Baylor College of Medicine

SURGERY NEWS

THE MICHAEL E. DeBAKEY DEPARTMENT OF SURGERY

2020 ISSUE 2

Topping the charts again! Baylor College of Medicine ranks 13th in the nation for our surgery program

The Michael E. DeBakey Department of Surgery (MEDDoS) received a ranking of 13th out of 152 LCME-accredited medical schools in the *2020-2021 US News and World Report* (USNWR) report of Best Graduate Schools for Medical Programs and Specialties. The MEDDoS received its first ranking last year, scoring a rank of 15. Other programs scoring in the top 15 in 2020 include Yale (14), Mayo (12), Columbia (10) and Washington University in St. Louis (7).

As stated on the USNWR website, "these rankings are based solely on ratings by medical school deans and senior faculty from the list of schools surveyed. Survey respondents each identified up to 15 schools offering the best programs in each specialty area." The ranking reflects our increasing national reputation based on the combined hard work and dedication of the diverse and accomplished team of surgeon clinicians, scientists, and educators in our Department.

Overall, Baylor College of Medicine stands in the top 15% of all U.S. medical schools in the nation and is also ranked 22nd for Research**.** The Graduate School remains at 26th for Biological Sciences, 2nd for the Doctor of Nursing Practice–Nurse Anesthesia Program, and 3rd for our Physician Assistant Program. Congratulations to our entire team of faculty, residents, APPs, staff, students, alumni, and administration for these accolades of excellence.

Department surpasses $10m mark in total research funding!

The Department of Surgery has reached a record-breaking $10m in total research funding across our divisions. For achieving this incredible new milestone, we recognize and thank the efforts of all of our research teams, as well as Dr. Scott A. LeMaire, vice chair for research, and Dr. Barbara W. Trautner, director of clinical research.

In 2014, we began building our departmental "Research Core" team with the goal of providing support for the research activities of all faculty and trainees, with a particular focus on extramural grants and sponsored clinical trials. Since its founding, this team has grown into the current Office of Surgical Research (OSR) with over 70 support staff—including administrative leaders, research coordinators, grants managers, medical writers, statisticians, and laboratory technicians—and our total extramural research funding has more than tripled. This increase includes the doubling of our total federal funding from $2.5 million to over $5 million and the quadrupling of our NIH funding from $1 million to over $4 million.

Reflecting on this milestone, Dr. LeMaire said, "I am extremely proud of our OSR team for their dedication and hard work in support of our Research Mission. As thrilled as I am to see our level of funding continue to increase, what excites me most is that this demonstrates the growing success of our surgeons, scientists, and trainees in their pursuit to conduct research that advances the field and improves the care of patients with surgical disease throughout the world."

INSIDE

2020 Women of Excellence Awards

The **Women of Excellence Awards at Baylor College** of Medicine have been awarded annually since 2018 to individuals who demonstrate extraordinary dedication to issues that affect women at the College and in the greater community. Recipients are chosen for their efforts and accomplishments in promoting diversity, inclusion, and equity, reflecting the College's mission, vision, and values.

This year, the Michael E. DeBakey Department of Surgery was honored to have five winners—Dr. Christy Chai, Dr. SreyRam Kuy, Dr. Michele Loor, and Dr. Bindi Naik-Mathuria. Dr. Samir Awad received the **Allies of Women of Excellence Award** for his work related to promoting and advancing women in the College.

Dr. Christy Chai is an assistant professor of surgery at Baylor College of Medicine and the chief of general surgery and surgical oncology at Michael E. DeBakey Veteran Affairs Medical Center (MED-VAMC). She earned her B.A. in Physics and Biology from Washington University in St. Louis and continued her education at Loma Linda University School of Medicine. She completed her general surgery residency at Baylor College of Medicine and a surgical oncology fellowship at Moffitt Cancer Center. Dr. Chai was also in the United States Air Force, providing care to military service members, their dependents, and veterans at the San Antonio Military Medical Center. Since separating from military service, Dr. Chai continues to serve our veterans at Michael E. DeBakey Veteran Affairs Medical Center.

Dr. SreyRam Kuy is the deputy chief medical officer for Quality & Safety for Veterans Service Network 16 (VISN 16). Previously, she served as the deputy under-secretary for Community Care in the U.S. Department of Veterans Affairs and was appointed a voting board member of the National Board of Medical Examiners by the American Medical Association. Dr. Kuy was a representative to the Accreditation Council for Continuing Medical Education's Accreditation Review Committee and was on the National Quality Forum Committees on quality metrics, opioids, and Medicaid. She also served on the Academy Health's committee on state health policy. Dr. Kuy completed her medical degree at Oregon Health & Sciences University and her master's degree at Yale University.

Department launches innovative integrated thoracic surgery residency program

The Department is proud to announce that the Accreditation Council for Graduate Medical Education (ACGME) Review Committee for Thoracic Surgery has officially approved a six-year thoracic surgery integrated residency program in our Department. This highly popular offering will be launched this fall with our selection through the National Residency Matching Program (NRMP) of our first PGY-1 resident, who will start in this integrated training track in July 2021.

The traditional thoracic surgery residency program is a three-year program following general surgery training. This new program consists of six years of training (PGY-1 through PGY-6) with two additional years in research focused in cardiac thoracic surgery or general thoracic surgery. A maximum of three years of the program will include education in fundamental surgical care and principles of education (preoperative, operative and postoperative care). The remainder of the curriculum will include education in oncology, transplantation, basic and advanced laparoscopic surgery, surgical critical care and trauma management, thoracic surgery, and adult and congenital cardiac surgery.

Dr. Michele M. Loor is an assistant professor of surgery at Baylor College of Medicine, and the medical director of the surgical intensive care unit at Baylor St. Luke's Medical Center. Dr. Loor earned her medical degree from Northwestern University Medical School in 2001 and completed general surgery residency training at Rush University Medical Center in Chicago. Following residency, Dr. Loor completed a critical care and burn fellowship at the University of Chicago Hospitals. Currently, Dr. Loor chairs our Social Equity Committee, which was formed in November 2019 with the purpose of identifying and eliminating social inequities within the Department.

Dr. Bindi Naik-Mathuria is an associate professor of surgery and pediatrics at Baylor College of Medicine, and the trauma medical director at Texas Children's Hospital, where she is also a member of the Surgical Oncology Department. Dr. Naik-Mathuria earned her medical degree from Texas A&M University College of Medicine and an MPH from John's Hopkins Bloomberg School of Public Health. She did her advanced training at Baylor College of Medicine and the Children's Hospital of Los Angeles.

Dr. Samir Awad is the vice-chair for Surgical Quality and Safety, the operative care line executive and chief of surgery at the Michael E. DeBakey VA Medical Center. He has been a member of the Department since 2000 and has held numerous roles, including chief of General Surgery and medical director of the Surgical Intensive Care Unit at the MEDVAMC. Dr. Awad earned his B.S. from the University of Pennsylvania and M.D. from Jefferson Medical College of Thomas Jefferson University. He did a fellowship in surgical critical care and his general surgery residency at the University of Michigan.

The Michael E. DeBakey Department of Surgery remains grateful for the award winners' outstanding contributions as they epitomize the values for which the Department of Surgery and Baylor College of Medicine stands.

The creation of an integrated residency program reflects a growing trend among medical schools across the nation. The goal is that by 2027 the full complement of one thoracic surgery integrated resident at each level will be enrolled in our program, along with maintaining the three thoracic surgery residents in our traditional thoracic surgery residency program.

Holly Shilstone, director of Education and Alumni Affairs, who has championed the organization of this program said, *"This is a major department educational milestone achievement as we work on program development. We are able to add another prestigious residency program to attract the best of the best medical students and maintain a highly competitive program nationally. Special thanks to our Surgery Education administrative team (Jaye Chambers, Ally Bremer and Amy Silva) and faculty leadership (Drs. Ghanta, Coselli, Rosengart, Scott and Groth) as we worked diligently for countless hours together in preparation of the official site visit, with great outcome in its approval."*

How a COVID-19 therapy was initiated by MEDDoS surgical intensivists

As the 6th floor of Baylor St Luke's Medical Center converted from a SICU to the second dedicated COVID unit at the end of March, surgical intensivists **Dr. Michele Loor**, director of the surgical critical care unit and **Dr. Robert Southard,** director of surgical critical care at Baylor St. Luke's Medical Center, along with **Dr. Subhasis Chatterjee,** director of the Thoracic Surgical ICU & ECMO Program, joined forces with colleagues in the Department of Hematopathology and Infectious Diseases to initiate a novel therapy.

