

# John Jones Surgical Society NEWSLETTER

Alumni News of the New York-Presbyterian/Columbia Department of Surgery



## Thoughts from the Recorder

James Lee, MD

*How far that little candle throws its beams!  
So shines a good deed in a naughty world.*

— Portia

*Merchant of Venice*



Kenneth A. Forde

Ken Forde has always been the epitome of what it means to be a surgeon, scholar, innovator, and mentor. His accomplishments in the worlds of colorectal surgery, education, and as a Trustee of Columbia University and of the New York Presbyterian Hospital put him in a class all his own. As the John Jones Surgical Society's recent celebration to this icon attests, Dr. Forde is one of our department's most beloved figures. All these wonderful attributes notwithstanding, to me Ken Forde has always represented the proverbial candle, his decency and humanity giving light to a cynical world. He taught generations of world-weary surgeons that our highest calling was service to each of our patients in all of their wonderful, sometimes challenging, stripes. That we must often rise above ourselves to care for those who have entrusted their most vulnerable

elves to us. He led by example, whether it was holding the hand of a dying patient until she fell asleep or chuckling in that deep baritone with a patient who needed a little bit of humor. There was no greater light, no steadier beacon for the resident. He made us better surgeons but more importantly he made us better people. Thank you Dr. Forde. Please enjoy this edition of the newsletter paying tribute to a remarkable man.

### UPCOMING EVENTS

*John Jones Surgical Society 15th Annual Spring Meeting*

May 8th, 2015 • 7:30AM — 4:30PM

Columbia University Medical Center, New York City

Reception at the *American College of Surgeons Clinical Congress*

Tuesday, October 28, 2014, 6:00-8:00pm

Marriott Marquis San Francisco, Sierra Suite A

55 Fourth Street, San Francisco, CA 94103

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# “The Fruits of his Labor”

Stephanie L. Goff, MD

When Dr. Kenneth A. Forde addressed his audience at the conclusion of the 14th Annual Spring Meeting of the John Jones Surgical Society, he shared a quote often attributed to Sophocles, “One must wait until the evening to see how splendid the day has been.” Looking backward from the ‘relative evening’ of his surgical career, it was clear to all in attendance just how magnificent the day of Kenneth Forde has been.



Ken Forde

He grew up on the island of Barbados, completing his secondary education before returning to the United States for further education. It took years of travel and education to find the woman that would share his life, though Kay grew up nearby on St. Vincent. His undergraduate degree came from City College of New York, with subsequent matriculation at Columbia University’s College of Physicians and Surgeons for his medical degree. The gentleman scholar-physician, known for his love of Shakespeare, elected to remain at the university for residency, first on the esteemed medical service at Bellevue and then training under the surgeons at Presbyterian Hospital.

And thus began what Dr. Jim Chandler called a “high-value friendship”, not only between two young men learning from each other side-by-side on the wards, but between Dr. Forde and the university that would remain his home for the entirety of his career - a career seemingly predestined by John Jones’s decree for the training of visionaries and innovators.

To look at his many awards and citations, his gift for mentoring stands out as he was often selected as teacher of the year by the medical students and residents of Columbia P&S. And he guided them with a gentle hand, in an era when surgeons were not renowned for a graceful bedside manner, winning an Arnold P. Gold Foundation Award for Humanism.

As to his great vision, he coauthored a review entitled “Screening Colonoscopy: has the time come?” in 1988, twelve years before he would perform an on-air colonoscopy on then-NBC Today show co-host Katie Couric, a gambit that demystified the process for her audience, increasing awareness and screening rates.

His devotion to surgical endoscopy was humorously reviewed by Dr. Gerald Marks with whom he cofounded the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES). In the trials and tribulations of establishing what would become a preeminent society, Dr. Forde often served as the diplomat in their many negotiations. To that end, Dr. Marks com-

memorated their partnership by presenting him with a white cowboy hat.

The surgical literature is awash with his contributions to the field of colorectal surgery, a fact acknowledged by the endowment of a Kenneth A. Forde Professorship, sponsored in no small part by the Research Foundation of the American Society of Colon and Rectal Surgeons.

