers came as patients. He subsequently was recognized for his service of emergency surgical procedures on many of New York's finest with a gold police surgeon's badge which he proudly displayed. Also during those years, Dave became the Chief of Thoracic Surgery at Harlem Hospital and was designated the thoracic surgeon-on-call during President Carter's visits to New York City. Later in his career, he was appointed to the staff at Columbia Presbyterian Hospital where he and Dr. Alfred Jaretzki led the noncardiac thoracic surgery division. While at Columbia, Dave was a regular attendee at the annual John Jones Surgical Society meetings.

David was, as mentioned, a giant of a man, not only his size, but in his personality. He was always upbeat about all aspect of life and was a great friend to all. He always found time for his wonderful family, his Catholic church and his friends. One of his life highlights was his personal meeting with the Pope. Dave was a sports enthusiast and a die-hard NY Giants football fan.

Dave's beloved wife, Joan, died in 2004 after 55 year of happy marriage. They are survived by four children and three grandchildren, to whom both were deeply devoted.

Dave Carberry was a surgeon's surgeon. He was extremely knowledgeable with exceptional presence in the operating room. He was a willing and irrepressible teacher, and it was both a privilege and distinct honor to have had him as good friend, mentor and colleague. ■

Richard (Dick) Edie, MD



Paul H. Gerst, MD
General Surgery Residency
1952 – 1962

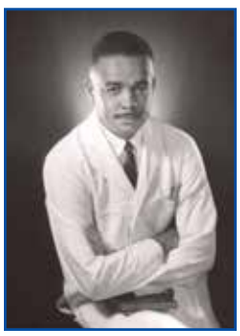
Paul H. Gerst, an integral figure in the CPMC Thoracic Surgery training program in the 1960's and 70's, died on September 29, 2013, at age 86. Dr. Gerst was trained in General and Thoracic Surgery at Presbyterian Hospital and was a graduate of Columbia College and P&S. He was Assistant Attending Surgeon at the Columbia-Presbyterian Medical Center 1962-2003 and was Director of the Department of Surgery at Bronx Lebanon Hospital Center, 1964-2003. He was First Lieutenant with the United States Army 1953-55, during the Korean war. He was married to Elizabeth C. Gerst (deceased), who was vice dean and instructor in pulmonary physiology at P&S. His sons were Jeffrey (deceased), Steven, and Andrew. His father, David, was a New York physician.

Dr. Gerst was devoted to resident training. He was Professor of Surgery at the Albert Einstein College of Medicine and also was Surgical Residency Program Director at Bronx Lebanon. In recognition, he received the 2004 Parker J. Palmer Award for Courage to Teach from the ACGME. His comments follow. "Although modern medicine rests firmly on a broad base of scientific information, it is our function, as educators, to ensure that the physicians we train bring to the bedside of the sick patient more than just the latest scientific data and technology. In the spirit of Parker Palmer, we must teach our students to bring with them also humanity, compassion, caring and concern for the patient — in Parker's words, "the thing of the heart."

Paul Gerst was particularly effective in the CPMC CT training program through his detailed knowledge and practice of surgery in cardiac pacing. He maintained a meticulous clinical database and prided himself on careful follow-up of his pacemaker recipients. He was an excellent teacher of surgical technique and retained vivid memories of the turbulent early days of cardiac surgery at Columbia. He will be sorely missed. ■

Henry M. Spotnitz, MD

In Memoriam



John C. Norman, MD
General Surgery Residency
1954-1961

Dr. John C. (Jack) Norman was truly one of the most remarkable and unforgettable people I have ever known. Of course, as a surgical intern when he was chief resident I am admittedly biased but I remember hearing Jack speak of his chief resident Dr. Keith Reemtsma in the same glowing terms.

His zeal for acquiring knowledge was inspirational and his passion for teaching infectious. To be prepared for Chief Resident Rounds one had to be knowledgeable not only about the patient history but also about relevant basic science, surgical technique as well as surgical history. He revered the great scholars of surgery and tried to ensure that those of us of his generation had an opportunity to meet and hear from as many as possible in person. During his chief residency he invited Drs. Francis Moore, Michael DeBakey, Owen Wangensteen and many others to be visiting professors on the Columbia Division at Bellevue.

Jack was born in Charlestown, West Virginia, graduated from Harvard College and Harvard Medical School. His surgical residency, begun in 1954 at Columbia Presbyterian Medical Center (now New York Presbyterian Hospital/Columbia) was interrupted by a 2 year stint in the U. S. Naval Reserves and completed in 1961 on the First (Columbia) Surgical Division at Bellevue Hospital. To demonstrate his discipline, devotion and doggedness he promised to spend many days and weeks continuously in the hospital—70 to 80 days by his own recollection.

