

SUNY UPSTATE MEDICAL UNIVERSITY & University Hospital

Syracuse, New York



Clinical Update

November 2006

Liver Resection Now an Option

Surgeon Dilip Kittur MD and a multidisciplinary team at University Hospital offer liver resection for certain patients with liver cancer.

Page A2

Joint Replacement and Trauma:

Orthopedic Surgery adds Andrew Grose MD to its roster of fellowship-trained specialists.

Page A4

Advancing Cultural Competency

Recently, medical and dental students from across the U.S. spent a week at SUNY Upstate Medical University tailoring their communication skills to diverse patient populations.

Page A6

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A7



SUNY UPSTATE MEDICAL UNIVERSITY
& University Hospital Syracuse, New York

Liver Resection for Treating Liver Cancer

Innovations include Harmonic Scalpel

University Hospital is the only hospital between Albany and Rochester to offer liver resection to treat liver cancer. Liver resection is the surgical removal of a portion of the liver with one or more cancerous tumors.

The surgery is available through the Hepatobiliary Surgery Program, jointly offered by the hospital's Departments of Surgery, Radiology and Oncology and the Division of Gastroenterology in the Department of Medicine.

Viable Option

According to Surgeon Dilip Kittur MD, who performs the liver resection, recent advances in surgical and interventional radiology techniques - as well as in imaging - have made liver resection a viable option to treat liver cancer.

"Liver resection dates back to the 1700s," explains Dr. Kittur, founder and director of the Hepatobiliary Surgery Program, chief of general surgery and director of transplantation at University Hospital. "However it was not determined to be a truly effective option to treat liver cancer until recent innovations in techniques."

For example, an ultrasonic dissector, also called a Harmonic Scalpel, cuts across the liver's functioning cells without injuring vessels and bile ducts, according to Dr. Kittur. The device coagulates smaller blood vessels, which leads to less bleeding.

"The liver - the largest organ in the body - is surrounded by major blood vessels," explains Dr. Kittur. "An important technical challenge of liver resection is homeostasis, or the arrest of bleeding in the surrounding blood vessels."

Aided by Imaging

To assess suitability for liver resection, Dr. Kittur uses three-

dimensional CT scans or magnetic resonance imaging (MRI). These images reveal the extent of cancer - and whether enough tumor-free, and cirrhosis-free, liver remains to sustain the patient's life.

"The liver has the remarkable capacity to reproduce itself in just a matter of weeks," explains Dr. Kittur, who also gained experience in liver surgery, including resection and transplantation, as a faculty member at Johns Hopkins University.

To perform a liver resection, Dr. Kittur uses a variety of techniques, including the removal of sections and/or lobes of the liver as needed; wedge resection (removal of any portion of the liver less than an anatomic lobe); or a lateral segmentectomy that involves the removal of the liver's right or left lobe.

For some patients, chemotherapy, radiofrequency ablation or radiation therapy may be necessary prior to or after surgery.

Clearly Established

Dr. Kittur says that despite the challenges, liver resection is clearly an established operation in the surgical armamentarium. "However the technical demands of these procedures and the potential metabolic consequences indicate that it should not be undertaken lightly," he notes.

The hospital stay for liver resection ranges from two to three weeks. Most insurance companies cover costs associated with the operation.

For more information about liver resection at University Hospital, call the Hepatobiliary Program at 315-464-8668.