He fostered an environment of academic research, through his own scholarly work, as the editor for *Surgical Endoscopy*, and as a member of many editorial boards. In his final editorial, he commented on the cultivation of careful reviewers and the importance of peer review in maintaining quality in surgical journals.

A co-founder of the John Jones Surgical Society with Dr. Eric Rose, he has also served as its president, continuing to have an influence on the many residents the pair trained during their tenure together at the Department of Surgery. He holds numerous medals and recognitions as a prominent alumnus from every academic institution at which he studied.

“So may the outward shows be least themselves: The world is still deceived with ornament.” Dr. Forde quoted Shakespeare in an attempt to distract his audience from the many fruits of his labor, minimizing his own role in creating the culture within the Department of Surgery that trains surgeons to pursue innovations in transplantation immunology, surgical education, and healthcare policy.

*There is no deception in your ornament, Dr. Forde. The good guy still wears the white hat.*

For more information on Dr. Forde and the stories of his rise from applicant to trustee at Columbia University, please visit the P&S archive at [www.cumc.columbia.edu/psjournal/archive/winter\\_2008/alumni.html](http://www.cumc.columbia.edu/psjournal/archive/winter_2008/alumni.html) ■



*Stephanie L. Goff is a 2012 graduate of our surgical residency program. She did a surgical oncology fellowship at the Dana-Farber Cancer Institute at Brigham and Women’s Hospital and Massachusetts General Hospital. She is currently a member of the senior staff at the Surgery Branch of the National Cancer Institute at the National Institutes of Health.*

# Seeing beyond the flexure:

*Brief reflections on Kenneth A. Forde, M.D.*

**Spencer E. Amory, MD**

When I think of Dr. Kenneth Forde I immediately reflect on the many ways that he directly influenced my career and my life. Many had a similar experience. However many more surgeons may not know how his contributions continue to shape the field of surgery. Here are just a few reflections.

Dr. Forde is visionary. In the 1950's and 60's he envisioned that a career in medicine and surgery at Columbia was possible for someone of his background. In pursuing and achieving that vision with class and dignity, he forever changed perceptions of many of his generation and the ones that followed. It was the same vision that enabled him to see the potential of the endoscope as an instrument in surgery. His conviction led him to co-found the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES), now the largest surgical society in the country.

During his career, Ken (oops!) was consistently open to new technology and novel approaches to the management of disease. I recall his ventures into adapting lasers and video cameras for the colonoscope, innovations that are now routine. I also reflect on his significant investment of money and personal influence to support the fledgling field of minimal access surgery. However, he did not embrace new technology without rigorous evaluation to demonstrate safety and efficacy. Nearing the end of his operative career, he conducted a lengthy and thorough clinical evaluation of the biodegradable ring for colonic anastomoses.

The experience of office hours with Dr. Forde is embedded in my memory. I recall walking with him to the waiting room and escorting patients into the consultation room. He connected with each person and listened intently to every word. After the interview we sat in the consultation room while the patient changed in the adjacent exam room. As we discussed the history and potential di-



*Spencer Amory*

agnoses he would rise abruptly, knock, and enter the exam room. I wondered if his vision extended through closed doors. Finally I mustered the courage to ask "How do you know when the patient is ready?" He pointed to his ear. "I listen," he said with a wry smile "for when they step off the scale." Today I have the privilege of caring for many of Dr. Forde's former patients. They never fail to express their gratitude for the care of this remarkable surgeon who picked up clues that enabled him to see beyond.

These days I am focused on enhancing my skills in two areas in which there has been a recent surge of interest, namely communications in medicine and patient safety. I often reflect on how Dr. Forde

demonstrated his commitment to these principles thirty years ago. I recall his insistence on accurate documentation. Many of us were subjected to his penciled corrections of our progress notes. Fewer will recall that he began each videotape of a colonoscopy with a shot of the patient's identification sticker bearing the name, date of birth, and medical record number. He also maintained a log of each recording on each Betamax videocassette (remember those?). There were also notations in the log of important findings of each procedure. Many of my contemporaries trekked to Dr. Forde's office on PH 14 to jointly review the tapes along with pathology slides and radiologic images well in advance of a scheduled case.