His compulsion for acquiring knowledge and sharing it was demonstrated in many ways. His medical school text books, housed at one time in the "chief's" on–call room at Bellevue were underlined and highlighted – in various colors, no less. If asked to drop by the Medical conference and comment on the course of one of our mutual patients Jack would show up in "scrubs", apologize that he had only been informed on the previous day about the conference and would then produce a sheaf of mimeographed references on the subject of discussion (clearly the result of several hours research as well as finger soiling on the old machine which well preceded the Xerox copier).

Jack said "what I got out of Presbyterian was that surgery was deliberate, delicate, relatively bloodless and complications were nearly unheard of". Not surprisingly, he aspired to greater things.

Unable to obtain a cardiovascular fellowship at Columbia he received an NIH fellowship in Thoracic Surgery which allowed him to spend a year at Birmingham University in England. It was there that his interest in biomedical technology was kindled – at that time in pacemaker development.

He completed cardiac surgery training at the University of Michigan in Ann Arbor and then joined the faculty of Harvard Medical School in a research role on the Harvard service at Boston City Hospital. There he developed his interest in artificial hearts, his most celebrated achievement. He became a Markle Scholar and rose to the rank of Associate Professor.

Among his many aphorisms was: if you don't write anything no one will ever know you were here. Cerebrate (sic), don't viscerate (sic). A prodigious writer, one of his earlier works was the first text book of Cardiac Surgery. In 1969 alone he published 32 articles and went on to an additional 700 by last count.

The next phase of his career took him to the Texas Heart Institute where he became Professor of Surgery at the University of Texas and was founding editor of the Texas Heart Institute Bulletin(now Journal), shuttling back and forth between New York and Boston. In December 1975 John C. Norman and Denton Cooley implanted the first partial artificial heart (the LVAD) into a human.

A much sought after speaker, he was Visiting Professor in many institutions and many countries. A member of numerous academic societies, he won many awards including the US Congressional Award for Science and Technology.

Leaving the Texas Heart Institute he became Professor and Chairman of the Department of Surgery at Marshall University in his home state. On retirement he returned to Boston serving as consultant to many organizations on biomedical and cardiovascular projects.

Mindful of the many hurdles he had to overcome as a black man and of the health disparities in our nation he expressed many of his thoughts in the book he edited in 1969, *Medicine in the Ghetto*. Many of us feel that this was a catalyst for minority recruitment at Harvard and, later several other Ivy League schools including Columbia.

A brilliant, driven, exacting, thorough, compassionate man John C. Norman left us much food for thought including "our heritage is richer for some of the courses set by others. What we wish to do with this marvelous legacy remains to be seen. The challenge and opportunity are here." ■

Kenneth A. Forde, MD

In Memoriam

Stephen L. Wangensteen, MD
General Surgery Residency
1958-1964

Dear friends and colleagues, Steve died in his bed with his favorite dogs beside him on December 1, 2014.

It greatly understates the poignancy that Cindi, I, and you are experiencing as this sad news sinks in. Steve chose a career in academic surgery accepting his surname's inescapable privileges and overblown expectations with remarkable élan. He consistently excelled without appearing to be trying very hard to do so, which probably accounted for his transferring from the University of Minnesota to Dartmouth for his last two undergraduate years. He went on to graduate at the top of Harvard Medical School's 1958 Class and was warmly greeted by Columbia's Surgical Chairman when we began our internship on July 1st. He and Boo were beginning their family and we were frequent guests in their home, which was a welcome refuge from long hospital days merging into nights. Steve had experienced the ill affects of an imbalance between work and family life and was determined to be a good husband, father, and surgical resident. He maintained this goal, even after adding an extension of his father's gastric freezing research to control esophageal variceal bleeding temporarily, without incurring any gap in his clinical training. Happily, he also found time to be the best man at our wedding.

Steve began his deferred service obligation to the Army in 1964 where he worked in the office of the Surgeon General coordinating grants to civilian academic centers. I had extended my residency to take advantage of a quasi-junior faculty position as the administrative resident. We stopped to see the Wangensteens in their Washington, DC home in December 1965 on our way to California and Camp Pendleton. When we arrived, Boo was fixing dinner and Steve was bottle-feeding their third child. This activity inspired him to have me sit in a chair and cock my head appropriately, while sticking out the corner of my lower lip to receive a bota-bag's thin stream of wine poured alongside of my ala nasi. We had done several cases together during residency with great outcomes, but this post-residency procedure was only marginally successful.

Steve's Army assignment gave him a great breadth of knowledge about US academic surgical departments. He only had to make a short move in 1967 to join the surgical faculty of the University of Virginia. He rose to full professor and director of research in 1972 and invited us on behalf of Harry Muller to come to UVA. We arrived in 1973 to accept a position as associate professor and became the beneficiaries of Steve's fatherly interest in helping us find a lot in the area where they lived, as well as an architect and builder. We had a wonderful time at UVA for several years until an ill wind began swirling around the Wangensteen home. Owen Wangensteen's marriage to Sarah Davidson, known as "Sally," around this time, and her adoption of Steve, which provided the children with a loving and paternal grandmother was potentially stabilizing but the schism had gone too far.

