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SURGERY Synopsis

UW Medicine
DEPARTMENT OF SURGERY

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Chairman's Message

Carlos A. Pellegrini, MD, FACS, FRCSI (Hon.)
The Henry N. Harkins Professor & Chair

Friends & Colleagues of the Department of Surgery:

Recently, I was asked to present an overview of the Department of Surgery to the Medical School Executive Committee here at the University of Washington. I developed the presentation: "Department of Surgery: Then and Now," because much has happened in the Department since its inception in 1946, with Henry N. Harkins as our first Chair. Putting this presentation together made me realize yet again the breadth and depth of the Department, the amount of emphasis each chair has put on the parts of the mission, the strengths and weaknesses of the several leadership styles, the ups and downs of the financial health of the Department, and overall the growth of the Department – in numbers, stature and importance to the School of Medicine and to Surgery nationally and internationally.

In 1993, I became Chair at a time when the Department was facing serious challenges. As I started my tenure I was inspired by its rich history and in particular by some of the chairs that preceded me most notably Henry N. Harkins, Alvin K. Merendino, John Schilling and though interim, Alec Clowes. A great foundation existed and I felt privileged to become the guardian of this Department. I vowed, whether my tenure was short or long to make it the best it possibly could be. (*This column does not provide enough space to recount all the areas of growth since then. We invite you to explore those*

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The Department of Surgery and the Seattle Cancer Care Alliance: Partners in Turning Cancer Patients Into Cancer Survivors

Surgery is the oldest form of cancer treatment, used to diagnose, stage and treat cancer, but it is rarely a stand–alone cancer treatment in the modern era. It works in conjunction with medical oncology treatments (chemotherapy, targeted biologic therapies and hormonal therapies), radiation oncology, proton therapy, gamma knife therapy and other emerging treatments.

Years ago, many of the University of Washington Department of Surgery's providers (along with their colleagues in medical and radiation oncology) saw the need for a multidisciplinary effort to treat cancer. Ideally they felt such treatment would take place in a Center where multidisciplinary care was the norm and which included not only all types of clinical care for both adults and children, but all types of research, from bench

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Chairman's Message

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in more detail by following the link to the presentation: **Department of Surgery: Then and Now (http://bit.ly/1BOrpKf)**

One feature that has been constant throughout is our focus on the people that make it all happen. With that in mind we set out to recruit the best human beings we could, and then to create the most positive environment for them to work. I believe that if you focus on making people feel positive, engaged and energized when they consider why they come to work, one unleashes their talent and they make it happen. That is why the most precious asset that we have in our department is its human capital.

The founding and subsequent development of the **Seattle Cancer Care Alliance (SCCA)** is one example of that enhanced creativity. We devote this issue to looking at our Surgery Oncology program and our relationship with the SCCA. While the SCCA is the result of many individuals, departments and organizations thought and hard work, a seed for SCCA was planted by Dr. Roger Moe, a premiere breast cancer surgeon. He realized early on that though surgery had been the first, and sometimes only, cancer intervention; new discoveries and modalities made surgery only one of the tools in fighting cancer. He further realized that to make all the modalities work for the best of the patient, they had to be planned and carried out by a multidisciplinary team; it was not a one-person show. So, he began a breast cancer clinic in the basement of UWMC, one day of the week with a team consisting of a small team of 1 surgeon, 1 radiologist and 1 medical oncologist. Later, Dr. Moe would advance this concept with his creation of the "Bio-clinical Breast Cancer Unit" which added pathology, research and genetics.

The thought of these pioneers, always putting the patient first, was that cancer care needed to be practiced in a setting where there could be oncology teams. And, these teams would be composed of the best and most experienced health care providers with access to latest treatments, where leading edge cancer research was conducted, and where personalized care, with a multidisciplinary team planning and coordinating treatment, could be given to each patient.

