

# insidesurgery



## NEW HEPATOBILIARY SERVICE AT UCSF

The incidence of liver cancer is rising in the United States. To deliver better care for these patients, UCSF Medical Center recently established the Hepatobiliary Service, which provides comprehensive treatment for patients with both primary and metastatic cancers of the liver, gallbladder and bile duct, as well as benign liver disease.

“Rather than isolated silos of care, we have a team approach, which makes a big difference for the overall care of the patients,” said Carlos Corvera, MD, FACS, who leads the new service. Based on the highly successful model of UCSF’s liver and kidney transplant programs, the Hepatobiliary Service combines the expertise of hepatobiliary and transplant surgeons, diagnostic radiologists, interventional radiologists, medical oncologists, hepatologists, gastroenterologists and anesthesiologists.

“When you are looking at a broad spectrum of disease, there are often competing therapies for which a patient might be a good candidate,” said John Roberts, MD, FACS, chief of the UCSF Transplant Service. “It’s good to have all the people in the room so everyone can give their perspective about which therapy is best for that particular patient, similar to a tumor board model.”

The group has established standard protocols for both outpatient and inpatient care, and patients are housed together on one unit. They receive pre- and post-operative care from a team that specializes in treating hepatobiliary surgical patients. “There is continuity of care, and we have built redundancy

into the system, so there is always a continuum of individuals who can do these operations and take care of these complex patients,” said Corvera.

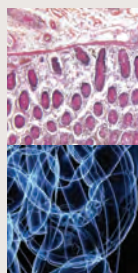
### Range of Treatment Options

UCSF is one of a few centers nationally that performs a large number of advanced laparoscopic liver procedures. While some large tumors still require open surgery, many liver procedures can be done laparoscopically. In addition to shorter hospitalization and recovery times, minimally invasive approaches reduce the likelihood of wound complications, particularly since the liver is the source of many proteins important for wound healing. This approach also allows many patients

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## LETTER FROM THE CHAIR

This issue of *Inside Surgery* describes several exciting developments that are advancing our ability to provide outstanding care for a range of patients. The new Hepatobiliary Service, under the direction of Carlos Corvera, MD, provides comprehensive, multidisciplinary care for patients with liver and bile duct disease. The service offers a range of advanced laparoscopic liver procedures as well as expert treatment for patients with bile duct disease. The Hepatobiliary Service also offers a coordinated, patient-centered approach for perioperative care.

Quan-Yang Duh, MD, leads the section of Endocrine Surgery, that provides multidisciplinary, minimally invasive care for patients with a range of malignant and benign diseases affecting the thyroid, parathyroid and adrenal glands. The surgical team has particular expertise in performing challenging procedures for recurrence of conditions such as thyroid cancer and hyperparathyroidism.

The UCSF Department of Surgery faculty not only provide exceptional surgical and perioperative care, but also lead many research initiatives to uncover the etiology of disease and develop better therapies. This issue offers an overview of the department's clinical and research endeavors.

This issue also highlights San Francisco General Hospital's Wraparound Project, founded and directed by trauma surgeon Rochelle Dicker, MD. This innovative hospital-based violence prevention program has reduced the reinjury rate among participants from 16 percent to 4 percent, reducing mortality and helping victims of violence turn their lives around.

Finally, I am very proud to note that many of our surgeons have recently been recognized by two external publications as among the best in their fields. In its most recent survey, *U.S. News & World Report* – in collaboration with Castle Connolly Medical Ltd. – included 25 surgeons in the UCSF Department of Surgery on the list of U.S. News Top Doctors. The list, compiled from a peer nomination process, recognizes doctors determined to be in the top 10 percent in their region. Within this list of the best surgeons, 15 of these 25 UCSF surgeons have been named to a highly selective list of America's Top Doctors. They were deemed, in Castle Connolly's estimation, to be among the top 1 percent in the nation in his or her specialty.

The 25 UCSF U.S. News Top Doctors are listed on page 8; those who also earned recognition as "America's Top Doctors" are denoted by an asterisk. The full listings can be found at <http://health.usnews.com/top-doctors/directory/best-surgeons>.

Also, *Marin Magazine* recognized a number of our faculty in its "[415] Top Doctors" list, compiled from a peer-to-peer voting poll. This list is also included on page 8, and the full online listing is available at [www.marinmagazine.com](http://www.marinmagazine.com).

It is an honor to work with so many outstanding surgeons in providing exceptional care to our patients.

I am pleased to share these updates with you.

Sincerely,

**Nancy L. Ascher, MD, PhD**

Professor and Chair, Department of Surgery

Isis Distinguished Professor in Transplantation

Leon Goldman, MD Distinguished Professor in Surgery



## WRAPAROUND PROJECT

When Rochelle Dicker, MD, was a UCSF intern, she cared for a 16 year old who had been shot as a result of gang violence. He was eventually discharged, but returned to the emergency room a few weeks later after he was shot again.

“It had a profound impact on me,” said Dicker, now a trauma surgeon at San Francisco General Hospital (SFGH).

“I felt like I was seeing a societal cancer. Diseases have risk and preventive factors, and violent injury is no different. I decided that there was no better way to deal with this than to look at the risk factors for violence and figure out ways to deal with them.”

