



Clinical Update

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## CNY's Only Orthopedic Oncologist

Timothy Damron MD incorporates two medical specialties into his clinical practice – and advances both with an extraordinary commitment to research.

Page A2



## Lifting the Silver Ceiling

Testifying before the U.S. Senate, University Hospital geriatrician Sharon Brangman MD challenges the perception that older Americans are over-the-hill.

Page A4



## Hospitalists Join Staff

University Hospital joins a national trend and hires two in-house specialists in internal medicine. The new physicians will care exclusively for hospital patients who do not have primary care physicians, or whose primary care physicians do not have admitting privileges at University Hospital.

Page A6



*Timothy A. Damron MD  
David G. Murray  
Professor of  
Orthopedic Surgery  
Chief, Oncology Division  
Department of  
Orthopedic Surgery*

## Timothy A. Damron MD Orthopedic Oncologist Takes Bedside-to-Bench Approach

**T**imothy Damron MD first encountered orthopedic oncology as a high school quarterback in rural Illinois. A pain in his hip was diagnosed as a malignant bone tumor, and radical surgery was recommended. During a consultation at the Mayo Clinic, the diagnosis changed to stress fracture. Damron went on to play football and study agricultural science at the University of Illinois.

But in biology class, the young athlete surprised himself by performing better than some premed students. He looked into veterinary medicine, spent a day castrating pigs – and decided to become a physician instead. At the University of Illinois Medical School, orthopedic surgery began to emerge as a good fit: “I liked the straightforward approach,” explains Damron. “You see a problem, you fix it, and the patient generally does well.”

### Best of Both

But Damron was also attracted to oncology, where solutions can be far more elusive. “Orthopedic oncology is a hybrid of orthopedics and internal medicine,” he says. “The patient comes in with an unknown problem. The process of investigation is fascinating. As an oncologist, you figure out the problem. As an orthopedic surgeon, you get to fix it. It’s the best of both worlds.”

After residency at the University of Wisconsin, Damron completed a fellowship at the Mayo Clinic, working with the same orthopedic oncologists, Frank Sim and Doug Pritchard, who had revised his bone tumor diagnosis. In 1994, David Murray MD, then chair of orthopedic surgery at SUNY Upstate, recruited Damron to Syracuse.

“There are only about 120 orthopedic oncologists in the U.S.,” Damron reports. “When I came to

# THE ACADEMIC DIFFERENCE



Syracuse, there was no one here with that specialty. Dr. Murray convinced me that if I came to Syracuse, the practice would follow.”

During the next decade, Damron’s diagnostic and surgical skills attracted referrals from throughout the region, inspired tremendous patient gratitude and earned him the prestigious David G. Murray Professorship in Orthopedic Surgery. His extraordinary commitment to research also won Damron international recognition – and Upstate’s Young Investigator Award in 2003.

### Advancing the Art

When Damron entered orthopedic oncology, the field seemed relatively stable. “What you would call ‘light-year leaps’ in treatment – chemotherapy and limb-sparing technology – were already well established,” says Damron, who nevertheless committed early to basic and clinical research.

His research has since been published in 74 peer-reviewed journal articles and funded by 15 agencies, including the National Institutes of Health.

Damron describes his research style as “bedside to bench.”

“The basic research evolves from the clinical problem,” he explains. “When we didn’t understand the impact of radiation on growth plates,

we designed a novel model to study the cellular function of growth plate chondrocytes following radiotherapy.”

That study, funded by a \$795,000 NIH grant, has focused on drugs that are clinically available and would selectively protect the growth plate but not the tumor.

Damron is also studying osteoporosis in childhood cancer survivors and the predilection of pathological bone to fracture. His research studies involve dozens of scientists, utilize several laboratories in Upstate’s Institute for Human Performance and take full advantage of the building’s advanced capabilities in molecular biology, engineering biomechanics and clinical gait analysis.

