

MEDICAL COLLEGE OF WISCONSIN
DEPARTMENT OF SURGERY
Annual Report
2019 Edition

MCW Surgery
knowledge changing life

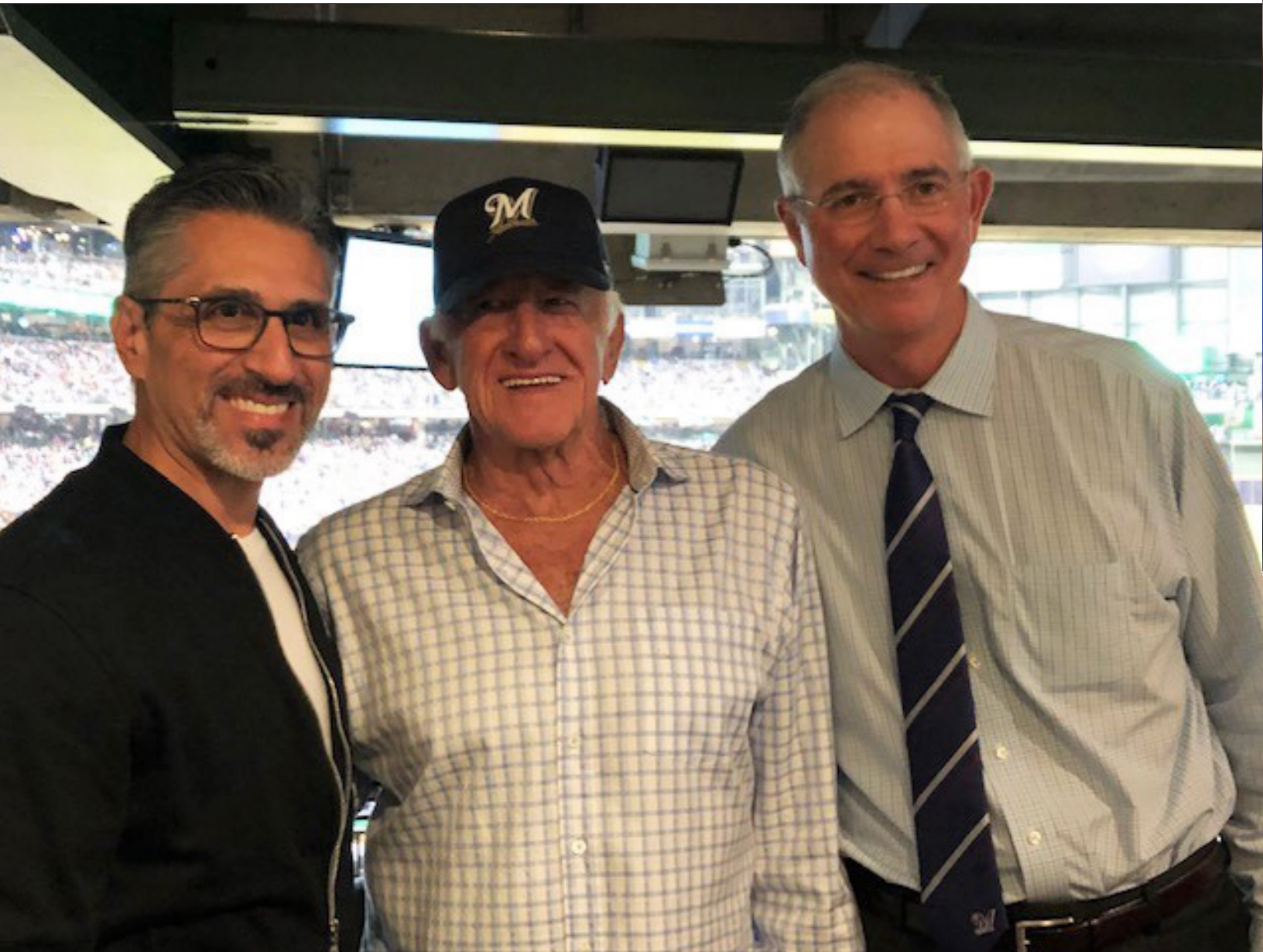
**THE MEDICAL COLLEGE OF
WISCONSIN DEPARTMENT OF
SURGERY IS
LEADING THE WAY.**



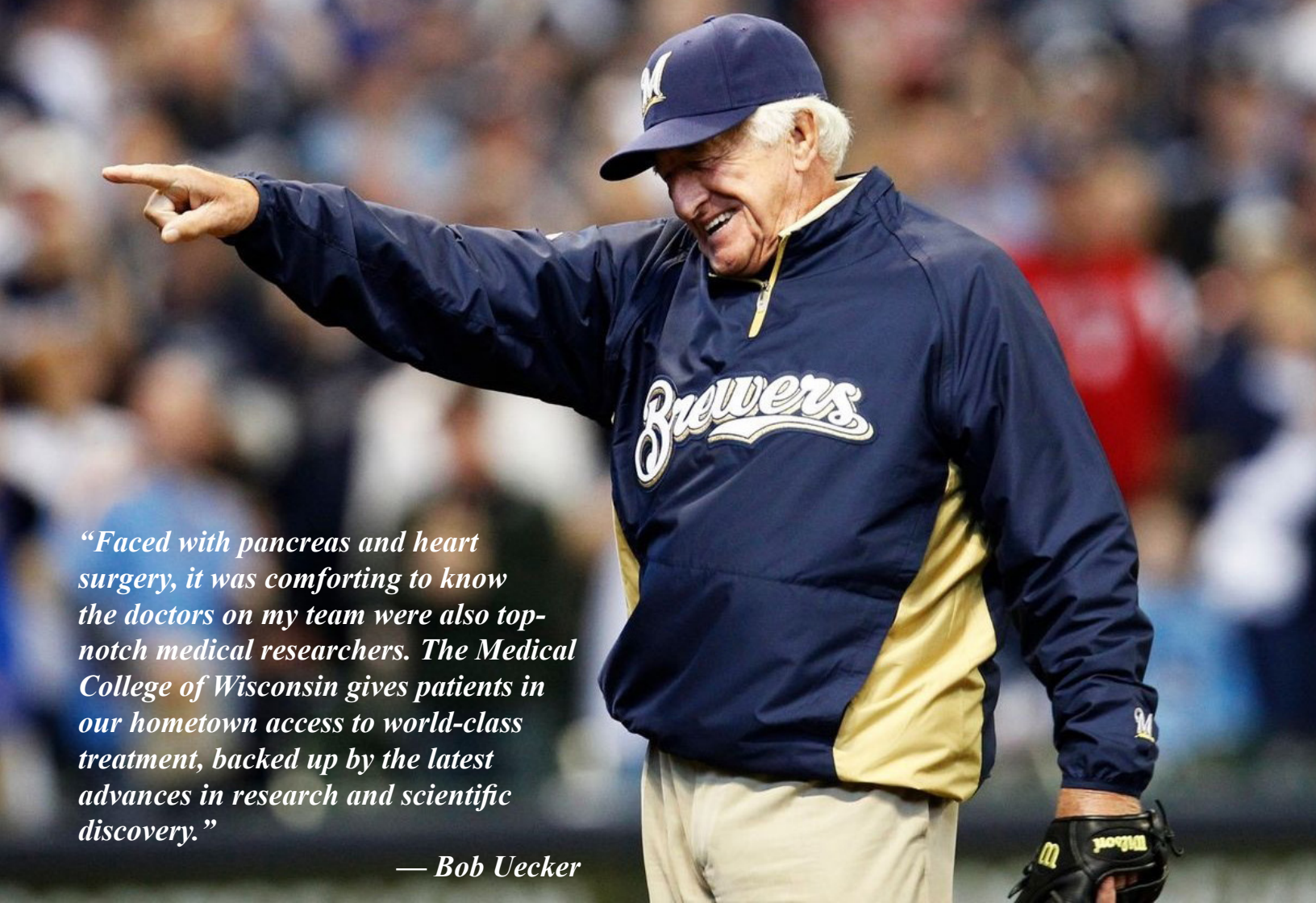
TABLE OF CONTENTS

<i>Welcome from Bob Uecker</i>	5
<i>By the Numbers</i>	6
<i>History of the Department</i>	8
<i>Practice Sites</i>	12
<i>Reach</i>	14
<i>Divisions</i>	16
<i>Cardiothoracic Surgery</i>	18
<i>Congenital Heart Surgery</i>	20
<i>Colorectal Surgery</i>	22
<i>Community Surgery</i>	24
<i>General Surgery</i>	26
<i>Pediatric Surgery</i>	28
<i>Research</i>	30
<i>Surgical Oncology</i>	38
<i>Transplant Surgery</i>	40
<i>Trauma & Acute Care Surgery</i>	42
<i>Vascular & Endovascular Surgery</i>	44
<i>Residency Program</i>	46
<i>Division of Education</i>	50
<i>Administrative Team</i>	52
<i>Academic & Faculty Achievement</i>	53
<i>Vice Chairs</i>	58
<i>MCW Surgery Around the World</i>	64
<i>Community Generosity & Giving</i>	69
<i>Acknowledgments</i>	76

THE MCW DEPARTMENT OF SURGERY IS **MY** DEPARTMENT OF SURGERY.



The voice of the Brewers, Bob Uecker, is pictured here with Roger Caplinger (Director of Medical Operations for the Milwaukee Brewers) and their surgeon, Dr. Douglas B. Evans, Chair of the Department of Surgery at MCW. Bob underwent a partial pancreatectomy for a precancerous condition of the pancreas a number of years ago. Roger was more recently diagnosed with pancreatic cancer and treated on a unique window of opportunity clinical trial developed by Dr. Susan Tsai and colleagues at the Medical College of Wisconsin and the Massachusetts Institute of Technology involving anti-stem cell therapies; the tumor was eventually removed by Drs. Tsai and Evans. Both Bob and Roger are doing everything possible to make the Milwaukee Brewers and the Department of Surgery the best they can be.

A photograph of Bob Uecker, a former Milwaukee Brewers player and manager, wearing a dark blue Milwaukee Brewers jacket and a matching cap. He is smiling and pointing his right hand towards the left side of the frame. The background is a blurred crowd of spectators at a baseball game.

“Faced with pancreas and heart surgery, it was comforting to know the doctors on my team were also top-notch medical researchers. The Medical College of Wisconsin gives patients in our hometown access to world-class treatment, backed up by the latest advances in research and scientific discovery.”

— Bob Uecker

Photo by Jeff Haynes (Reuters)

On behalf of the city of Milwaukee and the many great people who have worked tirelessly to make medicine the best it can be in this wonderful city, welcome to MY Department of Surgery at the Medical College of Wisconsin. This Annual Report will provide a brief glimpse into an amazing group of individuals who comprise MCW’s Department of Surgery. Although this report focuses on the faculty and residents, there are countless other individuals who play key roles in making this team a winner! For example, the nurse practitioners and physician assistants are the best in the world — they make the doctors look good every day! Their dedication to me (and all of us who have been a patient at one time or another) has been game changing — they provide a level of sophisticated care which keeps everyone’s eye on the ball — and they are never “a bit outside” — the NPs and PAs in this department are always right down the middle in how they manage complex medical questions which impact the health of all of us and our families. The administrative assistants, research staff and department managers remind me of our management team at the Milwaukee Brewers — always one step ahead and constantly focused on being number one! So, enjoy the Annual Report — just like our baseball team, it will be updated yearly as they recruit all-star talent at all positions — amazing surgeons, incredible residents and fellows, the most talented NPs and PAs in the world, and an administrative team who ensures that everyone is at the top of their game. When the Department of Surgery takes the field, there is talent at every position — an all-star line-up indeed. MY Department of Surgery has a laser focus on bringing you the best care in the world when you need it most! The Department of Surgery at MCW is MY Department of Surgery because they share my passion for winning against the diseases that affect all of us. Please join our team as we continue to lead the way in medicine in Milwaukee and far beyond!

Bob Uecker

Milwaukee Brewers
Baseball Hall of Fame, 2003

MCW DEPARTMENT OF SURGERY BY THE NUMBERS

We couldn't have achieved these numbers without the best advanced practice providers (nurse practitioners and physicians assistants) and administrative team in the world.

108

FULL & PART-TIME
FACULTY

11

DIVISIONS

225+

MCW FACULTY & ADVANCED PRACTICE
PROVIDERS FEATURED IN WEEKLY RADIO SHOW

9

CLINICAL FELLOWS

60%

WOMEN RESIDENTS

52

GENERAL SURGERY
RESIDENTS

12

ANNUAL SYMPOSIUMS

>14,000

OPERATIONS PERFORMED (2018)*

33%

WOMEN FACULTY

88

SECONDARY &
VOLUNTEER FACULTY

>35,000

UNIQUE PATIENTS*

21

UNIQUE
PRACTICE SITES

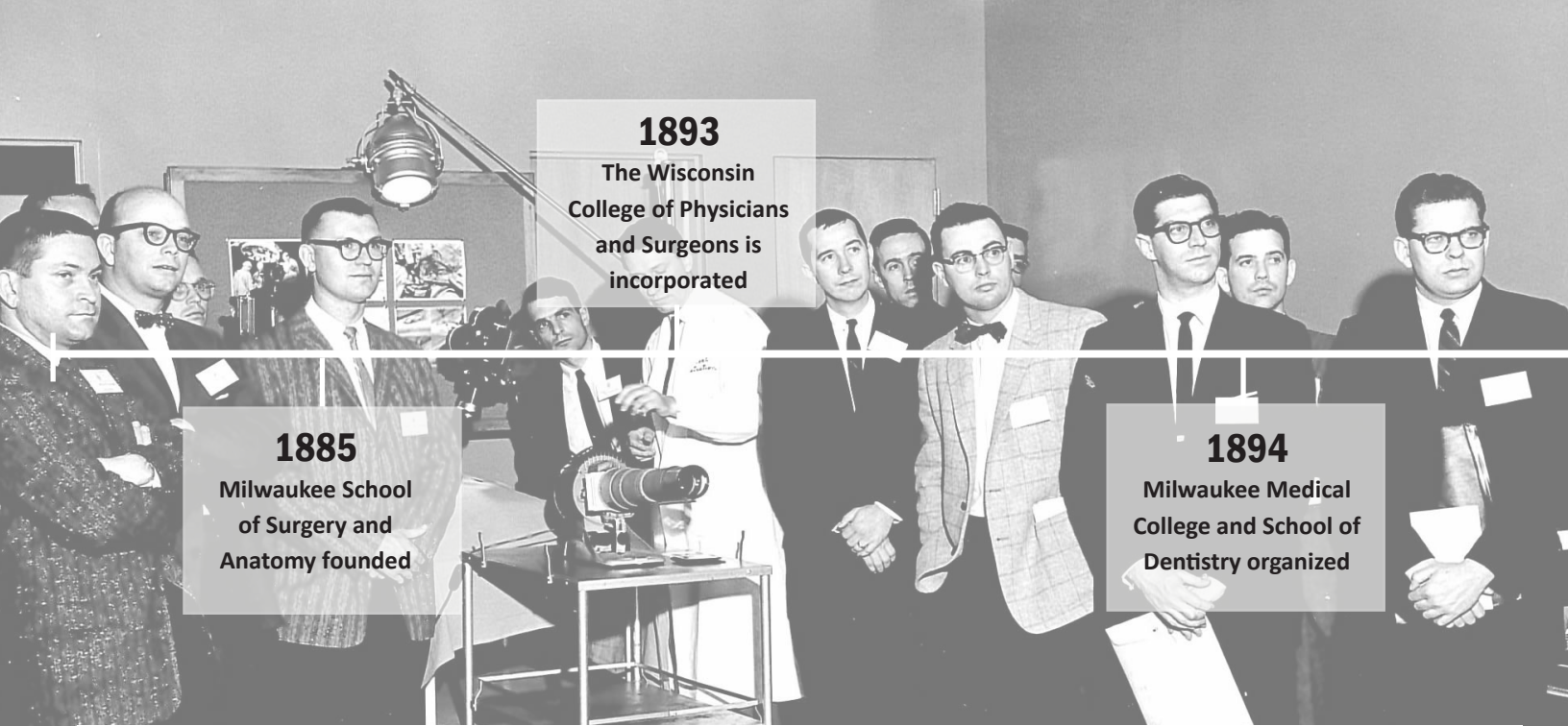
\$315,000

FIVE-YEAR FACULTY GIVING TOTAL

\$8M

RESEARCH FUNDING

* excludes VAMC and outreach to contracted hospitals



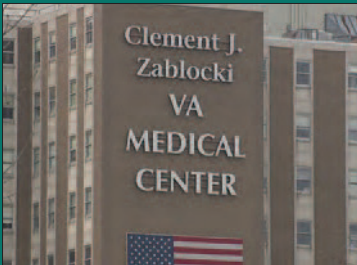
1893
The Wisconsin
College of Physicians
and Surgeons is
incorporated

1885
Milwaukee School
of Surgery and
Anatomy founded

1894
Milwaukee Medical
College and School of
Dentistry organized

MCW DEPARTMENT OF SURGERY HISTORY

Leading the way since 1885.



1950
Surgical services begin to
hold quarterly meetings
to review deaths and
complications



1955
General surgical residency
at Milwaukee County
Hospital lengthened to
four years

1946
VA Department of Medicine and
Surgery established and a three-
year residency in general surgery
was organized (VA, Wood, WI)



1951
General surgery
residency at VA Hospital
increased to 4 years



1907

Marquette College
affiliates with
Milwaukee Medical
College



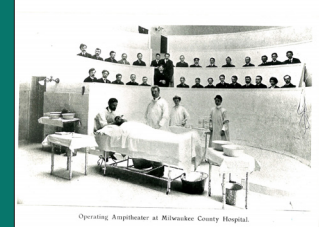
1920

Surgical training
transitions to
hospital-based



1913

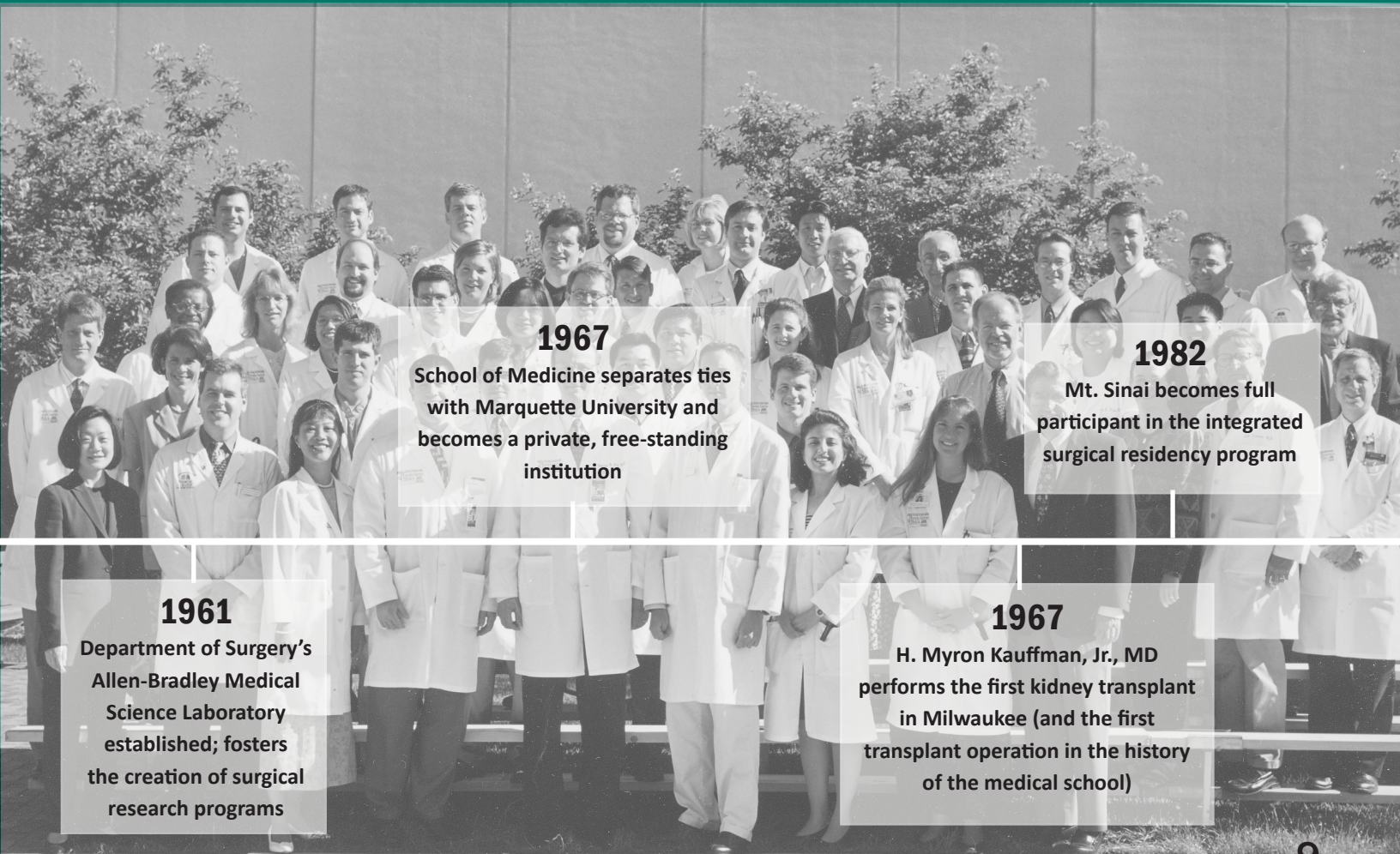
Marquette University
School of Medicine
established



Operating Amphitheater at Milwaukee County Hospital

OUR BACKSTORY

MCW opened its doors in 1893 as the Wisconsin College of Physicians. Under the leadership of its current President Dr. John Raymond, MCW opened Wisconsin's first three-year medical school in Green Bay in 2015 and opened a third campus in central Wisconsin, located in Wausau, in 2016. Under the leadership of Provost and Executive Vice President and Dean of the School of Medicine Dr. Joseph Kerschner, MCW currently has 1,400 students (to include medical students, graduate students, and pharmacy students), over 700 physicians in residency training and over 200 physicians in fellowship training. The physician group practice includes 1,650 physicians, and more than 800 nurse practitioners and physician assistants. MCW is among the top 6% of medical research institutions in the world.