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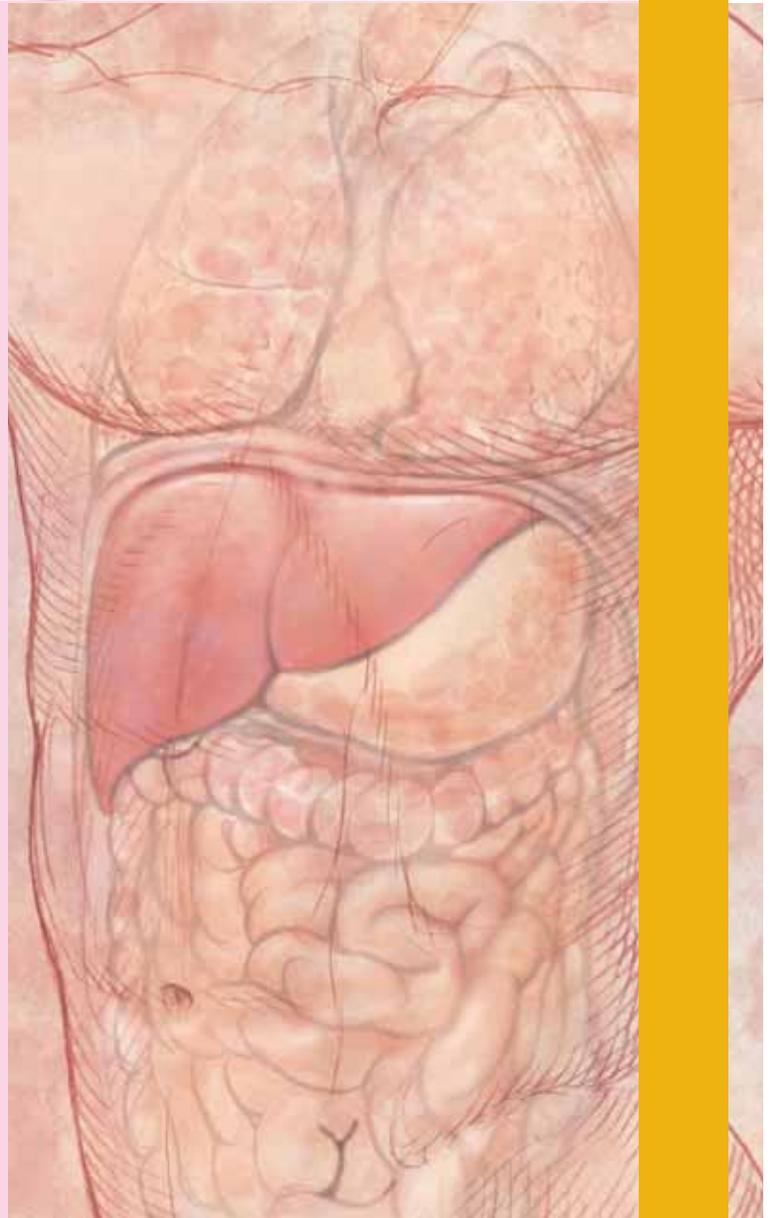


University Hospital's Hepatobiliary Program offers comprehensive treatments for patients with liver cancer or benign liver tumors. Other procedures performed by the program in combination with resection include radiofrequency ablation and chemoembolization.

“ Liver resection dates back to the 1700s. However it was not determined to be a truly effective option to treat liver cancer until recent innovations in techniques.”



Dilip Kittur MD, chief of general surgery and director of transplantation at University Hospital, has written more than 70 papers and book chapters, including Technique of Liver Resection in Shackelford's Textbook of Alimentary Surgery.



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Andrew Grose MD:

Joint Reconstruction, Trauma Specialist

Joins Department of Orthopedic Surgery



The Department of Orthopedic Surgery at University Hospital announces that fellowship-trained specialist Andrew Grose MD has joined its faculty as assistant professor. Dr. Grose, whose CNY practice focuses on joint replacement and complex trauma, recently completed two fellowships – in adult reconstructive surgery and orthopedic trauma – at the Hospital for Special Surgery in New York City.

Homecoming

A native of Ballston Spa, Dr. Grose says his Syracuse appointment is a homecoming of sorts: he graduated in 1985 from Syracuse University's College of Visual and Performing Arts, and his wife, Gina Lamparella, grew up in Baldwinsville.

Dr. Grose, who has danced in such Broadway productions as *A Chorus Line*, returned to Syracuse University as an assistant professor of drama in 1990, and the academic environment unexpectedly rekindled his love of science.

After completing the necessary premed studies, he attended medical school at SUNY Brooklyn, graduating *magna cum laude*.

During his orthopedic elective in medical school, he discovered an immediate affinity for orthopedics, especially the challenge of treating trauma. "I liked making something right, right there," explains Dr. Grose.

He had heard that orthopedic surgery was much like carpentry – "that you'd take something disorderly and make it orderly," he says.

"But I learned that it was more strategic, like gardening, because you have to enlist the cooperation of biology."

Dr. Grose completed his residency in orthopedic surgery at New York Medical College, where his interest in trauma broadened to include adult reconstruction, especially joint replacement surgery.

"Essentially Perfected"

"Knee replacement is highly evolved, and hip replacement has essentially been perfected, with advances in the adhesion of stem to bone," says Dr. Grose.

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A4

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**Andrew Grose MD
specializing in:**

- Total Hip Replacement
- Total Knee Replacement
- Hip Joint Preservation Surgery
- Polytraumatized Patients
- Complex Fractures, Including Pelvic and Acetabular Fractures

While total hip replacement is a “beautiful elective event,” he notes, it is not a permanent solution. “The bearing surface eventually wears out, over a period of 10 to 20 years.

“To postpone the need for hip replacement, Dr. Grose also offers surgical procedures to preserve the life of the native hip.