On April 3rd, two of the most severe COVID-19-positive patients became the first patients at Baylor St. Luke's and amongst the first in the nation to be treated with convalescent plasma derived from donors who have recovered from COVID-19. On April 5th the third patient was treated. Dr. Southard reported, *"The patients receiving this therapy were extremely ill and have been slowly recovering. Additional patients have been treated with this therapy as the disease has progressed. Further trials are needed to determine the most effective therapies for COVID-19, and convalescent plasma remains a promising option."*

Convalescent plasma, also known as immunoglobulins, is the liquid blood collected from patients who have recovered from an infection. Antibodies present in convalescent plasma can be given to COVID-19 patients to help them overcome the illness. Convalescent plasma has been used as a last resort to improve the survival rate of patients with previous viral pandemics including SARS, H1N1, and MERS.

Having obtained emergency FDA approval for the individual patients, the surgical investigators and their multidisciplinary colleagues worked on developing selection criteria for patients who could benefit the most. They also joined larger multi-center trials of this potentially important therapy. *"The response of the entire medical community to rapidly identify novel and repurposed therapies for this devastating disease is unprecedented, and demonstrates a moment of immense cooperation to solve an extremely complex problem,"* noted Dr. Southard.

Dr. Michele Loor interviewed by NPR about her time on COVID-19 unit

The following is a condensed version of the NPR interview from April 2020

Q. What did a typical shift look like when you were on the unit last week? And how many patients were you seeing coming in with COVID-19?

It is a 12-bed ICU. For most of last week, we were full, with some turnover.

We do one week at a time as the attending on the unit. The days are long. I was there from at least 7 in the morning, sometimes earlier, until 8 or 9 (P.M.) every day. It's intense. The whole time you're there it's pretty grueling work, I guess might be the right word. But it's definitely an intense experience.

Q. Has this felt like what you were expecting it to be like?

You know, we've been preparing for a while, in terms of strategy, and where patients were going to go, and what to do with them, and kind of the basics of our protocols. You know, everything feels new and every day that I was taking care of them, I was learning something new about them and about the disease process. It has been interesting, and it has definitely kept us on our toes.

Everything we might have expected to happen really wasn't the way we were seeing things at first. And then as we noticed a pattern in the patients throughout the week, things got a little bit more comfortable. But I would still say, because it is such a new pandemic and a new disease, every day we were learning new things about these patients. And that part of it was definitely unexpected.

Q. Can you tell me a little bit about supplies at your unit? And do you guys have what you need?

We do have what we need. Everything seems adequate. You know, we are doing our best to conserve because I think the extent to how long this is going to go on and how many cases we're going to have — I think that is still an unknown.

Our institution has strategized, as has the whole Medical Center, but we're being careful, and for now we have what we need. I don't think it would hurt to have more. It would just make everyone more comfortable. But for now, things seem adequate.

Q. I saw you had posted something about having an all-female crew.

They're a really good crew, and actually all four of us have worked together a lot. I took that picture on our first day together working on the COVID unit, and so it's kind of like, you felt like you were embarking on this real unknown space, uncharted territory for all of us. And so, it's nice to have a team like that.

Q. How do you keep morale up with your team?

We all kind of go out there every day knowing that we're putting ourselves and our families and the people we work with at risk, and that part of it gets hard every now and then. I think to work on morale we were really trying to do things like we started the day — maybe this sounds a little crass — but we started the day every day with a funny meme, coronavirus meme just to kind of, I think, put light on the subject. When we're in the work room we turn music on and we try to kind of forget about what's going on outside as we're doing our work sometimes, and that helps.

We had a lot of really nice donations to the unit of food throughout the week, which was great, and it really helped to show us that people were thinking about us, so I think that was important too.

Q. How do you talk to your kids about it?

At first it was really hard to separate them from their friends because that's obviously very important for them. I have a son who plays soccer, so separating him from his teammates was a challenge. It was hard to get them to understand the gravity of the situation, really appreciate that they needed to stay away from others for everyone's safety, not just theirs and ours.

We've had frank discussions about the risks we take going to work. My kids have grown up in a two-surgeon family their whole life, and so they understand the necessity of time away and the mission of what we do. And so, they've understood it and understand it, but we have very open discussions about what it means that I'm working in the COVID unit.

Q. I guess you've had some patients recover, and that's been a hopeful experience to see people going home?

Yeah, I mean, patients recover. I did not have any patients recover last week, but they're making progress, and eventually patients will get better and go home. That's definitely the hope and a lot of them do seem to be going in that direction for sure.

Q. Can you speak a little bit to what the patients you've seen are experiencing?

For the most part, these are critically ill patients. They are mostly intubated on a ventilator. Some of them are also requiring support of their blood pressure in response to the infection. A lot of them are having issues with kidney failure. But they are also sedated, and so I think that their level of anxiety and fear is mitigated by the medications we are using.

The patients that are not on a ventilator do express a lot of concern about their health and their recovery and what's going to happen to them. And obviously we do our best to help with that. Anything we can do, even if it's just listening to them and talking to them. It's really hard because there's no family members available, but it has been really great to see patients on Facetime with family members, communicating with them. The nursing staff has been really great about helping to orchestrate that and get them in more contact with their family.

We have iPads available for the patients to use, which has been really nice. Even for the patients who are sedated, we're working on at least playing audio clips of their family members and kids for them, so they can at least hear their family members' voices even if they can't interact with them.

And I will say, these families that I talk to have been fantastic. I mean, every single time I call one of them, even though they have no contact with their loved ones, and I can imagine how anxiety-provoking this whole process has been for them, they always ask about me and they ask about the team and ask about the nurses. And even though we can't even see them or talk to them face-to-face, they've really been fantastic, and I don't even have enough words for the family members of the patients that I've been taking care of.

NEW FACULTY & STAFF

Vicente Orozco-Sevilla, M.D.

Dr. Vicente Orozco-Sevilla joins the Division of Cardiothoracic Surgery as an assistant professor. Dr. Orozco is a triple-board certified general, vascular, and cardiac surgeon. As one of the few surgeons in the country with formal training in both cardiac and vascular surgery, Dr. Orozco is uniquely positioned to treat the entire spectrum of the heart and vascular system, including coronary disease, valve disease, and aortic aneurysms. Along with performing coronary artery bypass surgery, Dr. Orozco has acquired extensive expertise in diseases and repair of the aortic valve and root, ascending aorta, aortic arch, descending thoracic aorta, and thoracoabdominal aorta. Dr. Orozco was trained and mentored by some of the pioneers in cardiac and vascular surgery, including our own Dr. Joseph Coselli, who was his mentor when Dr. Orozco served as an aortic surgery fellow here in 2018. Dr. Orozco is honored to be able to incorporate into his practice all these abilities. His training also allows him to perform both conventional open surgery and endovascular/Hybrid procedures, including transaortic valve replacement (TAVR) and thoracic endovascular aneurysm repair (TEVAR) for faster recovery times. *"I am thrilled for the opportunity to join the legendary Michael E. DeBakey Department of Surgery and Texas Heart Institute,"* said Dr. Orozco.

Alexander Schutz, M.D.

Dr. Alexander Schutz joins our faculty as an assistant professor, having just turned in an exemplary performance as a trainee in our three-year, joint thoracic residency between Baylor College of Medicine and the Texas Heart Institute. As part of his recruitment, Dr. Schutz will also be appointed director of the Cardiac Intensive Care Unit at the Michael E. DeBakey VA Medical Center (MEDVAMC). His recruitment well positions the cardiac surgery service at the MEDVAMC for the anticipated launch of mechanical circulatory support and heart transplant program there in 2021, to be directed by Dr. Alexis Shafii, assistant professor of surgery in the Division of Cardiothoracic Transplantation and Circulatory Support. Dr. Schutz's practice will encompass all facets of the practice of adult cardiac surgery.