Planning for SCCA began in 1998 between three of the best healthcare organizations in the Northwest: **Fred Hutchinson Cancer Research Center (the Hutch)**; **UW Medicine**, and **Seattle Children's Hospital (SCH)**. These three joint owners covered the gamut of clinical cancer care for children and adults with premier research providing access to ground-breaking treatments. We're proud of the Department's relationship with SCCA; several of our surgeons under the leadership of **Dr. David Byrd**, who is the Director of Surgical Oncology at SCCA and Associate Division Chief for our Division of General Surgery, play an important role within SCCA. More importantly our surgeons are proud and happy to provide cancer care at this extraordinary place whose stated purpose is to: "provide state-of-the-art, patient and family centered care; support the conduct of cancer clinical research and education; enhance access to improved cancer interventions; and advance the standard of cancer care regionally and beyond."

In this issue we also have a number of our faculty who have received honors and awards, we welcome new faculty and invite you to read about the research being conducted by **Dr. Venu Pillarisetty**, one of our oncology surgeons.

I hope you enjoy this issue of *Surgery Synopsis*.

Sincerely,

Carlos A. Pellegrini, MD, FACS, FRCSI (Hon.)
The Henry N. Harkins Professor & Chair
Department of Surgery
University of Washington

Seattle Cancer Care Alliance

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to clinical trials, to outcomes to translational. And, thus the idea of **Seattle Cancer Care Alliance (SCCA)** was born. Surgeons have been behind this concept from the beginning, often driving it forward. It is nearing its 15th year in existence and is more important to our surgeons than ever.

FRED HUTCHINSON CANCER RESEARCH CENTER

Begun in 1998, with actual clinical doors open in 2001, the SCCA unites the clinical and research prowess of **Fred Hutchison Cancer Research Center (The Hutch)**, **UW Medicine** and **Seattle Children's Hospital (SCH)** under one roof. With a stated goal of "turning cancer patients into cancer survivors," physicians at the SCCA have the compelling vision of leading the world in translating scientific discovery into prevention, diagnosis, treatment and cure of cancer.

Seattle Children's
HOSPITAL • RESEARCH • FOUNDATION

Accelerate to 2015: the SCCA currently has more than 300 oncologists, surgeons, radiation oncologists, clinicians and ancillary staff. Acting within multidisciplinary teams, over 6,000 patients have been treated for many types of cancers, including leukemia and lymphoma, breast, prostate, lung, and colon cancer. SCCA patients have access to the latest cancer treatments including stem cell and bone marrow transplantation, gene therapy, high–dose chemotherapy, radiation therapy, immunotherapy, minimally invasive surgical techniques, and other specialized therapies. Along the way, SCCA became the sole designated comprehensive cancer center in the Northwest. This designation, given by the **National Cancer Institute (NCI)**, is only bestowed upon centers that

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Seattle Cancer Care Alliance

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show scientific excellence and the capability to integrate a diversity of research approaches focused on the problem of cancer.

In recent years, in addition to day-to-day diagnosis and treatment of patients, the SCCA, seeing shrinking healthcare dollar resources, but a growing need, has focused more tightly on certain aspects of cancer care treatment, including:

1. More precise treatments of cancer (often called precision medicine): With increasingly better diagnostic tools and increased understanding of specific genetic signatures, particular cancers can be matched with targeted therapies known to be effective. The increasing ability to avoid ineffective therapies significantly lowers the physical, emotional and financial costs of cancer treatment.

2. Translating laboratory science to actual patient care more quickly (Translational Medicine): As example of the work that is happening at SCCA, a team called the Solid Tumor Translational Research (STTR) was begun in 2013 and has brought together experts in multidisciplinary, multi-institutional teams, using state-of-the-art technology and scientific innovation to turn laboratory findings, population studies and clinical insights into clinical practice. As STTR's work matures, viable treatment options will move from the laboratory to the clinic a much faster pace. **http://www.sttrcancer.org/en.html**

3. Practicing High Value Medicine: Led by Fred Hutchinson Research Center, **Hutchison Institute for Cancer Outcomes Research (HICOR)**, has two major initiatives: 1) to identify clinically actionable metrics that signify high value in the treatment of cancer (called the Value in Cancer Care Initiative) and 2) HICOR is working to solve a stubborn problem. Working at the national level through its **Choosing Wisely Program**, the **American Society of Clinical Oncology (ASCO)** has identified a number of frequently ordered and costly interventions that lack evidence supporting their use or value in clinical cancer care. HICOR is participating in Choosing Wisely and is developing a program to address the gap between policy recommendations and action by providers.