1967

School of Medicine separates ties
with Marquette University and
becomes a private, free-standing
institution

1982

Mt. Sinai becomes full
participant in the integrated
surgical residency program

1961

Department of Surgery's
Allen-Bradley Medical
Science Laboratory
established; fosters
the creation of surgical
research programs

1967

H. Myron Kauffman, Jr., MD
performs the first kidney transplant
in Milwaukee (and the first
transplant operation in the history
of the medical school)

MCW DEPARTMENT OF SURGERY HISTORIC HIGHLIGHTS

1964

Edwin Ellison, MD, the first Chair of Surgery at MCW, assumes oversight of surgical training from Milwaukee County Hospital – Marquette Integrated Residency Program (County, VA, Children’s, Columbia, St. Joseph’s Hospital and Milwaukee)



1968

Derward Lepley Jr., MD, and W. Dudley Johnson, MD, perform the first heart transplant procedure in Milwaukee, just 10 months after the first human heart transplant conducted by Christiaan Barnard, MD, in South Africa

1970

Marquette School of Medicine is renamed to Medical College of Wisconsin



1973

The Milwaukee County Emergency Medical Services/ Paramedic Program is co-founded under the leadership of Charles Aprahamian, MD, (Surgery) and Joseph Darin, MD (Emergency Medicine)

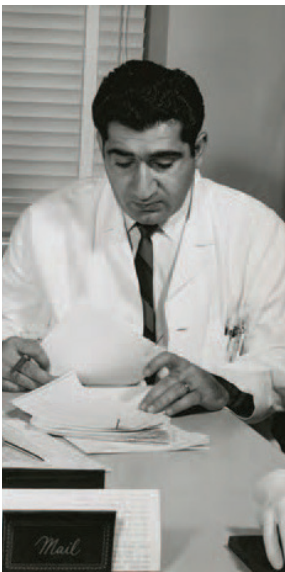
1976

Medical students assigned to Mount Sinai Hospital downtown for surgery clerkships



1978

Medical College of Wisconsin relocates to Milwaukee County grounds from downtown Milwaukee



1983

MCW performs the first liver transplant in Wisconsin, and develops the Our End-Stage Liver Disease and Liver Transplant Program

1981

Mt. Sinai surgical residency becomes part of the integrated surgical residency program with assignment of two fifth-year residents to County Hospital



1996

James Tweddell, MD, and George Hoffman, MD, perform the first surgery for hypoplastic left heart syndrome that reduced surgical mortality to less than 10%

2008

Froedtert & the Medical College of Wisconsin Clinical Cancer Center opens



2009

Douglas B. Evans, MD, named Chair of the Department of Surgery



2009

Division of Community Surgery established to celebrate physicians who practice primarily at off-campus sites



2010

Division of Surgical Oncology established; T. Clark Gamblin, MD, MS, MBA, is named the inaugural holder of the Stuart D. Wilson Chair of Surgery and Chief



2011

Division of Colorectal Surgery established; Kirk A. Ludwig, MD, Vernon O. Underwood Chair in Colon Cancer Research is named Chief

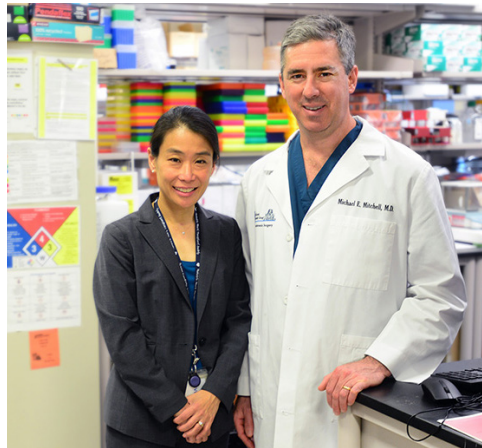


2010

The MCW Department of Surgery establishes the We Care Fund to support cancer, cardiovascular disease, gastrointestinal disease, organ transplantation, diseases of children and newborns, and trauma research

2012

Launch of the Harmony Test, which today is the most proven noninvasive prenatal test (NIPT) for pregnant women — based on cell-free DNA technology [developed](#) (and recently patented) in the lab of Aoy Tomita-Mitchell, PhD, and Michael Mitchell, MD, in 2006

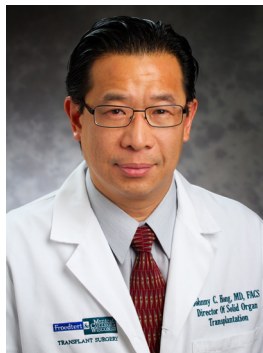


2013

Aoy Tomita-Mitchell, PhD, and Michael Mitchell, MD, develop a targeted genetic diagnostic blood test to detect rejection of a transplanted organ and monitor the health of transplant patients by analyzing DNA shed by the donated organ into the patient's blood

2013

MCW Transplant Surgeon Johnny C. Hong, MD, performs the first in situ split-liver transplant, saving two lives from a single deceased donor's organ



MCW Surgery
knowledge changing life



2016

John C. Densmore, MD, leads a multispecialty team at Children's to perform the first life-saving treatment in the United States for a baby born without a trachea



2017

Division of Research established; Gwen A. Lomberk, PhD, is named Chief and Director, Basic Science Research

2018

Launch of myTAI-HEART, the first non-invasive test for cardiac transplant rejection — technology developed by the Mitchell lab in 2012 using cell-free DNA from the blood of transplant recipients





MARSHFIELD CLINIC



FROEDTERT WEST BEND HOSPITAL

MCW DEPARTMENT OF SURGERY PRACTICES

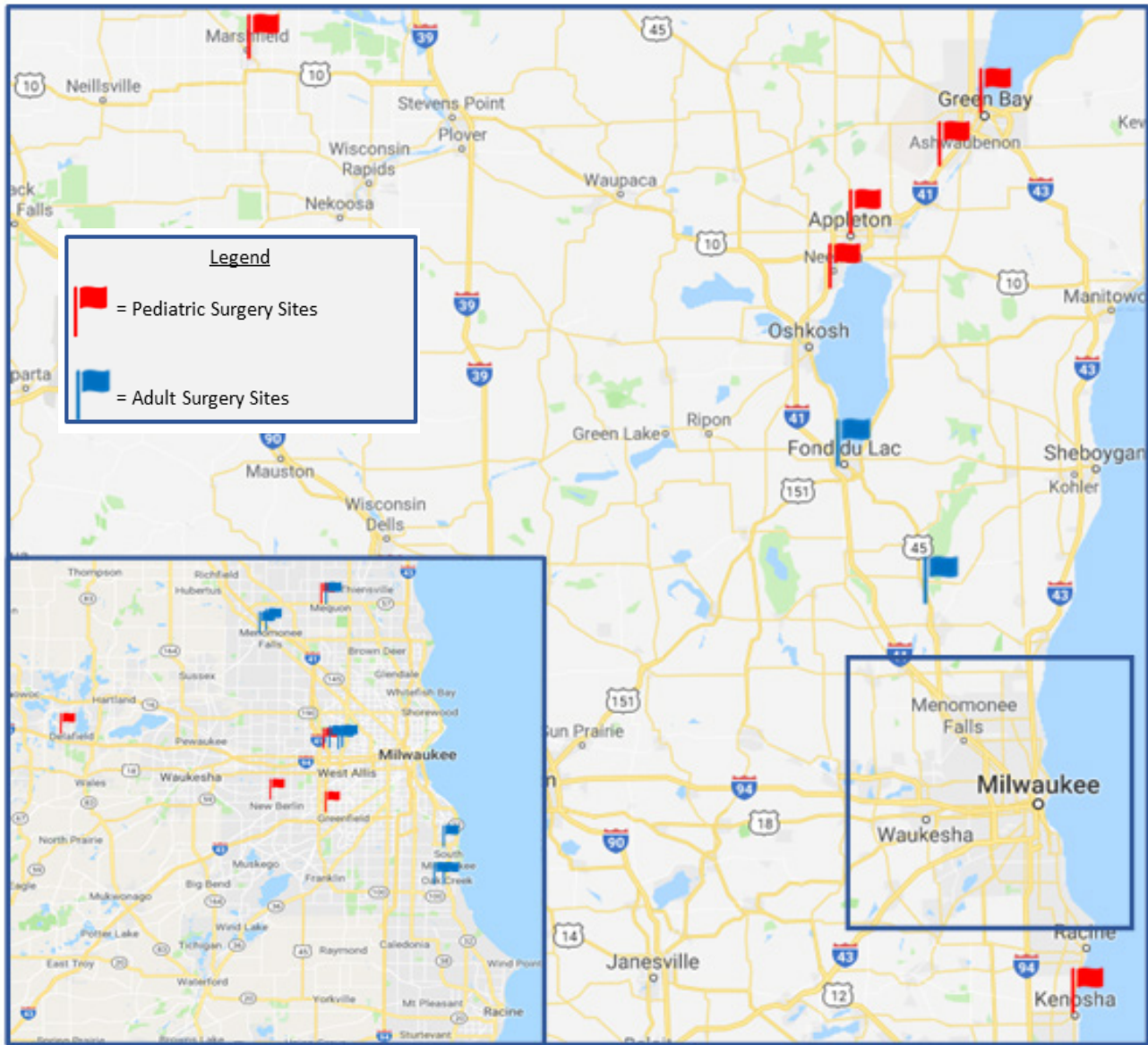
**Our faculty operate at 12
pediatric surgery sites and 13
adult surgery sites in Wisconsin.**



ZABLOCKI VA MEDICAL CENTER



FROEDTERT MENOMONEE FALLS HOSPITAL



FROEDTERT AND MCW LOCATIONS

Cancer Center, Drexel Town Square Health Center
 Clinical Cancer Center, Froedtert Hospital
 Drexel Town Square Surgery Center
 Froedtert Hospital and MCW, Milwaukee
 Froedtert Menomonee Falls Hospital & Town Hall Clinic
 Froedtert Surgery Center
 Mequon Health Center
 Froedtert West Bend Hospital
 Pleasant Valley Health Center

MCW SURGERY LOCATIONS

St. Agnes Hospital, Fond du Lac
 St. Francis Hospital
 Milwaukee Vein Clinic
 Zablocki VA Medical Center

OTHER PEDIATRIC SURGERY LOCATIONS

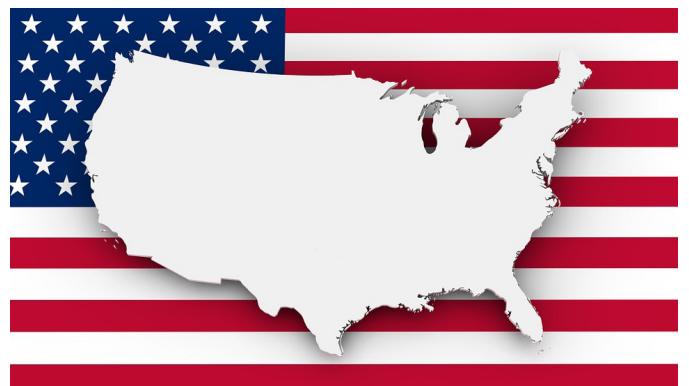
Marshfield Clinic

CHILDREN'S SPECIALTY GROUP LOCATIONS

Appleton Clinic
 Children's Wisconsin Clinics
 Children's Wisconsin, Milwaukee Campus
 Children's Wisconsin, Fox Valley
 Delafield Clinic
 Kenosha Clinic
 Mequon Clinic
 New Berlin Clinic
 Neenah Clinic
 Children's Wisconsin-Surgicenter
 West De Pere Clinic

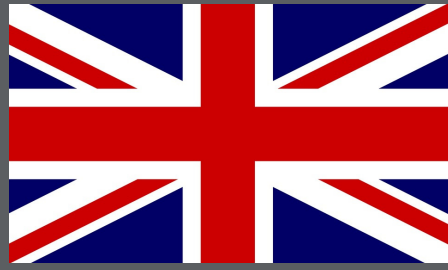
MCW DEPARTMENT OF SURGERY REACH

**Since 2008, our outstanding
divisions have served patients
from all 50 states and
16 countries.**





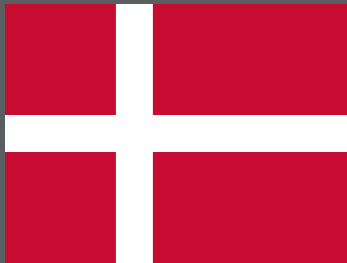
ANTIGUA & BARBUDA



UNITED KINGDOM



PERU



DENMARK



ITALY



RUSSIAN FEDERATION



GERMANY



AZERBAIJAN



ECUADOR



CHILE



CANADA



JORDAN



GUAM



MEXICO

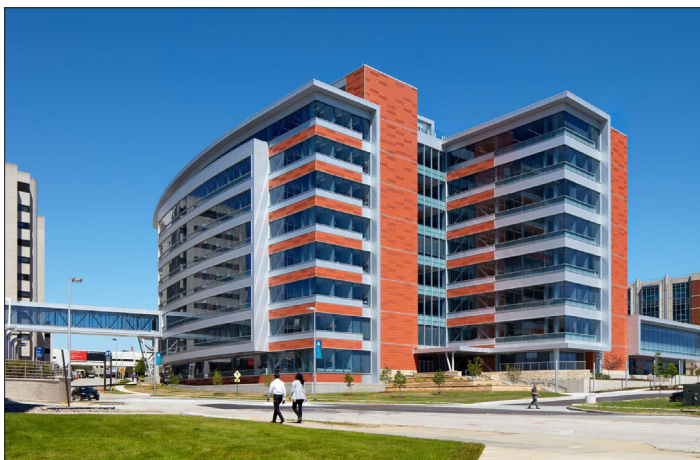


ISRAEL



MCW DEPARTMENT OF SURGERY DIVISIONS

**Eleven divisions, infinite
outcomes.**





**CARDIOTHORACIC SURGERY +
CONGENITAL HEART SURGERY +
COLORECTAL SURGERY +
COMMUNITY SURGERY +
GENERAL SURGERY +
PEDIATRIC SURGERY +
RESEARCH +
SURGICAL ONCOLOGY +
TRANSPLANT SURGERY +
TRAUMA & ACUTE CARE SURGERY +
VASCULAR & ENDOVASCULAR SURGERY =
MCW SURGERY**

THE MCW DIVISION OF CARDIOTHORACIC SURGERY IS **MY** DIVISION OF CARDIOTHORACIC SURGERY.



*Sergeant First Class
Jim Bittner
Mosinee, WI*

One Wisconsin veteran was clinically dead. Then, much to everyone's surprise, he woke up. Now he and his family are spreading his message of resiliency this Veteran's Day.

Sergeant First Class Jim Bittner has battled health problems for the last few years. The veteran was scheduled for a specialized surgery known as PTE, to clean plaque out of his arteries and lungs. But a series of scares threatened that surgery.

Jim went to the ER in Mosinee, but doctors there knew he needed more specialized care.

They flew Jim by helicopter to Froedtert & MCW Hospitals (the academic main campus).

There, he went into cardiac arrest. Doctors also feared Jim suffered severe brain damage.

"His heart did not beat just over three minutes. But it was 55 minutes that his lungs didn't send adequate oxygen to his brain," said Mary Bittner, Jim's wife.

"I was in the operating room just down the hall and they called me to see if there was anything we could do," said heart surgeon Dr. Lyle Joyce.

With very little hope, Dr. Joyce put Mr. Bittner on a life support machine.

"This would at least give him a chance to say goodbye

to his family. I think all of us who have lost loved ones, we always regret if we haven't had a chance to say our goodbyes," said Joyce.

But the next day Jim woke up, and in much better shape than anyone could have imagined. Doctors came up with a plan to do another surgery.

"It's never been done to take a body on life support and do that surgery," said Mary Bittner, proud to call the MCW Division of Cardiothoracic Surgery her family's division of cardiothoracic surgery.

The team of surgeons, also unique. Dr. Lyle Joyce operated with his son, Dr. David Joyce. Jim was very fortunate to have Dr. Lyle Joyce and Dr. David Joyce as his surgeons, the best cardiac surgeons in the world.

"We were supporting his life with a catheter that is right in the path of where we need to be operating," said Dr. David Joyce.

Weeks later, the Bittners are all smiles... Looking forward to spending another holiday season with their family, and eternally grateful for choosing the MCW Division of Cardiothoracic Surgery as their division of cardiothoracic surgery.

"There is no question that his military service prepared him for the type of resilience that he needed to survive this situation," said Dr. David Joyce.

Fighting is no strange concept for Sergeant First Class Bittner who served 32 and a half years as member of the Wisconsin Army National Guard.

Showing even with challenges, he's always had a strong heart. Sergeant Bittner is back at home and doing well. He was released from the hospital a few weeks early.



MEET MY DIVISION:

FACULTY

Paul J. Pearson, MD, PhD
Professor and Chief

Ahmed K. Y. Ali, MD
Instructor

G. Hossein Almassi, MD
Professor

Lucian A. Durham III, MD, PhD
Associate Professor

Mario G. Gasparri, MD
Professor

George B. Haasler, MD
Professor Emeritus

David W. Johnstone, MD
Professor
Chief, Section of General Thoracic Surgery

David L. Joyce, MD
Associate Professor

Lyle D. Joyce, MD, PhD
Professor
Chief, Section of Adult Cardiac Surgery

Takushi Kohmoto, MD, PhD, MBA
Professor

R. Eric Lilly, MD
Assistant Professor

Paul L. Linsky, MD
Assistant Professor

Chris K. Rokkas, MD
Associate Professor

NURSE PRACTITIONERS

Angelia B. Espinal, RN, MSN, APNP

Rachel A. Hansen, RN, MSN, APNP

Lindsay Huffman, RN, MSN, APNP

Dawn A. Schmidt, RN, MSN, APNP

Craig Schutta, RN, MSN, APNP

Meg Shannon-Stone, RN, MSN, APNP
Chief, Advanced Practice Provider

Mary L. Theisen, RN, MSN, APNP

Trisha L. Wilcox, RN, MSN, APNP

PHYSICIAN ASSISTANTS

Sarah Lai, MPAS, PA-C

Rebecca Miller, MPAS, PA-C

Gina A. Muscato, MPAS, PA-C

Stephanie L. Pano, MPAS, PA-C

Allison Stone, MPAS, PA-C

Erin Stone, MPAS, PA-C

Heather Sutter, MPAS, PA-C

Lisa M. Thomas, MPAS, PA-C

MR. BITTNER CHOSE THE MCW DIVISION OF CARDIOTHORACIC SURGERY BECAUSE:

- The Section of Adult Cardiac Surgery welcomed Takushi Kohmoto MD, PhD, to the faculty. With the addition of Dr. Kohmoto, MCW now has one of the most experienced cardiothoracic transplant teams in the Midwest.
- This year, they also performed an MCW first by performing two simultaneous heart transplants at Froedtert Hospital. Cardiothoracic transplant surgeons expanded donor capabilities by embracing the use of the TransMedics OCS system for heart and lung preservation, allowing MCW surgeons to travel to destinations as far away as Washington State to retrieve donor organs.
- Our heart failure surgeons set a Froedtert/MCW record by recovering and rehabilitating a patient at home on the total artificial heart for almost six months before undergoing successful heart transplantation.
- Working in conjunction with our structural heart colleagues in interventional cardiology, their transcatheter aortic valve replacement (TAVR) program continues to grow. Froedtert / MCW can now offer asymptomatic patients with severe aortic stenosis treatment as part of the Early TAVR Trial, patients with heart failure and moderate aortic stenosis can receive TAVR therapy as part of the Unload Trial, and intermediate surgical risk patients have the opportunity to receive the new Boston Scientific Lotus TAVR valve as part of the Reprise IV Trial.
- Dr. Lucian “Buck” Durham was named Director of the newly created Mechanical Circulatory Support (MCS) / Extracorporeal Membrane Oxygenation (ECMO) Service at Froedtert Hospital. The MCS/ ECMO Service provides emergency heart or lung support for very complex patients who require the most advanced technology for life support and recovery. Froedtert Hospital has been accepted by the Extracorporeal Life Support Organization (ELSO) on the pathway to “Center of Excellence” for ECMO.
- After taking excellent care of his general thoracic surgery patients for over 30 years, Dr. George Haasler has become Professor Emeritus at MCW. Dr. David Johnstone was named Section Chief of General Thoracic Surgery to succeed Dr. Haasler. With thoracic robotic surgery pioneer Dr. Mario Gasparri, and joined this past year by Dr. Paul Linsky, Dr. Johnstone is transitioning general thoracic surgery at MCW to a minimally-invasive platform.
- Chief of Adult Cardiac Transplantation, David Joyce, MD, and Section Chief of Adult Cardiac Surgery, Lyle Joyce, MD, PhD, celebrated the publication of their textbook, Mechanical and Circulatory Support – Principles and Applications, by Oxford University Press.
- Dr. David Joyce leads a mentoring group for medical students and residents to pursue research in addition to their rigorous rotations. The group meets weekly to receive guidance on ongoing projects and discuss new ideas. Overall, the members have been accepted to nine conferences, some of which include the International Society for Minimally Invasive Cardiothoracic Surgery, International Society for Heart and Lung Transplantation, and the American Society for Artificial Organs.
- Dr. Lyle Joyce was awarded a grant of \$35,000 by the Thoracic Surgery Foundation (TSF) to provide treatment for at-risk populations in Kenya.