Dr. Schutz earned his medical degree from the University of Nebraska Medical Center in 2011 and completed his general surgery residency at the University of Oklahoma Health Sciences Center. During his residency, Dr. Schutz spent time at the Perelman School of Medicine at the University of Pennsylvania. Dr. Schutz served as administrative chief resident during his cardiothoracic residency training, published several papers in the field of cardiothoracic surgery, and presented at national meetings of renowned professional organizations, such as the Society of Thoracic Surgeons (STS) and the American Association for Thoracic Surgery (AATS). His faculty at Oklahoma and at Baylor both consider him one of the best residents to have trained at these institutions in a generation.

"I look forward to joining the faculty of the Michael E. DeBakey Department of Surgery and at the Michael DeBakey VA Medical Center," Dr. Schutz commented. *"I am enthusiastic about building a strong heart failure program there. I look forward to contributing to a burgeoning LVAD program and, eventually, helping to bring cardiac transplant to the facility in conjunction with Baylor."*

Kristina Brewer

We are pleased to introduce **Ms. Kristina Brewer** as Director of Research Administration in the Michael E. DeBakey Department of Surgery. Ms. Brewer brings a diverse array of experience, having worked in academic, clinical and hospital settings over the span of a two-decade career. She most recently served in Baylor College of Medicine's Department of Compliance and Audit Services as a compliance specialist.

In her new role, Ms. Brewer will help lead our research mission, providing management oversight to our basic science and translational research operations. She has experience in research/laboratory business operations as well as the knowledge of development, implementation, and management of CLIA-certified laboratories. She holds a master's degree from the University of Houston – Downtown. Ms. Brewer officially joined the Department on May 18, 2020.

Ready for the next step! Medical students completed pre-COVID-19 2020 APEX surgical bootcamp

Forty graduating medical students participated in the surgical boot camp portion of the annual APEX course held in early March 2020 at Baylor College of Medicine. The two-week intensive APEX course occurs every year in early spring and is designed to prepare the students for their upcoming internships, which will begin in July.

As part of the course, surgeons in the Michael E. DeBakey Department of surgery, led by **Dr. Konstantinos Makris,** assistant professor of surgery, prepared a one-day surgical boot camp for the course participants who are going into surgical specialties including general surgery, urology, orthopedics, neurosurgery, ENT, and plastics. Besides Dr. Makris' leadership and organization, the boot camp contributors included: **Dr. Bradford Scott, Dr. Christy Chai, Dr. Neal R. Barshes**, **Dr. Jayer Chung, Dr. Chad Wilson,** and **Dr. Mario Vera**, as well as general surgery residents **Dr. Laura Trujillo, Dr. Denny Scaria, Dr. Richard Whitlock,** and **Dr. Lisa Brubaker.** Dr. Makris commented, *"We hope the students will find knowledge and skills taught at the bootcamp immediately applicable in their internship."*

New research trainees enrolled in T32 Research Program in Cardiovascular Surgery

The Michael E. DeBakey Department of Surgery enrolled two more trainees in the two-year, T32 Research Training Program in Cardiovascular Surgery. Funded by a grant from the National Heart, Lung and Blood Institute (NHLBI), this program is led by Principal Investigator/Program Director **Dr. Todd K. Rosengart**, chair of the Department of Surgery, and directors **Dr. Scott A. LeMaire**, vice chair for research in the Department, and **Dr. Barbara W. Trautner**, director of clinical research. The program is founded on the idea that interdisciplinary collaborations between clinical investigators, bench scientists, and diverse specialists are essential for translational research to have a tangible impact on clinical care.

The T32 Research Program has three tracks. The Basic and Translational Research Track involves training in laboratory-based research focused on understanding and addressing cardiovascular diseases. The Bioengineering and Biodesign Track involves training and certification in the Texas Medical Center Biodesign Fellowship Program and working within a multidisciplinary team to develop a medical device or digital tool. The Clinical and Outcomes Research Track emphasizes developing skills in health services research or in conducting clinical trials with the ability to improve healthcare outcomes in cardiovascular disease. Trainees in this track may enter the UT Health School of Public Health's program for a master's degree, or they may enter Baylor's Clinical Scientist Training Program and complete a degree in clinical investigation.

Ishan Kamat, MD, MBA, graduated from the University of Texas at Austin with a BS in Biochemistry and then earned his MD and MBA from the dual-degree program at Baylor College of Medicine and Rice University. Dr. Kamat joins our T32 program as part of residency training in internal medicine as a MeRIT (Medical Resident Investigator Track) scholar at Baylor College of Medicine. He enters the Bioengineering and Biodesign Research Track under the mentorship of Dr. William Cohn, professor of surgery at Baylor College of Medicine and director of the Center for Device Innovation in Texas Medical Center. Dr. Kamat aims to design a medical device for use in the cardiovascular field. Dr. Kamat will spend his first year in a new joint training program between the Department of Surgery and the TMC Innovation Institute Biodesign Fellowship, which brings together a multidisciplinary team (physicians, engineers, entrepreneurs) to drive healthcare innovations to market. Dr. Kamat's appointment thus represents the true spirit of TMC collaboration, bringing together the Michael E. DeBakey Department of Surgery and TMC Innovation.

Jeffery Steimle, PhD, earned his BS in Biological Sciences from the University of Notre Dame and a PhD in Developmental Biology from the University of Chicago. Dr. Steimle enters the T32 program's Basic and Translational Research Track, under the mentorship of James Martin, MD, PhD, professor and Vivian L. Smith Chair in Regenerative Medicine.

Dr. Steimle will interrogate the role of transcription factor Pitx2 in left atrial and pulmonary vein myocardium, with the goal of elucidating gender-specific differences in susceptibility to atrial fibrillation. Dr. Steimle has extensive experience in cardiac gene regulatory networks and has spent nearly a decade developing the skills needed to study genetic influences on cardiac conduction. Training for Dr. Steimle will be a collaborative effort between the Department of Surgery and the Cardiovascular Research Institute (CVRI) to help him achieve his career goal of becoming an independent investigator in cardiovascular gene regulation. *"I am very thankful to have been given this opportunity for funding and support through the Department of Surgery. So far, everyone with whom I have interacted has been extremely helpful and wants to ensure my success,"* said Dr. Steimle.

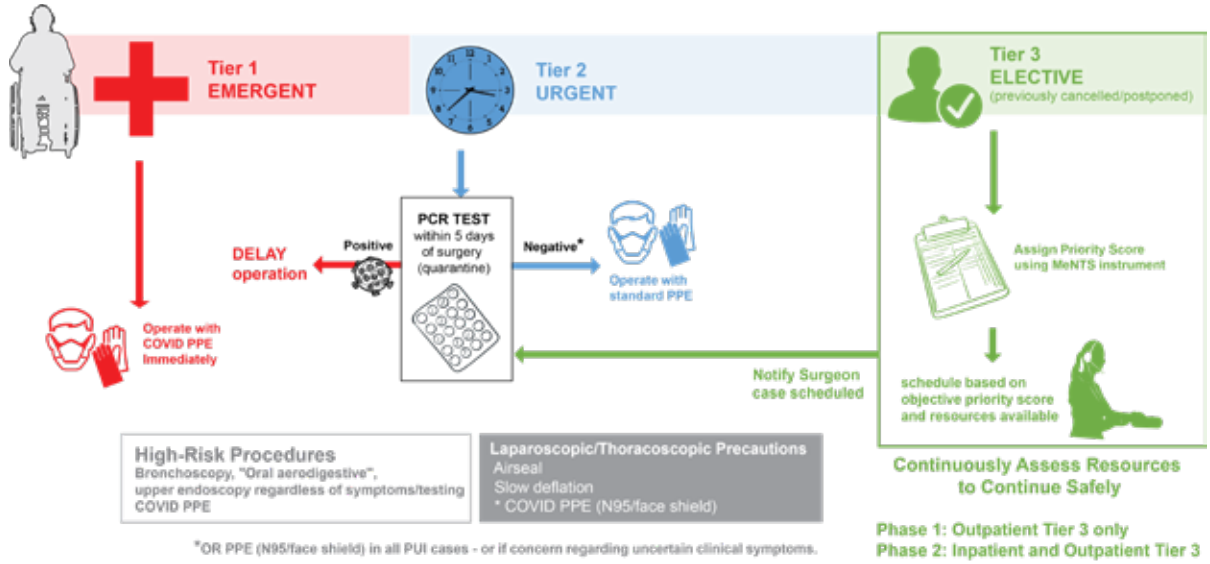
Baylor medical illustrators lend expertise to postdoctoral workshop at ComSciCon Houston

Scott Holmes, CMI, and **Scott Weldon, MA, CMI, FAMI,** served as speakers and panelists at the 2020 ComSciCon Houston held at Rice University. Attendees at this international conference meet annually and interact with professional communicators, build lasting networks with graduate students in all fields of science and engineering from across the US and Canada, and write and publish original works. ComSciCon was founded by graduate students at Harvard University, MIT, and the University of Colorado at Boulder, inspired by their work in science communication through the Astrobites and Chembites organization.