Can you imagine if Dr. Forde had today's technology? He would have a 3D reconstruction of each patient's colon on his iPad for rounds. As he performed a robotic low (is there another kind?) anterior resection, high definition flat screens in the OR would have rolling colonoscopy video and images of path slides. With his iPhone docked, classical music would fill the room, alternating with recitations of Longfellow and classics in Latin. Despite their technological prowess, today's residents would have just as tough a time keeping up with "the Master" as we did. ■



*Ken Forde—Office Hours*

# Recollections:

*From Washington Heights to the Upper Connecticut River Valley... one alums' journey:*

## Thomas Colacchio, MD

When I began my intern year on the CT Service at 5 AM on July 1, 1975, I was a young, confident, newly minted MD who felt that I had a significant advantage over my peers since I had worked in the CPMC OR as a scrub tech for the previous 2 years. I was not absolutely certain whether I would pursue CT, Pedi Surg or Vascular, but I was clear that I would eventually be in a private practice setting somewhere in the Greater Metropolitan Area. Six years later, having completed an additional year as the administrative Chief Resident, I was a somewhat older, still confident Board Qualified General Surgeon with a wonderful (and pregnant) wife and 2 beautiful daughters, and was eager to pursue an academic career in General Surgery with a specific focus in colorectal and oncologic surgery as an Assistant Professor at Dartmouth Medical School ... in rural New Hampshire! To say that my time on 168th Street was transformative would be a glaring understatement. What is remarkable to me today is how vivid so many of those experiences are after all these years.

I arrived in the Upper Valley with a clear expectation of working there until my first promotion and then moving on to climb 'the academic ladder' and with luck to eventually become a Department Chair. Once again, initial plans and expectations for my career would evolve in an unanticipated direction. Although I had a broad general surgery practice at the beginning, I gradually became more involved in surgical oncology, and this eventually became, and remains, my primary clinical focus. I began my research efforts initially in the area of chemoprevention of colorectal cancer. I had some modest success, and this interest morphed into my participation in the design of a series of large multi-center clinical trials of colon polyp prevention. Through collaboration with a colleague in the Thayer School of Engineering, my focus transitioned to novel therapeutic approaches for treating intra-abdominal malignancies, and



*Thomas Colacchio*

I spent several years attempting to develop the technical capability to deliver hyperthermia treatments intra-operatively. Although this effort never developed clinical relevance, I was sufficiently successful in obtaining extramural funding and publications to be promoted to Professor of Surgery in 1993.

I had a fortuitous acceleration in my administrative responsibilities early in my career when I was made section chief of General Surgery in 1984. I gradually became more involved in administrative matters, and was elected as Chairman of the DHC/MHMH Board of Governors in 1995 and eventually was elected as President of the

Dartmouth Hitchcock Clinic in 2000. For the next 10 years, I worked in partnership with the President of Mary Hitchcock Memorial Hospital as we gradually brought these 2 institutions closer together. This effort finally culminated in the creation of a parent holding company, Dartmouth Hitchcock Health, of which I became the founding President. I held this position for 2 years, and although I had maintained an active part-time practice throughout this time, primarily thyroid and parathyroid disease, I had long planned to return to full time practice. Thus, in 2012 I resigned my position as President of DHH and resumed my practice of full time Surgical Oncology.

My wife, Marie, and I still live in the same home where we raised our 4 children in Norwich, Vermont, we have 5 grandchildren, and I have long retired from playing rugby, but I am continuing to outfit my shop and actively refine my skills at cabinetry and furniture-making.

There were many individuals who made important contributions to my path forward including patients, staff, fellow residents and faculty. The 2 individuals who had the greatest impact, and whom I identify as my primary mentors are Ken Forde and Paul Logerfo. I had the privilege of spending a year with Ken as an endoscopy fellow during my Administrative Chief Resident year. This was at the beginning of the technologic and clinical

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development of colonoscopy, and Ken Forde was truly a 'surgical pioneer' in its evolution. Although we often recall the technical skills and techniques that we learned from our faculty, the lessons that I most value from Ken go far beyond these. Ken taught me how important each patient is as a person, not as a disease, that we have the unique opportunity and obligation to be both physicians and surgeons, and that this personal connection is an essential dimension of our professional calling. Ken also showed me the value of perseverance and how a thoughtful and measured approach that is also firm and direct is the most effective way to manage not only difficult clinical challenges but administrative and political dilemmas as well. It is these latter 'pearls' that have been most valuable to me during my leadership roles.

