Letter from the Chair

October 19, 2016

Dear Colleague,

We value your partnership in caring for patients with surgical conditions and believe that teamwork is the key to providing better outcomes and a smooth recovery. This newsletter will keep you up to date on our new and expanding programs in the Department of Surgery. In this issue you’ll find some promising new clinical trials for GERD and breast cancer patients, and a description of our exciting new COMMiT program—Comprehensive Obesity and Metabolism Management Intervention and Treatment for patients seeking long-term weight loss and a healthier lifestyle.

Future issues will alert you to programs that can benefit your patients with breast, colorectal, liver and GI conditions.

Best regards,

Craig R. Smith, MD, FACS
Chairman, Department of Surgery

Endo-Stim Clinical Trial: New Procedure for Chronic GERD

Current therapy with proton pump inhibitors can leave patients with significant residual
symptoms, and concerns have been raised about long-term use. Laparoscopic fundoplication can eliminate symptoms but may have side effects. This trial will use an electrical stimulator, similar to a pacemaker, to enhance the tone of the lower esophageal sphincter and prevent reflux. Patients will be randomly assigned to treatment with the device activated, or control with the device off for 6 months. At the end of 6 months all devices will be on.

In Europe this device is already in use, eliminating reflux in 70 percent of patients. Most patients have dramatic improvement in quality of life with no side effects. To refer a patient, or discuss the study further, please call Dr. Marc Bessler at 212 305 9506.

For more information about the trial, contact Diana S. Catz, PhD, RN, study coordinator, at 212-342-4102.

---

**Enrolling Breast Cancer Trials**

Over the summer, Columbia researchers will initiate several clinical trials that may change the way we treat breast cancer. Here are studies that are enrolling patients:

- **An Alternative to Mammography**

For decades women have asked for a more comfortable way than mammography to screen for breast cancer. Now researchers are exploring an alternative based on fluids produced within the breast.

A natural hormone called oxytocin stimulates the milk producing glands during pregnancy. In this clinical trial, patients with cancer in a single breast will be given an oxytocin nasal spray to stimulate fluid production from the breast in non-lactating patients. This medication will be delivered as the women go into surgery. In the OR, fluid will be collected both from the normal breast and the diseased one. In the lab, researchers will try to identify biomarkers linked to changes in the breast tissue. If Columbia researchers can identify highly accurate biomarkers, one day women may use this nasal spray, wear a pad in their bras to collect the breast fluid, then send that pad to the lab for analysis.

- **Cryotherapy**

In all previous ablation trials, using laser or cryotherapy, the standard has been “ablate and then resect.” Each participant had a tumor surgically removed to see if the treatment was successful. This will be the first trial where patients just receive the ablation therapy, without follow-up surgery. Participants will be very closely monitored with MRI scans and mammography to detect any problems early on and provide treatment when necessary.
This trial is part of a multicenter study focusing on breast cancer patients who are older and more frail. The goal is to avoid surgery for women who are less able to tolerate it—and avoid over-treating cancers that are unlikely to pose a serious threat.

For more information about these trials, call 212-342-8528 or 212-342-3681. Read about our Clinical Breast Cancer Program here: http://columbiasurgery.org/breast.

COMMiT—Our New Comprehensive Program for Weight Loss

Our new Comprehensive Obesity and Metabolism Management Intervention and Treatment (COMMiT) program offers integrated care by surgeons, endocrinologists, gastroenterologists, and other specialists for patients struggling with weight and related medical conditions. Our COMMiT team has expertise in every area necessary for successful, long term weight loss—including nutrition, medical management, diabetes management, psychosocial support, medical care, surgical care, balloon procedures, and endoscopic suture procedures. These services are centralized under one roof. Though not all insurance plans cover some of the newer treatments, we try to make sure our patients have access to the least invasive therapies.

Investigators at NYP/Columbia were among the first to recognize that bariatric surgery benefits patients with diabetes and mild obesity. Our research in this area has been published in prestigious medical journals, and contributed to a call by worldwide medical organizations to consider bariatric surgery as a treatment option for these patients.

A study published in JAMA in 2013, performed here at NYP/Columbia and several other sites, found that Roux-en-Y gastric bypass surgery was more effective than intensive lifestyle modifications and medical treatment in obese patients, helping them to reach a combined endpoint of a Hemoglobin A1c of less than 7.0 percent, an LDL cholesterol level of less than 100 mg/dL and systolic blood pressure less than 130 mmHg. After 12 months, 49 percent of patients in the surgery group and only 19 percent of patients in the intensive medical management group achieved the primary endpoint.