After completing her training, including fellowships in trauma, critical care and violence prevention, Dicker founded the Wraparound Project in 2006. One of the nation’s first hospital-based violence prevention programs, it seeks to close the revolving door of violent injury by seizing the “teachable moment” that many patients experience in the hospital. “When someone goes through a life-threatening violent injury, oftentimes their response is, ‘I’m ready: I need to do something positive to change my life so this doesn’t occur again, but I just don’t know how,’” said Dicker.

The Wraparound Project has a team of three culturally competent case managers who grew up in the same communities as their clients. They establish trusting relationships with patients at the bedside, where they conduct an initial needs assessment. They often start to break the cycle of violence in the SFGH parking lot, by talking with friends and relatives of the victim who might otherwise plan retaliation. After a patient is discharged, the case managers may make home visits, assist with court advocacy, and help participants find employment, transfer to safer schools, and connect with mental health services. Case managers can even arrange for youth to remove gang-related tattoos. Recently, SFGH launched the Empowerment Center, a leadership



academy designed to help selected Wraparound Project graduates build skills and become agents of positive change in their communities.

By helping clients access community risk-reduction resources, the Wraparound Project has reduced reinjury rates from 16 percent to 4 percent. The program also saves money, since the average cost of caring for one youth victim of interpersonal violence is nearly \$50,000, and more than 80 percent of victims are either uninsured or on public insurance programs such as Medi-Cal.

“Based on a recent cost analysis, we calculated that if the Wraparound Project expanded to reach every violently injured young person between 12 and 30 who came through our doors, it would result in an annual net savings of \$2.6 million in direct medical costs,” said Dicker.

Dicker receives frequent inquiries from other hospitals across North America and has helped many trauma centers start similar programs. She and colleagues at other hospitals are advocating for national policy changes that would make such programs the standard of care at all Level I trauma centers with high rates of violent injury.

“It is very clear now that hospital-based violence prevention programs save lives,” said Dicker. “Violent injury is a public health problem, and it certainly falls within my purview as a trauma surgeon to prevent it.”

For more information or to make a contribution, visit <http://violenceprevention.surgery.ucsf.edu> or email [DickerR@sfghsurg.ucsf.edu](mailto:DickerR@sfghsurg.ucsf.edu).



Rochelle Dicker, MD

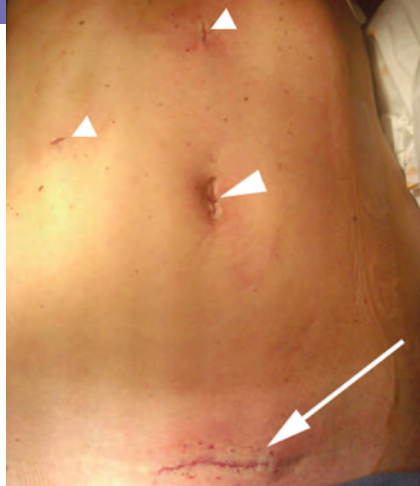


with significant comorbidities to receive surgical treatment.

The use of laparoscopic intraoperative ultrasound with the help of our diagnostic radiologist helps to detect liver tumors that are not always visible using only preoperative diagnostic imaging. Identified tumors can then be treated by removal, or if they are deemed unsuitable for resection, are treated by ablative techniques to destroy the tumor in place. Combining minimally invasive surgery with non-operative “liver only” directed therapies for liver cancers has broadened the number of patients eligible for palliative or curative treatments. “In the past, these patients would all die within a period of months,” said Corvera. “With these newer treatments, we’ve converted the liver cancer of some patients into a chronic disease.”

The Hepatobiliary Service offers a full range of treatment options for patients with liver cancers. Some patients with tumors on both sides of the liver may require staged operations to address the full scope of their disease. For example, if the right liver has more tumor volume than the left liver, surgeons plan to remove the entire right lobe. They precondition the “future remnant” liver by resecting or ablating tumors on the left side. They then deliberately block part of the blood supply (portal vein) to the right liver for several weeks, promoting growth of the future remnant prior to resecting the right liver. This approach provides extra time for the left liver to regenerate, and helps reduce risk of liver failure resulting from a major resection that leaves an insufficient amount of remnant liver.

Some patients are appropriate candidates for treatments by radiologists that may allow for treatment prior to surgery, or enable avoiding surgery altogether. Because primary liver tumors thrive on highly oxygenated blood, blocking the artery feeding the tumor may kill the tumor. There are new experimental treatments in which interventional radiologists may inject a slurry of chemotherapy-