It has been 33 years since I left 168th Street, yet the memories of my friends and colleagues are still vivid and fond, and I greatly appreciate the chance to renew those through this wonderful Society (thank you again Ken Forde and Eric Rose). I look forward to gathering with you again next year!

Best Regards,

Tom Colacchio

General Surgery, CPMC: 1975 - 1981

## How it all started:

### *Getting P&S Medical Students Excited About Surgery*

**Doris Leddy and Trisha J. Hargaden**

I recently spoke to Doris Leddy, the Department of Surgery Clerkship Coordinator regarding her role in starting to introduce 1st year P&S medical students to surgery.

**Trisha:** How was the clerkship set up when you first took this position?

**Doris:** When I first took the position, the clerkship was set up with a lot of lectures and evaluations, with minimal interaction with students. How it was structured made it really hard to get evaluations from residents and attendings because everything was done on paper. Also, it didn't seem as if the students, residents and attendings were connecting.

**Trisha:** At what stage were students coming from P&S?

**Doris:** At that time I was just dealing with 3rd year medical students. As time went on, I started to deal with the 4th year students and that helped me understand why so few students were applying to surgery. I started to see that their



*Doris Leddy*

exposure and their myth "of not having a life," and not having a connection with the residents or the attendings on a personal, more intimate, level, was the reason why this myth continued to persist.

**Trisha:** How did you get the P&S medical students involved in General Surgery during their early medical school training and what prompted you to focus on 1st year students?

**Doris:** In 1998 when I started as Surgery Clerkship Coordinator, I was not very familiar with all this position really entailed. But Dr. Mark A. Hardy, my Clerkship Director, wasted no time in getting me involved in becoming a member of the Association of Surgical Education (ASE).

This was really the key to becoming aware of how a clerkship is run, and gave me all the information I needed to help make it grow, as well as getting all the medical students involved in general surgery at the beginning of their medical school training.

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As the years went by, I was not happy with the small number of our P&S medical students applying for general surgery residencies. As I recall, the numbers were usually three or maybe four students per year. Going to the ASE meeting every year helps me to understand how fascinating a career in surgery can be, but also how terrifying it can be if you're not involved in the early stage of your medical education. The myth of "not having a life," was all the students would say on each and every rotation. So I decided I needed to get the 1st year medical students involved, but the question was, how?

I knew I had all the materials necessary, but my real issue was how to make up one day electives, so as not to disrupt the medical students' daily curriculum, as well as to take the very precious time the surgeons had to offer. I also had to find a way to offer these to the 1st year medical students as soon as they arrived.

I had heard about a "Welcome Wagon," event the 1st year medical students attend in August before their official medical school training began. This was where all the vendors of the neighborhood, as well as the different school departments, the medical library, and school security gave information as to what they offer. I decided this was where the Department of Surgery was going to show what it had to offer. This would have been around 1999 and 2000

**Trisha:** How was it received?

**Doris:** First of all you have to have items to give out. With free giveaways, you are going to get a lot of students. Besides my surgery tee-shirts I also had a sign-up sheet for every little activity and every single one was completely signed. The Department of Surgery was the only clinical department there. I was the only department there advertising "introduction into the operating room – into surgery"

Since it was such a small elective the line of students continued beyond the door.

**Trisha:** So what activities did you offer?

**Doris:** Well it was "Meet the Surgeons"; the suture course; spend a day in the OR; everybody signed up for all of those little activities.

**Trisha:** So you created a list of possible activities for the students to get involved in, and that is when you came up with the electives?

**Doris:** Yes and that it wouldn't interfere in their regular curriculum because this was totally new and it wasn't part of their medical school training until they got into their clerkships. I didn't want to step on anybody's toes but I wanted the students to have a little taste of what it was like to be in the OR.

**Trisha:** Do they do this on their days when they didn't have lectures?

**Doris:** Well, yes and no. To spend a day in the OR some of them had to skip class. We got caught. I forgot which attending was in the OR and one of his students was in the OR who didn't show up to his lecture and that is when I started to tell the students "if you have a lecture, if you have a lab you must not come to the electives, but you have to let me know because we can reschedule them. There are plenty of time slots available." We had to really be vigilant with scheduling because I didn't want the elective to stop and it didn't. It worked out really well.