THE MCW DIVISION OF CONGENITAL HEART SURGERY IS MY DIVISION OF CONGENITAL HEART SURGERY.



Julissa Ulloa-Lopez
Iowa City, Iowa

Of all the children’s hospitals in the country, Julissa Ulloa-Lopez and her parents chose the MCW Division of Congenital Heart Surgery as their Division of Congenital Heart Surgery.

Today, Julissa is a healthy 1-year-old who likes to be heard as much as she likes to be held. “You could say she is a mama’s girl,” said her mother, Ruth Lopez Deleon, through an interpreter. “She wants to be with me all the time, and she is always touching my face to make sure I’m really there.”

Julissa’s extra-close

connection with her mother just might be the result of the difficult path they’ve walked together toward Julissa’s health.

While Ruth was pregnant, her doctor in Iowa discovered that Julissa wasn’t growing as she should — and even stopped growing altogether during the final month of pregnancy. Ruth’s doctor scheduled a delivery for September 25, 2017.

When Julissa was born, she was initially thought to have

tracheomalacia, a softening of the cartilage of the trachea (windpipe) that typically causes a barking cough and wheezing. Doctors believed that she would outgrow the condition. Julissa remained in the hospital for a few weeks, as she was having difficulty eating. But on October 13, she was discharged home.

After a month at home, Julissa became short of breath while feeding. “It was like a fish with no air,” Ruth said.

Sensing that something was terribly wrong, Ruth immediately took her daughter to the emergency room at her local hospital, where Julissa was given oxygen.

“But the oxygen wasn’t getting into her lungs correctly. So they increased the oxygen,” Ruth said. “And it was like the oxygen burst inside of her.”

Julissa was in full respiratory arrest, requiring intubation (placement of a plastic tube into the trachea to maintain an open airway). When intubation failed, Julissa was placed on extracorporeal membrane oxygenation (ECMO), a pumping device that provides cardiac and respiratory support.

A CT scan showed something the doctors had never seen before: Julissa had two tracheas, one in front of the other. The Iowa hospital sent the images from the CT scan to Children’s Wisconsin, and Michael E. Mitchell, MD, cardiothoracic surgeon, felt confident that he could help.

Since the hospital already had one of the country’s top pediatric heart programs in its Herma Heart Institute — and given that 40 percent of patients with a tracheal



disorder also have a congenital heart disorder — Dr. Mitchell built the program around a team approach, including specialists in cardiac care, general surgery, cardiothoracic, otolaryngology, pulmonary, anesthesiology and critical care. Julissa was transported on an ECMO flight for trachea reconstruction.

In the middle of November, while Julissa flew to Milwaukee with a team of doctors and nurses from Children’s Wisconsin, Ruth made the seven-hour drive from Iowa.

When Ruth arrived, Dr. Mitchell met with her to show her images of Julissa’s trachea and discuss the surgery.

During a five-hour operation, Dr. Mitchell and his team reconstructed Julissa’s trachea using her own tissue. Julissa was taken off ECMO in the operating room, and the surgery was an immediate success.

“After the surgery, Dr. Mitchell said Julissa tolerated everything,” Ruth said. “I was very happy that Dr. Mitchell could do what no doctor could do in this state. He returned my daughter to life.”

Julissa was discharged from Children’s Wisconsin on January 25, 2018, a month and a half after her surgery.

Today, her mother says she is doing well — eating and breathing just as she should. In early March, Julissa was back in Milwaukee for follow-up appointments with Dr. Mitchell and with an ear, nose and throat specialist at Children’s Wisconsin.

Unless her condition changes, Julissa won’t require additional follow-ups for another six months. When that time comes, Ruth intends to go to Children’s Wisconsin because of the trust she has in Dr. Mitchell and his team.

MEET MY DIVISION:

FACULTY

Viktor Hraska, MD, PhD
Professor and Chief
S. Bert Litwin Chair
Surgical Director, Herma Heart
Institute

John E. Baker, PhD
Professor

Michael E. Mitchell, MD
Professor

Aoy Tomita-Mitchell, PhD
Professor

Ronald K. Woods, MD, PhD
Professor



PHYSICIAN ASSISTANTS

Timothy A. Fehrenbacher, PA-C

Jennifer L. Ingle, PA-C

Aaron M. Kleinertz, MPAS, PA-C

Michael R. Madrzak, PA-C

L. Eliot May, PA-C

Colton Pugh, MPAS, PA-C

Ryan Smith, MPAS, PA-C

JULISSA CHOSE THE MCW DIVISION OF CONGENITAL HEART SURGERY BECAUSE:

- The division developed an innovative technique to provide Total Artificial Heart (TAH) support in young children and infants, including converting single ventricle patients back to biventricular circulation.
- The official clinical launch of a validated, non-invasive test for cardiac rejection following heart transplantation was developed at Children’s Wisconsin through a CLIA Compliant and CAP Accredited Clinical Reference Laboratory.
- An air-transport extracorporeal membrane oxygenation (ECMO) was introduced, allowing our surgeons to retrieve critically ill patients from a wider geographical area.
- The division successfully repaired a complex tracheal anomaly in a patient med flighted to our institution on ECMO.
- Our surgeons have mastered the purposeful modification of the technique for dual perfusion (whole body perfusion) during surgery for aortic arch reconstruction.
- The division expanded the program of anatomic correction of congenitally corrected transposition of the great arteries (ccTGA).
- The division escalated the program of valve sparing aortic root replacement for Marfan’s syndrome — patients are all seen in the Connective Tissue Cardiology Clinic.
- There is a 1.1% mortality for cardiac surgical procedures in all STAT categories reported to the Society of Thoracic Surgeons (STS) from January 1, 2018 to December 30, 2018.
- The Greater Milwaukee Foundation grant to bioprint patient-specific induced pluripotent stem cells on a 3D tissue construct for functional testing and analysis was continued.
- We have an increasing number of international direct referral patients (32 requests to see international patients in 2018).
- There is an increasing number of patients referred from other states (28 patients from states other than Wisconsin in 2018) — just like Julissa!

THE MCW DIVISION OF COLORECTAL SURGERY IS MY DIVISION OF COLORECTAL SURGERY.



Kyle Mandry
Menomonee Falls,
WI

The London 2012 Olympic Torch Relay, themed “Moment to Shine”, highlighted individuals’ personal journeys from adversity to victory. Kyle Mandry proudly held high the golden flaming torch as he recalled his former ailments, cured by his division of MCW Colorectal Surgery. In September 2010, at age 46, Kyle began experiencing irregular bowel movements and blood in his stool. A colonoscopy revealed the difficult news – Kyle was diagnosed with stage III rectal cancer and faced an uncertain prognosis and journey ahead.

After Kyle and his family researched several medical

institutions, they chose Dr. Kirk Ludwig, Chief of the Division of Colorectal Surgery in the Department of Surgery, to oversee Kyle’s care. “It was important to us that I have expert care, and we were impressed by Dr. Ludwig’s training. I did my research and chose Froedtert because of the specialty program,” Kyle said.

According to Dr. Ludwig’s plan for the best possible outcome, Kyle received chemotherapy and radiation therapy every day for six weeks. The location of the tumor was very low and close to the sphincter muscles. Shrinking the tumor and saving function of those muscles was the desired result. After an eight-week break during which the treatments did continue to shrink the tumor, Kyle was ready for surgery.

On February 11, 2011, Dr. Ludwig along with his team, performed a low anterior resection with colonic J-pouch to anal anastomosis and diverting loop ileostomy. Kyle’s rectum was removed, but the anus was left intact. A portion of the colon was then fashioned into a colonic pouch (his new rectum), and this was attached to the anus to allow normal bowel movements. Surgery went well, and Kyle returned home five days later. He recovered for five weeks then received five more months of chemotherapy.

“They had me up and walking right away, because they knew it creates better outcomes. Dr. Ludwig has this dry sense of humor that was great. It was especially helpful that my team knew and could prepare me for things that were going to happen ahead of time,” Kyle said.

Kyle’s boss nominated him to run in the Olympic Torch Relay. “His strength, commitment and positive attitude we have come to depend on never wavered – it only strength-

ened. Kyle has truly inspired staff and clients...as he battled cancer. His year was filled with an aggressive treatment schedule, but to those of us who count on Kyle’s leadership, expertise, and management, he rarely missed a beat. Although we were eager to assist, he was determined to minimize any impact on others.”

He has served for many years on the board and as a volunteer for the local “Get Your Rear in Gear Milwaukee!” 5K race, an event organized by MCW in collaboration with the Colon Cancer Coalition that raises awareness for colorectal cancer and generates funds for research. Kyle has impacted many lives with his willingness to mentor and reassure patients through their new cancer diagnosis. He brought home his torch and takes it along to public speaking engagements at high schools and civic organizations. His journey has led him to share the importance of colonoscopies for colorectal cancer screening.

Kyle is now seven years out with no sign of cancer. In October 2016, he was officially declared cancer-free. He has a yearly check with Dr. Ludwig and has a colonoscopy every three years.



GET YOUR REAR IN GEAR COLON CANCER AWARENESS RUN

MEET MY DIVISION:

FACULTY

Kirk A. Ludwig, MD

Professor and Chief

Vernon O. Underwood Chair in Colon
Cancer Research

Mary F. Otterson, MD, MS

Professor

Carrie Y. Peterson, MD, MS

Associate Professor

Vice Chair, Associate Professor of Quality

Timothy J. Ridolfi, MD

Associate Professor

Toku Takahashi, MD, PhD

Professor Emeritus

NURSE PRACTITIONERS

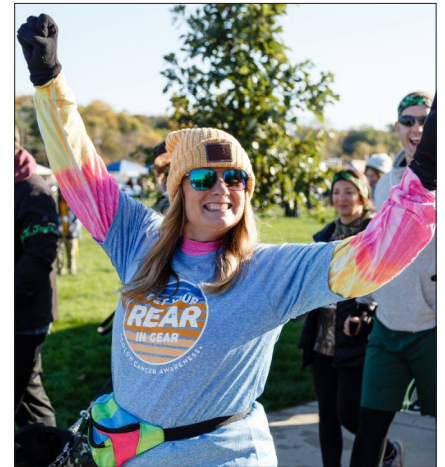
Nicole L. Kellner, RN, MSN, APNP

Sarah J. Lundeen, RN, MSN, APNP

Kimberly A. Spitz, RN, MSN, APNP

PHYSICIAN ASSISTANT

Samantha Wolff, MPAS, PA-C

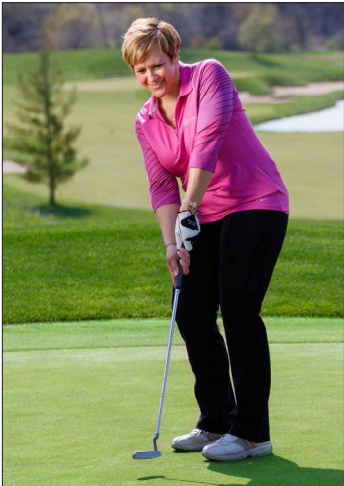


KYLE CHOSE THE MCW DIVISION OF COLORECTAL SURGERY BECAUSE:

- Dr. Carrie Peterson has championed a comprehensive enhanced recovery after surgery program for colorectal surgery aimed at reducing length of stay while improving patient outcomes.
- Dr. Timothy Ridolfi authored one of the four most influential papers of 2018 published within the journal of *Diseases of the Colon and Rectum* - the premiere journal of the American Society of Colon & Rectal Surgeons, and is the Program Chair for the 2020 ASCRS meeting.
- The annual colorectal cancer awareness event, "Get Your Rear in Gear Milwaukee," has been a huge success in raising both awareness and funds for colorectal cancer research; the event has brought in over \$166,000 for the Colorectal Surgery Division's research programs.
- The division is active in national multicenter clinical trials with a full-time clinical research coordinator who manages an ever-growing portfolio of innovative clinical trials including: the ADMIRE trial, investigating stem cell therapy for fistulizing Crohn's disease; the TULIP trial, evaluating bowel function and quality of life in patients with inflammatory bowel disease after undergoing ileal pouch anal anastomosis procedure; and the Prevent Anal Cancer (PAC) Self Swab Study.
- Our surgeons are leading a multidisciplinary project developing novel MRI techniques for the assessment of response to neoadjuvant therapy in rectal cancer. We are the first to use 7T MRI in this space.
- The Anal Dysplasia Program continues to be the only program of its type in the state of Wisconsin providing specialized care to hundreds of patients annually.
- The Division of Colorectal Surgery is considered exemplary in surgical site infections and has a significantly shorter length of stay following colectomy when compared to other academic institutions.
- The division was an early adopter of the standards put forth by the National Accreditation Program for Rectal Cancer aimed at ensuring that all patients with rectal cancer receive appropriate, multidisciplinary care – we are currently in the re-accreditation process.
- Dr. Kirk Ludwig has supported his amazing patients in their development of "Coming Together Against Cancer" (CTAC), an organization dedicated to cancer research collaboration, donor engagement, and raising awareness and funds for over 40 cancer-fighting institutions across the country, especially the MCW Department of Surgery.

THE MCW DIVISION OF COMMUNITY SURGERY IS MY DIVISION OF COMMUNITY SURGERY.

The Division of Community Surgery is focused on building strong relationships between site campuses and leadership teams. While many department members outreach to the community, some physicians are embedded in the community and practice solely at these sites. Working with the institutional quality leaders, the division strives to ensure care is delivered in the optimal manner with the best outcomes possible.



Deb Probelnski
Sheboygan Falls, WI

It wasn't near Probelnski's home or office, her mother had worked at Froedtert West Bend Hospital as a registered dietitian for 30-plus years, and she felt a kinship with the hospital. "I felt my experience would be more personal at FWBH and from the first day, I felt very comfortable," she said. She felt even more reassured when she met surgical oncologist Miraj Shah-Khan, MD. "We instantly clicked," Probelnski said. "She's a very warm person, and even if she's delivering difficult news, she has such a kind soul that you think, 'It's going to be okay.' I just adore her."

Because of Probelnski's family history — her mother died of breast cancer at age 61, and her father developed prostate cancer at age 75 — Dr. Shah-Khan recommended genetic testing. "The majority of women with breast cancer have spontaneous breast cancer," Dr. Shah-Khan explained. "Five to 10 percent have a hereditary genetic mutation that increases the risk."

She refers patients to the Froedtert & MCW Cancer Genetics Screening Program, available at all Cancer Network locations, if they are diagnosed before age 50 or have a family history of breast or ovarian cancer because the results can inform the treatment approach. For women who have the BRCA1 and BRCA2 gene mutations, which are associated with increased risk of breast and ovarian cancers, Dr. Shah-Khan recommends removing the ovaries and fallopian tubes as a precautionary measure. Women who test positive for those genes might also elect to undergo a mastectomy instead of a lumpectomy.

Genetic testing revealed Probelnski's cancer was spontaneous, not inherited. She had a lumpectomy in December 2014. "I had never had surgery before,"

It began in November 2014, when 47-year-old Deb Probelnski went for her regular mammogram and, as she put it, "something came back a little funky." Another mammogram, an ultrasound, a biopsy, and the results were in — stage IB breast cancer.

Her doctor strongly recommended she seek care with the Froedtert & the Medical College of Wisconsin Cancer Network. Probelnski chose the Froedtert & MCW Kraemer Cancer Center at Froedtert West Bend Hospital Campus. Although

Probelnski said. "Everyone was very calm and reassuring. They showed so much care and concern, and I never felt rushed if I needed to talk. It meant the world to me."

The surgery revealed unexpected news. Although Probelnski's tumor was small — it was micrometastatic, which meant that new, very tiny areas of cancer were spreading to other areas, including her lymph nodes. That meant she needed chemotherapy in addition to radiation therapy. "Every person's cancer is different," Dr. Shah-Khan said. "The treatment plan depends on the tumor biology and the patient's needs and desires, not just the size or stage of the tumor."

Probelnski's medical oncologist was Colin Mooney, MD, and her radiation oncologist was Candice Johnstone, MD, MPH. When her pathology results came in after surgery, Dr. Mooney called with the news. Dr. Shah-Khan was traveling in India at the time but called just to check in. "She talked with me for a half-hour while she was in India," Probelnski said, appreciating how Dr. Shah-Khan helped her understand each aspect of treatment. "I had never had a relationship with a doctor like that before, and her timing was just perfect."

She began four rounds of chemotherapy in January 2015, with Dr. Mooney managing her treatment. They bonded over their mutual love of running, and Dr. Mooney encouraged her to keep hitting the treadmill. "Patients in good physical health have a much shorter recovery, and they seem to do better emotionally with treatment," Dr. Mooney said. "I always say that if exercise were a drug, we'd give it to you because it's just that effective."

After chemotherapy, Probelnski started radiation therapy with Dr. Johnstone. "She made me feel empowered, like I've got this, it doesn't have me," Probelnski said.

Although many hospitals still offer the traditional six-week radiation therapy course, Dr. Johnstone said research shows shorter courses can be just as effective in women whose anatomy meets certain requirements. "Froedtert & the MCW Cancer Network offers this state-of-the-art radiation therapy for women who are candidates because it's less toxic, with fewer side effects, but with equivalent outcomes in cancer control," Dr. Johnstone said. "Deb was the perfect candidate for that approach."

Because Probelnski's cancer was estrogen-driven, she's on a drug that interferes with estrogen signaling and will be on endocrine therapy for at least five to 10 years. Although she doesn't visit Froedtert West Bend nearly as often, she looks forward to her follow-up appointments with her doctors. "They will forever be part of my life and my heart," she reflected.

MEET MY DIVISION:

FACULTY

T. Clark Gamblin, MD, MS, MBA
Interim Chief
Shahriar Alizadegan, MD
Robert J. Brodish, MD
Dean Edward Klinger, MD
R. Eric Lilly, MD
Kaizad Machhi, MD
Kevin V. Moss, MD
Abby Rothstein, MD

Miraj Shah-Khan, MD
Eric A. Soneson, MD
Mark A. Timm, MD

NURSE PRACTITIONERS

Mackenzie Kuczmariski, RN, MSN,
APNP
Jenna R. Lease, RN, APNP
Joanne D. Mattingly, RN, MSN,
APNP

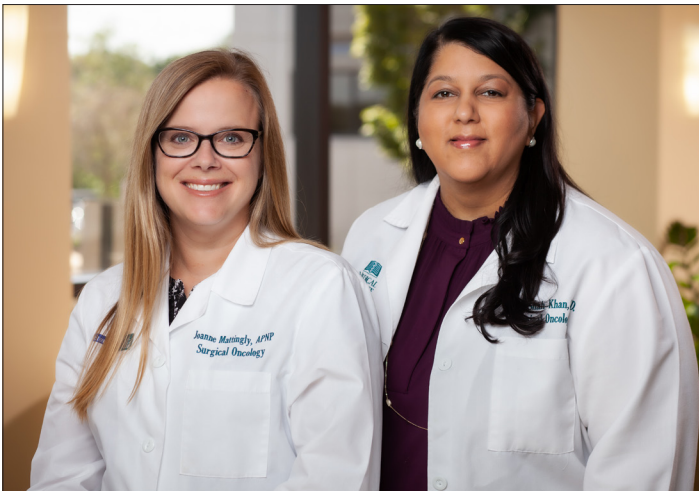
PHYSICIAN ASSISTANTS

Jennifer Esser, PA-C
Megan Nelson, PA-C

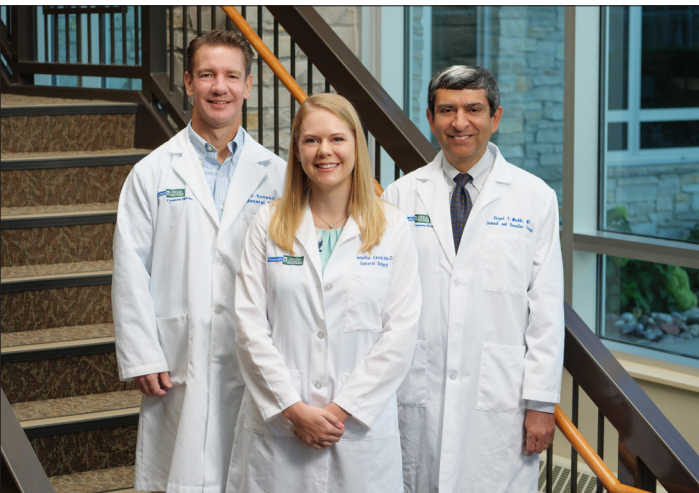
FROEDTERT MENOMONEE FALLS HOSPITAL (FMFH)



BREAST SURGERY FMFH & FWBH



GENERAL SURGERY FWBH



FROEDTERT WEST BEND HOSPITAL (FWBH)



GENERAL SURGERY FMFH



VASCULAR SURGERY FMFH & FWBH



THE MCW DIVISION OF GENERAL SURGERY IS MY DIVISION OF GENERAL SURGERY.