Steve and I traveled together when the Society of University Surgeons held their 1975 annual meeting in Tucson, hosted by the surgery department at the University of Arizona's 8-year old Medical School. The founding chairman of surgery had provoked a serious town-gown divide that crossed all specialties but was the most egregious among surgeons. Steve and Boo had divorced and Steve left Charlottesville in 1976 to become Arizona's second surgical chairman, well aware of the animosity which had become so prevalent that further faculty recruitment was going to be difficult. Steve's persona was perfectly suited to address this crisis. Within a year he had recruited Larry Norton, Spanish-speaking Hugo Villar, Wesley Moore, and Jack Copeland - all really good surgeons, and three of the four well-equipped for spreading the Balm of Gilead. Representatives were selected from the Tucson Medical Center to join an equal number of University faculty members to do the spreading, which had a near immediate and lasting effect. Steve and his traveling companion Lita Lindley, aka "Squeaky," waited until October 1977 when the weather would be cool enough for out-of-area guests to attend their marriage, which allowed me to have a turn at being best man. Steve provided 11 years of supportive open-minded leadership, before leaving a healthy and happy division to his successor in 1987.

He and Squeaky moved to Tampa, as sand was not the best environment for horses, and Steve had been offered a professorship of surgery at the University of South Florida-associated Veterans Administration hospital. This turned out to be another 11-year commitment, this time devoted strictly to good clinical work without a single publication. It ended with his retirement in 1996 to their Pear Tree Farm in Rembert, South Carolina. We have not seen each other for several years, and Cindi and I will always regret that I misjudged the timing of a final chance to be with Steve but take some solace in having had a brief telephone conversation and the family's wisdom in allowing him to die where he was happiest.

Steve lived a life that attracted thousands of friends and many critics but no enduring enemies. ■

Jim Chandler, MD

Obituary link: www.meaningfulfunerals.net/fh/print.cfm?type=obituary&o_id=2840229&fh_id=11077

Alfred Jaretzki III, MD Memorial Celebration June 18, 2014

Alfred Jaretzki III, MD

Alfred (Fred) Jaretzki III MD, of NY and Essex, CT., Professor Emeritus of Clinical Surgery and Special Lecturer at Columbia Presbyterian Medical Center, died on May 29, 2014. He was 94 years of age. Revered for his integrity both as clinician and mentor, Fred's long and distinguished career in the Department of Surgery began in 1944 and continued until his retirement in 1992. In 1997, he became one of the founding members of the Steering Committee of the newly formed John Jones Surgical Society, the Department of Surgery's surgical alumni organization.

The following are comments made by faculty, mentees and friends at a memorial celebration, held in his honor, with Dr. Kenneth Forde as Master of Ceremonies.

Eric A. Rose, MD, Former Milstein and Johnson & Johnson Professor and former Chairman of the Department (1994-2010)

I have known Fred since 1973 when my wife [Ellise] and I together were 3rd year medical students.

As a physician, Fred's notes were works of art. Anybody who worked with him knew that there was nothing more definitive or explanatory or articulate than a Fred Jaretzki note. It was neat. There was never anything crossed out. There were beautiful diagrams attached to his articulate words as well and there was never a lack of clarity as to what it is he thought was wrong with a patient or what he thought the solution was or what the operation that he just performed entailed. It was truly remarkable and a talent that I have never seen in any physician to that degree.

As a surgeon, I have been thinking that if "Mad Men" were instead, "Med Men," and central casting needed the Don Draper type, it would have been Fred. He was debonair, just unbelievably good-looking. He walked into a room and commanded it. He was clearly the creative leader amongst the people with whom he was working. It's unimaginable how anyone else could have filled his shoes in that role, particularly for medical students which my wife and I were at the time.

As a teacher, the first teaching session I recall with him was actually the first time he and my wife had an argument. She is an anesthesiologist and worked extensively with Fred. But it was during that first argument that I really could not believe how much two people in such violent agreement could have such remarkable drama and fire in their discussion. He called her Audrey which she took as an enormous compliment. He meant it affectionately and I know she took it that way as well. Professionally as well as personally there was deep warmth as well as the obvious joy of working together.

As a scholar, we heard mention of Fred sewing vascular grafts. For those of you who are not physicians or surgeons, that may sound like surgical trivia. The work that was part of – the work he did with Arthur Voorhees, was the first report of the use of prosthetic vascular material to replace major arteries in humans. It was an absolutely seminal contribution to the field of vascular surgery – arguably the most important for decades. They were very modest about it. They didn't do anything commercial with it. It is remarkable that they thought it should not be patented because they thought it should be shared with the rest of the world and you hear names like DeBakey grafts and Cooley grafts but all of that happened because of the work of Fred led by Arthur Voorhees but Fred was clearly intimately involved with the work.