**Trisha:** How did you initially present it to the general surgeons?

**Doris:** I sent out emails to request instructors for suture courses and I set up a small conference for all the attendings to talk to them about the course and I remember none of them showed up. That was really disappointing. At this point I had not invited any of the students. So then I decided to ask (via email), if students could spend time with them in the OR and they started responding (via email). The students started going to the OR with them. Then I started the suture courses. A few of the attendings came because they saw the students were interested and after we got these electives going, I decided to have a big conference which was called "Meet the Surgeons" where all the students could meet the surgeons and it could be an intimate meeting where they could ask the attendings:

- What got them into surgery?
- What was interesting about surgery?
- Was it possible to be a surgeon and still have a life?

At my first meeting I had all the attendings, all the residents and I think, 150 students in attendance. It was really spectacular and our faculty became enthusiastic when they saw how excited the medical students were. So that is how it started to intertwine.

If the students are interested then we (attendings) are interested because we need to show them that you can "have a life" and how fantastic surgery is and it just started growing from there.

**Trisha:** How did you develop the second year students?

**Doris:** When we had the suture courses it was just for the first year students. We thought: how can we get the 2nd year students involved? We needed to do something a little bit more constructive than just the suture course. So we started telling this group of 1st years "after you finish the suture course, we will have more technical work and you

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can start the simulation lab next year.” So we structured it so that “you have to do this before you can do that” and they were excited about their first year with all the activities. So it was actually the first year group who became our 2nd year students. I also reminded them that “all these activities – surgeons that go on procurement, observe a transplant, can be done throughout your medical school training.”

Then I got the P&S Allen O. Whipple Surgical Society member students involved and they started coming with me to the “Welcome Wagon” and helped to organize the suture courses and the simulation. Now everybody was taking a position to keep everything going.

It also helped the students who were interested in surgery to become more involved and closer to the attendings and then they had their role models and you know it helps them later on when they are going to apply into a residency program. Students can get a beautiful letter because the surgeon really knows the student.

**Trisha** – so that was one of the outcomes – they really know the student. They interact with the students much more as a result of these electives.

**Doris:** The word gets around, “oh you can have a life” “oh you can do this”!

It took a while for those myths to disappear but started to and that is how more students got involved and more students became involved in the P&S Whipple Surgical Society – that is how everything started to roll.

**Trisha:** How are the students notified when an organ is available for transplantation? Time is a key factor here. How was that set up?

**Doris:** There is a paging system. A pager circulates among students. There is a list of students and whoever is next on the list got the pager and the fellow or the resident who was going on the procurement would page this number and the student would go along.

**Trisha:** For how long does a student have this pager?

**Doris:** It varies. I think the student had the pager between 24 and 48 hours. The pager kept being passed along because everybody wanted to do this. If you didn’t get to do it, maybe you would at a later date. This was really an exciting elective for the students because not only did they go on the procurement; they could come back and actually watch



*Doris Leddy*

the transplant.

This continues to be a very popular elective. Unfortunately, it is so popular that not everybody gets a turn. As the students started to interact more with the fellows and they showed an interest in transplant surgery, the fellows realized this was somebody they knew they could depend on. However, if a student didn’t respond to the pager the fellow might say “we are not going to page them if they are not going to come.” But as time went by, students who were interested in transplants knew whom to contact and they would say to the fellow: – this is my cell number, call me, I am really interested in going and if the student shows that they are really interested then they will be called. In a sense a fellow could have

a first year student who has the pager or a fourth student who has said – “This is my life, this is what I want to do”

**Trisha:** I am interested in your involvement in the Association of Surgical Education (ASE), because here you say, that you presented to them. How did that come about and what was the presentation? Did you present what you had started here?

**Doris:** Yes, the only reason we presented what we were doing was that Dr. Widmann had written a paper about it and it showed how the number of students increased after taking these electives for a couple of years. The number of medical students applying into General Surgery increased: it went from 3 to 18, indicating that the electives were a success.

**Trisha:** So, as a result of the paper written by Drs. Widmann, Hardy and others, the ASE asked them to present their findings?