4. More focus on cancer prevention, which can be seen as a major gain for all parties involved: the patient, the healthcare system and society. Some cancers, such as colon cancer, have such clear-cut early detection procedures (the colonoscopy), that most colon cancer can be caught before it becomes deadly or debilitating to the individual, provided people get colonoscopies when age-appropriate. SCCA regularly reviews and adopts new guidelines for screening based upon the ever evolving standards for detection and cure.

A statistic published by the **World Health Organization (WHO)** (April 2008) projects that the global number of deaths from cancer will increase 45% from 2007 to 2030. This statistic underscores

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Seattle Cancer Care Alliance (SCCA) building entrance at dusk.

Photo credit: Jim Linna/SCCA

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the approach and work of the SCCA. We invite you to read about the many specialty centers and clinics that comprise SCCA.

Breast Cancer

Breast Cancer Specialty Center

The **Breast Cancer Specialty Center (BCSC)** was a novel approach to managing newly diagnosed breast cancer patients. The origins of this multidisciplinary cancer clinic predate the creation of the SCCA. The brain child of the late **Dr. Roger Moe,** Professor Emeritus, Department of Surgery, a true pioneer in breast care, this clinic began in the late 1980s in less than optimal quarters at UWMC. Before the formation of SCCA, the Clinic met in a basement room at UWMC, one day per week with a single team comprised of a surgeon, medical oncologist, radiation oncologist, pathologist and breast radiologist.

In 2015, most patients with a new breast cancer diagnosis, both invasive and non–invasive, are now initially seen in the BCSC, which is physically located at the SCCA. It is a busy clinic with a true team comprised of multiple providers in every discipline that touches breast cancer. Currently, BCSC can accommodate six patients per clinic day, with capacity for over 600 new breast cancer patients per year. The clinic is staffed by four surgeons dedicated to surgical and breast oncology: **Dr. David Byrd**, Professor, Associate Chief, Division of General Surgery and Director of Surgery Oncology at SCCA; **Dr. Benjamin Anderson**, Professor of Surgery with a joint appointment in Global Health Medicine; **Dr. Kristine Calhoun**, Associate Professor of Surgery, Division of General Surgery; and **Dr. Sara Javid**, Assistant Professor of Surgery, Division of General Surgery. In addition,

Byrd

Anderson

Calhoun

Javid

there are eight breast medical oncologists and three radiation oncologists who see patients in BCSC on a rotating basis. There are also five dedicated breast radiologists and four pathologists with a breast emphasis who participate.

This model provides strong clinical care, great patient satisfaction and allows for a unique educational experience for the medical oncology, breast imaging and pathology fellows, as well as general surgery and radiation oncology residents who rotate through. Patients are first seen by a trainee, after which each patient is discussed at tumor board. The tumor board review includes a comprehensive film review, as well as a reviewing their pathology findings. Following this review, each patient is then examined by their team and meets individually with each provider as appropriate to discuss treatment recommendations and options. The clinic serves as not only an important clinical gateway, but also a key entry point for patients to be enrolled on clinical studies available to newly diagnosed breast cancer patients.

Although an intensive intake process, retention rates and patient satisfaction are consistently high for the clinic. The BCSC model has proven so successful that it has served as the blueprint for a number of other multidisciplinary clinics within the SCCA and UWMC system.

Breast Health Clinic

Although the SCCA is a cancer center, not every patient with a breast issue has cancer. Some patients are at high risk for breast cancer development, while others have a concern that needs to be investigated. In addition to the BCSC, patients requiring a diagnostic breast work up are typically seen in the **Breast Health Clinic (BHC)** at the SCCA. This clinic is staffed by two Advanced Registered Nurse Practitioners (ARNPs) dedicated to breast care, **Kathleen Errico** and **Laila Mansoori** and three breast surgeons, **Drs. Anderson**, Director of the BHC, **Calhoun**, and **Javid**. The clinic sees those patients who do not meet criteria to be seen in the multidisciplinary BCSC.