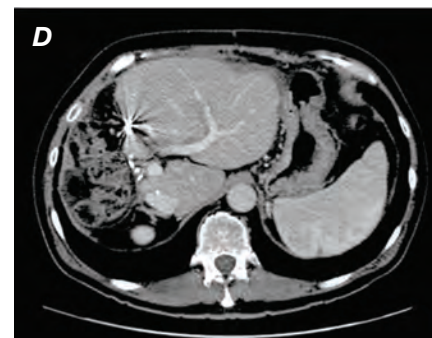
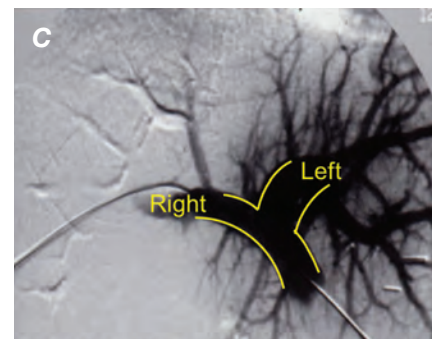
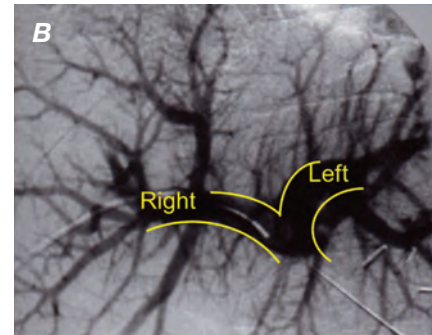
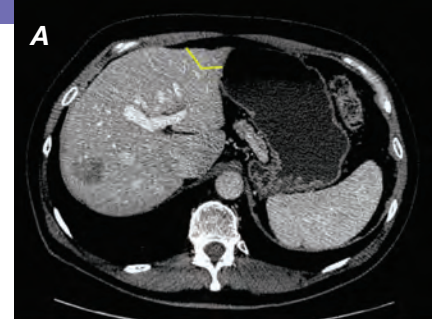
**Laparoscopic Surgery**

Image shows incisions used for a right hepatectomy in a young woman. The specimen was retrieved through a low transverse incision shown by the white arrow. The arrow heads point to other port sites used for the procedure.

eluting beads into the small branches of the hepatic artery. These beads, about 50 μ in diameter, have been incubated with an agent such as doxorubicin, which releases into the liver over time. The beads not only clog the branches of the hepatic artery, cutting off the oxygen supply to the tumors, but also deliver targeted chemotherapy. Recent studies show that only about 5 percent of the chemotherapy circulates in the bloodstream, resulting in fewer side effects than systemic chemotherapy. Similarly, beads containing yttrium-90 that release radiation may be used in a targeted, well-tolerated manner.

The Hepatobiliary Service also treats patients with metastatic tumors affecting the liver, including those with breast, colon, renal cell, stomach and esophageal cancer. The service also specializes in the treatment of patients with bile duct cancers, which are rare, often lethal, and only curable through surgery. These include gallbladder cancer and hilar cholangiocarcinoma (also known as Klatskin tumors).

For liver, gallbladder and bile duct cancer cases requiring major resections, UCSF transplant surgeons apply their expertise from living donor liver transplantation to perform complex reconstruction of the hepatic artery, portal vein or bile duct. This allows the Hepatobiliary Service team to resect cancers involving major blood vessels which may be deemed inoperable at other centers.



**Surgical Treatment of Tumors on Both Sides of the Liver**

Staged liver resection. **Stage I**, the tumors on the future remnant liver is treated first by resection or ablation (A).

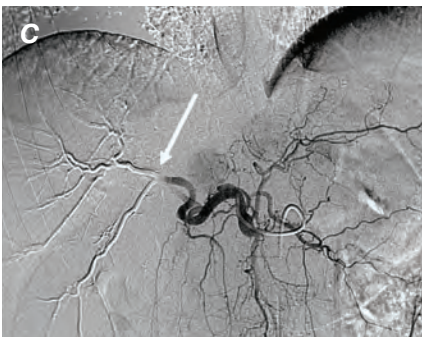
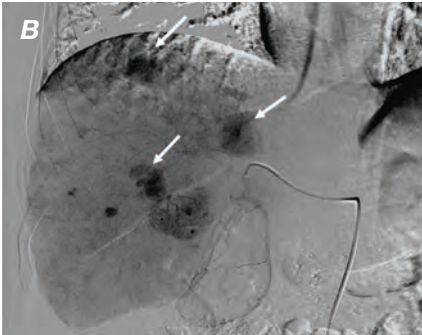
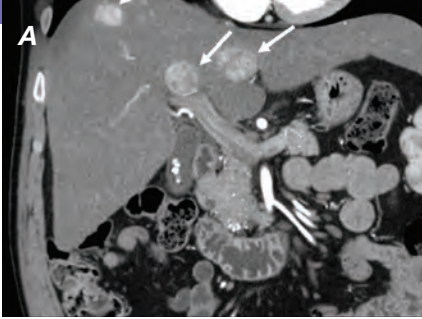
Before the next operation, a portal vein embolization is done: Venogram showing a normal portal vein prior to embolization (B). Loss of blood flow to the right lobe of the liver after embolization (C).

**Stage II**, the right liver and tumors are removed: CT- scan shows additional growth of the remaining liver remnant (D).

**Patient-Centered Approach**

The Hepatobiliary Service has also established a patient-centered approach for nonsurgical preparation and perioperative care. In the past, all patients





**Other Therapies: Arterial Embolization**

Coronal CT-scan of patient with multiple liver tumors (white arrows) (A).

A right-sided liver angiogram shows multiple tumor "blushes" (white arrows) (B).