And then later in his professional life the work that he did, aside from his being a great doctor, he changed the practice of medicine in vascular surgery early and in thoracic surgery later with his work in Myasthenia Gravis. It was not at all apparent to anybody why taking out the thymus should have such an impact on curing a horrible disease, but many of his colleagues are here today who shared in that pioneering work but it changed the face of treatment for Myasthenia Gravis and up to the age of 85, as I understand it, Fred was working with the NIH [co-principal investigator on an RO1], on treatment guidelines for Myasthenia Gravis, writing book chapters and commentary.

Lastly, let me speak as a friend. I knew Fred as a resident and in later years as a colleague.

Fred was a tough but disciplined, and a remarkable surgical teacher. He demanded absolute excellence and always looked out for the safety of the patient above and beyond anything else. But as we got to learn each other's way better during my residency, I felt I had made a friend as well as a colleague even so early in my career.

There is no question that anybody who knew Fred knew that he had a "hot side" to him and everybody also that knew him knows that that mellowed. My own view of that is that that change did not reflect a mellowing of Fred. That change reflected Alexandra. There is no question that his love and companionship with her changed him dramatically. And I will say in many respects, for the better. But that having been said there was obviously greatness in him in so many ways and to count him as a friend and a teacher as well was also a particular privilege for me.

Jaretzki III, MD ~ Continued from page 11

Joshua R. Sonett, MD
Edward C. and Anne K. Weiskopf Professor of Surgical Oncology (in Surgery) and Chief of Fred's former Division of Thoracic Surgery at Columbia University Medical Center

Although young on the Jaretzki time-line, he was 81 when we first met, I was privileged to get to know Fred and work with him over the past 13 years and I mean completely. We were talking about stuff right up to the end. At a point in his life when most had already let things go, Fred remained forcefully engaged and particularly passionate.

He was able to continue to evolve and came to accept and even embrace something completely foreign to him. His passion even over 80 was not bound by obstinacy and practice but by facts. I can tell you that in the US and internationally, minimally invasive surgeons now proudly claim that their minimally invasive surgery is in fact a maximally invasive Jaretzki dissection – an astounding turn of events over his life time and truth be known, a large part of the change was his personal fortitude, passion and camaraderie. For as he passionately never gave up the sword of his beliefs, he managed to argue and convince his colleagues in such an elegant and factual manner, that he won friends and admiration.

Byron Thomashow MD
Professor of Medicine at Columbia University Medical Center, Medical Director Jo-Ann LeBuhn Center for Chest Disease, New York-Presbyterian Hospital
Chairman of the Board COPD Foundation

Dr. Thomashow, a medical student at Columbia P&S from 1970-1974, returning as an attending physician in 1979 after 5 years of training, relates the following stories.

It was a unique time. One could not walk down a hallway without running into a "giant" in medicine, general surgery, vascular surgery, thoracic and cardiac surgery, orthopedics. The list goes on and on. All of these physicians influenced my career but none of them had the impact on me that Alfred Jaretzki did. He was one of my heroes. He was not just a superb surgeon; he was a "physician." He taught me that being a physician required being the patient's advocate as well as doctor. That it was your responsibility to make sure that your patient received the best possible care.

Shortly after returning to Columbia, I received a call from Dr. Jaretzki's office asking me to see a postop patient in Harkness Pavilion. I do not remember why Dr. Jaretzki operated on the patient but recall the patient had developed some wheezing and shortness of breath after the surgery. When I went to see the patient I was surprised to see that Dr. Jaretzki had ordered rectal aminophylline, a therapy I had thought had gone out of use years before. I was in a quandary. I had never met Dr. Jaretzki, the leading thoracic surgeon at Columbia, but knew him by reputation. I envisioned telling him he was giving an outmoded therapy and suspected I would never again be asked to see one of his patients, and that my career, just starting, was already going to go "down the tubes." Much to my surprise Dr. Jaretzki was not only receptive to my advice but grateful I could help his patient and enthusiastic about learning something new. He always wanted to learn something new.

During my early years in practice Columbia was blessed with two superb thoracic surgeons (in addition to a bunch of spectacular cardiac surgeons), Dr. Jaretzki and Dr. David Carberry. While both were fantastic surgeons they had often very different approaches. Those different approaches at times influenced what surgeon I would refer patients to. Something I never explained to either. Remember that was a time before CDs loaded with CT scans. Indeed it was a time before CT scanning. Patients would often come with hundreds of chest x-rays or chest tomograms. Dr. Jaretzki would always carefully number each film saving me a tremendous amount of time and effort. The more x-rays someone would bring with them, the more likely I would refer that patient to Fred.