Errico

Mansoori

By being onsite at the SCCA, the BHC providers and patients are able to use the full services of Breast Imaging, as well as have an immediate entry point to the BCSC clinic in the event

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cancer is diagnosed. Finally, patients at high risk of breast cancer development are seen in the BHC for surveillance, as well as in the Breast and Ovarian Prevention Clinic. This close relationship with non-surgical clinics allows for transitions of care to be done as seamlessly as possible.

Colorectal Cancer

Colorectal Cancer Specialty Clinic

In response to the need for multidisciplinary care for colon, rectal, and anal cancer, the **Colorectal Cancer Specialty Clinic (CCSC)** was established in February 2013. **Dr. Alessandro Fichera**, Professor and Section Chief, GI Surgery in the Department of Surgery. Dr. Fichera a renowned colorectal surgeon from Italy by way of Chicago, was hired and asked to help build this clinic and team.

The mission of the clinic, located at the SCCA, is to provide patients with newly diagnosed or recurrent colorectal or anal cancer quick access to personalized and state-of-the-art treatment plans. The CCSC is a collaborative effort that takes advantage of the diverse specialties we have at the University of Washington and the SCCA.

Fichera

Krane

Horvath

The CCSC is staffed every day of the week and patients can expect to be seen by a number of clinical experts in colorectal surgery, including **Dr. Fichera**, Professor of Surgery, **Dr. Mukta Krane**, Associate Professor of Surgery, **Dr. Karen Horvath**, Professor of Surgery, Director of the Residency Training Program in General Surgery and the Associate Chair for Education in the Department of Surgery, **Dr. Mika Sinanan**, Professor of Surgery, and **Dr. Gary Mann**, Associate Professor of Surgery. Additional providers include representatives from medical oncology, radiation oncology, high risk genetics, enterostomal care, and radiology. Providers meet in a multidisciplinary conference to discuss each specific patient and to formulate a unique treatment plan that meets the individual's needs. Patients are seen within one week of contacting the CCSC. The clinic has a retention rate of 80% and greater than 60% are complex rectal cancer patients.

Sinanan

Mann

In addition to providing a specialized team approach that is unique in this region, patients also have access to a variety of clinical trials. Two particularly noteworthy clinical trials include the PROSPECT trial which is a randomized study comparing chemotherapy alone to chemotherapy plus radiation in patients with rectal cancer undergoing sphincter sparing surgery, and a multicenter randomized trial evaluating chemotherapy and chemoradiation followed by surgery or non-operative management in patients with stage II or III rectal cancer.

Endocrine Malignancies

The incidence of thyroid malignancies has rapidly increased over the past 25 years. They are the fifth most common cancer in women and the most common condition treated in the UW Medicine Endocrine Neoplasia Clinic.

While thyroid cancer is the most common cancer seen, the clinic specializes in the care of a broad range of patients with endocrine malignancies, ranging from those with differentiated thyroid cancers to complex adrenal tumors. The clinic provides the initial diagnostic evaluation of patients from UW Medicine as well as those referred from across the Pacific Northwest. Patients are cared for by a multidisciplinary team that includes endocrinologists, oncologic surgeons, ENT surgeons, nuclear medicine specialists, radiation oncologists, and medical oncologists. The most challenging cases are discussed at twice-monthly tumor board meetings. Department of Surgery representation includes **Dr. David Byrd** and **Dr. Gary Mann**.

Treatment options include surgery and radioiodine administration. However, new treatment guidelines now allow certain low-risk patients to avoid radioactive iodine altogether. UW Medicine is the only center in the region that offers dosimetric calculation to guide I-131 radiotherapy in cases of metastatic disease or altered metabolism. On occasion, external beam radiotherapy, or tyrosine kinase inhibitor treatment, is employed.