Angiogram after right hepatic artery (white arrow) embolization (C).

were required to make a preoperative visit to draw labs and assess risk of surgery. "We saw a lot of healthy patients who were fit for surgery, who had to come in for unnecessary trips and get repeated labs," said Claus Niemann, MD, a Hepatobiliary Service anesthesiologist. "It was a huge burden for the patient, particularly if they held down a job and lived four hours away." Based on a recent UCSF presentation at the International Health Economics Association in Toronto in 2011, the median distance traveled for these appointments was estimated to be 125 miles for California residents.

Once a surgeon determines that a patient is a surgical candidate, patients can submit their medical health history online. Either Niemann or another anes-

thesiologist, Helge Eilers, MD, reviews the medical history and diagnostic tests that were recently performed. Subsequently, they contact the patient to discuss the perioperative plan and obtain additional information, if needed. If required, they obtain test results from outside doctors and medical centers, and can sometimes arrange for additional tests to be performed close to a patient's home.

Because Niemann and Eilers are experienced in the care of liver transplant patients, they know which risk factors may increase their likelihood of surgical complications, and which tests are necessary to proceed with surgery. "If they have any specific questions or concerns, they can refer a patient to be pre-evaluated by a specialist at UCSF, such as a cardiologist, who is familiar with the physiologic stresses of complex operations," said Corvera. "That's something that can't be done at most other hospitals." By reviewing medical histories and existing diagnostics and talking with patients, the Hepatobiliary Service has been able to approve about half of patients for surgery without requiring an additional trip to UCSF for the perioperative consultation.

The anesthesiologists also provide their email addresses and pager numbers, and are available to answer questions that arise. "We really try to establish a relationship early during the evaluation process, so the patient feels comfortable calling us," said Niemann. "The feedback has been extremely positive. We want make it as easy as possible for them."

**CONSULTATIONS AND REFERRALS:**

For more information, please contact the Hepatobiliary Service at (415) 353-9286. For emergent referrals, contact the UCSF Transfer Center 24 hours a day at (415) 353-9166.



Carlos Corvera, MD, FACS



Claus Niemann, MD



John Roberts, MD, FACS



## ENDOCRINE SURGERY

The UCSF Endocrine Surgery Oncology Clinic provides multidisciplinary care and minimally invasive expertise for the treatment of thyroid cancer, as well as a full range of other malignant and benign diseases affecting the thyroid, parathyroid and adrenal glands.

“We frequently receive referrals for very difficult-to-do operations, such as recurrence of thyroid cancer or hyperparathyroidism,” said Quan-Yang Duh, MD, chief of Endocrine Surgery. “The multidisciplinary aspect of care and expert application of localization technologies allow UCSF to successfully perform these complex operations, often with a minimally invasive approach.”

UCSF is a high-volume center, performing more than 700 endocrine surgical operations annually. In addition to Duh, the surgical team includes Orlo Clark, MD, Jessica Gosnell, MD, and Wen Shen, MD.

As well as caring for patients with thyroid cancer, the endocrine surgeons at UCSF specialize in the treatment of thyroid nodules, lymph node metastases of thyroid cancer, goiters and Graves’ disease. The team also treats a number of parathyroid conditions, including primary and secondary hyperparathyroidism, and persistent or recurrent primary hyperparathyroidism. Commonly treated adrenal conditions include pheochromocytoma, Cushing’s syndrome, hyperaldosteronism, adrenocortical cancer, adrenal metastases and dentally discovered adrenal tumors and they also treat insulinoma, a pancreatic endocrine tumor.

For each condition, patients receive coordinated evaluation and treatment from a team of specialists who work in collaboration with the referring physician. Depending on the patient’s needs, that team may include an endocrine surgeon, endocrinologist, pathologist, cytopa-



Quan-Yang Duh, MD



Jessica Gosnell, MD



Wen Shen, MD

thologist, radiologist, nuclear medicine specialist and ultrasonographer. Complex cases are reviewed by a multidisciplinary tumor board.

One of the most commonly performed procedures is minimally invasive parathyroidectomy to treat hyperparathyroidism. By working closely with nuclear medicine and radiology experts, endocrine surgeons can frequently locate the diseased gland or glands prior to surgery, allowing for a minimally invasive approach using an incision of an inch or less, compared to a standard operation with a two-inch incision.

UCSF’s endocrine surgeons frequently use the latest technologies when indicated, including surgeon-performed ultrasound, as well as intraoperative nerve monitoring to reduce risk of injury to the vocal cords.

The endocrine surgeons are skilled diagnosticians. “We have the ability, using intraoperative parathyroid hormone measurement, to document biochemical resolution of hyperparathyroidism in the operating room,” said Shen. The surgeons also perform cryopreservation of parathyroid tissue for patients with a high risk of developing hypoparathyroidism following surgery, allowing for re-implantation to correct this condition.

In addition to treating patients with thyroid and parathyroid disorders, UCSF is a leading West Coast referral center for adrenal disease, including rare, complex conditions such as pheochromocytoma. UCSF’s multidisciplinary approach – including outstanding endocrinologists and anesthesiologists – allows minimally invasive laparoscopic adrenalectomy, minimizing the risk of complications and enabling patients to

return home within a day or two.