As everyone knows Fred Jaretzki was a myasthenia expert and revolutionized thymectomy surgery. Again we were lucky enough at that time to have a number of world class myasthenia experts at Columbia. The Chairman of Neurology, Lewis P. "Bud" Rowland, was one of them. I recall a case I was consulting on of a patient with predominately "ocular" myasthenia. Even today, decades later, the therapy of this subtype remains somewhat controversial. I recall that Dr. Rowland wrote a long note, explaining the complexities of the case, and the uncertainty re the best therapy, and suggesting that all the myasthenia therapy be stopped so we could observe off medications and then adjust an approach. Dr. Jaretzki followed with an equally long note, ending with, and I am paraphrasing, "stopping myasthenia therapy in this patient to see what happens would be the equivalent of asking someone to jump out of a plane without a parachute to see what happens." I'm sure that anyone who knew Dr. Jaretzki can envision him writing those words. Dr. Jaretzki taught me the importance of writing good consult notes, notes that did not simply repeat a history or list lab data, but explained your thought process, how you came to your recommendations. Fred would have loved the potential advantages of an electronic medical record, but would have hated the constant "cutting and pasting" of data which has increasingly turned the record into a morass.

Dr. Jaretzki could be "tough". He could be hard on his residents, fellows, nurses, in and out of the operating room. But this "toughness" was always based on the need to provide the patient with the best care possible. It was a different time, a time of "giants", and Fred Jaretzki was at the top of the list.

It was an honor being one of Dr. Jaretzki's colleagues. It was a privilege being one of his physicians. But it was best being one of his friends. I will miss his wisdom. I will miss him.

Fred I and Fred II

It is fitting that in closing, we hear from someone who was very close friends with Fred Jaretzki (Fred I) for over seven decades, from the time they were undergraduates at Harvard, to medical school at P&S, the Columbia Presbyterian Surgical Residency Program under Allen O. Whipple, and later as colleagues and faculty members in the Department of Surgery at Columbia, as founding members of the John Jones Surgical Society Steering Committee, and co-editors, along with Dr. Kenneth A. Forde, of "A Proud Heritage: An Informal History of Surgery at Columbia", Frederic Herter affectionately called "Fred II" by "Fred I" shares these words:

I really valued your friendship over the years Fred, "bless you and thank you."

(Fred II) Frederic P. Herter, MD Auchincloss Professor Emeritus and Interim Chairman (1969-1971)Department of Surgery, Columbia University College of Physicians and Surgeons sharing a happy moment with Fred Jaretzki (right)

Third John Jones Research Fellow (2014-2015)

Kazuki N. Sugahara, MD, PhD

Dr. Sugahara's professional career started in Japan. He earned his MD from Shiga University of Medical Science in 1999, trained in surgery for several years, and earned his PhD in Cancer Biology from the Osaka University Graduate School of Medicine in 2005. He then moved to San Diego, CA, to join the Erkki Ruoslahti laboratory at Sanford-Burnham Medical Research Institute for his postdoctoral research training. After publishing a number of papers in journals such as *Science, Cancer Cell, and PNAS*, Dr. Sugahara started his career as a Principal Investigator at Sanford-Burnham. He has also been a Clinical Visitor at the Department of Surgery, University of California in San Diego, to facilitate collaboration with their Surgical Oncology team. In 2014, Dr. Sugahara moved to Columbia University with his laboratory to join the General Surgery residency program. Currently, Dr. Sugahara is a PGY2 in the program, and runs his laboratory located in the Irving Cancer Research Center.

Kazuki N. Sugahara

Dr. Sugahara studies tumor-targeting drug delivery systems based on peptides. His goal is to accomplish tumor-specific drug delivery to obtain maximal anti-cancer effects with minimal side effects.

Dr. Sugahara and colleagues have discovered a novel class of peptides, tumor-penetrating peptides, which target tumor blood vessels through the systemic circulation, and subsequently spread widely into the tumor tissue. Drugs chemically attached to these peptides and free drugs co-administered with the peptides can be delivered deep into tumor tissue, providing a simple and effective way to improve the therapeutic index of various forms of anti-neoplastic drugs, such as small chemicals, antibodies, and nanoparticle formulations. An important goal of Dr. Sugahara's research is to facilitate clinical translation of the tumor-penetrating peptides by further understanding the tissue-penetration mechanism, uncovering novel biological effects, and establishing safety and efficacy of the peptides, particularly in patients with fibrotic tumors such as pancreatic cancer. In addition, he aims to broaden the application of the peptides to intraperitoneal drug delivery systems, which target peritoneal carcinomatosis (this project is partly supported by the John Jones Award). He also continues to discover novel peptides that target various forms of cancer based on advanced phage display methodologies. ■

Young Talent Showcases the Department of Surgery at the ACS Clinical Congress

Michael Salna, a P&S (class of 2017) medical student currently doing his Major Clinical Year on the wards at Columbia Presbyterian Medical Center was invited to present a poster at the ACS on a student-led project that looked at "sustaining increased entry of medical students in surgical careers"

A member of the P&S Allan O. Whipple Society, he had the privilege of being one of the co-leaders who helped organize and run surgical skills courses for P&S preclinical students.