Read more: http://jama.jamanetwork.com/article.aspx?articleid=1693889

Learn more about the COMMiT program here: http://columbiasurgery.org/weight-loss/commit-comprehensive-obesity-and-metabolism-management-intervention-and-treatment or by calling 212.305.4000.

Educational Resources at NYP/Columbia Department of Surgery

Archived educational events may be found here: http://columbiasurgery.org/events/archived
Our vast Media Learning Center (http://columbiasurgery.org/weight-loss/commit-comprehensive-obesity-and-metabolism-management-intervention-and-treatment), which includes a library of videos and webinars, is available 24/7 for your convenience.

---

**Department of Surgery Named to 2016 Best Doctors List**

Each year *New York* magazine and the research firm Castle Connolly compile a list of top doctors in every specialty in the New York Metro area. This elite group is selected through an extensive process of peer nomination and the list serves as a useful guide to indicate which doctors are considered the very best in their fields. Twenty-five from the Department of Surgery have received this prestigious recognition:

- Michael Argenziano, MD (Cardiac Surgery)
- Tracey Arnell, MD (General & Acute Care Surgery)
- Jeffrey Ascherman, MD (Plastic & Reconstructive Surgery)
- Gudrun Aspelund, MD (Pediatric Surgery)
- Emile Bacha, MD (Pediatric Cardiac Surgery)
- Marc Bessler, MD (Minimal Access & Weight Loss Surgery)
- Michael Borger, MD PhD (Cardiac Surgery)
- Robert S. Brown, Jr., MD MPH (Transplant Surgery)
- John Chabot, MD FACS (GI/Endocrine Surgery)
- Jean Emond, MD (Transplant Surgery)
- Sheldon M. Feldman, MD (Breast Surgery)
- Daniel Feingold, MD (Colorectal Surgery)
- Mark E. Ginsburg, MD (Thoracic & Cardiac Surgery)
- Tomoaki Kato, MD (Transplant Surgery)
- P. Ravi Kiran, MD (Colon & Rectal Surgery)
- James Lee, MD (Endocrine Surgery)
- Steven Lobritto, MD (Pediatric Transplant Surgery)
- William Middlesworth, MD (Pediatric Surgery)
- Nicholas Morrisey, MD (Vascular Surgery)
- Yoshifumi Naka, MD, PhD (Cardiac Surgery)
Recent Faculty Publications


Pubmed link

Kluger MD, Lee JA, Chabot JA. Total Pancreatectomy. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA.

Link to PDF


Springer link
Pubmed link


Link to PDF

Continuing Medical Education Programs

Please join us for the following continuing education programs this fall.
The Parathyroid Diseases and Osteoporosis

Leaders: John P. Bilezekian, MD and James A. Lee, MD

Read more:

http://columbiamedicinecme.org/Endo2016.html

SAVE THE DATE:

Innovative Therapeutics for Advanced Lung Disease, March 2, 2017

Topics will include

- Pulmonary Vascular Disease: Advanced medical therapies, CTEPH-PTE, Elective and non-elective surgery and PH: Role for a high-risk surgical team
- Chronic Respiratory Disease: COPD, LVRS and Bronchoscopy LVR, Interstitial disease
- Cancer and ESLD, Diaphragm Disorders, Reflux disease
- When Therapy Fails: Bridge to Transplantation, Anticoagulation, ECMO
- The Future: Next Generation ECMO and Artificial Lungs, Stem Cell Therapy, Bioengineering

A full agenda will be available in late October.

More information: www.ColumbiaSurgeonCME.org or call 212-304-7817

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

CTEPH and PTE: A Conversation with the Experts: http://www.tctmd.com/multimedia/?
Left Atrial Appendage Occlusion for Stroke Prevention in Atrial Fibrillation: The Future is Now: [http://www.tctmd.com/multimedia/?section=/video/webcasts/2015/d37fe89795254121ac4d1ffe3b1db92d](http://www.tctmd.com/multimedia/?section=/video/webcasts/2015/d37fe89795254121ac4d1ffe3b1db92d)


Emerging Therapies for Systolic Heart Failure and Pulmonary Hypertension: [http://www.tctmd.com/multimedia/?section=/video/webcasts/2015/8086600e41d247228009b66444fc983](http://www.tctmd.com/multimedia/?section=/video/webcasts/2015/8086600e41d247228009b66444fc983)

Cardiac Replacement Therapy: LVAD and/or Transplant for Advanced Heart Failure: [http://www.tctmd.com/multimedia/?section=/video/webcasts/2015/5596c55ca3df45429ca286a917ef364d](http://www.tctmd.com/multimedia/?section=/video/webcasts/2015/5596c55ca3df45429ca286a917ef364d)

---

**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](https://secure.cumc.columbia.edu/surgery/form/physician_referrals.html)