UCSF is experienced in the care of patients with familial endocrine disease who often have different syndromes and require specialized care. A geneticist evaluates patients at risk for these conditions. UCSF also has a robust research program, with a particular emphasis on genetic conditions that can predispose the patient to cancer, as well as studying the molecular predictors of cancer aggressiveness, and the mechanisms by which these cancers grow and spread. The research is enhanced by an active research tissue bank. Other research efforts include molecular biology studies of adrenal disease and hyperparathyroidism.

UCSF participates in clinical trials, including those for investigational therapies for advanced thyroid cancer. UCSF endocrine surgeons have active national and international leadership roles, helping to shape treatment guidelines, and have a prestigious endocrine surgery fellowship program training future endocrine surgeons.

“We believe that it is our mission to take care of patients, but also to do research so we can provide better patient care, as well to train the next generation of endocrine surgeons,” said Duh.

### CONSULTATIONS AND REFERRALS:

For more information, call (415) 353-7687, or visit <http://endocrine.surgery.ucsf.edu>.





## UCSF DEPARTMENT OF SURGERY:

### Breadth and Depth of Excellence

UCSF is widely recognized for its world-class surgeons who provide outstanding care to patients. Yet some community members may not know that these faculty also conduct groundbreaking research on how to better treat, cure and prevent diseases such as cancer, diabetes and stroke.

“This integration of research and clinical care has allowed us to make a number of pioneering discoveries,” said Nancy L. Ascher, MD, PhD, chair of the Department of Surgery, the Isis Distinguished Professor in Transplantation, and the Leon Goldman, MD Distinguished Professor in Surgery. “Our surgeon-scientists bring their experience from the operating room into the laboratory to develop new treatments that will directly improve patients’ lives.”

Some of the highlights of the Department of Surgery at UCSF Medical Center include:

- The *Division of Pediatric Surgery* provides expert care for fetuses, infants, children and adolescents with congenital and acquired conditions. It is a leader in developing minimally invasive approaches to replace more invasive open procedures. The division includes the Fetal Treatment Center, the birthplace of fetal surgery, providing state-of-the-art diagnosis and treatment of fetal problems that are most effectively addressed before birth.
- The *Division of Transplant Surgery* has performed more than 12,000 kidney, liver, pancreas, islet cell and small bowel transplants since 1964, and has performed more kidney transplants than any other center in the world. Faculty have developed innovative techniques for abdominal organ transplantation, and care for some of the most complex patients while producing superior outcomes. The division also conducts advanced research in areas ranging from reducing risk of rejection

to developing a cure for diabetes through islet cell transplantation.

- The *Division of Pediatric Cardiothoracic Surgery* performs intricate, demanding procedures such as repair of complex heart defects. The faculty are internationally recognized experts in both research and clinical care, and have developed many of the treatments we offer.
- The *Division of Adult Cardiothoracic Surgery* includes expert surgical teams in several areas:
  - The *Cardiac Surgery Section* performs coronary artery bypass surgery as well as surgery of the aorta, heart valve and many other procedures.
  - The *Heart and Lung Transplant Program* provides a long-term, team approach to patient care, has excellent outcomes, and is a leader in offering dual-organ transplants.
  - The *General Thoracic Surgery Section* works closely with medical and radiation oncologists to aggressively treat patients with advanced lung cancer, achieving favorable outcomes even in patients deemed inoperable at other institutions. The team also treats patients with esophageal cancer and mesothelioma, and has a world-renowned research program investigating the genetic basis of thoracic cancers.
- The *Vascular and Endovascular Surgery Division* cares for patients with complex cardiovascular problems such as aortic aneurysms, and conducts novel research to improve prevention and treatment of peripheral artery disease and other vascular diseases.
- The *Division of Plastic and Reconstructive Surgery* provides multidisciplinary treatment of complex wounds and craniofacial anomalies such as cleft palate, and performs highly specialized procedures such as toe-to-thumb transfer. By applying cosmetic surgery techniques to produce aesthetically pleasing results, surgeons enhance functionality as well as patients’ social well-being. Faculty research includes investigating how future stem cell therapies could prevent deformities and re-stimulate normal development of bone, muscle and skin.
- The *Division of General Surgery* encompasses a broad range of surgical specialties and subspecialties, including bariatric, breast care, colorectal, endocrine and gastrointestinal surgery. Faculty have pioneered the development of minimally invasive procedures.
  - Surgeons provide comprehensive care for patients with malignant and benign endocrine tumors (including the thyroid, parathyroid and adrenal glands) and gastrointestinal tumors (including the esophagus, liver, spleen, pancreas, gall bladder and stomach). They also offer bariatric surgery for patients with a medical need for weight loss.
  - The nationally recognized *Carol Franc Buck Breast Care Center* provides state-of-the-art health care services, clinical trials and extensive psychological support to patients with breast cancer or other breast problems.
  - The *Colorectal Surgery Section* provides surgical and nonsurgical care for problems of the colon, rectum and anus, including cancer, colitis, Crohn’s disease, constipation and incontinence.
  - The *Surgical Hospitalist Program* ensures that a board-certified general surgeon is on call 24 hours a day to evaluate patients.
  - The *Trauma Surgery Service* at San Francisco General Hospital – the city’s only Level I trauma center – excels in treating patients with injuries, burns, complex wounds, surgical infections and patients requiring surgical critical care.