In Print

One of Dr. Grose’s research interests explores alternative surgical approaches to hip replacement, based on blood supply to the hip joint. His research is published in the September 2006 *American Journal of Bone Joint Surgery* and August 2006 *International Orthopedics*.

He will continue his basic research – in bone formation and fracture healing – in the department’s extensive laboratories in Upstate’s Institute for Human Performance.



Andrew Grose MD

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A5



SUNY Upstate medical student Andrea Shaw discussing teen health issues at the Spanish Action League, one of the conference visit sites. Inset: Conference attendees meet with youngsters at Spanish Action League.

Leadership Training in cultural competency for future doctors

Last summer, a diverse group of medical and dental students from across the U.S. attended a leadership training program at SUNY Upstate Medical University. The purpose of the conference, entitled *Learning from Each Other: Cultural Competency in Medicine and Dentistry*, was to teach these future doctors and dentists that their ability to communicate with patients will have profound effects on patient outcomes and public health.

The conference focused on cultural competency, or the health care provider's ability to communicate with patients whose cultural and economic backgrounds differ from their own.

This emphasis reflects a medical school curriculum shift resulting from changing patient demographics and a heightened awareness of cross-cultural communication in health care delivery.

The conference included lectures by Upstate faculty, community representatives, and area physicians and dentists, as well as visits to agencies including the Center for New Americans and the Justice Center. All activities focused on the complexity of the health care needs of the patient populations in close proximity to the university.

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A6

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Broad Application

“The emphasis on communication skills can be attributed, in part, to the change in the doctor/patient relationship,” noted conference advisor Susan Stearns PhD, associate professor of medicine at Upstate. “These skills are increasingly important, no matter what the patient population. Consider the physician who is working with a patient with emphysema who simply can’t quit smoking, or the patient who tends to trust her internet research more than her doctor’s advice. The physician needs to get the patient to talk openly so that a realistic treatment plan can be developed.”

One key is to ask open-ended questions when taking patient histories: “How does your illness affect you and your family? What do you believe will help you?”

Peter Cronkright MD, an internist at University Health Care Manlius, NY and clinical professor of medicine at Upstate, agrees. “Active listening, and the right questions, help patients tell their stories. And, medical students who encounter and appreciate various cultures are likely to become effective physicians.”

Elizabeth Dawson and Danielle Yeardon, medical students at SUNY Upstate Medical University, coordinated this national leadership program.

Funding was provided by a grant from the American Medical Student Association Foundation and from Achieving Diversity in Dentistry and Medicine, a program of the US Dept. of Health and Human Services.

Crafting a More Diverse Medical School

To help address a shortage of health professionals who share the ethnic and cultural backgrounds of an increasingly diverse patient population, SUNY Upstate has added a multicultural recruitment specialist.

Nakeia Chambers is the new student admissions officer at SUNY Upstate Medical University in Syracuse, NY. Raised in Syracuse, Chambers has a master’s degree in counseling and was a multicultural recruitment coordinator at Messiah College in Pennsylvania prior to joining SUNY Upstate. She has been appointed to concentrate on the recruitment of underrepresented applicants to the four colleges at Upstate.

Jennifer Welch, director of Student Admissions, explains the purpose of this newly created position filled by Chambers. “Two years ago, the Association for American Medical Colleges (AAMC) determined that each of its member colleges needed to define its own minority or underrepresented student population, based on geographic need. At Upstate Medical University, we looked first at physician shortages in our immediate area (the city of Syracuse) and then at the shortages in University Hospital’s 17-county service area. In our city, we have significant patient populations of Latinos, African Americans and Native Americans, and too few doctors who share their ethnic and cultural backgrounds.”

Many of SUNY Upstate’s medical students from underrepresented groups have come from large metropolitan centers, such as New York City. In some cases, distance from home

and the “tug” of family responsibilities have been challenging and, in some cases, become barriers to graduating from the College of Medicine.

As a result, the Office of Student Admissions at SUNY Upstate is refocusing its recruitment efforts toward students of color to concentrate on those who are attending upstate New York colleges and universities with diverse student populations, such as Cornell, SUNY Binghamton, University of Rochester, LeMoyne and Syracuse University.

Welch continues, “Our assumption is that students of color from these undergraduate programs have adapted to the geographic break from home and family, which increases the probability that they will stay at our medical school until graduation.”

Last year, 3,879 applied to medical school at SUNY Upstate, and 152 were admitted to the Class of 2010, 14 percent of whom are underrepresented minority students.



Nakeia Chambers, Student Admissions, SUNY Upstate Medical University

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