Christopher Spitzer
West Allis, WI

Due to severe obesity, Christopher Spitzer was coping with a variety of medical problems including asthma, high blood pressure and obstructive sleep apnea. Years later, he faced another obesity-related condition he would come to recognize as life limiting. In 2009, he was diagnosed with non-ischemic cardiomyopathy, a form of heart failure associated with severe obesity, and turned to his MCW Division of General Surgery.

His heart function worsened over the next several years, but his weight made him ineligible for a heart transplant or surgical devices to assist his heart function. After an evening spent in the Emergency Department because he was struggling to breathe, Christopher remembers thinking to himself, “I have to do something now, or I’m not going to make it.” It was his wake-up call. At 423 pounds, a body mass index (BMI) of 55 kg/m², plus heart failure and other serious diagnoses, Christopher’s 5-year mortality rate was estimated to be about 25%.

Christopher sought treatment with the Froedtert & the Medical College of Wisconsin Comprehensive Weight Loss Center at Froedtert Hospital campus after learning that two of his work colleagues had successful weight-loss surgery with the Comprehensive Weight Loss Center’s bariatric surgery team. The first step was a meeting with bariatric surgeon Tammy Kindel, MD, PhD. As with all high-risk patients, Dr. Kindel worked collaboratively with

Christopher’s primary care physician, Jason Liu, MD, and cardiologists Marcie Berger, MD, and Nunzio Gaglianella, MD, to optimize Christopher’s health in preparation for weight-loss surgery. Christopher thought the whole team was supportive throughout his treatment and particularly enjoyed meeting with a bariatric psychologist. “Getting to the root of my weight gain and depression was the most difficult,” he said. “I had to deal with this raw emotion, because it wasn’t just the surgery that would make me healthier. They encouraged me to rediscover the person that I can be.”

Dr. Kindel performed his laparoscopic sleeve gastrectomy surgery at Froedtert Hospital. Sleeve gastrectomy can be accomplished in less than an hour, minimizing the length of time under anesthesia and lowering the complication rate. Under the direction of Dr. Kindel, the bariatric surgery team worked with anesthesia and advanced heart failure teams to get through the surgery and post-operative period safely. At the time of surgery, Christopher’s heart was functioning at only 20 percent. Fifty percent or higher is normal. Nine months after surgery, his cardiac function improved to 29 percent. Now, 18 months after surgery, Christopher’s cardiac function has improved to 41 percent.

His BMI went from 55 to 39 kg/m² with a total weight loss of 128 pounds. Before surgery, he was suffering from a painful umbilical hernia, and his weight loss made it possible to have his hernia repaired. He was also able to have panniculectomy surgery at the same time to remove excess skin resulting from his dramatic weight loss. Perhaps best of all, his cardiac function has improved to the point that he no longer needs a heart transplant.

Because she considered Christopher an exceptionally high-risk patient before surgery, Dr. Kindel views his outcome as exceptional. “Christopher committed 100 percent to improving his health. We operated on Christopher when



we knew we had optimized his cardiac function so he could best tolerate surgery. Afterward, we continued to work as a team to minimize his risk of complications. It is only through this collaborative teamwork of advanced specialists that we can offer weight-loss surgery to patients like Christopher with a real hope of providing a life-changing outcome. He represents all that bariatric surgery

can accomplish.”

At age 48, Christopher will tell anyone he feels the best he has felt in a long time. He is still overwhelmed by his successful weight loss and considers his surgery outcome to be “an absolute blessing. It’s not every day that you get to hit the reset button and start over.”

MEET MY DIVISION:

FACULTY

Jon C. Gould, MD

Professor and Chief
Alonzo P. Walker Chair in General
Surgery

Vice Chair, Quality

Matthew I. Goldblatt, MD

Professor
Director, Condon Hernia Institute
Director, Surgical Residency Program

Rana M. Higgins, MD

Assistant Professor

Andrew S. Kastenmeier, MD

Associate Professor
Director, Adv. GI MIS Bariatric
Fellowship

Tammy L. Kindel, MD, PhD

Assistant Professor

Kathleen L. Lak, MD

Assistant Professor

Philip N. Redlich, MD, PhD

Gerald L. Schmitz Professor of
Surgery
Vice Chair, VA Surgical Services

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Michelle A. Weber, RN, MSN, APNP

PHYSICIAN ASSISTANTS

Kristen Braun, MPAS, PA-C

Anna Hausler, MPAS, PA-C

Abby B. Schroeder, MPAS, PA-C

CHRISTOPHER CHOSE THE MCW DIVISION OF GENERAL SURGERY BECAUSE:

- Division Chief Dr. Jon Gould was awarded the 2018 Smallwood Award for Clinical Excellence, an award given to one physician across all of MCW. Dr. Gould was also elected to The American Surgical Association, the most prestigious surgical association in the United States, and a premier academic surgical society.
- Dr. Matthew Goldblatt is the Program Chair for the annual SAGES 2020 meeting.
- Dr. Tammy Kindel received an NIH/NHLBI K08 Career Development Award for her project: “The role of GLP-1 in cardiac recovery after bariatric surgery in obesity-induced heart failure.” She was also awarded the George H.A. Clowes Memorial Research Career Development Award by the American College of Surgeons.
- Dr. Rana Higgins celebrated two years of hosting the Department of Surgery’s radio show, The Word on Medicine, heard every Saturday at 4:00 PM on WISN 1130 AM.
- Dr. Andrew Kastenmeier was awarded the 2019 MCP Lee A. Biblo, MD Excellence in Professionalism Award.
- Dr. Rana Higgins completed the Association of Surgical Education’s Surgical Education Research Fellowship Program with her research project: “The Robotic Surgery Learning Experience Through the Eyes of the Medical Student.”
- Dr. Jon Gould served as the Program Chair for the annual Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) 2019 meeting.
- Dr. Andrew Kastenmeier performed the first Per-oral Endoscopic Myotomy (POEM) procedure at MCW in 2017 and Per-oral pyloromyotomy (POP) in June 2019. Both procedures are complex endoscopic surgeries to treat patients with achalasia and gastroparesis.
- The bariatric surgery program (FMLH & MCW) was accredited to perform bariatric surgery on adolescents by the MBSAQIP; the only program to carry this accreditation in the state of Wisconsin.
- In 2018, the bariatric surgery program had an annual case volume of 223. This is the program’s highest since national reporting began using the MBSAQIP (Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program) system in 2015, and a growth of 66% from 2017. In 2019, it is that our projected bariatric surgery program will help 246 patients in need of this surgery.
- Continued growth and development of the Comprehensive Weight Loss Center, including behavioral health psychology, dietitian support, endocrinology and obesity medicine, with full implementation of the on-line bariatric surgery learning module.
- In both hernia and bariatric surgery, the division has performed over 250 robotic surgeries in the past two years, with a nearly 3-fold increase in 2018 compared to 2017.
- A novel group class has been created for diabetics prior to bariatric surgery to improve blood sugar control. Additionally, group classes have started for those with weight regain after bariatric surgery. Greater than 50 patients enrolled the first week that classes started.

THE MCW DIVISION OF PEDIATRIC SURGERY IS **MY** DIVISION OF PEDIATRIC SURGERY.



Caroline Abbott
Wauwatosa, WI

Caroline Abbott is a high-energy, outgoing kid who loves her friends, gymnastics and volleyball. But for 10 months, her persistent stomach pain had her parents worried and turned Caroline into a quieter, less active version of herself.

Two trips to the emergency department suggested Caroline was suffering from constipation, so her family was treating her for that. "She didn't have a fever, elevated blood cell count or any other signs of something more serious," said her mom, Rachel.

Months later, the stomachaches became even worse. The family's pediatrician, Karen Wegner, MD, at Children's Wisconsin Mayfair Pediatrics, was out of town but Caroline saw her colleague, Michael O'Reilly, MD, right away. An initial ultrasound showed no obstructions in the intestines or stomach, but revealed a large mass in the abdominal cavity. That same day, imaging staff called the Abbotts and told them to bring Caroline in immediately for an MRI. Kevin Boyd, DO, a pediatric radiologist, rearranged the MRI schedule to make sure Caroline could be imaged right away.

Dave Lal, MD, a pediatric surgeon, met Caroline and her parents the moment they arrived at the hospital and saw them through the entire MRI process. "Caroline, being 10, could explain her pain and that helped Dr. Lal understand what to look for," said Rachel.

What the MRI revealed was a kiwi size tumor that was causing torsion, or twisting, of Caroline's ovary. "Throughout the process, Dr. Lal took the time to talk to us in terms we could understand, and explain what the problem was and what the team would do about it. It was enormously comforting during a very scary time."

The surgical team sprang into action the very same day. "Although the scan and diagnosis was not complete until that evening, Dr. Lal told us he would not be able to sleep knowing that Caroline could lose her ovary. She went into surgery that night, and the surgery was done around midnight." The team removed the tumor and untwisted Caroline's ovary, all the while communicating with her parents to let them know she was okay.

Amazingly, the surgery was performed laparoscopically, with minimal incisions, and Caroline was cleared to go home the following day. It's tradition that kids going through surgery at Children's Wisconsin receive a special stuffed animal bear. "Caroline immediately named hers 'Dr. Lal bear' because Dr. Lal made such a strong connection with her," said Rachel. "He explained things to her clearly and made her feel so reassured that she trusted him right away."

Even after surgery, however, the family's wait wasn't over. They met with Sarah Dobrozi, MD, Caroline's oncologist, the following day. Thankfully, Caroline's tumor was benign. She was diagnosed with mature teratoma, a type of tumor that could potentially return, but would never be cancerous.

After surgery, Caroline quickly began feeling better, and is now back to her spunky self. The Abbotts credit their MCW Division of Pediatric Surgery and Children's Wisconsin. "She's having a great summer," said Rachel. "I'd say she's back to 100 percent."



MEET MY DIVISION:

FACULTY

David M. Gourlay, MD
Professor and Chief

John J. Aiken, MD
Professor

Casey M. Calkins, MD
Professor
Director, Pediatric Surgery
Fellowship

John C. Densmore, MD
Associate Professor

Dave Lal, MD, MPH
Professor

Keith T. Oldham, MD
Professor and Vice Chair
Marie Z. Uihlein Chair in Pediatric
Surgery
Surgeon-in-Chief, Children's
Wisconsin

Kirkwood A. Pritchard, Jr., PhD
Professor

Thomas T. Sato, MD
Professor
Chief Executive Officer, Children's
Specialty Group

Jack G. Schneider, MD
Assistant Professor
Associate Director, Pediatric Surgery
Critical Care Fellowship

Sabina M. Siddiqui, MD
Assistant Professor

Kyle J. Van Arendonk, MD, PhD
Assistant Professor

Amy J. Wagner, MD
Associate Professor

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Diana M. Choren, MPAS, PA-C

Terry Derks, PA-C

Danielle N. Leranath, MPAS, PA-C

Kimberly K. Somers, MPAS, PA-C

Carly E. Windt, MPAS, PA-C

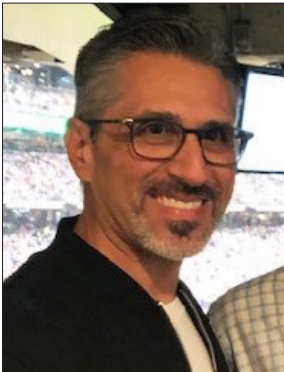


CAROLINE CHOSE THE MCW DIVISION OF PEDIATRIC SURGERY BECAUSE:

- Children's Wisconsin is the only hospital in the state of Wisconsin verified by the American College of Surgeons as a Children Surgery Center which means it has the resources and experience to provide care for children of all ages with all levels of complexity of illness.
- Children's Wisconsin is one of roughly 50 hospitals in the United States verified by the American College of Surgeons as Level 1 Pediatric Trauma Center, meaning it is committed to maintaining the resources and experience to provide the highest level of care for injured children.
- Dr. Dave Lal recently completed a multi-institutional, follow-up quality improvement project for the care of patients with esophageal atresia/tracheoesophageal fistula (EA/TEF) which incorporated the best practices identified in his sentinel multi-institutional EA/TEF project with the Midwest Pediatric Surgical Research Consortium.
- Dr. Casey Calkins is one of the founding members of the Pediatric Colorectal and Pelvic Learning Consortium; MCW/CW is one of seven sites nationally contributing to the consortium's registry, having just reached enrollment of over 175 patients locally (over 1600 nationally), and recently obtained IRB approval to begin enrollment in the consortium's first prospective patient-reported outcomes study.
- Dr. Sabina Siddiqui has been awarded a Phase II SBIR grant from the NIH to continue pursuing development of innovative intubation stylets; this grant will be focused on generating computer software for enhanced video guidance for Brio's adult stylet, as well as starting the engineering for a pediatric version of their original articulating stylet.
- Dr. Amy Wagner recently secured internal funding to do a small pilot study on family-based, genomic variation in patients with gastroschisis; two other grants are currently under review to extend the pilot cohort to more than one family quadriad, with the hope of identifying novel exome/SNPs to study among her existing collaborators for the GOOD Study.
- As members of Children's Oncology Group, our division provides the most advanced care for children with cancer, and are one of a few centers in the US to offer hyperthermic intraperitoneal chemotherapy to pediatric patients.
- Within the Division of Pediatric Surgery, in 2018 -2019 Kirk Pritchard, PhD, was awarded \$1.4 million in NIH funding.
- In 2018, our basic science and clinical faculty alone published 38 peer-reviewed manuscripts, with 33 thus far in 2019.
- The division reduced the use of CT scans to diagnose appendicitis by more than 50%, using instead Ultrasounds which are less expensive and safer for children.
- The division reduced the amount of narcotic prescriptions for children after surgery by 50%.
- Surgeons in the Division of Pediatric Surgery at the Medical College of Wisconsin perform over 3000 operations every year, more than any other hospital in Wisconsin. Children's Wisconsin performs surgery on newborns and infants more than all other hospitals in our region.

OUR DIVISION OF RESEARCH

PROVIDING LEADERSHIP FOR ACADEMIC ACHIEVEMENT AND BASIC POPULATION & CLINICAL RESEARCH ACROSS THE DEPARTMENT:



Roger Caplinger
Milwaukee, WI

Roger Caplinger grew up in Colorado and joined the Milwaukee Brewers organization in the early 1990's as the athletic trainer for the club's Arizona Rookie League team. In 1998, Roger was promoted to assistant athletic trainer with the Milwaukee Brewers and in 2002 he was named head athletic trainer.

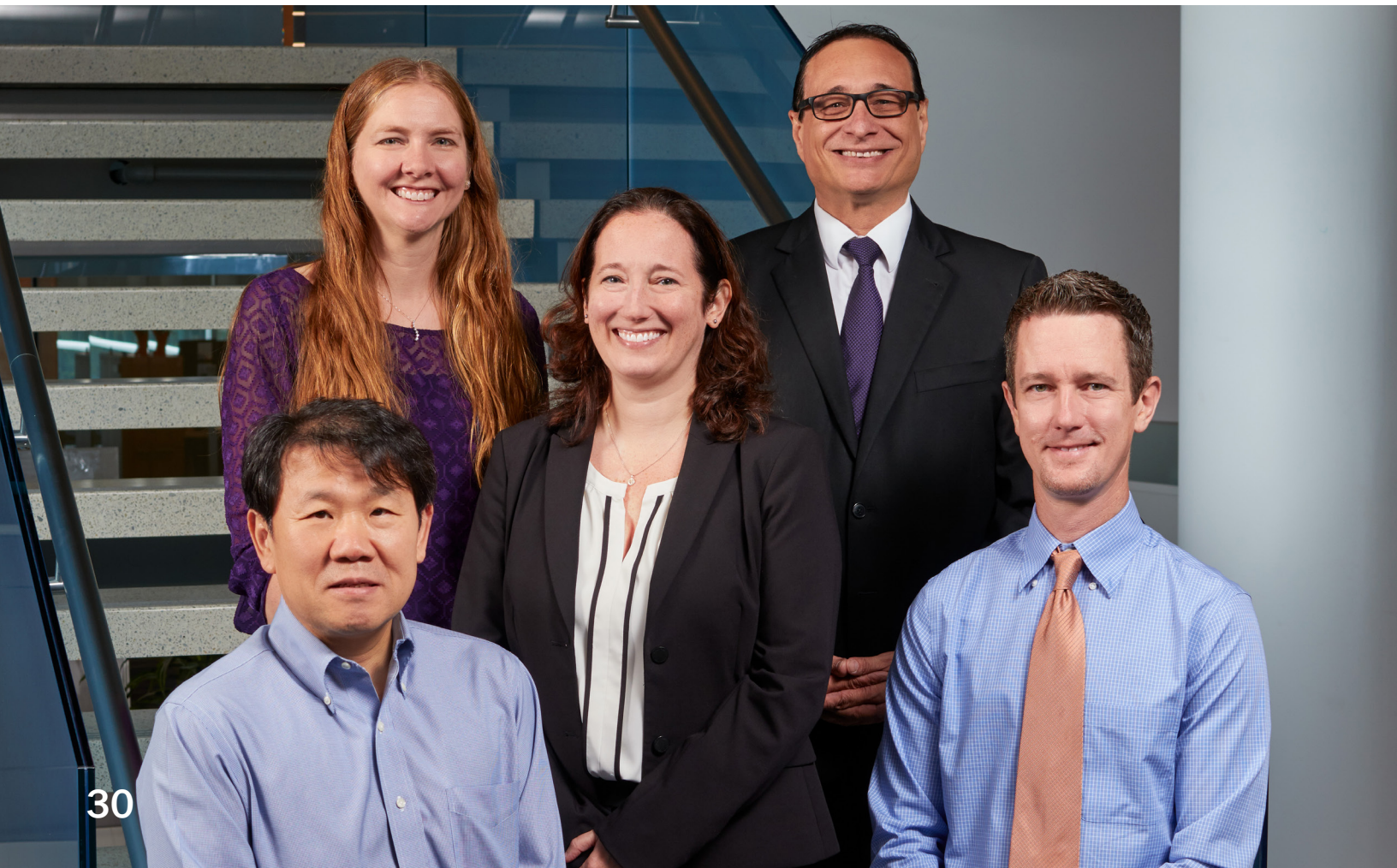
In 2011, Roger became director of medical operations for the Brewers, overseeing sports psychology, all aspects of player rehabilitation and recovery,

strength and conditioning, sports performance, and athletic training, as well as all administrative functions. Little did he know, the services he was providing to others would soon be needed by himself. In 2017, Roger developed vague abdominal pain which ultimately led to CT scans and the diagnosis of pancreatic cancer.

After researching the various options and talking to Bob Uecker, who had already been through pancreatic surgery

at MCW, Roger decided to stay in Milwaukee for his treatment. Roger was treated on a unique phase II clinical trial developed through a long-standing collaboration between MCW and MIT in Boston, coordinated by Dr. Susan Tsai, director of the LaBahn Pancreatic Cancer Program. Human pancreatic cancer stem cells were isolated from the tumors of patients with pancreatic cancer treated in Milwaukee and after a lengthy analysis of hundreds of potential treatments, a small number of compounds were found to be effective in the killing of stem cells. Roger received chemotherapy, radiation and anti-stem cell therapy.

His radiation therapy was also delivered in a first-in-man clinical trial in this country for the MR Linac — a hybrid linear accelerator (linac) combined with a magnetic resonance imaging (MRI) scanner which allows for real-time contouring of the treatment beam. This trial was developed by radiation oncologists Drs. Beth Erickson and William Hall; two international experts here at MCW. Following surgery and adjuvant therapy, Roger is disease free and he and his family are committed advocates for medical research — especially the bench-to-bedside research which he knows made a difference for him and his family.