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The Endocrine Neoplasia Clinic also has an active research program and is currently enrolling patients in a trial that evaluates the effect of an improved assay for thyroglobulin, the tumor marker followed in thyroid cancer, and assessing the long-term effects on quality of life outcomes in thyroid cancer survivors.

Esophageal and Gastric Cancers

It often begins with heartburn or discomfort when you eat or even chest pains. **Dr. Brant Oelschlager**, The Byers Endowed Professor of Esophageal Research and Chief, Division of General Surgery, states: "Esophageal cancer is notorious for being detected late because early symptoms are subtle or nonexistent. Outcomes from treatment are dramatically improved the earlier the cancer is detected."

For those who are diagnosed with gastric or esophageal cancer are fortunate when they find UW/SCCA for treatment. As with all the other types of cancer treated within the health system, esophageal and gastric cancer treatment is a collaborative effort. The team includes surgeons **Dr. Brant Oelschlager**, **Dr. Carlos Pellegrini**, The Henry N. Harkins Professor & Chair of the Department of Surgery, and **Dr. Andrew Wright,** Associate Professor of Surgery and Director of the UW Medicine Hernia Center at Northwest Hospital, radiation oncologists, medical oncologists, nutritionists and more. They work together to discuss all treatment options based on the type of cancer and its progression. It is likely that patients will be offered a blend of treatments that may include surgery, chemotherapy and radiation therapy and other new and emerging therapies.

Oelschlager

Pellegrini

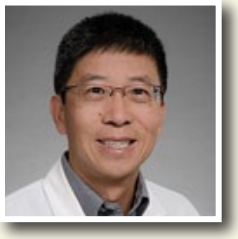
Wright

The UW is blessed with a world-class Center for Esophageal and Gastric Surgery whose focus is on the detection, diagnosis and cure of both malignant and non-malignant gastroesphageal problems. It is one of the few in the country and has impressive care-givers, including world-class surgeons.

As with all cancer specialties there are a number of on-going clinical trials which offer hope for a difficult form of cancer.

Liver Cancer

Liver Tumor Clinic



Yeung

When surgical oncologist **Dr. Raymond Yeung**, Professor of Surgery, was recruited to the University of Washington Medical Center in 1997, he had a vision for changing the way liver tumor patients were seen and diagnosed in clinic. "I wanted to create a multidisciplinary approach to patient care – a 'one-stop shopping' option for patients to come be evaluated by multiple specialists who would create a unique and comprehensive treatment plan based on the individualized needs of each patient," Dr. Yeung stated. Partnering with several other colleagues from related specialties, the **UW Liver Tumor Clinic** opened its doors in 1998 and became the first multidisciplinary clinic of its kind in the Pacific Northwest.

Park

Still running strong 17 years later, the UW Liver Tumor Clinic has grown to see over 475 new patients annually. The clinic is staffed by two dedicated surgical oncologists, **Dr. Raymond Yeung**, Professor of Surgery and Adjunct Professor of Pathology, and **Dr. James Park**, Associate Professor of Surgery, as well as medical oncologists, transplant surgeons, hepatologists, diagnostic radiologists, interventional radiologists, and pathologists, all with expertise in primary (hepatocellular carcinoma) and secondary (e.g. metastases from colon, breast, etc.) liver tumors. The goal of the UW Liver Tumor Clinic is to promote an unbiased, streamlined and effective clinical management pathway for patients with any benign or malignant liver tumor. This type of multidisciplinary setting provides a very personalized management plan for each patient that balances the most current evidence-based treatment with the patient's wishes and beliefs.

Serving as a pioneer in cutting edge treatments, the Liver Tumor Clinic was the first in the region to offer radiofrequency ablation (RFA), liver transplantation, nanoknife/irreversible electroporation (IRE), selective radioembolization (y90), minimally invasive liver surgery (laparoscopic and robotic), and most recently, proton external beam radiation. These unique treatments, partnered with the comprehensive care of a multidisciplinary clinic, result in exceptional patient outcomes.

