



Message from the Chairman

Winter 2017

Dear Colleague,

In this issue we report on our advances in treating Hepatitis C, tumors and transplants, our progress arresting cancers that have spread to the abdominal wall, and new discoveries about the importance of nutrition and the gut microbiome in small bowel transplants. Please see our comments, as well, on the case for overlapping surgeries.

To make information in this newsletter more accessible, we now provide links to our latest research organized by specialty.

I hope you will join us at our upcoming Pancreas Symposium on March 16, 2017, exploring current controversies on benign pancreatic disease. More information here: <http://columbiasurgery.org/events>.

Best regards,

Craig R. Smith, MD, FACS

Chair, Department of Surgery

New Genomic Therapies for Hepatitis C

New antiviral therapies for Hep C are eliminating complications and producing better than 90 percent cure rates, says Lorna Dove, MD, MPH, a hepatologist at Columbia's Center for Liver Disease and Transplantation. In the past clinicians used to "watch and wait" carefully monitoring the patients to see if they would fall into the 25 percent who develop fibrosis, and the smaller percentage who progress to liver cancer. With the new class of antiviral drugs, the algorithm has changed. "Our approach is now to treat everyone, and to be proactive. The new medication is easier to tolerate and we can pinpoint, with great accuracy, which drugs an individual will respond to," says Dr. Dove who has cared for over 500 Hep C patients.

Read more here: <http://columbiasurgery.org/news/2017/01/13/new-genomic-therapies-hepatitis-c>

Arresting Secondary Cancers to the Abdominal Wall

Cancer that spreads to the lining of the abdominal wall is typically lethal within six months. However many patients with this diagnosis are living longer with advanced treatments available at NYP/Columbia – one of the few programs in the nation to perform complex, extensive cytoreduction operations paired with hyperthermic intraperitoneal chemotherapy (HIPEC). Researchers have found 40 percent survival rates at five years for patients with metastatic colon cancer and median survival of over 60 months for those with diffuse malignant peritoneal mesothelioma. The success of this approach depends upon the skill and experience of the surgeon. The team at NYP/Columbia is unsurpassed.

Read more here: <http://columbiasurgery.org/news/2017/01/13/arresting-secondary-cancers-abdominal-wall>

Nutrition, the Gut Microbiome and Small Bowel Transplants

The Adult Small Bowel Program at NYP/Columbia University is making advances in managing patients with intestinal and multivisceral transplants.

"We are learning that nutritional therapy, including oral dietary choices, play an

important role in gut rehabilitation," says the program's director, Shilpa Ravella, MD, a leading expert in nutritional management of gastrointestinal disorders. "Patient outcomes have markedly improved over the past decade due to both advances in medical management as well as surgical techniques."

Read more here: <http://columbiasurgery.org/news/2017/01/13/nutrition-gut-microbiome-and-small-bowel-transplants>

From ABC-TV's Medical Marvels: Complex GI Surgery Saves a Life

In 2009, Roberta Schneider was diagnosed with advanced esophageal cancer. She also had injuries related to a near deadly car crash in 1993. Frank D'Ovidio, MD, Assoc. Prof. of Surgery at New York-Presbyterian, performed a complicated esophageal surgery, tailoring the procedure to accommodate her previous traumas. He adapted the remaining stomach to replace the portion of the esophagus removed during cancer surgery.

Read more here: <http://abc7ny.com/health/medical-marvels-complex-esophageal-surgery-saves-a-life-/1646502/>

The Case for Overlapping Procedures

In December 2016, a retrospective study from the Mayo Clinic indicated that a surgeon can safely be responsible for two overlapping procedures when critical parts of the procedures are not coincident. The study of overlapping operations showed no difference in patient outcomes, but increased effectiveness and time management.

Paul Kurlansky, MD, Associate Director of Columbia's Center for Innovation and Outcomes Research at NYP/Columbia, stresses that there is a big difference between overlapping and concurrent operations. With overlapping procedures, "surgeons cannot be booked to perform critical parts of two operations at the same time," he said.

Craig Smith, MD, surgeon-in-chief, NYP/Columbia told Medscape Medical News has been performing overlapping operations routinely for more than 30 years, and he believes his judgment should be trusted with regard to when and

how to do them.

Read more here: <http://columbiasurgery.org/news/2016/12/30/case-overlapping-procedures>

For your patients: BRCA Genes and Pancreatic Cancer

Research conducted by faculty at Columbia's Pancreas Center, found that approximately 10 percent of pancreatic cancers in our center are associated with breast ovarian cancer syndromes caused by BRCA 1 and 2 mutations. Others have found the link between pancreatic cancer and BRCA2 mutations to be as high as 19 percent. In 2015, Holter et al. analyzed BRCA mutations in patients with pancreatic cancer and concluded that patients with pancreatic cancer should be tested for BRCA mutations more broadly than current guidelines suggest.

Read more here: <http://columbiasurgery.org/pancreas/pancreatic-cancer-and-brca-gene>

Upcoming CME programs

SAVE THE DATE for these events:

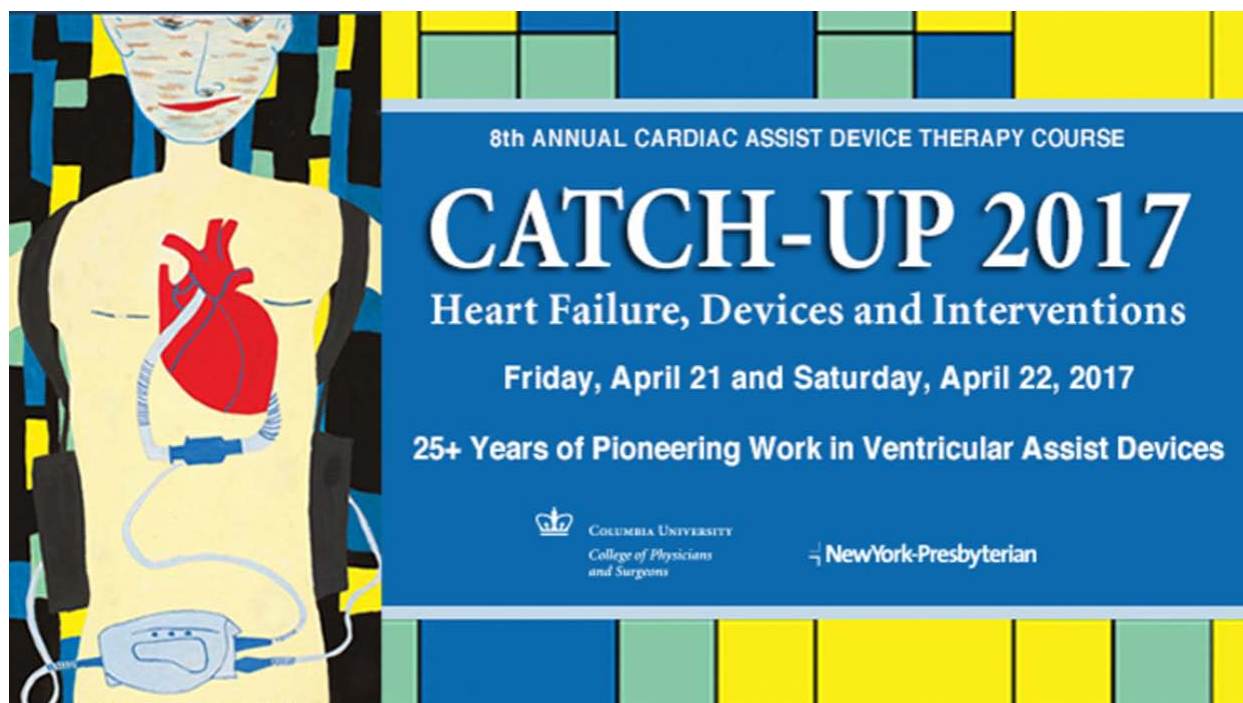
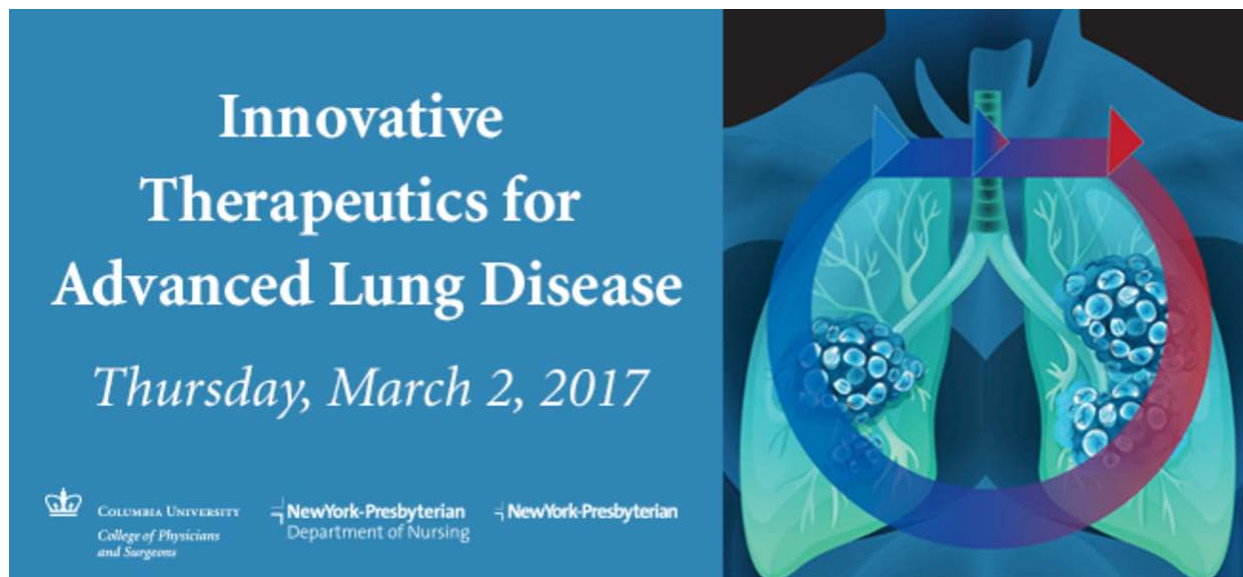
PANCREAS SYMPOSIUM 2017:
Current Controversies in Benign Pancreatic Disease

Thursday, March 16, 2017

New York Presbyterian
Columbia University Medical Center
Herbert Irving
Comprehensive Cancer Center

The Pancreas Center

The National Pancreas Foundation



Learn more about our current programs [here](http://columbiasurgery.org/events/upcoming): <http://columbiasurgery.org/events/upcoming>

To register contact Annmarie Tarleton, Special Events Coordinator
Columbia University Medical Center

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Fax: 212.304.7811

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View archived educational programs

here: <http://columbiasurgery.org/events/archived>

Webinars

Our vast library of videos and webinars is available 24/7 for your convenience.

Cardiovascular Webinars for physicians are available here:

<http://columbiasurgery.org/education-training/cardiovascular-webinars>



Patient Referral

To refer elective patients, call 212.305.7013 or 212.304.7810.

Email, info@columbiasurgery.org.

Urgent and emergency transfers: 1.800.NYP.STAT.

Physician Referral

Form: https://secure.cumc.columbia.edu/surgery/form/physician_referrals.html