**Doris:** They presented their paper and I gave a small workshop (along with a medical student who was involved), detailing the electives. We presented every elective that was offered.

**Trisha:** How was that received?

**Doris:** The room was packed. It gave other coordinators ideas about how they could increase an interest in Surgery and stop the myth. It was just wonderful.

**Trisha:** I see you held a leadership role in the ASE. Can you tell us more about that aspect and what it meant to you?

**Doris:** Over the years of being an ASE member, I was elected to become chair of the Surgery Clerkship Coordinators, nationwide. Well, it made me proud that I was nominated. It showed what I was doing as part of being the

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coordinator was validated and I was somebody that they could look up to, that I was somebody that was assertive, wanted student ideas and that is what the Chairman needs to do. It needs to have somebody that is going to go out of the box instead of just doing scheduling. It made Dr. Hardy very proud because he was the Clerkship Director at the time. It made me feel good about the whole project.

**Trisha:** And of course it put our Department of Surgery on the map!

**Doris:** At one time only Dr. Hardy and I went to the ASE meetings and I could not understand why it was just the two of us. Now everybody goes.

**Trisha:** Now you have many surgeons from our department who are members.

**Doris:** Right and they go because it helps them teach, it helps them become better teachers.

**Trisha:** So the outcome of your involvement is that more attendings now get involved in the ASE?

**Doris:** Very involved.

**Trisha:** What are your hopes for the future? Do you have any plans for future development?

**Doris:** Well, I don't know, everything is going so smoothly now. Women in surgery have increased; I don't have to do the "Women in Surgery" workshop anymore. I will have to see what else I could do.

I am so thrilled at the success this has been for our Department of Surgery, as well as for the medical students who are interested in choosing General Surgery as their career. ■

## *A summary of the one day electives and outcomes created and organized by Doris Leddy*

**"Meet the Surgeons"** – An early evening event where surgery faculty, fellows, and residents, could attend, and mingle with all the medical students. Many questions were asked related whether you could have a life outside of a career in surgery, and after the event, many students were reassured that they could.

**"Women in Surgery"** – At the time, there were not as many women surgeons as there are today. This was a concern for our female students who did want a career in surgery, and wanted to be able to raise a family. I think this meeting helped many female students see that it was possible. After five or six years of having this event, we realized it was not needed anymore as the number of women surgeons increased, and maybe now, is a little more than 51%.

**"Spend a Day with a Surgeon"** – This was, and is still a success. Students contact a particular surgeon and get to spend a day in the OR, office hours, clinic, or on floor rounds.

**"Suture Course"** – We have had from 10 – 20 students per session, and we hope it will soon be added to the students' regular curriculum.

**"Laparoscopic Course"** – In the beginning we offered this to only 2nd year students, but today, it is available to any student who signs up. This also is a very successful course.

**"Go on a Procurement/Observe a Renal Transplant"** – Dr. Michael Goldstein helped develop this elective where students could choose to go on a procurement, then observe the transplant, or just observe the transplant. This is one of our strongest electives to this day.

### *Outcomes:*

1. These one day electives were such a success, they increased our P&S general surgery applicant numbers from 3/4 per year, to as many as 18 per year, and we are still at that number.
2. Members of the P&S Allen O. Whipple Surgical Society are the ones who today represent the Dept. of Surgery and offer the one day electives to 1st year medical students at their welcoming meeting.
3. The electives increased the interaction between the attendings, residents and students. As a result attendings became role models for students.
4. The myth of "not having a life" as a surgeon was replaced by an enthusiasm to learn what surgery had to offer.



# 14th Annual John Jones Surgical Society Spring Meeting

*Friday, June 20, 2014 Symposium*

## Presenters and 2013-2014 Program Committee



*Jim Chandler*



*Jose Guillem*



*Spencer Amory*



*Karen Horvath*



*Jeff Cohen*



*Christine Rein and Trisha Hargaden*



*Dean Lee Goldman*



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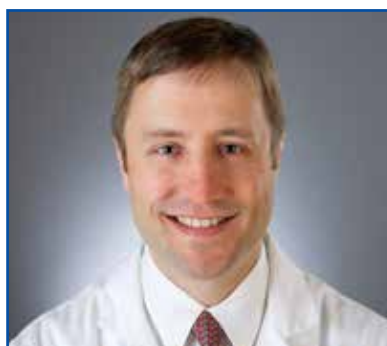
*Andre Campbell*