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Pancreatic Cancer

Pancreatic Cancer Specialty Clinic

Hingorani

Brentall

The **Pancreatic Cancer Specialty Clinic (PCSC)**, located at the SCCA, has been serving patients of the **WWAMI** region and beyond for the past 6 years. It was initially conceived and implemented by **Drs. Sunil Hingorani** (from the Hutch), **David Byrd** (UW Surgery), **Theresa Brentnall** (UW Gastroenterology), and **Samuel Whiting** (SCCA), to address the unique multidisciplinary needs of patients with pancreatic cancer. PCSC initially met every other week and was restricted to patients with pancreatic and periampullary cancers that could be helped surgically. However it has developed into the primary weekly intake site for all patients with pancreatic and related cancers (e.g. distal cholangiocarcinoma, ampullary carcinoma, duodenal carcinoma). The clinic has been successful, respected and appreciated by the patients it serves. In 2014 80 pancreatectomies were performed at UWMC; among the highest in the country.

Pillarisetty

PCSC is currently staffed by four surgeons from the department of Surgery: **Dr. David Byrd**, **Dr. Venu Pillarisetty**, Assistant Professor of Surgery, **Dr. Gary Mann** and **Dr. James Park**. In addition, there are also four medical oncologists, three radiation oncologists, as well as two nurses and representatives from SCCA palliative care, nutrition, pharmacy, clinical trials, social work, and spiritual care. This entire team is remarkably dedicated to serving this complicated patient population. The presence of each of the individuals had led to an impressive esprit de corps for the clinic, which patients and family members respond to and truly appreciate.

In addition, by bringing patients into the system through this centralized way, the clinic has achieved very high clinical trial enrollment and currently have active trials for most disease stages (**http://www.seattlecca.org/clinical-trials/pancreatic-cancer-list.cfm**). Current trials include combinations of standard chemotherapy with immunotherapy or stromal targeting agents. Additional clinical trials are expected to be added in the coming months through our involvement on a national scale, including our institution's leadership in the Cancer Immunotherapy Trials Network. This is of great benefit to patients and to better understanding this complicated cancer.

Thoracic Cancer

Lung Cancer

Studies have shown that the first treatment you receive for cancer is by far the most important. Since lung cancer is the most common cancer (after skin cancer), and is responsible for one-third of cancer deaths in the USA, the SCCA plays an especially important role. **The Lung Cancer Program** at SCCA is the largest, most experienced program of its kind in the Pacific Northwest. In addition to innovations in early detection, the care team focuses on the full spectrum of lung cancer treatment, from targeted chemotherapies to minimally invasive surgical techniques. More clinical studies on lung cancer are conducted at SCCA than anywhere else in the region.

Lung cancer is not the only thoracic cancer treated at SCCA. Other patients may present with tracheal tumors, mesothelioma, thymoma/thymic carcinoma, primary chest wall malignancies or metastatic disease to chest wall and lungs.

The Thoracic Oncology team consists of subspecialty providers trained in thoracic surgery, medical and radiation oncology, thoracic radiology, pathology, and pulmonary medicine. The surgical team is comprised of **Dr. Douglas Wood**, Professor of Surgery and Chief of the Division of Cardiothoracic Surgery; **Dr. Leah Backhus**, Assistant Professor of Surgery; **Dr. Farhood Farjah**, Assistant Professor of Surgery; **Dr. Michael Mulligan**, Professor of Surgery, Director of the Lung Transplant Program and the Advanced Lung Disease Surgery Program *(pictured on page 8)*; and **Dr. Thomas Varghese**, Associate Professor of Surgery *(pictured on page 8)*. They offer the full spectrum of diagnostic,

Wood

Backhus

Farjah

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Seattle Cancer Care Alliance