Michael Salna

I invited Michael to give us a brief background on what led to his interest in surgery and to report on his ACS experience.

What was your introduction to surgery?

Michael: My first introduction to "surgery" and anatomy was during our 11th grade biology fetal pig dissection. Turns out 16 year old boys do not make good surgeons. Our patient did not do well.

Was there a particular person or event that influenced you or sparked your interest in surgery?

Michael: I have been privileged to have had several mentors who influenced my interest in surgery. My first was Dr. Tom Waddell, a thoracic surgeon in Toronto, Canada, with whom I worked on a tissue engineering and transplantation project for three summers. The first time I assisted one of the residents was with a porcine tracheal allotransplant and I couldn't believe that people were actually paid to do something so engaging and exciting.

What were the events that led up to you applying to present at the ACS?

Michael: Dr. Warren Widmann (coincidentally, another thoracic surgeon), whom I met in the anatomy lab here at P&S, suggested the we investigate trends in P&S student matriculation into surgical residency programs after having early exposure to the field in their first two years through the Whipple Society. He subsequently encouraged me to present our work at the ACS.

How would you sum up your experience at the ACS?

Michael: My experience at the ACS congress was, for lack of a more formal word, awesome. I had a really great time and learned a lot about the field, its evolution, and its future.

What were the highlights of your visit to San Francisco?

Michael: There were many highlights of my visit. First and foremost was the opportunity to meet all kinds of interesting surgeons from around the country and the world. I also attended some very cool talks on advances in regenerative medicine, combat surgery, and surgical work abroad.

Other highlights included participating in an STS workshop where I performed an aortic valve replacement in a porcine heart, a VATS wedge resection, and a rib fracture repair; walking around the convention center and convincing vendors I was a surgical resident from Alaska so I could try out all kinds of neat simulators such as 3D laparoscopy and the da Vinci system; and, of course, highlights like hanging off the side of a trolley car and eating clam chowder out of a freshly made sourdough bread bowl cannot be left out.

What did you learn most about the experience or that you walked away thinking "this is a gem"?

Michael: I attended Dr. Kenneth Mattox's lecture on the history of Aortic Trauma Management. He began his talk with a quote by Charles Duell, Commissioner of the US patent office in 1889, explaining that the patent offices may need to close given that "everything that can be invented has been invented." He then proceeded to illustrate how wrong Mr. Duell was with examples of surgical innovations ranging from Drs. James Hardy and Thomas Starzl's transplantation firsts to advances in endovascular repairs in the setting of thoracic aortic trauma.