“Tim Damron is a highly respected clinical scientist in a field where it’s very hard to balance research and a demanding practice,” says Kenneth Mann PhD, who directs Upstate’s orthopedic surgery research programs. “You really have to want to do it. For a clinician like Tim Damron, it’s an outstanding endorsement to secure this level of NIH funding.”

Damron’s NIH grant helped his department rank eighth in NIH-funding of orthopedic research grants to medical schools in 2003.



## Clinical Focus

As a surgeon, Damron treats benign and malignant bone and soft tissue tumors. Since primary bone sarcomas are most often diagnosed in children, he has a large pediatric practice. He also treats a high volume of metastatic disease.

When tumors have invaded joints, Damron often performs complex joint reconstruction, involving prostheses or harvested bone grafts. Tumors in long bones may require removing the tumor with wide margins, then rebuilding the deficit.

“Restoring function is important but secondary to oncological outcome,” he notes.

Damron is also available for routine joint replacement surgery. “Since I specialize in complex joint revisions associated with tumors, routine joint replacements are a natural fit,” he explains.

# THE ACADEMIC DIFFERENCE





# Lifting the Silver Ceiling

## A Clinical Conversation with Geriatric Specialist Sharon A. Brangman MD

**R**ecently, University Hospital geriatrician Sharon Brangman MD testified before the U.S. Senate about an endangered natural resource: older Americans.

Appearing before the Senate’s Special Committee on Aging, Brangman addressed the issue of “the Silver Ceiling” – the growing concern that America will face a productivity crisis when its baby boomers retreat from the workforce.

Brangman, a national expert on aging and cognition, testified that keeping older Americans professionally active is good for the economy – and good for older workers, “whose identities are closely linked to the work they do.

“Their knowledge base is a precious resource,” Brangman insisted. “Older people in the workforce stimulate younger people and vice versa. It’s a win-win situation.

### Fresh Look

“The world has changed since we set up our retirement system,” she noted. “Labor today is more often cognitive than physical. We no longer need to get workers out of coal mines and factories at age 65. It’s time to look at phased retirement and consulting roles for older workers.”

Keeping older Americans active offers health as well as economic benefits, according to Brangman. “Rates of depression are lower in older people who are working or volunteering,” she told the senators. “People without anything to do focus on their aches and pains.”

### Inspired by Patients

Brangman’s interest in geriatrics crystallized while she was a resident at Montefiore Medical Center in the Bronx. She realized these patients had rich experiences to share – and a universal desire not to become a burden. After a geriatrics fellowship at Montefiore, Brangman joined the SUNY Upstate faculty and University Geriatricians in 1989. “There is a strong commitment to geriatrics on this campus, despite the fact that a lot of what we do is not procedure-oriented, and thus not reimbursable,” she says.



*Sharon A. Brangman MD, Professor of Medicine, Division Chief, Geriatrics, Department of Medicine and Director, CNY Alzheimer’s Disease Assistance Center, SUNY Upstate Medical University, meets with Senator John Glenn of Ohio.*

# THE ACADEMIC DIFFERENCE



Sharon Brangman MD, center, testifies before the Senate's Special Committee on Aging.

### Holding Our Breath

"Demographically, Central New York has a huge number of geriatric patients, and demographics can't be ignored," Brangman says. "We're helping patients live longer but ignoring the implications – the complex care and multiple services they require. Our health care system doesn't adequately support or reimburse for the time-consuming primary care that older people need."

### Holistic Approach

Geriatric medicine looks at the entire patient – and the patient's environment – rather than at one disease or organ.

"A good amount of geriatric care is, by default, provided by primary care physicians," Brangman says. "But geriatric care is a distinct specialty. Just as children are not small adults, the medical issues of older adults are distinct from those of younger adults. The physiology of aging makes them more vulnerable to certain illnesses and medications. They have fewer physical reserves. There are changes in physical function and cognition. Spouses dying and children leaving impact their health."