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Mulligan

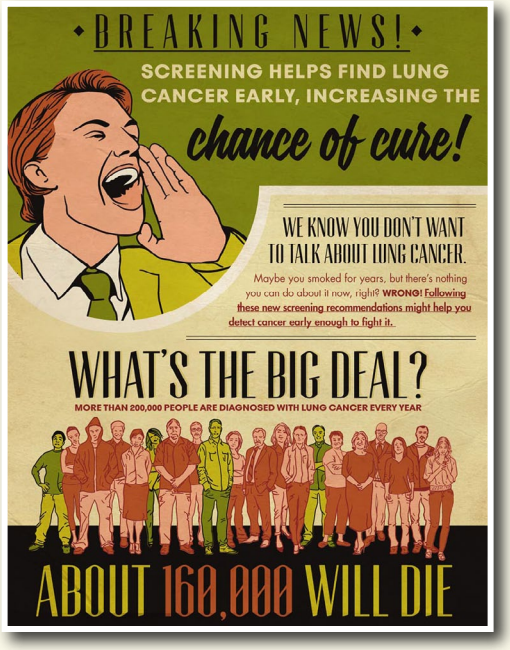
Varghese

therapeutic, and palliative interventions, including the use of image-guided procedures, endoscopy, minimally invasive surgery, and robotic surgery.

Lung Cancer Early-Detection and Prevention Clinic

One of the targeted goals for SCCA is Prevention. **The Seattle Cancer Care Alliance/UW Medicine Lung Cancer Early-Detection and Prevention Clinic (LCEDPC)** consists of subspecialty providers trained in pulmonary medicine, thoracic surgery, thoracic radiology, and medical oncology. This clinic sees patients at-risk for or concerned about lung cancer, those with suspected or confirmed lung cancer, and patients with lung nodules and/or thoracic adenopathy. The team provides the full spectrum of image-guided, bronchoscopic, and surgical diagnostic procedures, lung cancer screening and nodule surveillance, and smoking cessation interventions.

Just prior to these clinic appointments, the team of pulmonologists, thoracic surgeons, radiologists, and oncologists review all the cases of the day and formulate a multidisciplinary plan. Individuals and patients seen at the LCEDPC are eligible to enroll in an observational lung biorepository that collects plasma and tissue specimens as well as annotated clinical data.



SCCA's infographic educating why older smokers should consider an annual screening exam for lung cancer.

New Faculty

Dr. Gary M. Fudem joins the Department as Professor and Associate Director of the the Burn Center, located at Harborview Medical Center (HMC). He is also an attending plastic surgeon at VA Puget Sound Health Care System. He is a professor of surgery with a specialty in plastic surgery and burns. Special interests and expertise include reconstruction after burns and skin cancer.

Prior to coming here, Dr. Fudem worked for 26 years as an attending surgeon at the University of Massachusetts Medical Center. There he served several roles over the years including director of the burn unit, co-director of the Cleft Lip and Palate Center and plastic surgery consultant to the breast cancer and skin cancer services. He also worked on the active staff of Martha's Vineyard Community Hospital where he had a very large skin cancer practice.

Dr. Fudem received his bachelor's degree in Latin American studies from Stanford University and his medical degree from Case Western Reserve University. He completed a year of microsurgery and transplantation research at University of California-Irvine working on an NIH grant. His animal research done in 1985 is presently the only study showing bone growth of somatic tissue allografts.

Dr. Fudem went through general surgery training at the University Hospitals of Cleveland and plastic surgery training at the University of Massachusetts Medical Center.

Dr. Fudem is very interested in medical ethics and has been on multiple ethics panels, participated in medical student ethics courses and has volunteered on several hospital, regional and national ethics committees.

Over the past 30 years, he has volunteered on more than 50 overseas missions to teach and collaborate with local physicians in less developed countries.

He is a fellow of the American College of Surgeons and is board certified in plastic surgery with a certificate of added qualification in hand surgery. After 9/11, he was elected "Local Hero of Chilmark" by the US Postal Service, has received "The Felix Cataldo Humanitarian in Medicine Award" at the University of Massachusetts and the "Good Samaritan of the Year Award" by Good Samaritan International based in Seattle, Washington. He has been named one of US News and World Report's "Top Doctors" and voted as one of the "Best Doctors in America" by physician peers.