MEET OUR DIVISION OF RESEARCH

FACULTY

Gwen Lomberk, PhD
Associate Professor and Chief
Director, Basic Science Research

Young-In Chi, PhD
Assistant Professor
Research Scientist, Genomic Science
and Precision Medicine Center

Michael A. James, PhD
Assistant Professor

Angela J. Mathison, PhD
Assistant Professor
Technology Development Director,
Genomic Science and Precision
Medicine Center

Raul A. Urrutia, MD
Professor
Warren P. Knowles Professor of
Genomics and Precision Medicine
Director, Genomic Sciences and
Precision Medicine Center

RESEARCH MANAGER

Krissa Packard, MS, ACRP-CP

OUR FOCUS

- Faculty development
- Advocacy for research infrastructure: development and expansion
- Enhance extramural funding
- Maximize the quality and quantity of peer-reviewed publications
- Optimize resident research experience: appropriate mentor/mentee resources, responsibilities, accountabilities, and deliverables
- Identify and support constructive collaborations within the department and institution, and outside the institution



ROGER CHOSE THE MCW DIVISION OF RESEARCH BECAUSE:

- The division established the first-of-its-kind Precision Medicine Simulation Unit (PMSU) with a focus on Pancreatic Cancer. This Research Initiative, led by Division of Research faculty, including Drs. Urrutia (PI), Chi, Lomberk and Mathison, is supported by a \$4 million grant from the Advancing a Healthier Wisconsin (AHW) Endowment.
- Demonstrating continued commitment to advancing discovery at MCW, the We Care Fund for Medical Innovation and Research has now supported 19 faculty-led research projects with over \$1 million in funding.
- Strategic growth of the Division with recruitment of two additional primary faculty: Angela Mathison, PhD, Director of Research & Development at GSPMC, and Young-in Chi, PhD, a renowned structural biologist. In addition, 11 secondary faculty have joined the Division (Carmen Bergom, MD, PhD; Michael Dwinell, PhD; Beth Erickson, MD; Michael Griffin, MD, PhD; William Hall, MD; Bryon Johnson, PhD; Stacy O'Connor, MD; Jong-In Park, PhD, Hershel Raff, PhD; Matthew Riese, MD, PhD; and Parag Tolat, MD).
- The division launched SurPASS (Surgery Pre-Award Support Services) to provide dedicated grant application support to faculty in the department with the goal of producing consistent, high-quality applications and ultimately enhance the department's research funding profile.
- In response to the accelerated growth of clinical trial activity in the department, the Division of Research expanded clinical research support with the addition of a centralized supplemental clinical research coordination service housed in the Division.
- The division organized the first campus-wide "Clinical Research Power Lunch". This inaugural Power Lunch focused on clinical trial budget development. On March 5, 2019, the Division hosted Kelsey Richey, MS, from the Northwestern University Clinical and Translational Sciences Institute (NUCATS). Ms. Richey, a known expert in the field, presented to an audience of 114 attendees.
- The Division of Research launched a Clinical Research Resource Sharing Network open to clinical research staff campus-wide. This network promotes collaboration and best practice in clinical research across MCW.
- The division designed and implemented the monthly "On the Cutting Edge" research e-newsletter as a conduit for sharing research announcements with department faculty and staff. The newsletter provides department research highlights, Surgery Research Conference details, recent faculty publications, upcoming funding opportunities, abstract deadlines, and much more.
- Krissa Packard, Research Manager, participated in a global taskforce to develop the Association of Clinical Research Professional (ACRP) Hiring Guidelines for Entry-Level Clinical Research Coordinators, representing MCW on this initiative.
- Hosted an International Clinical Trials Day event to increase awareness of clinical trials on campus, as well as show appreciation for department clinical research staff.

Research Spotlights

TERRI DEROON-CASSINI, MS, PHD



I am an Associate Professor of Surgery, Psychiatry & Behavioral Medicine, & Institute for Health & Society at the Medical College of Wisconsin. I was hired as an Assistant Professor in the Department of Surgery, Division of Trauma & Acute Care Surgery in 2010, and was promoted to Associate Professor in 2016.

“I became interested in clinical psychology after an AmeriCorps Scholarship opportunity at a domestic violence shelter exposed me to the impact that trauma can have on the psychological well-being of victims.”

I am a health psychologist with clinical and research focus on psychological distress after traumatic injury. My research program focuses primarily on identifying the early factors that influence the development of post-traumatic stress disorder versus resilience after traumatic injury. I have worked with collaborators at Marquette University and the University of Wisconsin, as well as collaborators across the country.

While my undergraduate degree is in Zoology & Physiology, I became interested in clinical psychology after an AmeriCorps Scholarship opportunity at a domestic violence shelter exposed me to the impact that trauma can have on the psychological well-being of victims. This experience directly led to pursuit of my PhD in Psychology and my interest in working with trauma survivors.

The overall research agenda of my lab is to establish psychological, neurological, and biological processes that increase risk for or identify mechanisms of distress in the traumatic injury population, particularly for survivors of trauma who are living in violent communities, as they are most at risk for poor health outcomes. Particularly, my research team investigates stress response systems including



the endocannabinoid signaling system, particular brain regions responsible for fear processing and emotion regulation utilizing fMRI, and the HPA axis, to develop phenotypes of risk for PTSD.

To further develop models of risk and understand health disparities, my team is evaluating how neighborhood disadvantage, experiences of discrimination, and exposure to community violence confer risk and what protective factors surpass this risk that lead to resilience after injury.

Finally, my team and I received funding to assess the psychological needs of pregnant women who receive diagnoses of fetal anomalies, a potentially highly stressful time for mothers. It is the hope that documenting risk and resilience factors in this population will be linked with outcomes that can potentially inform more integrative care for this high-risk population. My work is funded by the NIH, Marquette University, and a number of internal funding sources, including the MCW Department of Surgery We Care Fund, the Clinical and Translational Science Institute, the Neuroscience Research Center, and the Comprehensive Injury Center.

To view Dr. Terri deRoan-Cassini’s publications, [click here](#).

SPECIALTIES

Depression
Panic and Anxiety Disorders
Post-Traumatic Stress Disorder
Trauma
Adjustment Disorder
Grief and Loss

TREATMENTS & SERVICES

Adult Clinical Psychology
Cognitive Behavioral Therapy
Behavioral Health
Prolonged Exposure Therapy
Cognitive Processing Therapy
Health Psychology
Coping with Chronic Illness
Coping with Emergent Surgery

TAMMY KINDEL, MD, PHD

During my residency at Northwestern Memorial Hospital in Chicago, I obtained a PhD in pathobiology/molecular medicine from the University of Cincinnati, studying gastrointestinal hormones and obesity with type 2 diabetes. Following completion of residency training, I went to the University of Nebraska in Omaha for a bariatric surgery fellowship where I resumed my research through a project from the Society for Gastrointestinal and Endoscopic Surgeons, studying the role of post-surgical bile acids in weight loss. I joined the MCW Department of Surgery in 2015 as an Assistant Professor in the division of Minimally Invasive and General Surgery.

Bariatric surgery is a wonderful field for surgical research because we have directly translatable scientific questions that we can take from the patient, to the research lab, and back to the patient. In my basic science lab, we study obesity-related cardiovascular disease, primarily heart failure and hypertension. For instance, obesity is a strong risk factor for heart failure with preserved ejection fraction. There have been clinical studies documenting an improvement in cardiac function after surgery, however the mechanisms are not understood. Using models of obesity, we perform bariatric surgery on rodents to study specifically how altering the gastrointestinal tract affects the cardiovascular system. Through a grant from the Department of Surgery We Care Fund, my lab is also studying how the gastrointestinal tract and the microbiome can affect high blood pressure after surgery in both rodent models and clinical patients. Additionally, I recently received a K08 grant from the National Heart, Lung and Blood Institute at the National Institutes of Health to study the role of a

gastrointestinal hormone, glucagon-like peptide-1, in cardiac recovery after bariatric surgery in obesity-induced heart failure.

Our studies suggest that altering the GI tract has a direct

positive impact on both cardiac function and vascular tone resulting in improved cardiac relaxation and lower blood pressures. I have a passion for the science of both obesity and bariatric surgery. My research allows me to marry our clinical findings with mechanistic answers and improved surgical application. We consider it to be metabolic surgery; we are somewhat changing their metabolic

system for the better. I hope that someday we can tailor surgery or pharmacotherapy to mimic the beneficial profile of bariatric surgery on the unique cardiovascular disease at hand, such as heart failure with preserved ejection fraction or hypertension. This is the future of bariatric surgery, “precision, metabolic surgery”, and has the potential to dramatically improve morbidity and mortality for a large number of patients suffering with obesity and metabolic disease.

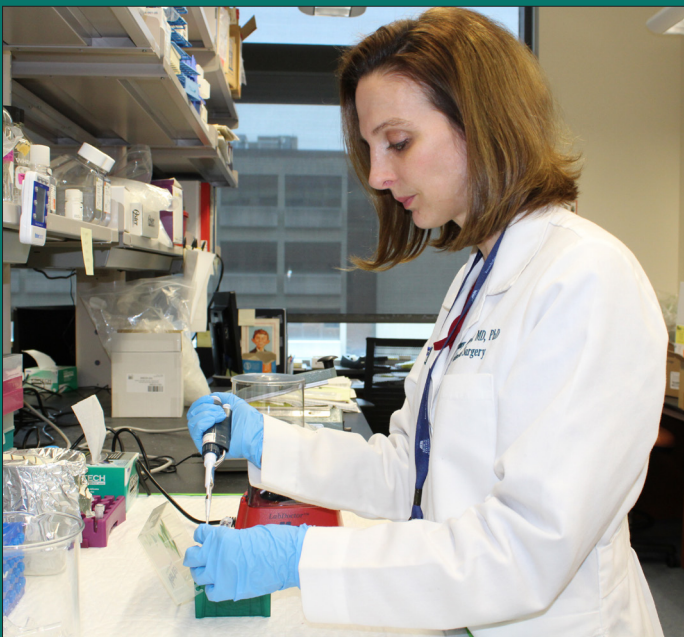


SPECIALTIES

- Gastroesophageal Reflux Disease
- Obesity
- Hiatal Hernia & Hernia
- Gallstones
- Benign Gallbladder Disease
- Biliary Colic

TREATMENTS & SERVICES

- Laparoscopic Gastric Bypass Surgery
- Laparoscopic Inguinal/Open
- Laparoscopic Sleeve Gastrectomy
- Laparoscopic Umbilical Hernia
- Laparoscopic Ventral Hernia/Open
- Hiatal Hernia Surgery
- Laparoscopic Anti-Reflux Surgery
- Cholecystectomy
- Revisional Bariatric Surgery



To view Dr. Tammy Kindel's publications, [click here](#).

SUSAN TSAI, MD, MHS



SPECIALTIES

Gastrointestinal Cancer
Pancreatic Cancer
Sarcoma
Benign Pancreatic Disease
Carcinomatosis

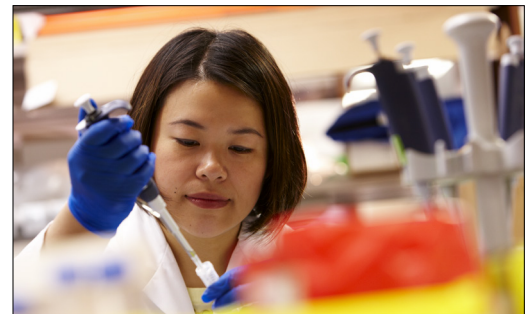
TREATMENTS & SERVICES

Laparoscopic Surgery
Melanoma Surgery
Minimally Invasive Surgery
Pancreas Surgery
Regional Chemoperfusion (HIPEC/
ILI/Isolated Liver Perfusion)
Surgical Oncology

I first became interested in research during residency, when I had the opportunity to spend two years conducting research at the NIH Cancer Center. During that time, I learned how patients were enrolled in clinical trials and how their specimens were banked to propel further research in the disease. Then in my Surgical Oncology fellowship, I had the opportunity to study at the Johns Hopkins Bloomberg School of Public Health. There I grew to understand the importance of data management and data science and developed a love for biostatistics.

In my current position as Associate Professor in the Department of Surgery and Director of the LaBahn Pancreatic Cancer Program, I draw on both experiences. The LaBahn Pancreatic Cancer Program at MCW has an integrated biorepository and database which captures longitudinal samples from patients across a broad spectrum of disease, from pancreatic cancer screening to diagnosis, and even post-mortem. This has been a productive resource for translational research collaborations as well as clinical outcomes research.

My own research interest lies in developing improved blood-based treatment assays which may help to determine early treatment response before clinically evident disease progression in pancreatic cancer. In this disease, current radiographic studies are unable to accurately stage metastatic disease in patients with apparently localized pancreatic cancer. Among patients with localized pancreatic cancer who undergo surgical resection, disease recurs in up to 60% of patients at an average of 6 months after surgery and the median survival is only 24 months, suggesting that radiographically occult metastatic disease is present in many patients at the time of surgery. Inaccurate staging has significant consequences, as immediate surgery for presumed localized disease may temporarily or permanently delay access to systemic therapy for patients at high risk for metastatic disease. In addition, radiographic imaging may overestimate treatment response to therapy, thereby prolonging treatment with ineffective therapies based on stable imaging.



Objective and quantitative methods to assess treatment response and overall extent of disease are needed to optimize patient selection and oncologic outcomes.

In recent years, the field of oncology has recognized the potentially revolutionary application of circulating tumor DNA (ctDNA) for tumor characterization and monitoring. ctDNA consists of small fragments of nucleic acids that are released from tumor cells and can be quantitatively detected in the peripheral blood. Our research has been focused on the development of a highly sensitive assay to identify rare mutant allelic frequencies from plasma cell-free DNA in patients with pancreatic cancer using digital droplet PCR. We are currently collaborating with multiple investigators who are also investigating novel blood-based biomarkers (exosomal microRNA, next generation sequencing approaches to circulating DNA, and alternative glycans expressed by pancreatic cancers).

We have recently reported our investigator-initiated clinical trial utilizing molecular profiling to guide treatment in patients with operable pancreatic cancer. This multi-institutional trial accrued 130 patients from 17 states and was the highest accruing clinical trial at MCW when it was open. Patients received molecular profiling of their tumor which guided their preoperative and post-operative treatment. Of patients with resectable pancreatic cancer, 72% completed all intended therapy to include surgery. Of patients with borderline resectable pancreatic cancer, 74% completed all intended therapy, as well. Among the patients who completed neoadjuvant therapy and surgery, a median overall survival of 45 months was reached. These promising results suggest that we can achieve long-term disease control in patients with pancreatic cancer with the correct treatment sequencing (preoperative therapy) and the optimal chemotherapeutic agents.

To view Dr. Susan Tsai's publications, [click here](#).

AOY TOMITA-MITCHELL, PHD

I began my career as a mechanical engineer building genetic instruments, but then became increasingly interested in the genetics and biology aspect of this field, so I obtained my PhD in bioengineering (genetic toxicology). I had a wonderful mentor who taught me how to do rare variant analysis in trying to understand genetic risk factors in complex diseases like cancer and diabetes. My husband, Dr. Michael Mitchell, had just finished his cardiothoracic surgery fellowship and was given an opportunity to take a second fellowship at the Children's Hospital of Philadelphia. He encouraged me to pursue the study of congenital heart disease so I left the company where I was working and took on a second postdoctoral fellowship in pediatric cardiology to study genetic risk factors of heart malformations.

We didn't expect to work together, but it has been a rewarding experience. The partnership of a passionate clinical scientist and a basic scientist/engineer without formal medical training has been so fulfilling as I can see how our research directly helps our patients – truly a bench to bedside environment. We have been at MCW in the Department of Surgery for 13 years. It's a great collaborative setting – the clinicians, the research support staff, the scientists – we've worked with so many different groups – indeed a team effort!

One of our main focuses is the genetic etiology of congenital heart disease. We have a tissue bank/biorepository that we're fortunate enough to be custodians of, working with the clinical team at the Herma Heart Institute. It is a very phenotypically well-characterized biorepository of DNA and surgical tissue discards. Several sub-studies from the tissue bank allow us to generate induced pluripotent stem cells (iPSCs) from families of interest. Often times, we ID families with multiple affected members and genetic risk is higher, so that's been a great tool for discovery, using whole exome sequencing or whole genome sequencing. We have been able to work closely with families who consented to the tissue bank and provided detailed information that has allowed us to narrow and discover genetic risk factors in their specific families. I've been working with these families to generate induced pluripotent stem cells (patient-specific iPSCs). In collaboration with our very talented research scientist, Dr. Min-Su Kim, and Dr. John Lough of the Department of Cell Biology, we've been able to differentiate these patient-specific cell lines into beating cardiomyocytes, and since have been working on characterizing the particular pathways that are affected in these different families. We have also been able to partner with Dr. Bob Fitz at Marquette University, who is one of the world's experts in studying skeletal muscle contraction and force, stiffness, and other particular factors that enable us to study the cardiac cell.



RESEARCH INTERESTS

Genetic Etiology of Congenital Heart Disease
High-Throughput Methodologies for Genetic Association Studies



In addition to etiology, we've been working on several translational applications using genetic tools. Of note is the non-invasive cell-free DNA test that is now commercially available for cardiac transplant patients. We have an ongoing, extensive multi-center study that has been clinically validated, which is offered through a startup company that MCW was so supportive in helping us launch (TAI – Transplant and Immunology – Diagnostics). It's been very rewarding to learn from our medical director that this test is working and making a difference. Since the study began at MCW and is centered here, our lab was the genetic core before TAI was created. Therefore, we have a cell-free DNA extraction core under the Children's CAP CLIA umbrella which we operate to clinical standards and provide as a core service.

To view Dr. Aoy Tomita-Mitchell's publications, [click here](#).

RAUL A. URRUTIA, MD



I am a Professor of Surgery and hold joint appointments in Biochemistry and Physiology. I was recruited to the Department of Surgery, Division of Research, in July 2017. I also hold the Warren P. Knowles Endowed Chair in Genomic Sciences and Precision Medicine and an Emeritus Professorship at Mayo Clinic.

I am an MD, who has been focused for more than 35 years to diseased-oriented basic and translational sciences of the pancreas, with a distinct focus on pancreatic cancer, as well as genetic forms of diabetes. The relationship between the exocrine and endocrine pancreas, in particular during the process of cancer formation is a fascinating and still under-explored area of biomedical sciences. My current focus is based on using precision medicine approaches and tools to understand molecules and pathways underlying human pancreatic cancer initiation and progression, in particular bioinformatic-based modeling of genomic and epigenomic events

“Medicine and Science has always been and will always remain my true vocation.”

RESEARCH INTERESTS

Genomic Science
Precision Medicine
Epigenomics
Pancreatic Cancer

that can be used to ameliorate and or cure this disease. Because I am an MD as well as a highly trained biochemical geneticist focused on the discovery of disease mechanisms, I speak both languages: in basic sciences at even the atomic resolution level and more importantly, translational medicine. Thus, in a collaborative manner, I have been fortunate to contribute to understanding causes of diseases of other tissues, including the endocrine pancreas, adrenal gland, liver, colon, immune cells, nervous system, auditory system, heart and vascular biology.

Medicine and science has always been and will always remain my true vocation. I not only work in science, but live and understand people, the world, and even the spiritual universe, through the lens of science. Consequently, I have been always interested in following the school of the pioneers, primarily defying paradigms to create new ones that advances knowledge beyond the incremental level. I love to do science from the experimental design, analyses, writing, and communicating verbally not only my findings but also those of others in the form of teaching and mentorship. Conceptually and methodologically, I have embraced the epistemological position of “Model Dependent Truth”, which states that you are only able to see what a model lets you see and predict. This position has allowed me to develop molecular, cell, animal, and human tissue models for better understanding druggable molecular pathways that contribute to human diseases.

I work within the highly collaborative environment of the Division of Research where I interact daily with highly trained investigators in a program that we call “Genomics and Precision Medicine Discovery Laboratory”. This team is composed of Dr. Mathison (Genomics and Epigenomics of PDAC), Dr. Chi (Structural Biology of PDAC Causing Gene Products), Dr. Lomberk (Cellular and Animal Models of Diseases and Epigenomic Therapeutics), and Dr. Zimmermann (Data Sciences). We also collaborate extensively with great colleagues within the Department and across the institutions. Although these great collaborations



are too many to describe in this narrative, the impact of these interactions on discovering new mechanisms of diseases. Funded Projects include “Epigenomic Regulation of PDAC” (NIH), Epigenomic Regulation of Intestinal Motility (PPG-Mayo Collaboration), and “Wisconsin’s First Precision Medicine Simulation Unit for Pancreatic Cancer” (AHW).

To view Dr. Raul Urrutia’s publications, [click here](#).

To learn more about Dr. Raul Urrutia’s Precision Medicine Discovery Lab, [click here](#).

THE LOMBERK RESEARCH LABORATORY

The Lomberk lab is focused on epigenomic-based pharmacology to serve as a robust tool to improve the future treatment of cancer. Dr. Lomberk's research program has explored novel combination strategies to treat pancreatic and other cancers, specifically based on leveraging cell cycle inhibitors in efforts to enhance future use of epigenetic inhibitors. Broader research interests are focused on the epigenetic landscapes that characterize cancer subtypes, as well as refining the utility of epigenetic inhibitors for treatment and re-sensitization to conventional therapies.