### CONSULTATIONS AND REFERRALS:

For more information about the UCSF Department of Surgery, visit <http://surgery.ucsf.edu>.

## U.S. NEWS TOP DOCTORS

### Michael D. Alvarado, MD

Assistant Professor of Surgery  
Division of General Surgery  
Director, Breast Surgery Oncology  
Fellowship

### Nancy L. Ascher, MD, PhD\*

Professor and Chair,  
Department of Surgery  
Division of Transplant Surgery  
Isis Distinguished Professor in  
Transplantation  
Leon Goldman, MD Distinguished  
Professor in Surgery

### Anthony Azakie, MD, CM

Professor of Surgery and Pediatrics  
Chief, Division of Pediatric  
Cardiothoracic Surgery  
Surgical Director, UCSF Pediatric  
Heart Center  
Surgical Director, Adult Congenital  
Heart Program  
Director, Pediatric Cardiothoracic  
Surgery Research Labs

### Orlo Clark, MD\*

Professor of Surgery  
Division of General Surgery

### Quan-Yang Duh, MD\*

Professor of Surgery  
Division of General Surgery  
Chief, Section of Endocrine Surgery

### Laura J. Esserman, MD, MBA\*

Professor of Surgery and Radiology  
Division of General Surgery  
Chief, Section of Breast Care Surgery  
Director, UCSF Carol Franc Buck  
Breast Care Center

### Robert Foster, MD

Professor of Surgery  
Division of Plastic and Reconstructive  
Surgery

### Chris E. Freise, MD

Professor of Surgery  
Division of Transplant Surgery

### Jessica Gosnell, MD

Assistant Professor of Surgery  
Division of General Surgery

### Alden H. Harken, MD\*

Professor of Surgery  
Chief, UCSF-East Bay Surgery Program  
Chair, Department of Surgery,  
Alameda County Medical Center  
Division of UCSF-East Bay Surgery

### William Y. Hoffman, MD\*

Professor of Surgery  
Chief, Division of Plastic and  
Reconstructive Surgery  
Director, Plastic Surgery Residency  
Program

### David M. Jablons, MD\*

Professor and Chief, Thoracic Surgery  
UCSF Department of Surgery  
Ada Distinguished Professor of  
Thoracic Oncology  
Thoracic Oncology Program Leader  
UCSF Helen Diller Comprehensive  
Cancer Center

### Edward Kim, MD

Assistant Professor of Surgery  
Division of General Surgery

### M. Margaret Knudson, MD, FACS\*

Professor and Interim Chief of Surgery,  
San Francisco General Hospital and  
Trauma Center  
UCSF Division of General Surgery

### Michael Mann, MD

Associate Professor of Surgery  
Division of Adult Cardiothoracic Surgery

### Mary H. McGrath, MD, MPH

Professor of Surgery  
Division of Plastic and Reconstructive  
Surgery

### Scot H. Merrick, MD\*

Professor and Chief,  
Division of Adult Cardiothoracic Surgery

### Eric Nakakura, MD, PhD\*

Associate Professor of Surgery  
Division of General Surgery

### Andrew M. Posselt, MD, PhD, FACS\*

Associate Professor of Surgery  
Division of Transplant Surgery  
Co-Director, Pancreatic Islet Cell  
Transplant Program

### John P. Roberts, MD\*

Professor and Chief, Division of  
Transplant Surgery  
Chief, UCSF Medical Center Transplant  
Service

### Shiley J. Rogers, MD\*

Ruth M. Dunn Endowed Chair in  
Minimally Invasive Surgery  
Associate Clinical Professor of Surgery  
Chief, Minimally Invasive Surgery  
Director, UCSF Bariatric Surgery Center  
Director, UCSF Liver Tumor Ablation  
Program

### Wen T. Shen, MD, MA

Assistant Professor in Residence  
Division of General Surgery

### Peter G. Stock, MD, PhD

Professor of Surgery  
Surgical Director, Pancreas Transplant  
Program  
Surgical Director, Pediatric Renal  
Transplant Program  
Co-Director, Pancreatic Islet Cell  
Transplant Program

### Madhulika Varma, MD\*

Associate Professor of Surgery  
Division of General Surgery  
Chief, Section of Colorectal Surgery

## MARIN MAGAZINE: [415] TOP DOCTORS UCSF DEPARTMENT OF SURGERY FACULTY

*Marin Magazine* conducted a survey resulting in the "[415] Top Doctors" list — top physicians practicing in San Francisco and Marin counties who received multiple independent recommendations from their peers. The following UCSF Medical Center surgeons were included on this list:

### Nancy L. Ascher, MD, PhD

Professor and Chair, Department  
of Surgery  
Division of Transplant Surgery  
Isis Distinguished Professor in  
Transplantation  
Leon Goldman, MD Distinguished  
Professor in Surgery

### Timothy A. M. Chuter, MD

Professor of Surgery  
Division of Vascular and Endovascular  
Surgery

### Quan-Yang Duh, MD

Professor of Surgery  
Division of General Surgery  
Chief, Section of Endocrine Surgery

### Charles M. Eichler, MD

Clinical Professor of Surgery  
Division of Vascular and Endovascular  
Surgery

### Laura J. Esserman, MD, MBA

Professor of Surgery and Radiology  
Division of General Surgery  
Chief, Section of Breast Care Surgery  
Director, UCSF Carol Franc Buck  
Breast Care Center

### Cheryl A. Ewing, MD

Associate Clinical Professor of Surgery  
Division of General Surgery

### Sandy Feng, MD, PhD

Professor of Surgery  
Division of Transplant Surgery  
Director, Abdominal Transplant  
Fellowship Program

### Robert S. Warren, MD\*

Professor of Surgery  
Division of General Surgery  
Director, Surgical Oncology Lab

\*Denotes that a doctor, in Castle  
Connolly's estimation, is among the  
top 1 percent in the nation in his or  
her specialty. Doctors listed in *U.S.  
News Top Doctors* without this asterisk  
are determined to be in the top  
10 percent in their region.