Scott Weldon and Scott Holmes, both medical illustrators in the Department, were the invited experts for the Visual Communication Panel/Workshop. As medical illustrators, they design easy-to-follow figures and illustrations that improve journal placement by conveying complex scientific ideas clearly. During the workshop they discussed the development and application of graphical abstracts as an effective tool to communicate research to a broad target audience. Such graphics include the ones they created to share important COVID-19 protocols within Baylor College of Medicine (pictured below).

Scott Weldon, MA, CMI, FAMI

Scott Homes, CMI



Scott Holmes is a certified medical illustrator who helps department faculty and trainees with graphic development of their presentations, posters, grants, publications and supports department communications efforts. Scott previously held a similar role at UT McGovern Medical School beginning in 1999 and joined Baylor in 2011. Scott graduated with a major in Medical Illustration from a joint program between Cleveland Institute of Art and Case Western Reserve University in Cleveland, Ohio.

Scott Weldon is an award-winning Certified Medical Illustrator with over 18 years at Baylor College of Medicine in the Division of Cardiothoracic Surgery. Beyond his specialty in cardiothoracic surgical illustration, Scott Weldon's primarily academic-based work has led to co-authoring fifteen journal articles/videos, contributing graphics and illustrations to a diverse set of projects as well as completely illustrating two surgical textbooks.

Department proved well-equipped and ready for the telehealth revolution

Telemedicine has quickly become one of the main ways by which our surgeons are able to provide care for patients during the COVID pandemic. It has been such a successful initiative, we look forward to incorporating telemedicine as a regular feature of our outreach to patients.

Some of the most frequently asked questions about our program are answered below by **Anu Sudhakaran**, administrative coordinator II in the Department of Surgery.

Q. What patients qualify for an appointment via telehealth?

A. Any patient who is active on MYCHART and has video and audio capabilities qualifies for a telehealth appointment.

Q. Did we have telemedicine capabilities before COVID-19?

A. Yes. We had six surgeons join the original telehealth platform in 2018. However, this platform was not easily transferable to every provider. When the pandemic started, our amazing BCM IT/EPIC team created the telemedicine visit all integrated through MyChart and EPIC. This platform was released to every provider and is much easier to use as compared to the old platform.

Q. What visits are covered by telehealth vs. coming into the office and who makes that call?

A. Currently every visit type can have a telehealth appointment. What this means is the patient can be a new, established, or a post-operative patient. However, which conditions can be seen through telehealth is determined by the clinics. It is really dependent on what the physicians feel is the safest and best way for the patient.

“It has been challenging to make sure everyone is up to speed on all the new updates since things change by the minute. However, it is extremely rewarding knowing I was able to set in place procedures that give patients the opportunity to continue their care with our surgeons during these trying times.”

Yvonne Berry J.D., MHA
Director of Clinical Operations
Department of Surgery

Department APPs step up amidst global pandemic

COVID-19 took our nation by surprise and put the efforts of healthcare workers in the limelight as we dealt with the weight of this unprecedented situation. What was not surprising was how members of our department stepped up, particularly our advanced practice providers (APPs).

Holly Clayton, PA-C and APP lead, was in charge of arranging the volunteer coverage for the OHP-COVID call center. *"The quality and spirit of our Advanced Practice Providers has been evident during this trying time. Many of them volunteered without hesitation to serve in the COVID ICU, risking their own health for the sake of these patients and our critical care teams. While policies have been ever-changing and specific operations differ in each division, the APPs have worked together to overcome common problems as a group, every step of the way. I am confident that as a result of all the present challenges, our APPs will emerge into the new normal with increased resilience and ready to support the department in novel ways."*

Michelle Kelly, PA-C and APP lead, recalled, *"All of the major changes began back in mid-March. The original plan was just to clear out through the first week of April. Later that expanded to include the whole month of April. Luckily, all of the surgeons in our division were already on the telehealth platform, so I went through all the clinics and switched everyone I could to a telehealth visit. This trend continued and the only patients came in were those who had to be seen—people with sutures or drains that needed to be removed, or some other urgent issue. All surgeries were canceled with the plan to reschedule sometime mid-May 2020."*

The quality and spirit of our Advanced Practice Providers has been evident during this trying time. Many of them volunteered without hesitation to serve in the COVID ICU, risking their own health for the sake of these patients and our critical care teams.

-Holly Clayton, PA-C, APP lead

Kris Covington, RN, MSN, vascular nurse manager in the Department of Vascular Surgery and Endovascular Therapy, volunteered to care for patients infected with the virus. *"I volunteered for the COVID clinic when it was first opened and worked there for approximately 3 weeks. I then moved on to assist with Telehealth and protocols for the OBL during COVID. I remained open to new challenges and opportunities. I witnessed a few staff that were more than willing to jump in and assist in any way they were needed. These employees really represented, to me, what it means to be a part of the Baylor community and the exceptional care that it stands for."*

We extend a huge thank you to all of our APPs and our entire faculty and staff for the incredible effort during the COVID-19 pandemic.

Team of Department researchers gather interesting findings on the connection between blood clots and COVID-19

The study in the following article appeared in an early June edition of JAMA Network Open *and was picked up by the* New York Times*, amongst other lay publications. It has gained nearly 20,000 views.*
www.bcm.edu/news/test-can-identify-undetected-blood-clots-in-covid-19-icu-patients

Test Can Identify Undetected Blood Clots in Covid-19 ICU Patients

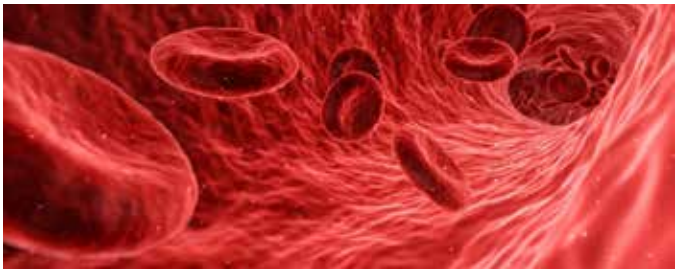
June 5, 2020 | By Dipali Pathak

Researchers at Baylor College of Medicine are recommending that all COVID-19 patients admitted to the ICU undergo a thromboelastography (TEG) to test for the risk of forming blood clots. This recommendation comes after they found that more than half of the patients tested under these same conditions developed clinically significant blood clots that went undetected using routine screenings. The findings appear in the latest edition of *JAMA Network Open*.

"As the surgical critical care team at Baylor St. Luke's Medical Center was discussing their work in the ICU a few weeks ago, I was amazed to hear them express that one of their greatest challenges was that the central intravenous and arterial lines and the dialysis catheters kept unexpectedly clotting in COVID-19 patients in the ICU," said Dr. Todd Rosengart, chair and professor of the Michael E. DeBakey Department of Surgery at Baylor and senior author of the paper. *"I'd never seen or heard anything like this in my 30 years as a surgeon, even in our sickest patients."* This prompted Rosengart and colleagues to look at what types of tests could be performed to identify these otherwise undetected blood clots.