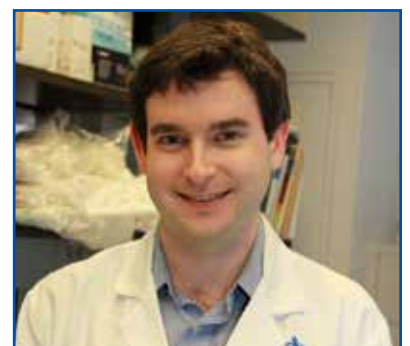
*Peter HR Green*



*Anne Larkin*



*Adam Griesemer*



*Joshua Weiner*



*A serious Moment*



*Mike Marvin, Pat Sylla, Kenneth Forde and Aku Welcome*



*David Kinne, Michael Gelfand and Henry Spotnitz*



*James Lee, Mike Marvin and Steve Libutti*



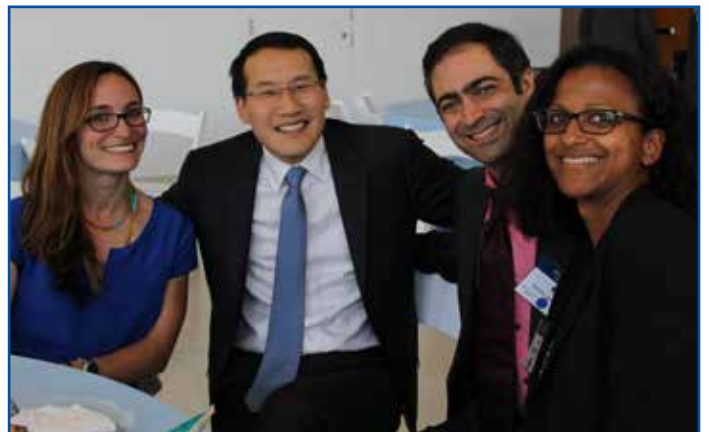
*Herb Mendel, Steve Ruby and Cary Dolgin*



*Joshua Weiner, Michael Berman and Jose Guillem*



*Tom Colacchio, Eric Rose, Ken Steinglass*



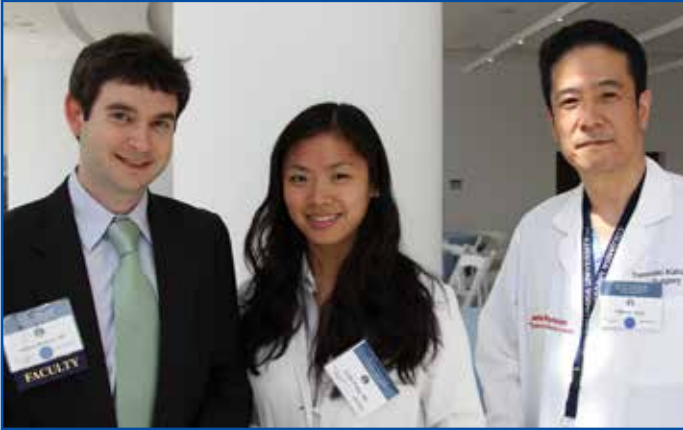
*Joey Papa, James Lee, Parswa Ansari, Pat Sylla*



*Graham Sellers, Kenneth Forde*



*John Vasquez, Chuck Kennedy*



*Josh Weiner, Leslie Wong, Tomoaki Kato*



*Jeffrey Zitsman, Abbey Fingeret*



*Jose Guillem, Gary Tannenbaum*



*Vaughn Whittaker, Adam Griesemer, Jim Chandler*



*James Efiog, Andre Campbell, Soji Oluwole, Vaughn Whittaker*



*Ken having a quiet chuckle*



*Andrea and Jeff Cohen, Juan and Michele Nogueras*



*Carol Conklin, Cindi Chandler, Foster Conklin*



*Ellen Hagopian, John Hunter, Mary Libutti*



*Henry Spotnitz, Donald Syracuse*



*Allendorf leading them astray*



*Kay Forde, Arthur Lee, Marise Santo*



*Llene Mendel, Gail Ruby*



*Ruth Hardy, Peggy Zikria*