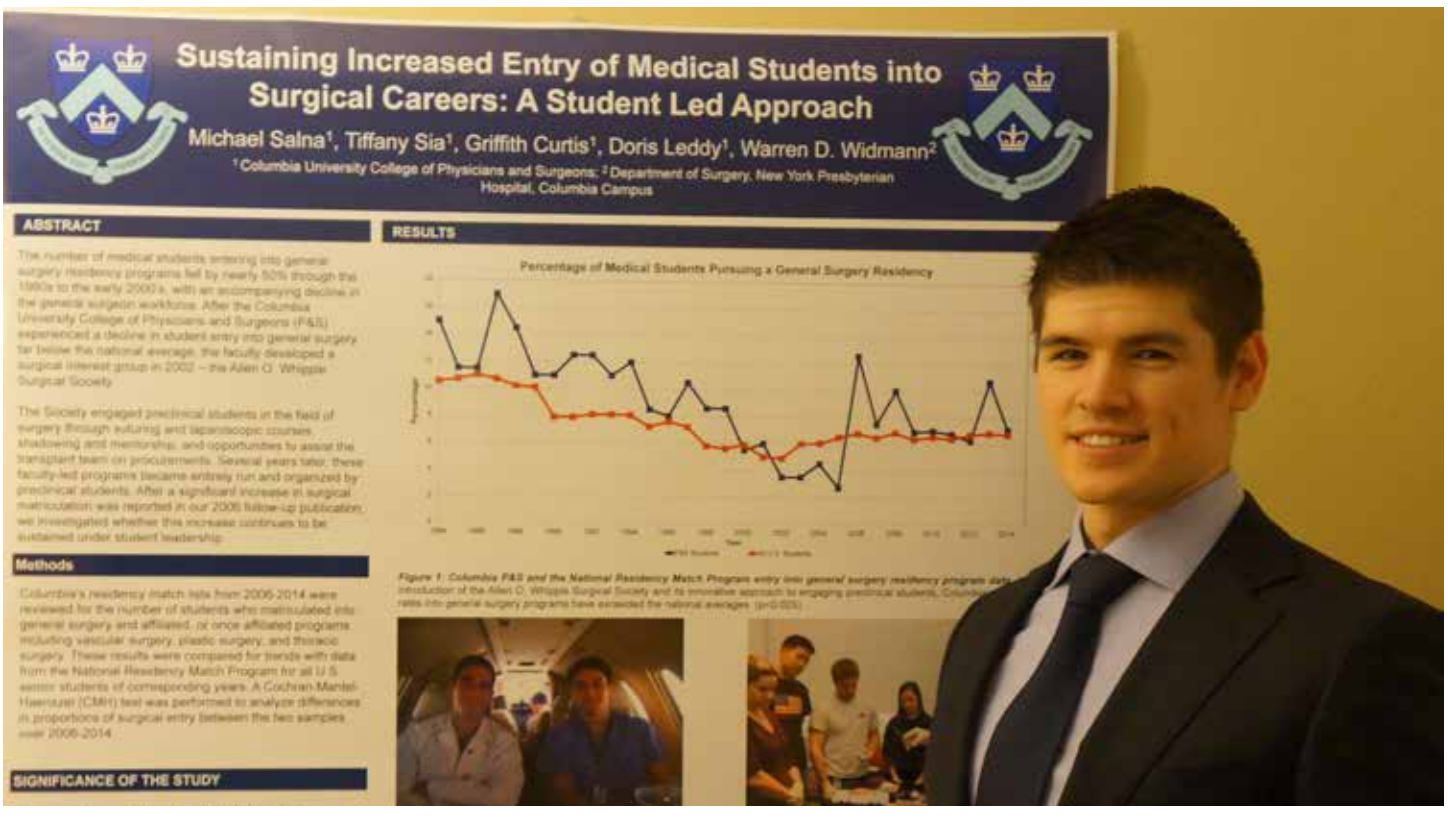
What I really took away from the ACS, and what really excites me about the field of surgery is that today's standards may not be tomorrow's. A liter will always be 1000cc and a mile will remain 5280ft but the operative techniques and tools surgeons use will continually evolve and push the limits of what we believe possible. Living donor nephrectomies now leave virtually unnoticeable scars through single umbilical ports, aortic valves can be replaced without bypass or sternotomies through catheter-based technologies, and so many more innovations that make the future exciting.

Has this experience shaped your thinking going forward in terms of what you would like to specialize in when you graduate from P&S?

Michael: My experiences at the conference definitely reinforced my desire to pursue a surgical career. No other field offers the unique combination of leadership, decision-making, and intellectual challenge along with the opportunity of using your hands to physically repair someone's pathology to improve their quality of life. After hearing about and seeing some of the incredible innovations in fields ranging from minimally invasive surgery to applied regenerative medicine, it's hard to imagine anyone NOT wanting to go into surgery.

What I can say for certain now, is that I've never been more excited for the road ahead and look forward to the challenges and future of a career in surgery.

This was my first conference and I am very grateful to the ACS for the opportunity to present and even more so to P&S, Ms. Doris Leddy, Drs. Roman Nowygrod and Craig Smith, and the Department of Surgery for helping me attend. ■



ACS Clinical Congress
John Jones Surgical Society Reception
San Francisco, CA
October 28, 2014

Jose Guillem, Cary Dolgin, Ellen Steiner and Marilyn Butler

Tyr Wilbanks, Juan Nogueras, Andrea and Jeff Cohen

Sheldon Levin, Cindi and Jim Chandler

Xiomara Castro, Kay Forde and Alodia Gabre-Kidan (PGY 4)

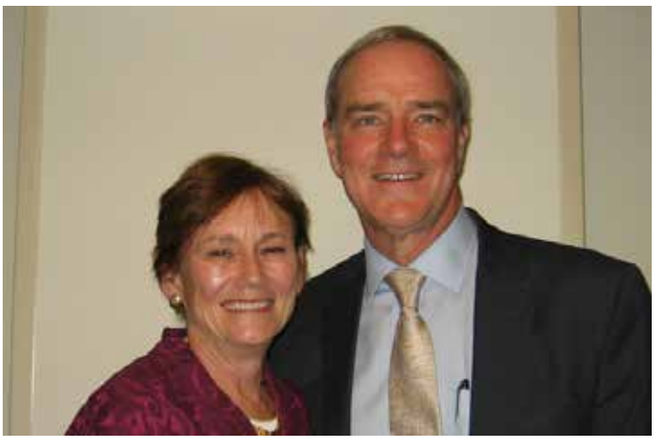
Kenneth Forde, Rebecca Martinez (P&S '15) and Sherman Bull