"A primary care physician generally has seven to ten minutes to evaluate a patient," Brangman notes. "At University Geriatricians, it takes at least an hour to do a thorough, family-based assessment. We have two

physicians, two geriatric fellows, a nurse practitioner, physician assistant, social worker and specialized nurses working as a team. Often, we have a medical student and a medical resident participating in the evaluation, since medical education is an important part of our mission."

### Associated with Alzheimer's

In Central New York, Brangman is widely known as director of the CNY Alzheimer's Disease Assistance Center\* (ADAC), which serves 13 counties. Her annual CNY Alzheimer's conference draws standing-room-only crowds.

"After cancer, Alzheimer's is what patients fear the most," Brangman says. "Memory loss is not a normal part of aging. We can't cure Alzheimer's, but we now have clear criteria for diagnosis and medications that help patients maintain a higher quality of life."

### Voice of Reason

Advocating for older patients has become a personal mission for Brangman, despite her busy clinical practice. "It's difficult for some people to relate theoretically to geriatrics," she acknowledges. "But the reality is that we will all be there. It's time to create the geriatric care we will someday need ourselves."

\*University Geriatrics at UHCC is the practice site for the CNY Alzheimer's Assistance Center

## THE ACADEMIC DIFFERENCE



# University Hospital Hires Hospitalists

**U**niversity Hospital has joined dozens of academic hospitals throughout the country in adding hospital medicine to its delivery of care, using a hospitalist model. Hospitalists are internists or medical subspecialists who work exclusively in the hospital setting. They assume the care of adult general medicine patients who typically are admitted through the Emergency Department and oversee and manage their care throughout their hospital stay, offering them a continuum of care. These patients do not have a primary care physician (PCP) or have a PCP who does not have admitting privileges to the hospital.

University Hospital currently employs two hospitalists, Anthony Karabanow MD and Sastry Prayaga MD, with plans to hire two more in the near future. Karabanow and Prayaga also supervise residents on the general internal medicine consult service and serve as assistant professors

of medicine in the College of Medicine. They have attending responsibilities on Team 6, a general medicine service run by the hospitalists, which includes residents and medical students.

“We are very excited about this new initiative and of having Drs. Karabanow and Prayaga on staff,” says University Hospital Administrator Kris Waldron.

According to Karabanow, hospitalists are a growing national trend intended to improve the quality and continuity of hospital-based patient care and medical education. Studies by academic medical centers indicate that the implementation of a hospitalist program generally leads to a 10 to 25 percent decrease in the length of hospital stay and hospital cost. One study conducted at the Western Penn Hospital documented about a 50 percent decrease in readmissions.

## THE ACADEMIC DIFFERENCE



Sastry Prayaga MD

Anthony Karabanow MD

“Because we practice exclusively in the hospital, we visit with our patients often and are immediately available to meet their needs,” says Karabanow. “We assess their clinical needs and coordinate all diagnostic treatments and processes,” he adds. “Our frequent visits allow us to see first-hand the patient’s day-to-day family dynamics that can have a direct bearing on their recovery process, allowing us to adapt our care accordingly.”

When requested, hospitalists will work with the Emergency Department to make triage decisions, as they may be more familiar with home care or skilled nursing facilities or other outpatient resources that may be more in line with the patient’s medical needs than acute care hospitalization.

Karabanow and Prayaga work with an interdisciplinary team that includes social workers and case managers. They provide education to residents who accompany them

during patient visits and who also provide clinical care under their supervision.

Karabanow received his medical degree from the University of Connecticut Health Science Center and trained in internal medicine at the University of Wisconsin Hospital and Clinics. Prior to joining University Hospital, he was employed at the Dartmouth-Hitchcock Clinic in Concord, N.H.

Prayaga received his medical degree from Guntur Medical College in India and trained in internal medicine at St. Vincent Medical Center, Ct. Prior to joining University Hospital, he was a staff physician at Reading Convenient Care in Reading, Pa.

There are more than 3,000 hospitalists in the United States, many of whom are represented by the National Association of Inpatient Physicians.

## THE ACADEMIC DIFFERENCE