MEET THE LOMBERK LAB:

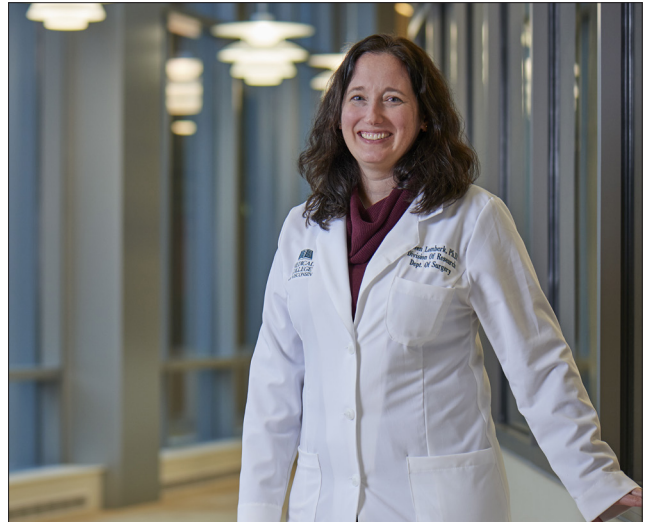
Gwen Lomberk, PhD
Principal Investigator (PI)
Chief, Division of Research
Director, Basic Science Research

Lishu He
Graduate Student
Department of Pharmacology & Toxicology

Ann Salmonson
Lab Manager

Guillermo Urrutia, MD
Post-doctoral Fellow

Jorge Toro-Zapata, MS
Research Technologist II



RESEARCH IN THE LOMBERK LAB IS FUNDED BY:

- R01: NCI - Novel Experimental Therapeutics for Pancreatic Cancer
- R01: NIDDK - The Role of Zinc Finger Cofactors in Pancreatic Cell Growth
- AHW: Epigenetic Pathways in Pancreatic Cancer
- AHW: Establishing Wisconsin's First Cancer Precision Medicine Simulation Unit
- Theodore W. Batterman Family Foundation Grant - Pathogenic Characterization of Germline Variants in Pancreatic Cancer
- Greater Milwaukee Foundation - Epigenomic landscape in liver cancer

THE MCW DIVISION OF SURGICAL ONCOLOGY IS **MY** DIVISION OF SURGICAL ONCOLOGY.



Mandy Prael
Elkhart Lake, WI

When Mandy Prael noticed a lump in her breast “no bigger than the tip of an eraser,” she alerted her doctor, who ordered an ultrasound. She was at work when she got the test results: cancer. “I was shocked,” she said. “I was 30. It didn’t make sense.”

Struggling to process the diagnosis, Mandy chose to get a second opinion at Froedtert & the Medical College of Wisconsin Clinical Cancer Center. Breast surgical oncologist Amanda Kong, MD, MS, determined that the

tumor had spread to the lymph nodes in Mandy’s armpit. She brought Mandy’s case to a breast cancer conference where a multidisciplinary team of specialists discussed the nuances of her disease before designing a treatment plan personalized to her situation. That plan included surgery, chemotherapy, consideration of clinical trials and, suspecting a familial cancer connection, referral to a genetic counselor. Mandy was also referred to medical oncologist Colin Mooney, MD, who initiated a five-month course of chemotherapy. “I chose the Froedtert & MCW Cancer Network because the treatment is so personalized and advanced,” Mandy said. “Dr. Mooney was wonderful. Whenever I had a question, he took the time to educate me.”

Mandy completed genetic testing, which revealed she has the BRCA2 mutation, a mutation that increases the risk for breast and gynecologic cancers. “Once I knew about the mutation, I decided to have a double mastectomy,” she said. Plastic and reconstructive surgeon John LoGiudice,

MD, performed her reconstructive surgery, and as a preventive measure, gynecologic oncologist Erin Bishop, MD, removed Mandy’s ovaries a year later.

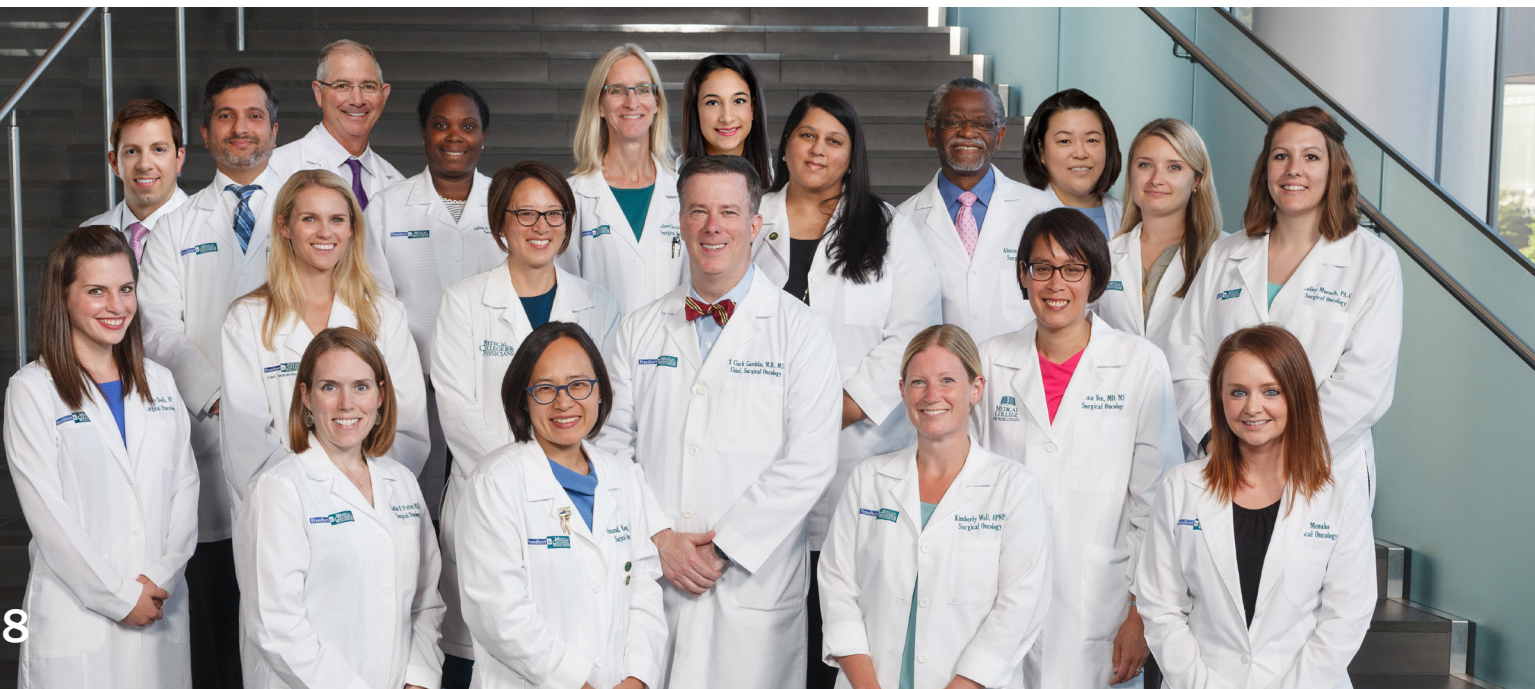
Before breast surgery, Dr. Kong offered Mandy the opportunity to participate in the Alliance 11202 clinical trial sponsored by the Alliance for Clinical Trials in Oncology, in collaboration with the National Cancer Institute.

“For women like Mandy whose lymph nodes have been affected, the standard is to remove all the lymph nodes,” Dr. Kong said. “But European data shows that, in terms of survival outcomes, radiation therapy to the armpit is equivalent to removing all the lymph nodes. In addition, with this approach, there are fewer instances of the arm swelling called lymphedema that can occur with removal of lymph nodes.”

Prior to surgery, women participating in the clinical trial are given an injection of dye in the breast, which travels to the armpit. “Only the nodes that pick up the dye, the sentinel nodes, are removed and tested,” Dr. Kong said. “If the nodes are positive for cancer, the patient is then randomized as to whether she will have all her lymph nodes removed, which is the standard of care, or receive radiation therapy only to the armpit.”

“I was placed in the group to have all lymph nodes removed,” Mandy said. “It was important to me to participate. Cancer treatment can be invasive, and I wanted to be part of an effort to change that. You can’t make changes without data, and I was very happy to provide data to help advance breast cancer treatment.” After surgery, Mandy followed up with radiation therapy, administered by radiation oncologist Carmen Bergom, MD.

Thanks to Mandy’s MCW Division of Surgical Oncology, the mother of two is doing well, working full time and taking good care of herself. What’s more, Mandy’s experience has made her keenly interested in genetic research, and she makes a point of following the latest advances.



MEET MY DIVISION:

FACULTY

T. Clark Gamblin, MD, MS, MBA
Professor and Chief

Stuart D. Wilson Chair in Surgical
Oncology

Vice Chair, Off-Campus Clinical
Operations

Co-Director, HPB Fellowship

Kathleen K. Christians, MD
Professor

Co-Director, HPB Fellowship

Callisia N. Clarke, MD, MS
Assistant Professor

Chandler S. Cortina, MD
Assistant Professor

Sophie Y. Dream, MD
Assistant Professor

Associate Director, Endocrine
Surgery Fellowship

Douglas B. Evans, MD
Chair, Department of Surgery
Ausman Family Foundation
Professor

Karen E. Kersting, PhD, LCP
Assistant Professor

Amanda L. Kong, MD, MS
Associate Professor
Chief, Section of Breast Surgery

Harveshp D. Mogal, MD
Assistant Professor

Caitlin R. Patten, MD
Assistant Professor

Miraj G. Shah-Khan, MD
Associate Professor

Susan Tsai, MD, MHS
Associate Professor

Alonzo P. Walker, MD
Ruth Teske Chair in Surgical
Oncology

Tracy S. Wang, MD, MPH
Professor
Chief, Section of Endocrine Surgery
Vice Chair, Strategic and Professional
Development

Director, Endocrine Surgery
Fellowship

Tina W. F. Yen, MD, MS
Professor

Edward J. Quebbeman, MD, PhD
Professor Emeritus

Stuart D. Wilson, MD
Professor Emeritus

NURSE PRACTITIONERS

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APNP**

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Jennifer R. Merrill, RN, MSN, APNP

**Kimberly J. Moriarty, RN, MSN,
APNP**

Lauren Newell, RN, MSN, APNP

Anna C. Purdy, RN, MSN, APNP

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Tanya M. Radke, RN, MSN, APNP

Maggie Weissman, RN, MSN, APNP

PHYSICIAN ASSISTANTS

Sarah M. Misustin, MPAS, PA-C

Kelley L. Muench, MPAS, PA-C

Bente E. Smith, MPAS, PA-C

MANDY CHOSE THE MCW DIVISION OF SURGICAL ONCOLOGY BECAUSE:

- The division faculty are widely recognized as leaders in cancer surgery for breast, liver, pancreas, skin, stomach, biliary, and endocrine system diseases. The division also has a special focus on rare tumors (sarcomas) and complex tumor management such as carcinosarcoma.
- In 2017, working in conjunction with breast imaging, radiation safety and the operating room, the Breast Program introduced the radioactive seed localization program for breast surgery for benign and malignant breast tumors at Froedtert Hospital and Froedtert Surgery Center.
- The Community Breast Cancer Program has aligned protocols for the delivery of multidisciplinary breast cancer care across the network, including imaging protocols, streamlining patient surveillance regimens, and radioactive seed localization to Froedtert Menomonee Falls Hospital and Froedtert West Bend Hospital.
- The Melanoma Program has expanded to include cutting-edge therapies such as oncolytic viral therapies for in transit metastasis and isolated liver perfusion for liver metastasis.
- In 2018, a Multidisciplinary Adrenal Clinic was launched at the Froedtert and MCW Clinical Cancer Center to provide care for patients with benign and malignant adrenal gland disorders.
- In January 2019, psychologist Karen Kersting, PhD, joined the faculty to provide customized, integrated behavioral health services for surgical patients and to develop research focused on patient psychosocial well-being.
- The division is devoted to clinical and translational research: In 2017, two internationally renowned scientists, Raul Urrutia, MD, and Gwen Lomber, PhD, were recruited to the Pancreatic Cancer Research Program.
- There is a growing portfolio of innovative clinical trials, including completion of the first personalized medicine trial in patients with localized pancreatic cancer.
- The division has a multi-institution hyperthermic intra-peritoneal chemotherapy (HIPEC) collaborative for research to study outcomes of patients undergoing cytoreductive surgery and HIPEC.
- Dr. Susan Tsai was named the director of the LaBahn Pancreatic Cancer Program, one of the few endowed pancreatic cancer programs in the country.
- Dr. Tina Yen was elected president of the Central Surgical Association.
- Dr. Tracy Wang was elected president of the Society of Asian Academic Surgeons and treasurer of the American Association of Endocrine Surgeons.
- The department is hosting two huge events in 2020: The Society of Black Surgeons and the Central Surgical Association annual meetings.

THE MCW DIVISION OF TRANSPLANT SURGERY IS **MY** DIVISION OF TRANSPLANT SURGERY.



Zanyah Huggins & Kristian Vaughn
Milwaukee, WI

On the eve of the first surgery of his life, 27-year-old Kristian Vaughn was neither nervous nor apprehensive — just determined. MCW surgeons were about to remove 30 percent of his liver, and Vaughn was walking through hospital corridors to meet the reason why. His path led him to Children’s Wisconsin, where 4-year-old Zanyah waited, the picture of excitement. Unlike Vaughn, she didn’t quite grasp the enormity of the situation. She was just glad to finally meet the man who’d give her a chance to not be so sick all the time.

“She ran over and hugged him,” says Zanyah’s mother, Yvonne Huggins. “They just clicked immediately. They just have a really special bond.” Vaughn, a University of Wisconsin-Milwaukee alumnus and current doctoral student in the School of Architecture & Urban Planning, initially explored becoming a liver donor to help another child. The liver is one of the few bodily organs that can regenerate itself, so you can donate part of yours to someone in need, provided you’re a medical match.

“The son of our family friend was critically ill and in acute

liver failure,” Vaughn says. “He’s three years old. I thought, ‘I’m healthy, I’m able, and my test results were a strong match.’ I just felt I should do it.”

Before Vaughn could move further in the process, however, the little boy received a transplant from someone else. That’s when Vaughn made an uncommon decision. Knowing how promising his test results were, he still elected to go on the donor list. The overwhelming majority of living donors know the people who will receive their transplant. But several factors – including blood work, fitness and how his liver was positioned in his abdominal cavity – meant Vaughn could be an ideal donor for another child.

Meanwhile, unbeknownst to Vaughn, Zanyah had suffered through recurring illnesses since age two. At Children’s Wisconsin, she was eventually diagnosed with a rare condition involving the flow of bile. As Zanyah’s health deteriorated with fevers, vomiting, weakness, pancreatitis, and jaundice, she was placed on a transplant list in July 2017. Huggins was resigned to a long, and perhaps hopeless, wait. “We got put on the list,” she says, “all of a sudden, there Kristian was.”

The call about a possible donor for Zanyah came during a sad and difficult time for Huggins. She was still grieving the death of another daughter, an infant who died 11 days after birth. But Huggins quickly agreed to move forward with Zanyah’s transplant. Vaughn and Zanyah were officially matched, and the transplant surgery was scheduled. Surgeons removed a portion of Vaughn’s liver during a 10-hour procedure at Froedtert. The tissue traveled through a tunnel to Children’s, where it was transplanted into Zanyah.



MEET MY DIVISION:

FACULTY

Johnny C. Hong, MD
Professor and Chief
Mark B. Adams Chair
Director, Solid Organ Transplantation

Calvin M. Eriksen, MD
Assistant Professor

Christopher P. Johnson, MD
Professor

Joohyun Kim, MD, PhD
Associate Professor
Associate Director, Transplant
Surgery Fellowship

Terra R. Pearson, MD
Assistant Professor

Jenessa S. Price, PhD
Assistant Professor

Allan M. Roza, MD
Professor

Motaz A. Selim, MD
Assistant Professor

Melissa Wong, MD
Assistant Professor

Stephanie C. Zanowski, PhD
Assistant Professor

Yong-ran Zhu, MD
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Michael A. Zimmerman, MD
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Director, Transplant Surgery
Fellowship

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Jennifer Mahaffey, MPAS, PA-C

Stephanie L. Martin, MCMSc, PA-C

Jenessa Mayer, MPAS, PA-C

Allyssa A. Nicholas, MPAS, PA-C

Andrea L. Rakoczy, MPAS, PA-C

Lanie Rudie, MPAS, PA-C

Cynthia L. Schulzetenberg, PA-C

Amanda Steiger, MPAS, PA-C

Whitney E. Stibb, MPAS, PA-C

Jessica A. Stromich, MPAS, PA-C

ZANYA & KRISTIAN CHOSE THE MCW DIVISION OF TRANSPLANT SURGERY BECAUSE:

- The division has superior one-year patient and graft survival outcomes after liver transplantation in adults and children.
- Our surgeons have expanded patient access to life-saving liver transplantation, and transplanted a higher proportion of the sickest liver patients in the country (Status I and MELD score > 30).
- Our surgeons have performed the most complex transplantation including the use of partial liver grafts from deceased donors (in situ split) and live donors as well as multi-organ transplantation.
- Our facilities have a one-of-a-kind 20-bed Transplantation Intensive Care Unit solely dedicated to the management of transplant candidates and patient before and after their transplants.
- The division has a higher proportion of liver transplantation performed in African-American patients (25%) compared to other centers in the region (20.7%) and USA (18.8%), and a higher proportion of kidney transplantation performed in African-American patients (17.5%) compared to other centers in the region (13.8%) and USA (14.2%).
- The division initiated the Altruistic Live Donor Liver Transplantation Program.
- Dr. Johnny Hong performed the first altruistic live donor liver transplantation in the state and region in December 2017. During that five-year period, only 20 of these procedures out of approximately 35,000 liver transplants have been performed in the USA. This achievement was recognized and featured in ABC World News.
- Our surgeons performed subsequent altruistic live donor liver transplantation in May 2019.
- The division has maintained Transplantation Center of Excellence Status for liver and combined liver-kidney transplantation.
- In January of 2017, surgeons performed a novel two-stage liver resection procedure (at Children's Wisconsin) on a 54-day old infant — the youngest patient in the world to have received this type of procedure, known as "ALPPS" (Associating Liver Partition and Portal Vein Ligation for Staged Hepatectomy).
- The division has expanded patient access to kidney and pancreas transplantation.
- The division has a higher proportion of high immunologic risk, panel reactive antibody > 80%, performed (32.5%) compared to other programs in the region (17.5%) and USA (18.5%).
- There is a significant reduction in patient post-transplant hospital length of stay.
- The division has maintained Transplantation Center of Excellence Status for kidney and combined kidney and pancreas transplantation.

THE MCW DIVISION OF TRAUMA & ACUTE CARE SURGERY IS MY DIVISION OF TRAUMA & ACUTE CARE SURGERY.



Paul Fredrick
Oshkosh, WI

Paul Fredrick is a 55-year-old man who suffered a bout of severe pancreatitis as a result of gallstones.

Initially, Paul was treated at an outside hospital, but was transferred to Froedtert and the Medical College of Wisconsin when his problem was determined to be more complex. Since his diagnosis carried a high mortality risk, he required well-trained medical personnel and close, long-term monitoring.

Luckily, Paul chose the MCW Division of Trauma & Acute Care Surgery as his division of trauma & acute care surgery.

“In my lengthy stay at Froedtert, I could tell from day one that my treatment plan was having a positive effect on my condition,” Fredrick said. “It seemed whatever could go wrong [with my illness] did, yet the staff at Froedtert was up to every challenge.”

During Paul’s course of treatment, he developed a complication of pancreatitis known as pancreatic necrosis. In this condition the pancreas starts to digest itself for a number of reasons, and the debris caused by the

death of the pancreas can lead to a plethora of on-going complications.

However, given the difficult position of the pancreas, often times the approach involves a large operation to remove the dead pancreas.

Trauma & Acute Care surgeons Drs. Milia and de Moya have brought a new procedure to MCW and Froedtert that involves the removal of the dead section of pancreas through a minimally-invasive approach called Sinus Tract Endoscopy.

This procedure involves the introduction of a camera along the tract of a previously placed drain. The drain acts as a guide to allow the surgeons to access the debris and dead pancreas without damaging the surrounding important structures.

Through this procedure, which is often needed several times, surgeons were able to rid Mr. Fredrick of part of the pancreas that was not viable. He had significant improvements over time and has continued to recover from his life-threatening condition.

The innovations and cutting-edge work in the Division of Trauma & Acute Care Surgery span the spectrum of trauma surgery, emergency general surgery, and surgical critical care.

“I experienced one set back after another,” Fredrick said. “But my experience of the Froedtert trauma staff was that everyone was top notch. Dr. Milia and Dr. de Moya performed a life-saving pancreatic procedure that I needed.”