### Hobart W. Harris, MD, MPH

Professor and Chief, Division of  
General Surgery  
J. Engelbert Dunphy Endowed  
Chair in Surgery

### Jade S. Hiramoto, MD

Associate Professor of Surgery  
Division of Vascular and Endovascular  
Surgery

### William Y. Hoffman, MD

Professor of Surgery  
Chief, Division of Plastic and  
Reconstructive Surgery  
Director, Plastic Surgery Residency  
Program

### Kimberly Kirkwood, MD

Professor of Surgery  
Division of General Surgery

### John Maa, MD

Assistant Professor of Surgery  
Division of General Surgery  
Director, Surgical Hospitalist Program

### Eric Nakakura, MD, PhD

Associate Professor of Surgery  
Division of General Surgery

### Peter G. Stock, MD, PhD

Professor of Surgery  
Division of Transplant Surgery  
Surgical Director, Pancreas  
Transplant Program  
Surgical Director, Pediatric Renal  
Transplant Program  
Co-Director, Pancreatic Islet Cell  
Transplant Program

### David M. Young, MD

Professor of Surgery  
Division of Plastic and Reconstructive  
Surgery



## APPOINTMENTS, HONORS AND AWARDS

### Faculty Appointments

#### Ghannam Al-Dossari, MD

Associate Professor of Clinical Surgery  
Division of Adult Cardiothoracic Surgery

#### Tammy Chang, MD

Assistant Professor in Residence  
Division of General Surgery

#### Ellyn Cohen, PhD

Assistant Adjunct Professor  
Division of General Surgery

#### Gordon A. Cohen, MD, PhD

Chief of Pediatric Cardiothoracic  
Surgery  
Professor of Clinical Surgery  
Division of Pediatric Cardiothoracic  
Surgery

#### Elissa Ozanne, PhD

Assistant Professor in Residence  
Division of General Surgery

#### Hani Sbitany, MD

Assistant Professor of Clinical Surgery  
Division of Plastic Surgery

#### Georg Wieselthaler, MD

Professor of Clinical Surgery  
Division of Adult Cardiothoracic Surgery

### Clinical Appointments

#### Damanpreet Bedi, MD

Clinical Instructor  
Division of Transplant Surgery

#### Garrett Richard Roll, MD

Abdominal Transplant Fellow  
Clinical Instructor

#### Gregory Veilette, MD

Clinical Instructor  
Division of Transplant Surgery

### Honors and Awards

**Aditi Bhargava, PhD**, received a grant from the Painless Research Foundation to identify potential gene targets for pain and to develop nanoparticle-mediated delivery of RNAi for pain. She also received pilot funds under the UCSF Clinical and Translational Science Institute's T1 Catalyst Award, designed to help translate early-stage research ideas into marketable products, to develop cell-specific delivery platform for therapeutic RNA (dsRNA, siRNA) and protein molecules in pain and non-pain (such as inflammatory bowel disease) pathophysiologies.

**Orlo Clark, MD, FACS**, recently co-authored two books, *The Remarkables: Endocrine Abnormalities in Art and Handbook of Parathyroid Diseases*. He also presented the Kocher Lecture in Innsbruck, Austria.

**Michael S. Conte, MD**, was elected to a two-year term as vice-chair of the Council on Peripheral Vascular Disease of the American Heart Association.

**Marlene Grenon, MD, CM**, was recognized for the Best Educational Paper by the Association of Surgical Technologists, and was noted for the Best Oral Presentation by a new member by the Association of Academic Surgeons Meeting. She also received a group achievement award from NASA for her work with the mouse immunology payload team.

**Michael Harrison, MD**, gave the 2011 Inaugural Faculty Research Lecture in Translational Science, and he is scheduled to give the Martin Memorial Lecture at the opening ceremony of the American College of Surgeons. Also, the 63rd Volume of the *Surgical Forum*, a supplement to the *Journal of the American College of Surgeons*, will be dedicated to Harrison.

**Ryutaro Hirose, MD**, was named co-chair of the California Pacific Medical Advisory Board.

**D. M. Jablons, MD, FACS**, professor and chief of general thoracic surgery and program leader of the Thoracic Oncology Program, was inducted into the American Surgical Society.

**Edward Kim, MD**, received an Excellence in Teaching Award from UCSF's Haile T. Debas Academy of Medical Educators.

**Hanmin Lee, MD**, was appointed the chief of the Division of Pediatric Surgery. He was also named one of the Best Doctors in 2011, based on a peer-to-peer survey of the medical profession, and representing the top 5 percent of physicians and affiliations with the top medical institutions across the

country. He also served as the John Fangman Visiting Professor at Children's Hospitals and Clinics of Minnesota.