Researchers observed 21 patients with confirmed COVID-19 infection admitted to the Baylor St. Luke's Medical Center ICU between March 15 and April 9. They found that the standard clotting profile or screening of the patients was fairly normal. They were then moved to the next level of more specific clotting tests, which included analyzing a patient's fibrinogen and D dimer levels. Fibrinogen is the protein that makes up the clot, and D dimer levels are used to indicate the rate at which a patient's clots are being broken down, which would usually suggest that the body is "chewing up" all of the clotting factors.

For the COVID-19 patients in the ICU, researchers found that the levels of fibrinogen were more than three times the normal range, indicating that the body was churning out this protein. Looking at these two results together, there was no clear indication that these patients were at increased risk for forming blood clots.



At this point, the researchers looked to a third tier of tests that is not a regularly used process in most ICU patients, the thromboelastography test. This test looks at how quickly a clot forms, its strength and stability. It is used mostly for open heart surgery patients who often have abnormal clot function and also is commonly used for trauma patients.

This test showed the researchers two things: the patients who they found were clotting their central intravenous and arterial lines and dialysis catheters, had abnormally high clotting function compared to the patients who did not have clotting issues, and the clot breakdown function was significantly higher in the patients who were clotting less than others. Among the 21 patients studied, 13 of them, or 62%, developed 46 blood clots that could only be detected through the TEG test. For patients who are at a higher risk of blood clots as indicated by the TEG test, the researchers recommend administering additional blood thinners.

"The TEG test should be performed on all COVID-19 ICU patients immediately to find those who are at a higher risk of clotting," Rosengart said. *"At the point where physicians discover that their central line and catheter is clotting, the horse is out of the barn."*

The researchers are now looking at whether these undetected blood clots could be related to the unexplained deaths they are seeing in COVID-19 patients.

Others who participated in the research include ***Dr. Jared Robert Mortus***, ***Dr. Stephen E. Manek***, ***Dr. Lisa Suzanne Brubaker***, ***Dr. Michele Loor***, ***Dr. Miguel Angel Cruz*** *and* ***Dr. Barbara W. Trautner****, all with Baylor College of Medicine.*

RESEARCH NOTES

Dr. Sundeep Keswani awarded over $3m in funding from the National Institute of General Medical Sciences (NIGMS)

Dr. Sundeep Keswani, professor of surgery and Clayton Endowed Chair in Surgical Research at Texas Children's Hospital, has received an R01 grant from the National Institute of General Medical Sciences (NIGMS), for his project titled, "Novel Mechanisms of Regenerative Wound Healing." The period will run from 4/1/2020 – 3/31/2025, with a total amount awarded of $3,190,885. As stated on their website, the NIGMS supports basic research that increases our understanding of biological processes and lays the foundation for advances in disease diagnosis, treatment, and prevention. NIGMS-funded scientists investigate how living systems work at a range of levels from molecules and cells to tissues and organs, in research organisms, humans, and populations. Additionally, to ensure the vitality and continued productivity of the research enterprise, NIGMS provides leadership in training the next generation of scientists, in enhancing the diversity of the scientific workforce, and in developing research capacity throughout the country.

Dr. Bijan Najafi awarded $2.7m for collaborative NIH study

Dr. Bijan Najafi, professor of surgery and clinical director of research in the Division of Vascular Surgery and Endovascular Therapy, has been awarded a three-year grant of $2.7 million for an NIH Fast Track SBIR grant called "Care4AD: A Comprehensive Care Coordination and Management Platform for Alzheimer Disease and Related Dementias." The grant seeks to develop and commercialize a care coordination device to support dementia patients in their own home, where they are most comfortable. The project is an interdisciplinary collaborative study between Biosensics LLC, and Baylor College of Medicine Departments of Surgery, Medicine, Neurology, Psychiatry and Behavioral Science, along with IQuesT-VA. The key investigators are Drs Naik, Kunik, and York.

Dementia, a chronic disease of aging, is characterized by progressive cognitive decline that interferes with independent functioning. The medical, psychological, social and functional sequelae of dementia cause great stress to patients, their caregivers, and their family. This study will provide home-based care coordination and management platform to help caregivers effectively coordinate, manage, and improve dementia care.

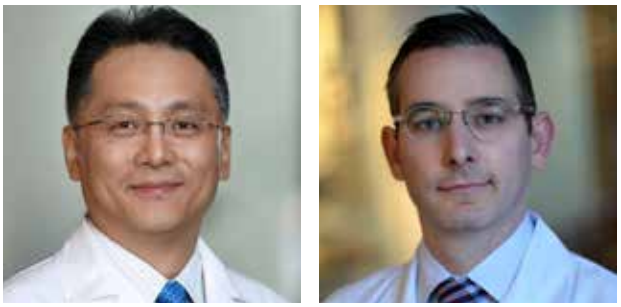
Dr. Todd K. Rosengart receives NIH-NHLBI Grant

Todd K. Rosengart, M.D., FACS, has received a four-year R01 grant totaling $2,521,677 from the National Institutes of Health (NIH) for his project titled, "Cell Plasticity-Based Reprogramming Strategies to Enhance Human Myocardial Regeneration." This grant extends the prior four years of work performed by Dr. Rosengart and his lab group under NIH funding study cardiac cellular reprogramming as a potential treatment for patients with congestive heart failure secondary to ischemic cardiomyopathy.

Dr. Rosengart and his lab have shown that administration of a cardiac transcription factor cocktail significantly increases post-infarct cardiac function and reduce fibrosis in small animal myocardial infarction models. Dr. Rosengart and his team are now exploring ways to improve cell "plasticity" (the responsiveness of cell to undergo genetic and morphologic change) to enhance cell reprogramming in human cells.

Drs. Lee and Burt received CPRIT Individual Investigator Research Awards

Dr. Hyun-Sung Lee, assistant professor of surgery and **Dr. Bryan M. Burt**, associate professor of surgery, were awarded close to $900,000 in funding for their multi-PI, Individual Investigator Research Award from the Cancer Prevention & Research Institute of Texas insert: (CPRIT), titled "Spatial Profiling of Tumor-Immune Microenvironment by Multiplexed Single-Cell Imaging Mass Cytometry."



Drs. Hyun-Sung Lee & Bryan M. Burt

In this project, Dr. Lee and Dr. Burt are developing and validating novel biomarkers that identify patients with lung cancers that can be effectively treated with immunotherapies that "take the breaks off" our immune systems' attack on cancer. The proposal was highly scored based upon its novel conceptual and technical advances, rigorous preliminary studies performed in the Division of General Thoracic Surgery, cohesive translational and mechanistic aims, and superb investigative team, the latter of which is showcased by the impact of joint leadership by a basic and translational scientist (Lee) and a translational and clinical scientist (Burt).

Dr. Burt credits Dr. Lee with pioneering a new field of "systems immuno-oncology" and for his technical and bioinformatics prowess in harnessing the power of the innovative platform of imaging mass cytometry, a highly multiplexed and highly dimensioned form for immunohistochemistry based on mass spectrometry. This platform facilitates quantification of protein expression of more than 40 proteins per sample and its output is highly complex.

Dr. Lee has developed a novel bioinformatics approach that makes sense of these data using a cell segmentation technique from which he can then abstract and reconstruct immunologic maps of the cellular networks of these tumors that include rich phenotype, function, and tissue architectural elements. In the short term, the impact of this work is expected to refine the selection of patients who will benefit from effective therapy and limit assignment to ineffective and potentially harmful therapy. In the long term, the investigators believe that the techniques applied in their proposal have the potential to revolutionize the field of clinical pathology.