MEET MY DIVISION:

FACULTY

Marc A. de Moya, MD

Professor and Chief
Milton and Lidy Lunda/Charles
Arahamian Chair

Marshall A. Beckman, MD, MA

Associate Professor
Associate Director, Surgical Critical
Care Fellowship
Associate Director, Pediatric Surgical
Critical Care Fellowship

Thomas W. Carver, MD

Associate Professor
Director, Acute Care Surgery
Fellowship

Panna A. Codner, MD

Associate Professor
Director, Surgical Fellowship Program
Director, Pediatric Surgical Critical
Care Fellowship

Christopher S. Davis, MD, MPH

Assistant Professor

Terri A. deRoon-Cassini, MS, PhD

Associate Professor
Director, Clinical Psychology
Fellowship

Christopher M. Dodgion, MD, MSPH, MBA

Assistant Professor

Anu Elegbede, MD

Assistant Professor

Joshua C. Hunt, PhD

Assistant Professor

Jeremy S. Juern, MD

Associate Professor

David J. Milia, MD

Associate Professor

Rachel Morris, MD

Assistant Professor

Todd A. Neideen, MD

Associate Professor

Abby Rothstein, MD

Assistant Professor

Lewis B. Somberg, MD

Professor

Jill R. Streams, MD

Assistant Professor

Colleen Trevino, RN, NP, PhD

Assistant Professor
Assistant Director of Advanced
Practice Providers

Travis P. Webb, MD, MHPE

Professor
Associate Dean for Curriculum

NURSE PRACTITIONERS

Susan E. Arnsdorf, RN, MSN, APNP

Suzette Erickson, RN, MSN, APNP

Amanda Flegner, RN, MSN, APNP

Kelly A. Gordon-Meyer, RN, MSN,
APNP

Cheryl A. Grandlich, RN, MSN, APNP

Christina Megal, RN, DNP, APNP

Angelica Paul, RN, MSN, APNP

Barbara Provo, RN, MSN, FNP, APNP

Tracy Richardson, RN, MSN, APNP

Susan Rihawi, RN, DNP, APNP

Kerry Short, RN, MSN, APNP

Pamela Souders, RN, APNP

Mary A. Stauber, RN, DNP, APNP

Sarah E. Tybring, RN, MSN, APNP

Grace Van Valin, RN, MSN, APNP

PHYSICIAN ASSISTANT

Joseph C. Darin II, MPAS, PA-C

PAUL CHOSE THE MCW DIVISION OF TRAUMA & ACUTE CARE SURGERY BECAUSE:

- As the only Adult Level I Trauma Center in southeastern Wisconsin, the center has scored in the top 10% of all trauma centers across the nation in patient survival.
- The division houses one of the nation's first Trauma Psychology programs that focuses on long-term outcomes of patients and Post-traumatic stress disorders. The director of the program, Dr. Terri deRoon-Cassini, was awarded an NIH grant to study the biologic link to PTSD in trauma patients.
- Trauma surgeon Dr. Panna Codner received research support for her work on studying how critically-injured patients mount systemic responses in their gastrointestinal system to improve outcomes.
- Trauma psychologist Dr. Josh Hunt received a research grant to validate screening for PTSD in a tool that was described by Dr. Terri deRoon-Cassini.
- In October 2019, MCW/FH became one of three sites across the nation to partner with the military to provide ongoing training for military surgeons and special operation medics. The army team will be joining the division for a three-year term.
- The Trauma & Acute Care Surgery fellowship was officially endorsed by the American Association for the Surgery of Trauma, which is the highest level of training program for trauma surgeons.
- The division played a major role in expanding the Stop the Bleed campaign across the state, including approval of state legislation to recognize March 31 as a day devoted to Stop the Bleed awareness.
- The division played a key role in the initiation of a co-sponsored MCW/Froedtert and Violence Interrupter program called 414-Life. The program provides a "wrap-around" support for victims of gunshot violence in Milwaukee.
- Division Chief Dr. Marc de Moya and trauma surgeon Dr. Christopher Dodgion are leading faculty in a joint program with the American College of Surgeons and the College of Surgeons of East, Central, and Southern Africa to develop surgical subspecialty training at Hawassa University in Ethiopia (see pages 66 and 67).
- The division will be holding its first Trauma Survivors Gala in the spring of 2020.
- Dr. Christopher Dodgion was awarded the 2019 MCP Lee A. Biblo, MD Excellence in Professionalism Award.

THE MCW DIVISION OF VASCULAR & ENDOVASCULAR SURGERY IS **MY** DIVISION OF VASCULAR & ENDOVASCULAR SURGERY.



Jim Birmingham
Greendale, WI

“And I’ve relied on the Froedtert & MCW health network for many years — and it has never let me down.”

Last August, vascular surgeon Peter Rossi, MD, along with vascular and interventional radiologist Robert Hieb, MD, performed a transcatheter aortic valve replacement, also known as TAVR, to clear Birmingham’s artery, which was about 70 percent blocked. During the groundbreaking procedure, blood flow through the carotid artery is reversed, which substantially reduces the risk of stroke.

When Jim Birmingham was offered a chance to become the first patient at Froedtert Hospital to undergo a new procedure to clear a blocked carotid artery, he decided that the MCW Division of Vascular & Endovascular Surgery was the division for him, and went for it.

“It seemed like there were fewer possible complications than with traditional methods,” said the energetic, 67-year-old village president of Greendale and owner of Broad Street Coffee Company.

TCAR is performed through a small incision near the collarbone to expose the carotid artery. The surgeon uses a tiny filter-equipped tube (outside the body) to connect the high-pressure artery to the low-pressure femoral vein in the thigh. The difference in pressure temporarily reverses the blood flow. Then a stent is inserted.

During the hour-long procedure, which requires only local anesthesia, the brain receives sufficient blood from other arteries. A blocked carotid artery is a major cause of strokes. Dr. Rossi said doctors typically have two other options: a carotid endarterectomy or stent placement.

In the former, a surgeon cleans out the blockage through an incision in the neck. The stroke risk is low, but the surgery is invasive and can damage nerves that control swallowing and speech.

The latter option involves inserting a stent through a small incision in the groin artery and advancing it through the aorta to the carotid artery. While less invasive than a carotid endarterectomy, it carries a higher risk of stroke.

Froedtert Hospital is the first medical center in eastern Wisconsin to offer TCAR. “I expect TCAR to become more common,” Dr. Rossi said. “It is the future in terms of stroke reduction.”

“I was up and about right away, and it didn’t even leave a scar,” Jim said. “I don’t feel light-headed anymore. I’m very grateful to Dr. Rossi. He was very honest and straightforward about the risks. He’s part of a great team that provides exceptional care.”



MEET MY DIVISION:

FACULTY

Peter J. Rossi, MD

Associate Professor and Chief
Associate Vice Chair, Off-Campus
Clinical Operations

Shahriar Alizadegan, MD

Assistant Professor

Kellie R. Brown, MD

Professor
Chief, VA Vascular Surgery
Vascular & Endovascular Surgery
Fellowship Program Director

Charles E. Edmiston, PhD

Professor Emeritus

Joseph P. Hart, MD

Associate Professor

Brian D. Lewis, MD

Professor
Chief, Division of Education
Vascular & Endovascular Surgery
Fellowship Associate Program
Director

Mona S. Li, MD

Assistant Professor

Michael J. Malinowski, MD

Associate Professor

Neel A. Mansukhani, MD

Assistant Professor

Abby E. Rothstein, MD

Assistant Professor

Gary R. Seabrook, MD

Professor

NURSE PRACTITIONERS

Allison Fladten, RN, APNP

**Mackenzie Kuczarski, RN, MSN,
APNP**

Ali Kusch, RN, MSN, APNP

Debra J. Lanza, RN, MSN, APNP

Laura Needler, RN, MSN, APNP

Maria Wellenstein, ACNP

PHYSICIAN ASSISTANTS

Courtney K. Johnson, PA-C

Kate M. Reigle, MPAS, PA-C

Stephen W. Robischon, MPAS, PA-C

MR. BIRMINGHAM CHOSE THE MCW DIVISION OF VASCULAR & ENDOVASCULAR SURGERY BECAUSE:

- The division was the first program in southeast Wisconsin to provide transcatheter aortic valve replacement (TAVR), a minimally invasive procedure for stroke prevention.
- The Vascular Second Opinion Program offers options to patients that have been told they have no options.
- From July 2018 to May 2019, the division was in the 96th percentile nationally for CG-CAHPS "Rate Your Provider 0-10."
- From July 2018 to May 2019, the division was in the 98th percentile nationally for CG-CAHPS "Likelihood to recommend."
- The division uses intraoperative 3D-fusion imaging technology to allow precision therapy for complex aortic aneurysms.
- The division has been rated as "High Performing" by US News and World Report for abdominal aortic aneurysm (AAA) repair three years in a row, a distinction based on quality, clinical volume and hospital performance.
- The division has 24/7 access to two advanced hybrid-imaging suites in the main operating room, which allows the most advanced care possible for vascular emergencies at any time.
- The Peripheral Artery Disease (PAD) Rehabilitation Program was established at Froedtert Menomonee Falls Hospital, providing structured exercise programs for individuals with lower extremity arterial disease; they offer free PAD and abdominal aortic aneurysm screening several times per year.

MCW DEPARTMENT OF SURGERY SECONDARY APPOINTMENTS

CARDIOTHORACIC SURGERY

Ivor J. Benjamin, MD
Michael H. Salinger, MD

CONGENITAL HEART SURGERY

Pippa M. Simpson, PhD

GENERAL SURGERY

John Fangman, MD
Jaime S. Green, MD
Joyce Sanchez, MD
Jane N. Wainaina, MD

RESEARCH

Carmen R. Bergom, MD, PhD
Marcelo Bonini, PhD
Michael B. Dwinell, PhD
Beth A. Erickson, MD
Michael O. Griffin, MD, PhD
William A. Hall, MD
Bryon D. Johnson, PhD
Stacy O'Connor, MD, MPH,
MMSc
Jong-In Park, PhD
Hershel Raff, PhD
Matthew J. Riese, MD, PhD
Parag P. Tolat, MD

SURGICAL ONCOLOGY

Manpreet Bedi, MD
Juan Felix, MD
James W. Findling, MD
John A. LoGiudice, MD
William S. Rilling, MD
Sarah B. White, MD

TRANSPLANT SURGERY

Jose Franco, MD
Veronica Loy, DO
Ehab R. Saad, MD
Cynthia Solliday-McRoy, PhD

VASCULAR & ENDOVASCULAR SURGERY

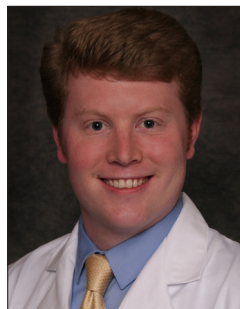
James B. Gosset, MD
Robert A. Hieb, MD
Eric J. Hohenwarter, MD
Peter Mason, MD, MPH,
RPVI
Parag J. Patel, MD
William S. Rilling, MD
Sean Tutton, MD

OUR MCW GENERAL SURGERY RESIDENCY PROGRAM

PGY V



Chad Barnes, MD
Administrative
Chief Resident



Nicholas Berger, MD



Michael Cain, MD



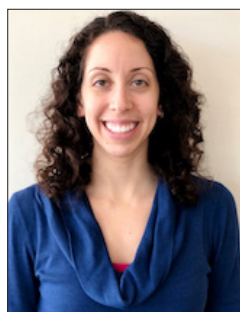
Lindsey Clark, MD



Charles Fehring, MD



Kaleb Kohler, MD



Rebecca Marcus, MD



Rebecca Mitchell, MD
Administrative
Chief Resident

THE YEARS OF RESIDENCY

A post-graduate year (PGY) 1 and PGY 2 resident begin training as a members of an interdisciplinary team committed to comprehensive patient care of commonly presenting surgical conditions. Progressing through the PGY 3 and PGY 4 years, the resident assumes a principal role with the team managing patients on the clinical services, before culminating as a PGY 5 competent to lead teams and manage the pre-, post- and intra-operative care of complex patient conditions.

PGY IV



Christina Bence, MD



Jacqueline Blank, MD



Alexis Bowder, MD



Kayla Chapman, MD



Kathryn Haberman, MD



Katherine Hu, MD



Ali McCormick, DO



Erin Strong, MD, MPH



Elizabeth Traudt, MD



**K. Hope Wilkinson,
MD, MS**

PGY III



Kelly Boyle, MD



Bonnie Chow, MD, MA



Emma Gibson, MD



Andrew Goelz, MD



Ashley Krepline, MD



Zoe Lake, MD



Matthew Madion, MD



Nathan Smith, MD



Samih Thalji, MD

Our five-year residency program is framed by ACGME Core Competencies of patient care, medical knowledge, professionalism, practice-based learning and improvement, interpersonal communication skills, systems-based practice, and the achievement of operative expertise a surgeon needs in order to make a difference in the lives of their patients and families. The Medical College of Wisconsin's affiliated hospitals provide a breadth of patient diversity and surgical conditions that enriches each resident's learning and patient management experience within community-based, university-based, and Veterans Administration hospital systems.

PGY II



Erin Buchanan, MD



Paul Dyrud, MD



Kyla Fredrickson, MD



**Christina
Georgeades, MD**



John Marquart, MD



Kent Peterson, MD



**Andrew
Regent-Smith, MD**



**Arielle Thomas,
MD, MPH**



Amanda Witte, MD



Raket Zarb, MD

PGY I

“TEAM WORK MAKES THE DREAM WORK.”



Elise Biesboer, MD



Melissa Drezdzon, MD



Colleen Flanagan, MD



Taylor Jaraczewski,
MD, MS



Xavier Jean, MD



Matthew Kasson, MD



Spencer Klein, MD,
MPH



Joseph Lankford, MD



Ellen Larson, MD



Keerthana
Mohankumar, MD



Andrew Perez, MD



Katherine
Scheidler, MD



Benjamin Seadler, MD



Philip Skummer,
MD, MPH



Monica Stumpf, MD

INTERNS “Fresh out of med school”



PGY 2 “At least we’re not interns!”



MEET MY DIVISION:

FACULTY

Brian D. Lewis, MD
Chief

Andrew S. Kastenmeier, MD
Associate Chief, Division of Education
Director, Surgery Clerkship

Matthew I. Goldblatt, MD
Director, General Surgery Residency
Program

Thomas W. Carver, MD
Associate Director, Residency
Program
Director, PGY 2-3 Curriculum

John C. Densmore, MD
Associate Director, Residency
Program

Rana M. Higgins, MD
Associate Director, Residency
Program

Kathleen L. Lak, MD
Co-Director, PGY 4-5 Curriculum

Michael J. Malinowski, MD
Associate Director, Residency
Program
Director, PGY 1 Curriculum

Caitlin R. Patten, MD
Associate Director, M3 Clerkship

Abby Rothstein, MD
Co-Director, PGY 4-5 Curriculum

Anu Elegbede, MD, MSc
Director, M4 Clerkship

Carrie Y. Peterson, MD, MS
Associate Director, Residency
Program

Philip N. Redlich, MD, PhD
Chair, Mentoring Committee

Travis P. Webb, MD, MHPE
Associate Dean for Curriculum

PGY 3 CLINICAL “Halfway there...”



PGY 4 CLINICAL “Girl Power”



PGY 5 “The Chiefs”



MCW DEPARTMENT OF SURGERY
DIVISION OF
EDUCATION

**Designing, implementing, and
evaluating educational programs
to achieve excellence in training
for students, residents, faculty,
and other physicians.**

MEET OUR DIVISION:

FACULTY

Brian D. Lewis, MD
Chief

Matthew I. Goldblatt, MD
Director, General Surgery Residency Program

STAFF

Heidi Brittnacher
Program Manager, Faculty Development

Elizabeth Chen
Education Program Coordinator I

Catie Fihn, MBA
Program Manager, Surgical Education

Theresa Krausert
Education Program Coordinator III

Lori Melms
Administrative Assistant Senior

Lisa Olson
Program Manager, General Surgery Residency

Marilyn Zarka, MBA
Administrative Assistant Senior



OUR MISSION

Our programs and curriculum have four major objectives of surgical education:

1. To foster development of positive humanistic attitudes as essential ingredients of excellence in surgical patient care;
2. To assure acquisition by each resident of appropriate technical surgical skills and an appreciation of surgical anatomy and physiology;
3. To provide opportunity for each resident to develop mature surgical judgment based both on theoretical considerations and on practical experience;
4. To develop in each student and resident an inquiring mind, tempered by appropriate skepticism, by means of vigorous and candid review of one's surgical work and by exposure to the problems of basic and clinical research.

OUR "OPERATING ROOM" HUB FOR COLLABORATIVE MEDICINE



MCW DEPARTMENT OF SURGERY ADMINISTRATIVE TEAM

MEET OUR DIVISION:

FACULTY

Douglas B. Evans, MD
Chair and Donald C. Ausman Family
Foundation Professor of Surgery

STAFF

Jon Mayer
Chief Administrator

Wendy Behrs
Administrative Associate

Meg Bilicki
Associate Director of Development II

Jenny Bruggink
Administrative Associate

Jason Dickson
Desktop Support Technician II

Janis Hagerty
Administrative Assistant Sr.

Mary Halverson
Financial Analyst

Jeff Hauswirth
Associate Department Administrator

Patricia Hoath
Administrative/Credentialing
Specialist

Linda Klagstad
Administrative Associate

Karen Larson
Financial Analyst

Anne Laulederkind
Manager, Clinical Research

Christopher Lay
Desktop Support Technician III

Serena Majeski
Financial Assistant II

Cyndi Nebel
Financial Assistant II

Michael Passow
Financial Analyst IV

Suzanne Piotrowski
Reimbursement Manager

Mary Rueth
Senior Reimbursement Manager

Tom Sisson
Desktop Support Technician III

Lillian Ubovic
Reimbursement Analyst



Jon Mayer, MBA
Chief Administrator

ABOUT THE TEAM

The MCW Surgery administrative team brings a love of academic medicine and a deep, personal commitment to patient care to their goal of making the Department of Surgery the best academic department in the world. This talented group is fully integrated with the physicians, APPs, and residents and provides the infrastructure necessary for everyone to succeed. The financial and personnel management side of medicine can be fun – and we have the team to prove it! From philanthropy to the stewardship of the We Care Fund, grant submission, manuscript preparation, and much more, this team derives their extra energy from the realization that we all are here for the patients of today and the patients of tomorrow – and those patients of tomorrow include us all. Our administrative team makes this all possible!

MCW DEPARTMENT OF SURGERY ACADEMIC & FACULTY ACHIEVEMENTS



From the Chair: Douglas B. Evans, MD

Academic achievement is the foundation of excellence in patient care. We often speak of our commitment to the patient of today as well as the patient of tomorrow. In our commitment to the patient of today, we strive to bring our very best effort in and out of the operating room to the care of every patient, every day. This includes our promises to always be prepared, devote tireless energy and attention to detail to each patient encounter, utilize the most contemporary and cutting-edge therapies, and to work as a team when the complexity and challenge of a specific diagnosis or patient requires more minds (and hands) than our own. Our commitment to the patient of tomorrow is to be sure that our therapies of today are *not* the therapies of tomorrow — our patients of tomorrow and their families deserve better. However, they will receive better therapies only if we develop them. Inherent in our commitment to developing better therapies for the patients of tomorrow is our pledge to academic achievement — and why academic achievement is such an important part of the culture of the Department of Surgery. An intense focus on discovery, innovation, clinical trials and the accurate reporting of all new knowledge will ensure that our treatments for the patients of tomorrow are the very best they can be. Finding a way to prioritize academic achievement is difficult, especially in the current era of medicine where all metrics, to include our time, are measured almost daily. Our department has developed a unique infrastructure of mentoring, research support, and career development to ensure that our commitment to the patient of tomorrow is fulfilled.

ASSOCIATION FOR ACADEMIC SURGERY

John J. Aiken, MD
 Casey M. Calkins, MD
 Kathleen K. Christians, MD
 Callisia N. Clarke, MD, MS
 David L. Joyce, MD
 Christopher S. Davis, MD, MPH
 John C. Densmore, MD
 Christopher M. Dodgion, MD,
 MSPH, MBA
 Douglas Evans, MD
 T. Clark Gamblin, MD, MS, MBA
 Matthew I. Goldblatt, MD
 Jon C. Gould, MD
 David Gourlay, MD
 Rana M. Higgins, MD
 Johnny C. Hong, MD
 Jeremy S. Juern, MD
 Andrew Kastenmeier, MD
 Tammy Kindel, MD, PhD
 Amanda L. Kong, MD, MS
 Kathleen L. Lak, MD
 Dave R. Lal, MD, MPH
 Gwen Lomberk, PhD
 Kirk A. Ludwig, MD
 Michael E. Mitchell, MD
 Michael J. Malinowski, MD
 Harveshp D. Mogal, MD
 Keith T. Oldham, MD
 Mary Otterson, MD, MS
 Caitlin R. Patten, MD
 Carrie Peterson, MD, MS
 Philip N. Redlich, MD, PhD
 Tim Ridolfi, MD
 Allan M. Roza, MD
 Thomas T. Sato, MD
 Gary R. Seabrook, MD
 Miraj G. Shah-Khan, MD
 Sabina Siddiqui, MD
 Lewis B. Somberg, MD
 Jill R. Streams, MD
 Colleen Trevino, RN, NP, PhD
 Susan Tsai, MD, MHS
 Kyle J. Van Arendonk, MD, PhD
 Amy J. Wagner, MD
 Alonzo P. Walker, MD
 Tracy Wang, MD, MPH
 Travis Webb, MD, MHPE
 Melissa Wong, MD
 Tina W. F. Yen, MD, MS

DEPARTMENT OF SURGERY ENDOWED CHAIRS

As one of our institution's permanent and sustaining assets, an Endowed Chair is one of MCW's most important faculty honors. Endowed Chairs are awarded solely for the purpose of recruitment, retention, and/or recognition of nationally and internationally distinguished faculty at MCW.