**Tippi MacKenzie, MD**, received the Jacobson Promising Investigator Award from the American College of Surgeons.

**Robert C. Mackersie, MD**, was named president-elect of the American Association for the Surgery of Trauma.

The Board of Regents of the American College of Surgeons named **Mary H. McGrath, MD, FACS**, as recipient of the College's 2011 Distinguished Service Award.

**Doug Miniati, MD**, was nominated for the Excellence in Medical Leadership Award from the Society of American Gastrointestinal and Endoscopic Surgeons. Miniati and research fellow Sam Schecter, MD, received the Best Abstract Award from the Bay Area Society of Thoracic Surgeons as co-author of "Optimized pressure rescues fetal lung growth and function in congenital diaphragmatic hernia." Miniati and research fellow Mozzi Etemadi, MS, received first prize at the UCSF/UC Berkeley Joint Program in Bioengineering's annual retreat for the poster "Dynamic tracheal occlusion improves lung morphometrics and function in the ovine model of congenital diaphragmatic hernia."

The Health Resources and Services Administration has awarded a \$2 million grant to **Claus Niemann, MD**, and his collaborators to improve outcomes in organ donor transplantation by determining the optimal management of donors before organ procurement.

**Andrew Posselt, MD, PhD, FACS**, was named chair of the Cell Transplantation Committee of the American Society of Transplant Surgeons.

**Linda M. Reilly, MD**, was inducted into the prestigious "Society of Scholars." Established in 1967 by Johns Hopkins University, the Society recognizes individuals whose careers began at Hopkins, and later rose to prominence in their fields through distinguished achievement.

**John Roberts, MD**, recently completed a one-year term as vice president of the Organ Procurement and Transplantation Network/United Network for Organ Sharing (OPTN/UNOS) Board of Directors, and became the organization's president in June 2012.

**William P. Schecter, MD**, received the 2011 UCSF Chancellor's Award for Public Service.

**Pierre Theodore, MD**, received an Excellence in Teaching Award from UCSF's Haile T. Debas Academy of Medical Educators.

**Valerie M. Weaver, PhD**, and **Gabriele Bergers, PhD**, were awarded a \$4,558,000, five-year grant from the National Cancer Institute's Tumor Microenvironment Network for their project, "Biophysical and molecular dialogue of glioma cells and the brain microenvironment."

### Endowed Chairs and Distinguished Professorships

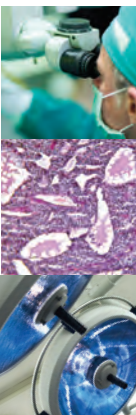
**Nancy L. Ascher, MD, PhD**, was named the Leon Goldman, MD Distinguished Professor in Surgery.

**William Y. Hoffman, MD**, was named the Stephen J. Mathes, MD Endowed Chair in Plastic and Reconstructive Surgery.

**Hanmin Lee, MD**, was named the Michael R. Harrison Endowed Chair in Fetal Surgery.

**Scot Merrick, MD**, was named the Helen and Charles Schwab Distinguished Professor in Surgery.

**Stanley J. Rogers, MD**, was named the Ruth M. Dunn Endowed Chair in Minimally Invasive Surgery and the His Majesty King Bhumibol Adulyadej, Rama IX Distinguished Professor of Surgery.



## REFERRAL LIAISON SERVICE

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Our Referral Liaison Service provides you with improved access to our physicians and medical services. Liaisons can expedite the referral process, assist in obtaining follow-up information and are available to help resolve difficulties.

## TRANSFER CENTER

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The Transfer Center is staffed 24/7 to coordinate the transfer of patients to UCSF Medical Center. The center provides quick access to our doctors and other members of our team. We evaluate the needs of each patient to ensure that appropriate care is provided. The center can also facilitate your patient's return transfer.

Mark Laret, Chief Executive Officer,  
UCSF Medical Center

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## CONTINUING MEDICAL EDUCATION

For more information, visit [www.cme.ucsf.edu](http://www.cme.ucsf.edu).

### September 27 - 28, 2012

"UCSF Transplant 2012: Today's Realities, Tomorrow's Possibilities," San Francisco, California  
Chairs: John P. Roberts, MD, Laurie Carlson, MSN, and Michelle McMahan, BA

### December 7 - 8, 2012

"Temporal Bone Surgical Dissection Course," San Francisco, California  
Chairs: Steven W. Cheung, MD, and Larry Lustig, MD

### April 18 - 20, 2013

"UCSF Vascular Symposium 2013," San Francisco, California  
Chairs: Michael S. Conte, MD, Joseph H. Rapp, MD, and Linda Reilly, MD

**For information on ways to support the Department of Surgery at UCSF**, please contact Regan Botsford, Senior Director of Development, at (415) 502-1573 or [rbotsford@support.ucsf.edu](mailto:rbotsford@support.ucsf.edu), or visit <http://surgery.ucsf.edu/giving>. For more information about the Department of Surgery, visit [surgery.ucsf.edu](http://surgery.ucsf.edu).