Dr. Cathy Yao receives Dan L Duncan Comprehensive Cancer Center funding

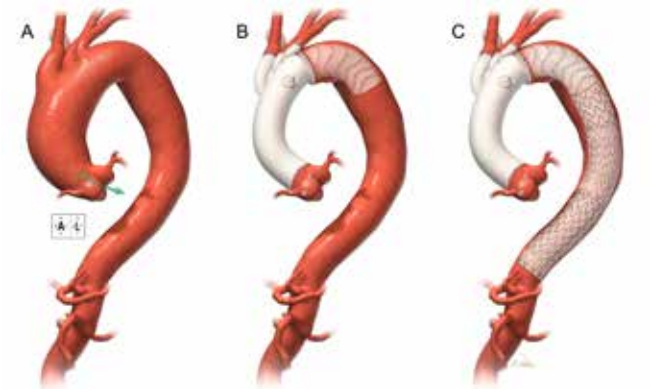
Dr. Qizhi Cathy Yao, professor of surgery, molecular virology & microbiology, and pathology & immunology, received $50,000 in funding from the Dan L Duncan Comprehensive Cancer Center (DLDCCC) supported by the NIH grant P30 CA125123, for her project titled, "Patient-Derived Classifier for PDAC Subtyping to Identify Responders to Therapies." The grant will run until December 31, 2020. In this study, Dr. Yao and her team are using novel computational deconvolution strategy and preclinical animal models to determine pancreatic cancer subtype specific responses to different therapies. The goal is to use these subtyping classifiers to guide clinical treatment for pancreatic cancer patients.

Dr. Yao is a founding member of the Center for Translational Research on Inflammatory Diseases (CTRID) at the Michael E. DeBakey VA Medical Center. Dr. Yao's lab currently focuses on the study of key molecules in pancreatic cancer, including mesothelin (MSLN), microRNAs (miR-198), and semaphorin 3E, and their mechanisms of regulation. Her lab also studies the chimeric virus-like particles vaccine, nanoparticle targeted miR-198 therapy, and other combination immunotherapeutic approaches in pancreatic cancer pre-clinical models. Dr. Yao has made significant contributions to invention and innovation in the fields of vaccine and nanoparticle targeted microRNA therapy for pancreatic cancer and small molecules of xanthine oxidase inhibitors for gout. She holds 16 U.S. and foreign patents that have been licensed to several companies for product development in cancer therapy and gout prevention and treatment.

Aortic repair device earns FDA Breakthrough Device Designation

The Thoraflex Hybrid stented device for aortic arch repair by Terumo Aortic has earned Breakthrough Device Designation from the Food and Drug Administration (FDA). **Dr. Joseph Coselli**, professor and chief of the Division of Cardiothoracic Surgery and vice chair in the Department of Surgery, is the principle investigator for the trial studying this device. Dr. Coselli also serves as chief of adult cardiac surgery at Texas Heart Institute and holds the Cullen Foundation Endowed Chair at Baylor College of Medicine. He is world renowned for his historic achievements in the surgical treatment of diseases of the aorta.

The aim of Breakthrough Device Designation Program of the FDA is to provide patients and healthcare professionals with timely access to important breakthrough medical devices by accelerating their development, assessment, and review, while preserving the statutory standards for premarket approval and 510(k) clearance.

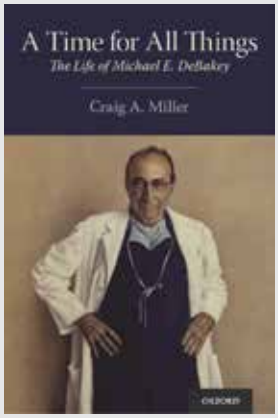


Thoraflex Hybrid is a single-use medical device which consists of gelatin-sealed woven polyester graft and a Nitinol self-expanding stent graft. It is used to surgically repair or replace damaged or diseased vessels of the aortic arch and descending aorta, occurring from a thoracic aortic aneurysm or an aortic dissection (both of which have high mortality rates).

"This designation from the FDA will allow us physicians to treat patients who may be at great risk of rupture with a device that brings the primary benefit of requiring a single stage procedure instead of the conventional treatment involving two procedures, thus lowering the risk of patient mortality and potentially reducing overall operating time and hospital costs."

–Dr. Coselli

New biography of Michael E. DeBakey released by Oxford University Press



As the Michael E. DeBakey Department of Surgery celebrated 66 years of excellence, a new biography of Michael E. DeBakey, authored by Dr. Craig A. Miller, was released by Oxford University Press. Appropriately titled "A Time for All Things: The Life of Michael E. DeBakey," the book chronicles the exciting and productive life of this illustrious man who has been called one of the most influential people of the 20th century. Not only was Dr. DeBakey chief of surgery of our Department, but he was also a statesman, a solider, an advisor to the president, a physician to royalty, a father and family man. His legacy lives on through the millions of lives he has impacted through his work with the artificial heart, as well as through the work of the current and past members of this Department.

Dr. Miller's books have been published in several languages and editions. He has been a Scholar-in-Residence at the Ohio State University Medical Heritage Center and a Michael E. DeBakey Fellow in the History of Medicine at the National Institutes of Health.

Dr. Bijan Najafi receives funding for collaborative study with the University of Houston

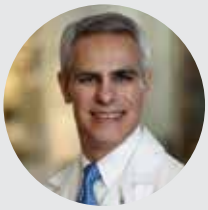
Dr. Bijan Najafi has received $60,000 in funding for his study titled, "Tele-exergame: Remotely-Supervised Game-Based Exercise Platform for Improving Cognition and Motor Function in Adult Cancer Survivors Using Telemedicine." The focus of this study is developing, and feasibility testing a home-based tele-exergaming platform to improve motor-function of cancer survivors and further engage them in the survivorship-care.

This is a collaborative seed grant study between experts from Baylor College of Medicine and the University of Houston. The co-investigators from Baylor College of Medicine and the Michael E. DeBakey VA Medical Center are Dr. Sarvati Yellapragada, associate professor of hematology and oncology, and Dr. Amir Sharfkhaneh, associate professor in the Department of Medicine an expert in telemedicine. From the University of Houston, Dr. Najafi's team will be working with Dr. Beom-Chan Lee, assistant professor, and Dr. Junmo An, research assistant professor in the Department of Health and Human Performance.

Dr. Najafi has over two decades of experience in designing digital health technologies for objective evaluation of the healthy state of patients with locomotor dysfunctions. He has over 200 scientific publications in peer-reviewed journals or conference proceedings with more than 8000 citations, 18 issued, pending, or provisional patents, and has been PI or a key investigator on over 60 industrial, national and international grants totaling more than $50 million). He works with a wide network of clinical and bioengineering collaborators across the globe primarily in the clinical areas of falls, frailty, gait, cognitive impairment, a diabetes and diabetic foot ulcer.

Grants and research awards

- **Dr. Jayer Chung**, assistant professor of surgery in the Division of Vascular Surgery and Endovascular Therapy; Gore & Associates, Inc., "Vascular Surgery Fellow Educational Program," Term: 2/1/2020 – 1/31/2021. Award amount: $25,000.



- **Dr. Scott A. LeMaire**, professor and vice chair for research in the Michael E. Debakey Department of Surgery; Terumo Cardiovascular Systems Corporation, "Retrospective Study to Collect Data in Patients Who Have Received Treatment for Extent I, II, III or IV Thoracoabdominal Aneurysm or Dissection." Term: 1/14/2020 – 1/13/2021. Award amount: $64,648.

- **Dr. Bijan Najafi**, professor and director of Clinical Research in the Division of Vascular Surgery and Endovascular Therapy; in collaboration with Biosensics LLC with funding from NIDA/NIH through the SBIR program for a phase I study titled "Wearable Device for Automatic Delivery of Naloxone during Respiratory Arrest due to Opioid Overdose." Term: 7/1/2020 – 6/30/202. Award amount: $73,277.

- **Dr. Alastair Thompson**, chief of the Section of Breast Surgery, and the Olga Keith Wiess Chair of Surgery; through collaboration with Perimeter Medical Imaging with funding from Cancer Prevention & Research Institute of Texas (CPRIT), titled "OTIS (optical tissue imaging system) Impact on Final Positive Margin Rates in Breast Conserving Surgery." Term: 3/1/2020 – 2/28/2022. Award amount: $289,081.

LEADERSHIP NOTES

Dr. Renata Souza Maricevich, assistant professor of surgery, has been appointed program director of the plastic surgery residency program. Dr. Maricevich was born and raised in Recife, Brazil, where she received her Medical Degree from the Universidade Federal de Pernambuco. She moved to the United States to pursue training and completed general surgery and plastic surgery residencies at the Mayo Clinic in Rochester, MN, followed by a pediatric craniofacial fellowship at the University of Pittsburgh Medical Center. Her clinical interests are in craniofacial, cleft palate and pediatric plastic surgery as well as international medicine.