Vaughn Whittaker, Connie Keung (PGY 4) and Angela Kadenhe-Chiweshe

Gail Ruby and Michelle Nogueras

Deborah Jordan and Ruth Hardy

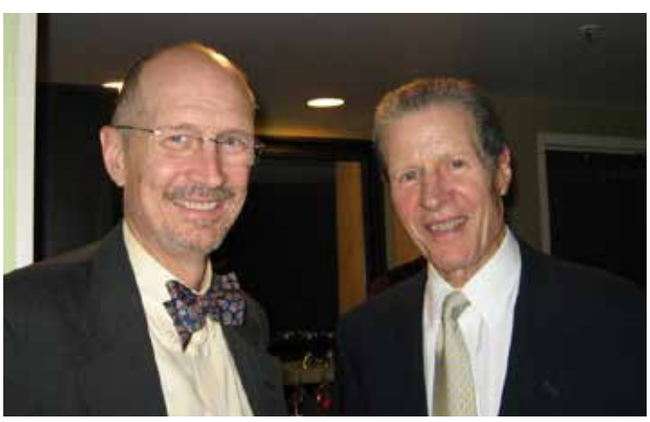
David Tilson and Julie Lee



Judy and Peter Dillon

P&S guests: Miriam and Louis Ivey with Louis Ivey Jr.

Aku Ude-Welcome and Franlein Bertucci



Tyr Wilbanks and Sherman Bull

Mark Hardy and William Bertucci

Jose Guillem, Gail and Steven Ruby

Xiomara Castro, Spencer Amory, Michelle and Juan Nogueras

Cindi and Jim Chandler, Deborah and Larry Jordan

Judy Dillon and Kay Forde

Parswa Ansari and Bret Taback

William Bertucci and Eugene Kim

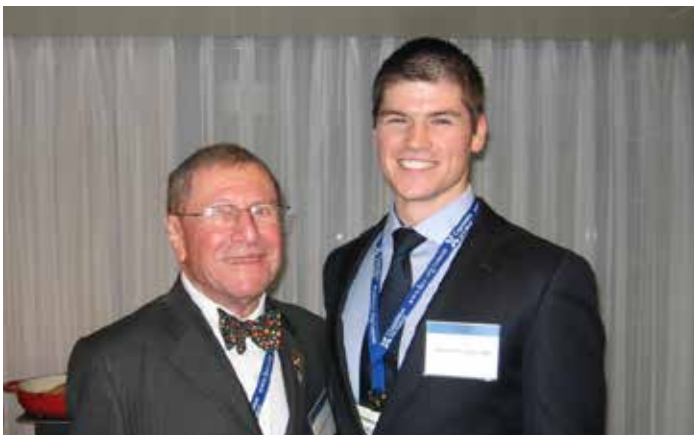
Arnold and Abbey Fingeret with P&S guests: Rebecca Martinez, Michael Weingarten, Carol-Grace Toussie-Weingarten, Richard and Cynthia Wintch

Warren Widmann and Louis Ivey

Zachary Gleit and Ellen Hagopian

Joanne Starr and Karen Horvath

Cindi Chandler and Sherman Bull



Jim Chandler and Michael Salna (P&S '17)

Join us in Chicago for the next ACS Reception on Tuesday October 6, 2015

John Jones Surgical Society
15th Annual Spring Meeting

SYMPOSIUM

Patient Communication in the Digital Age: New Tools and Challenges for Healthcare

Date: Friday, May 8, 2015 Time: 8:45AM to 12:30PM

On-Site Registration - 8:15am

P&S Alumni Auditorium • 650 West 168 Street, NYC

Register online: www.columbiasurgery.org/events
Contact: Trisha J. Hargaden • tjh2104@cumc.columbia.edu

SPEAKERS & LECTURE TOPICS

Communication Through Patient Portals
Peter Stetson, MD

Social Media in Medicine
James Lee, MD

Data Mining as the Voice of the Patient
Nicholas Tatonetti, PhD

The Advantages of Low-Tech: Patient-Physician Communication in the 21st Century
Calvin L. Chou, MD, PhD, FAACH

Patient Engagement Innovations
Helen Kotchoubey, MBA

Communication through Apps
Prashant Sinha, MD

CLINICAL TOURS

Date: Friday, May 8, 2015 Time: 2:30PM – 4:30PM

Tour 1: **Vivian and Seymour Milstein Family Heart Center: ICUs and Cath lab**

Tour 2: **Alexandra and Steven Cohen Children's Emergency Department**

Tour 3: **The New York Presbyterian Hospital Emergency Room: (RME)**

Tour 4: **The Irving Radiation Oncology Center**

RECEPTION DINNER

HARMONIE CLUB
4 East 60th Street, NY 10022

Date: Friday, May 8, 2015 Time: 6:00PM to 9:30PM

Register online: www.columbiasurgery.org/events
Contact: Trisha J. Hargaden • tjh2104@cumc.columbia.edu

Sponsored by Columbia University, Department of Surgery — Craig R. Smith, MD, Chairman