Dr. Sebastian Winocour, assistant professor of surgery, has been appointed associate director of the plastic surgery residency program. Dr. Winocour was born in Charleston, South Carolina and grew up in Montreal, Canada. He completed medical school and general surgery residency at McGill University and second residency at the Mayo Clinic in Minnesota. Dr. Winocour uses the latest techniques in breast reconstruction surgery to help cancer patients achieve their aesthetic goals and restore their emotional well-being. In his aesthetic practice, he prioritizes working with his patients to create safe, natural results and to fulfill their goals in facial and body rejuvenation.

Dr. Juliet Holder-Haynes, assistant professor of surgery**,** was appointed interim chief of the Division of Metabolic and Bariatric Surgery. Dr. Holder Haynes specializes in bariatric and minimally invasive general surgery and performs gastric sleeve, lap-band, gastric bypass, and Nissen fundoplication procedures. Dr. Holder-Haynes also provides general laparoscopic surgical procedures, such as colectomy and hernia repair. She joined our faculty in 2011 and recently served as director of the general surgery clinical clerkship.

Dr. Holder-Haynes has a special interest in medically underserved populations and serves as a mentor for programs in the Office of Diversity and Community Outreach. Her research interests include adult and pediatric obesity. She recently received her MBA from Rice University and is an assistant professor in the Michael E. DeBakey Department of Surgery.

Dr. Marco Maricevich, assistant professor of surgery, has been appointed chief of plastic surgery at Ben Taub Hospital. Dr. Maricevich is a double board-certified reconstructive and aesthetic plastic surgeon in Houston, Texas. Dr. Maricevich was born in Washington, DC but raised in Brazil, where he received his medical degree. He then returned to the US for a postdoctoral research fellowship at the Massachusetts General Hospital, Harvard Medical School. Subsequently, he completed a residency in General Surgery at the Mayo Clinic and a residency in Plastic Surgery at the University of Pittsburgh, followed by a fellowship in microvascular reconstructive surgery at the University of Texas MD Anderson Cancer Center.

In the OR light

Samuel Creden, MD

General Surgery Resident

Q. Where are you from?

A. I'm from all over! I'm a Houston native—born and raised, but my family's lived in Cameroon, South Africa, and Azerbaijan. I've gone to school in Chicago, Alabama, and Virginia. I've grown to have a powerful sense of wanderlust, but I'm also looking forward to finally settling down in one spot for more than four years.

Q. What made you decide to go into medicine?

A. My dad will tell you he knew I would be a doctor before even I did. By a long series of very fortunate accidents, I was able to be in the room for my little sister's birth when I was only eight- years-old. Her obstetrician even let me cut her umbilical cord! When I told my Dad, I had resolved to pursue medicine, he said he'd seen it coming since then. If we ever run into each other in the halls and you're curious, just ask and I'll tell the whole story with far more animation than I could ever muster with just written words.

> *"Grow comfortable with being uncomfortable and accept that it's ok to be unsure sometimes. If you can learn to thrive with those conditions, you'll succeed no matter where you find yourself."*
>
> *–Dr. Samuel Creden*

Q. Where did you go to medical school and do your training?

A. I graduated from Eastern Virginia Medical School in Norfolk, Virginia.

Q. What made you choose your specialty?

A. On my first call night as a third-year surgery clerkship student, the resident I was following and I scrubbed for a kidney transplant, a cholecystectomy, an urgent hernia repair, and a decompressive laparotomy for abdominal compartment syndrome. Each case had a higher acuity than the last. As the night came to a crescendo, I stood in awe at how calmly and meticulously the surgeons operated through greater and greater challenges. Only as we brought the last patient back to the ICU *in extremis*—but alive—did the resident finally turn to me, dissolve his veil, and tell me with some of the most colorful candor how thrilling the night had been for him too. I've been hooked ever since.

Q. What is your current position?

A. I'm a preliminary general surgery resident, and I'm excited to report that this June I'll be one of the department's newest categorical residents.

Q. What do you like most about being a surgeon?

A. As you might imagine, the patient who underwent a decompressive laparotomy on the first night of my clerkship had a very protracted hospital course. I followed him for the whole of my two-month clerkship. At first, that meant reporting his pressor requirements and vent settings to helping the wound ostomy nurse change the terribly complicated dressing for his enterocutaneous fistula three times a week. Once he was extubated, we would talk every day before I went home. He was a mechanic, he had one daughter and a wife who loved him dearly, and his favorite book was Chaucer's The Canterbury Tales. We traded books before he was transferred to a long-term acute care facility. Even as the most junior trainee on the surgical team, I had the chance to see him dragged back from the precipice of death, care for him at some of his most vulnerable moments and befriend him throughout his recovery. Patients like him are my favorite part of this job.

Q. Is there anything you would tell someone thinking about getting into your profession?

A. Surgery is one of the most profoundly intimate and rewarding professions you can pursue. It's also potentially one of the most intellectually challenging, physically taxing, and emotionally demanding. Grow comfortable with being uncomfortable and accept that it's okay to be unsure sometimes. If you can learn to thrive in those conditions, you'll succeed no matter where you find yourself.

In the OR light

Ronnetta Etter, CPA, MBA

Director of Administrative Operations

I am what many consider rare — I am a native Houstonian. I love this city! My family is here and it's also where I've completed all of my formal education and work experience. Growing up, I wanted to be an astronaut until tempered by fear after the Space Shuttle Challenger explosion in 1986. Thereafter, I was never quite sure what path I would take. The only thing certain for me was that it would NOT be a career in healthcare! It simply wasn't on my radar and I spent a number of years being oblivious to all things related to a career in academic healthcare. I don't do well with physical bumps and bruises, but I am quite compassionate and have always been a champion of people.

My job is certainly dynamic at best, and I have the opportunity each day to work with and witness some of the most brilliant minds ever. This is indeed what I enjoy most."

–Ronnetta Etter, MBA, CPA

While I have a passion for writing, I ended up obtaining degrees in accounting and finance, earned certification as a public accountant (CPA) and worked in the oil and gas industry for a number of years, as an accountant and investor relations professional. It worked until it didn't. I had no idea that I would ever change industries or my profession. Interestingly, I became aware of an opportunity in the Department of Surgery two days after being laid off following the oil and gas crisis in early 2016. I thereafter joined the Department in the capacity of Lead Project Manager. Essentially, Dr. Rosengart had the foresight to invite me to join the department to oversee several projects that had been started. My job was to provide administrative support to see these projects moved to fruition. The road was a bit bumpy initially... let's just say that the feeling was mutual when I was asked to not return to the clinic in an administrative capacity!

Eventually I found my groove and began to offer administrative support in a variety of ways. I now oversee the administrative team as Director of Administrative Operations, providing direct support to Dr. Rosengart and the Department of Surgery. I lead administrative operations for the department, including managing its human resources function, faculty affairs, CME efforts and marketing and communications initiatives, to name a few.

My job is certainly dynamic at best and I have the opportunity each day to work with and witness some of the most brilliant minds ever. This is indeed what I enjoy most.

In the OR light

Bryan Burt, MD

Associate Professor and Chief, Division of General Thoracic Surgery

Q. What made you decide to go into medicine?

A. My father was a thoracic surgeon at Memorial Sloan-Kettering Cancer Center. I don't know exactly why but it wasn't until I was an undergraduate student that I had ever been to an operating room. I attended New York University and I was planning a career in photography when I went to see what my dad actually did. This was a different time, one of open surgery with big incisions, and one where surgeons ran 2 and sometimes 3 rooms simultaneously. Around mid-day, my dad was asked to help a colleague in a massive bleeding situation by an excited staff member who exploded into his room. I watched him calmly control the room, calmly control the bleeding, and I redesigned my future.

Q. Where did you go to medical school and do your training?

A. I attended medical school at Cornell University/New York Hospital on the Upper East Side of Manhattan. I completed my general surgery and cardiothoracic surgical training at The Brigham and Women's Hospital under the leadership of David J. Sugarbaker, Baylor College of Medicine's first Chief of the Division of Thoracic Surgery.

Q. What made you choose your specialty? How did you get into your specialty? What do you like most about it?

A. I had a very difficult time in choosing a surgical specialty. Early in my residency, I seriously considered specializing in the fields of vascular surgery, plastic surgery, and surgical oncology. I loved dissection and I loved reconstruction. It was my fascination with the biology and immunology of cancer, the intangible influence of my mentors, and my love for anatomy of the chest that brought me to a career in thoracic surgery.

My pivot from the visual arts to medicine afforded me a gap year in training that I satisfied with an opportunity in basic cancer research, which I have attended to throughout my medical education, training, and tenure as faculty. Throughout my education and training, I have been privileged to be mentored by influential surgeon-scientists who possess a unique ability to meaningfully influence direction in the study of cancer biology while changing standards of care in their surgical fields. As a 4th year general surgery resident, I rotated on the thoracic surgery service, was enamored by the anatomy of the chest, and envisioned the milestones for my career as a thoracic surgical oncologist.

Q. What do you like most about being a surgeon?

A. Cancer surgery is one of the surgical specialties where surgeons develop long-standing relationships with their patients and their patient's families, and I treasure this about my job. I have an amazing group of partners, clinic staff, and administrative staff that are our team. I like to think that we are on the leading edge of thoracic surgery and are driving change in our field that will benefit our patients. I am privileged to work in an environment that is truly collaborative, at the front line of innovation, and that is wholly supportive of novel initiatives in education, patient care, and discovery.

"I am privileged to work in an environment that is truly collaborative, at the front line of innovation, and that is wholly supportive of novel initiatives in education, patient care, and discovery."

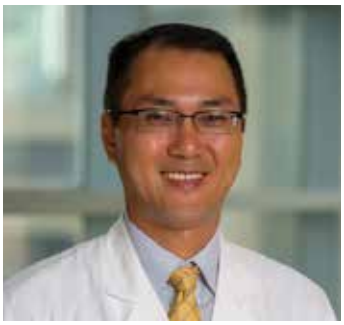
–Dr. Bryan Burt

HONORS AND AWARDS

Dr. Rocky Chang Browder awarded Edward H. Molter Memorial Prize

Dr. Rocky Chang Browder, research resident in the vascular surgery integrated residency program, received the Edward H. Molter Memorial Prize from the Rice Business Plan Competition, organized and hosted by the Rice Alliance for Technology and Entrepreneurship and the Jesse H. Jones Graduate School of Business at Rice University. He won for his invention of the Exact Vascular Access (EVA) device, an adjustable needle guide that integrates ensures complete visualization of the access needle to consistently achieve safe and efficient vascular access. Dr. Browder performed this work through the Interdisciplinary Surgical Technology and Innovation Center (INSTINCT℠), the innovation program for the Department of Surgery launched to support faculty and residents in designing and building (incubating) MedTech solutions to the problems and needs of their patients.

Dr. Chung appointed to editorial board of *Annals of Vascular Surgery*



Dr. Jayer Chung, assistant professor in the Division of Vascular Surgery and Endovascular Therapy, has been appointed to the editorial board of the *Annals of Vascular Surgery*. Dr. Chung also serves on the editorial board of the *Journal of Vascular Surgery*.

Dr. Chung completed his general surgery training at the University of Colorado Health and Sciences Center and his vascular surgery fellowship at Emory School of Medicine. Dr. Chung's clinical interests include limb salvage and surgery for arterial disease. He is a member of the American College of Surgeons, the Society for Vascular Surgery, the Western Surgical Association, Southern Association of Vascular Surgery, and the Society for Vascular Ultrasound.

Dr. Tashinga Musonza received Golden Scalpel Award

Dr. Tashinga Musonza, graduating general surgery resident, was recently presented the 2019 Golden Scalpel Award by the Department of Emergency Medicine at Baylor College of Medicine. The Golden Scalpel Award is presented on behalf of the faculty and residents of Emergency Medicine to a single resident consultant in recognition of excellent communication, efficiency, and patient care.

Dr. Musonza was born and raised in Zimbabwe. He came to the United States in 2006 and graduated from Lander University, Greenwood, South Carolina with a bachelor's degree in Nursing and a Biology Minor. He worked as an ICU nurse in Pinehurst, North Carolina prior to matriculating at Mayo Clinic Medical School in Rochester, Minnesota in 2011. Dr. Musonza is joining the Colorado Springs Surgical Associates at Penrose Hospital as a Trauma Surgeon after graduation, which he came to enjoy during his fourth year clinical rotation there. He is passionate about surgical education and hopes to continue this by teaching general surgery residents from Baylor as they rotate through Penrose Hospital.

Dr. Ourania Preventza named associate editor for AATS journal

Dr. Ourania Preventza, professor of surgery, was named associate editor of "*Operative Techniques in Thoracic and Cardiovascular Surgery: A Comparative Atlas*," one of the official journals of the Association for Thoracic Surgery (AATS). The journal provides technique-based articles in cardiovascular and thoracic surgery by renowned surgeons in the field, presented in atlas format. Each issue of the quarterly publication contains articles in adult, congenital, general thoracic and transplantation.

The AATS is an international organization of over 1,500 of the world's foremost cardiothoracic surgeons, representing 41 countries. Founded in 1917, its members have a proven record of distinction within the specialty and have made significant contributions to the care and treatment of cardiothoracic disease throughout the world.

Dr. Preventza is an attending cardiothoracic surgeon at Texas Heart Institute and Baylor St. Luke's Medical Center. She is also president-elect of the International Society of Endovascular Specialists. She is a fellow of the American College of Surgeons and she is board-certified by the American Board of Thoracic Surgery, the American Board of Surgical Critical Care and the American Board of General Surgery.

Dr. Scott A. LeMaire appointed as chair of Literature Selection Technical Review Committee

Dr. Scott A. LeMaire, professor of surgery in the Division of Cardiothoracic Surgery, has been appointed to serve as chair of the Literature Selection Technical Review Committee of the U.S. National Library of Medicine for a one year term starting July 1, 2020. Dr. LeMaire is the Jimmy and Roberta Howell Professor of Cardiovascular Surgery, vice chair for Research in the Michael E. DeBakey Department of Surgery, director of Research in the Division of Cardiothoracic Surgery, and professor of Molecular Physiology and Biophysics at Baylor College of Medicine, as well as a member of the professional staff in the Department of Cardiovascular Surgery at the Texas Heart Institute and Baylor St. Luke's Medical Center.

Faculty honors and awards

- **Dr. N. Thao N. Galván** has received a Professional Educator Appreciation (PEAR) Award from the Baylor College of Medicine Curriculum Committee Student Representatives. The PEAR awards were recently founded by BCM students to recognize their teachers and faculty for excellence in teaching, mentorship, and/or for outstanding general assistance and inspiration.

- **Dr. Stephanie D. Gordy**, was presented the Distinguished Consultant Award by the Department of Emergency Medicine at Baylor College of Medicine.

- **Dr. Subhasis Chatterjee** has been appointed to the editorial board of the *Journal of Thoracic and Cardiovascular Surgery.*

- **Dr. Subhasis Chatterjee**, **Dr. Jayer Chung**, **Dr. Ronald Cotton**, **Dr. M. Andrew Davis**, **Dr. N. Thao Galván**, **Dr. Michele Loor**, **Dr. Konstantinos Makris and Dr. Sebastian Winocour** received 2020 Early Career Awards for Excellence in Patient Care.

- **Dr. George Van Buren II** won a 2020 Star Award for Excellence in Patient Care.

- **Dr. Bryan Burt** received a 2020 Norton Rose Fulbright Faculty Excellence Award for Development of Enduring Educational Materials.

***Surgery News* is a publication of The Michael E. DeBakey Department of Surgery at Baylor College of Medicine**

To be added to the newsletter e-mail database please write to:

Scott Holmes, CMI
One Baylor Plaza, MS: BCM390
Houston, Texas 77030

or e-mail:
surgerynews@bcm.edu

Editor-in-Chief:
Todd K. Rosengart, MD

Editors:
Debbie Sugarbaker and Lisa Contreras

Contributors:
Scott Holmes, CMI

@BCMSurgery
@BCM_Surgery
@BCM_Surgery

MICHAEL E. DEBAKEY
DEPARTMENT OF
SURGERY