Marc A. de Moya, MD
 Milton & Lidy Lunda
 Arahamian Chair



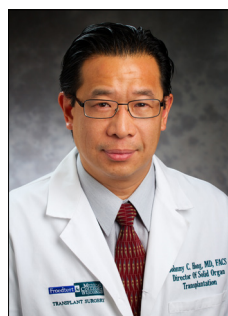
Douglas B. Evans, MD
 Department Chair and
 Donald C. Ausman
 Family Foundation
 Chair



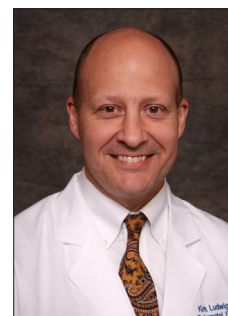
Jon C. Gould, MD
 Alonzo P. Walker
 Chair



**T. Clark Gamblin,
 MD, MS, MBA**
 Stuart D. Wilson
 Chair



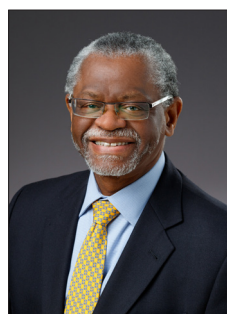
Johnny C. Hong, MD
 Mark B. Adams
 Chair



Kirk A. Ludwig, MD
 Vernon O.
 Underwood Colon
 Cancer Research
 Chair



**Philip N. Redlich,
 MD, PhD**
 Gerald L. Schmitz,
 MD Chair



Alonzo P. Walker, MD
 Ruth Teske Chair

**MCW Department of
 Surgery and the LaBahn
 Pancreatic Cancer Program
 are recruiting an Associate
 Professor or Professor for
 the Joel and Arlene Lee
 Chair in Pancreatic Cancer
 Research.**

Contact wbehers@mcw.edu
 for more information.

FACULTY ACCOMPLISHMENTS

Kellie R. Brown, MD

Elected President of the
Midwestern Vascular
Surgical Society
Elected Vice-Chair of the
Vascular Surgery Board
of the American Board of
Surgery

Casey M. Calkins, MD

Elected Chair of the
American Pediatric
Surgical Association
Program Committee

Thomas W. Carver, MD

Received the Ernest O.
Henschel Clinical Teaching
Award

Marc A. de Moya, MD

Elected Fellow of the
American Surgical
Association (among
the most competitive
appointments in American
surgery)

Christopher M. Dodgion, MD, MSPH, MBA

Recipient of 2019 MCP Lee
A. Biblo, MD, Excellence in
Professionalism award
Recipient of 2019 Lennon
Award

Douglas Evans, MD

Named Wisconsin Way
Medical Leader of the
Year by News-Talk 1130
WISN and Annex Wealth
Management

Matthew I. Goldblatt, MD

Chair for annual SAGES
2020 meeting

Jon C. Gould, MD

Elected Fellow of the
American Surgical
Association (among
the most competitive
appointments in American
surgery)

Awarded the Smallwood
Award for Clinical
Excellence

Joshua C. Hunt, PhD, MA

Received Moore Inventor
Fellows Award from the
Gordon and Betty Moore
Foundation

Andrew S. Kastenmeier, MD

Awarded grant to
attend SUS Leadership
Development Course
Recipient of 2019 MCP Lee
A. Biblo, MD, Excellence in
Professionalism award

Tammy L. Kindel, MD, PhD

Received NIH K08 Career
Development Award
Received George
H.A. Clower Career
Development Award

Johnny C. Hong, MD

Recipient of the Maggy Zito
Schultz We Care Award.

Dave R. Lal, MD, MPH

Named Children's
Wisconsin 2019
Milwaukee Campus Based
Physician of the Year
Elected Vice Chair of
the American Pediatric
Surgical Association
Surgery Committee

Gwen Lomberk, PhD

Reviewer, NCI MCT2 Study
Section
Reviewer, NCI ZCA1 SRB-K
(M1): Special Emphasis
Panel for Provocative
Questions

Recipient of a grant from
the Greater Milwaukee
Foundation to study the
epigenomic landscape in
liver cancer

Received a grant from the
Theodore W. Batterman
Family Foundation, Inc.

Kirk A. Ludwig, MD

Elected Fellow of the
American Surgical
Association (among
the most competitive
appointments in American
surgery)

Michael E. Mitchell, MD

Reviewer, NIH, National
Heart, Lung and Blood
Institute (NHLBI)
Special Emphasis Panel
[Opportunities for
Collaborative Research
at the NIH Clinical Center
(U01), PAR-18-646]
Reviewer, NIH, SRO,
Bioengineering,
Technology and Surgical
Sciences (BTSS) Study
Section

Keith T. Oldham, MD

Director, Global Initiative
for Children's Surgery

Carrie Peterson, MD, MS

Named to the Association
for Academic Surgery
Aspiring Leaders
Development Program
Received 2019
MCW Excellence in
Professionalism Award

Tim J. Ridolfi, MD

Appointed Chairperson to
American Society of Colon
and Rectal Surgeons
Program Committee

Sabina M. Siddiqui, MD

Director, Global Initiative
for Children's Surgery

Susan Tsai, MD, MHS

Received a grant from the
Theodore W. Batterman
Family Foundation, Inc.

Raul A. Urrutia, MD

Reviewer, NIDDK DDK-C
Study Section
Reviewer, NIDDK ZRG1
DKUS-M Special Emphasis
Panel
Recipient of the Maggy Zito
Schultz We Care Award
Received a grant from the
Theodore W. Batterman
Family Foundation, Inc.

Tracy S. Wang, MD, MPH

Elected Treasurer of the
American Association of
Endocrine Surgeons
Elected President of the
Society of Asian Academic
Surgeons

Alonzo P. Walker, MD

Honored in 2019 with the
Distinguished Service
Award, MCW's highest
honor for his significant
and distinguished
contributions to the
Medical College of
Wisconsin.

Awarded the Cream
City Medical Society
Academia & Research
Award for clinical
research contributions,
publications, advocacy of
health issues related to
the field of Oncology.

Stuart D. Wilson, MD

Honored with the first
annual Medical College
of Wisconsin – Stuart
D. Wilson MD Historical
Lectureship at the 40th
American Association
of Endocrine Surgeons
meeting

Ronald K. Woods, MD, PhD

John A. Hawkins Award,
Congenital Heart
Surgeons' Society, 2019
Annual Meeting
Feature Editor; Congenital
– *The Journal of Thoracic
and Cardiovascular
Surgery*

Tina Wei-Fang Yen, MD, MS

Elected President of
the Central Surgical
Association

SOCIETY OF UNIVERSITY SURGEONS

Douglas B. Evans, MD
Marc A. de Moya, MD
T. Clark Gamblin, MD, MS,
MBA
Matthew I. Goldblatt, MD
Jon C. Gould, MD
David M. Gourlay, MD
Christopher P. Johnson, MD
Amanda L. Kong, MD, MS
Dave R. Lal, MD, MPH
Kirk A. Ludwig, MD
Michael E. Mitchell, MD
Keith T. Oldham, MD
Mary F. Otterson, MD, MS
Allan M. Roza, MD

Gary R. Seabrook, MD
Amy J. Wagner, MD
Tracy S. Wang, MD, MPH
Travis P. Webb, MD, MHPE
Tina W. F. Yen, MD, MS



BEST DOCTORS IN AMERICA

John J. Aiken, MD
G. Hossein Almassi, MD
Kellie R. Brown, MD
Casey M. Calkins, MD
Kathleen K. Christians, MD
John C. Densmore, MD
Douglas B. Evans, MD
T. Clark Gamblin, MD, MS, MBA
Matthew I. Goldblatt, MD
Jon C. Gould, MD
David M. Gourlay, MD
Johnny C. Hong, MD
Christopher P. Johnson, MD
Lyle D. Joyce, MD
Amanda L. Kong, MD, MS
Dave Lal, MD, MPH
Kirk A. Ludwig, MD
Brian D. Lewis, MD
Michael E. Malinowski, MD
Keith T. Oldham, MD
Mary F. Otterson, MD, MS
Peter J. Rossi, MD
Thomas T. Sato, MD
Lewis B. Somberg, MD
Gary R. Seabrook, MD
Amy J. Wagner, MD
Alonzo P. Walker, MD
Tracy S. Wang, MD, MPH
Travis P. Webb, MD, MHPE
Tina W. F. Yen, MD, MS

AMERICAN SURGICAL ASSOCIATION

Douglas B. Evans, MD
Marc A. de Moya, MD
T. Clark Gamblin, MD, MS, MBA
Jon C. Gould, MD
Johnny C. Hong, MD
Kirk A. Ludwig, MD
Michael E. Mitchell, MD
Keith T. Oldham, MD
Mary F. Otterson, MD, MS
Gary R. Seabrook, MD



DEPARTMENT OF SURGERY MENTORING COMMITTEE

The value of mentorship in academic medicine is increasingly being recognized as vital to the success of its faculty. Multiple studies demonstrate improvements in a number of parameters including career goal setting, understanding of paths to promotion, junior faculty retention, achievement of local, regional, or national leadership positions as part of broad professional activities, enhancement of junior faculty grant productivity, and overall faculty career success. A recent survey of chairs provides a glimpse of mentorship programs in departments of surgery in the United States, with an accompanying commentary stressing the importance of career development for surgical faculty. Given the increasingly complex nature of MCW with two new regional campuses, new schools, and multiple promotion tracks, it is more imperative than ever that faculty are provided a mentoring and professional development infrastructure to succeed.

Committee Members:

Douglas B. Evans, MD
Kellie R. Brown, MD
Terri A. deRoos-Cassini, PhD
David M. Gourlay, MD

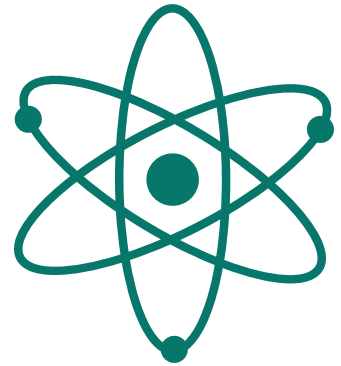
Brian D. Lewis, MD
Gwen Lomberk, PhD
Mary F. Otterson, MD, MS
Philip N. Redlich, MD, PhD - Chair

Ryan Spellecy, PhD
Tracy S. Wang, MD, MPH
Travis P. Webb, MD, MHPE
Michael T. Zimmerman, MD



30

**FACULTY NAMED BEST
DOCTORS IN AMERICA
(2017-18)**



85

**ACTIVE CLINICAL
RESEARCH STUDIES**

19

**FACULTY IN SOCIETY OF
UNIVERSITY SURGEONS**

6

FACULTY PROMOTIONS



48

**FACULTY IN
ASSOCIATION FOR
ACADEMIC SURGERY**



90

**COMPETITIVE GRANTS
SUBMITTED
(2019)**

11

**FACULTY MEMBERS IN
AMERICAN SURGICAL
ASSOCIATION**

443

**UNIQUE PUBLICATIONS
(2018)**

MCW DEPARTMENT OF SURGERY VICE CHAIRS

From the Chair: Douglas B. Evans, MD

In 2017, the Department of Surgery underwent a reorganization of roles and responsibilities to advance our three missions (education, research, clinical care) and capitalize on the talent and unique expertise of our growing faculty. Stimulated initially by an insightful external consultant and refined with internal discussion at all levels of leadership, for the first time in the history of this department we added program-specific Vice Chair positions. These new leadership positions have created additional clinical opportunity, made MCW Surgery of the best possible quality, brought unmatched efficiency to our clinical services/operating room, and have enhanced faculty and resident career development with an innovative and energetic focus on how to make all of us the best we can be. Our commitment to faculty development and resident education will be unmatched among academic departments in this country.



DEPARTMENT OF SURGERY VICE CHAIR POSITIONS

- **Quality** (Dr. Jon Gould; Associate Vice Chair, Dr. Carrie Peterson)
- **Strategic and Professional Development** (Dr. Tracy Wang)
- **Off-Campus Clinical Operations** (Dr. Clark Gamblin; Associate Vice Chair, Dr. Peter Rossi)
- **Perioperative Services** (Dr. Gary Seabrook)
- **VA Surgical Services** (Dr. Philip Redlich)

WE ARE DEDICATED TO CONTINUOUS SURGICAL QUALITY AND EXCELLENCE IN PATIENT SAFETY AND OUTCOMES.

WHAT DO YOU DO IN YOUR ROLES?

Gould: We're accountable for quality and safety in the Department of Surgery through various domains. We look at various outcomes and metrics based on data reported through different venues, such as NSQIP, and seek to improve where we can. Our job is to integrate with the rest of the quality infrastructure in the hospital, and the healthcare system in general. We're trying to work ourselves into the quality infrastructure of the hospital, representing the Department of Surgery and providing bi-directional communication, bringing our concerns forward while addressing things that relate to us.

Peterson: We've also been getting residents on board, involving them in our Quality Minute programming through which they give monthly presentations as an opportunity to figure out what is going on from a quality standpoint.

G: We work to expose them to the data that faculty get, raising that awareness and involving them in quality initiatives, trying to get them to see the big pictures. There are changes and efforts to change happening regarding quality and safety, but it often goes unnoticed. Our job is to make those changes more visible.

WHY DID YOU WANT TO GET INVOLVED WITH THIS ISSUE?

P: I got into medicine to take care of people, and this is the way that I can use the skills I have, the things I'm good at, and optimize the outcomes of my patients and for other patients as well, maybe beyond the people that I touch.

G: It's a way to scale things a little bit – you can take care of patients, but you do that one at a time; today's complex healthcare environment can't just be about one person, it's about systems of care. We need clinical leaders who are in the disciplines where that work is being done who provide clinical care and understand what the issues are and the impacts of the decisions/protocols/workflows that are affected. It needs to be us.

WHAT ARE YOUR BIG-PICTURE GOALS IN THIS POSITION?

G: A lot of our goals are linked to the hospital's goals, including improving our outcomes in readmissions, length of stay, and surgical site infections. In addition to that, however, we want to strengthen a culture of safety: enhancing dialogue, communicating about things that are being done, making outcomes visible and transparent, getting residents involved, and encouraging people to report events and generate reports that people can look at. We want to make quality something that everybody in the Department is not only aware of but also an active participant in. People have always focused on individual ways to provide good patient care, but we want to broaden that mindset. Quality now requires teams and systems, including everyone from residents to APPs to surgeons.



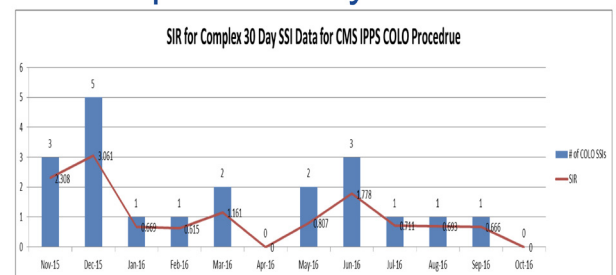
Jon C. Gould, MD
Vice Chair, Quality



Carrie Y. Peterson, MD, MS
Associate Vice Chair, Quality

“You can take care of patients, but you do that one at a time; in today's complex healthcare environment...it's about systems of care.”

Rolling 12 Month SIR for Complex 30-Day SSI Colon



WE ARE COMMITTED TO A CULTURE OF DIVERSITY, ACADEMIC ACHIEVEMENT, AND PROFESSIONAL DEVELOPMENT.

WHY ARE YOU PASSIONATE ABOUT THIS ROLE/WORK?

When I think back on my own career in medicine – as a medical student, resident, fellow, and even (perhaps especially) now, as an attending, I have been so fortunate to have people who were and are mentors and sponsors for me, who showed me a path for being not just a better clinician and surgeon, but also finding fulfillment in other aspects of academic medicine.

Being in a position to work with our Chair, Dr. Evans, and the Chiefs of the 11 divisions within the Department to foster the development of our faculty towards their own professional goals, whether their interests are more clinical, education-related, or the ‘traditional’ research route, is really exciting.

WHAT ARE YOUR BIG-PICTURE GOALS IN THIS POSITION?

To showcase the incredible faculty we have in our department, and to ensure that they are fulfilled in their careers, both clinically and academically, and are proud of working at MCW and in this department. Having engaged and excited faculty is also the best way to recruit the next generation of surgeons as students, residents, and fellows.

WHAT HAVE YOU ACCOMPLISHED/WHAT ARE YOU WORKING ON?

As a new position within the department, it has been both exciting and challenging! One of the first things we did was to spearhead our social media campaign and have more of a presence on Twitter and Facebook, highlighting the clinical programs and accomplishments of the department members.

And of course the huge focus for me during the past year or so is the advocating for the faculty and the recruitment of new faculty. We continue to work on identifying leadership opportunities, and placing people in the pipeline for these opportunities, whether it be within MCW and Froedtert, or in regional and national societies. It is so important to be able to find and provide opportunities and ‘pay it forward’ ...more to come!



Tracy S. Wang, MD, MPH
Vice Chair, Strategic and
Professional Development

*“It’s so important
to be able to
find and provide
opportunities and
‘pay it forward.’”*



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#LeadingTheWay
#FacultyFriday
#ResidentDay
#MCWMedicalMoments



MCW Medical Moments

WE WILL ACHIEVE UNMATCHED PATIENT ACCESS TO QUALITY SURGICAL CARE IN OUR COMMUNITIES.

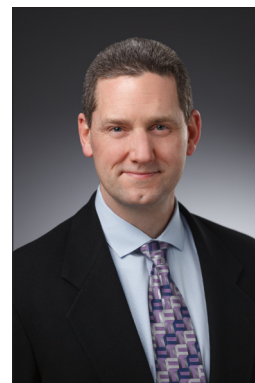
WHY ARE YOU PASSIONATE ABOUT THIS ROLE/WORK?

Gamblin: The leadership roles of Off-Campus Clinical Operations are focused to identify practice opportunities with other key leaders and assist with facilitating growth in off-campus locations. Additionally, in collaboration with other Division Chiefs, growth and management of opportunities are addressed and recruitment of additional staff are supported.

G: Healthcare is competitive and patients are reluctant to travel for their medical needs. Coordinating the Department of Surgery efforts in the community and understanding how we provide care in the most effective and efficient manners is paramount. It is incredibly satisfying to see new services in the community impacting its members. It is also rewarding to see existing practices grow and adapt to the changing landscape as selected services are resourced and supported. It takes passion to change the status quo and focus on the future while strengthening and building relationships. Expanding our services and our clinical footprint provides true value to the community and fulfills the missions of the department and institution.



**T. Clark Gamblin, MD,
MS, MBA**
Vice Chair, Off-Campus
Clinical Operations



Peter J. Rossi, MD
Associate Vice Chair,
Off-Campus Clinical
Operations

“That’s ultimately what we want to do — make a better experience for [our patients].”

WHAT ARE YOUR BIG-PICTURE GOALS IN THIS POSITION?

Rossi: What I would like to see is the MCW Department of Surgery distributed in every single outpatient clinic that we have in the entire enterprise. Having that visibility is important for developing referrals – for the primary care physicians and the other referring physicians to know that we’re there and available wherever the patients want to go. Patients love it – not having to drive down from two hours north, and instead they can do something that’s much more convenient for them, better for them and their families. That’s ultimately what we want to do – make a better experience for them. I keep an ear to the ground for opportunities and can act as a liaison between those out in the community and our faculty members here.



G: We want to engage the community and provide an unprecedented level of care. Discriminating which cases are best served at which locations will improve the care and enhance the experiences. Providing this overarching objective is challenging and requires vision, principle and trust. We want to be innovative in our approach to offer state of art care and thoughtfully expand services as close to home for patients as possible.

WHAT HAVE YOU ACCOMPLISHED/WHAT ARE YOU WORKING ON?

G: The Froedtert Menomonee Falls Hospital received the 2018 Bernard A. Birnbaum Quality Leadership Award, ranking first nationally for Vizient in the United States. This recognition is due to the outstanding reputation and services of integrated care between the academic and community sites.

G: It has been satisfying to see select surgical subspecialties located at our community sites in West Bend and Menomonee Falls grow and integrate with existing surgical practice. Surgical practices continue to grow and offer services at a level not previously available. In addition, we have seen clinical opportunities at new outpatient facilities with our teams. We endeavor to integrate all surgeons working under the brand of Froedtert and the Medical College of Wisconsin to coordinate care and ensure patients receive the absolute best outcome possible.

WE CHAMPION A CLIMATE OF PATIENT-CENTERED COORDINATED SURGICAL CARE.

WHY ARE YOU PASSIONATE ABOUT THIS ROLE/WORK?

I was very involved in the reconstruction of all of the Froedtert ORs over the last three years; I participated in design and construction, becoming well-versed in all things required to make an operating room work. I've been at MCW since 1982 – I've never worked any place else. I have enough familiarity with the details of what's going on that by chipping away at little problems, I can make a difference.

I started some of this work 10 years ago with some oversight. From there, I progressed to spending half my time dealing with the construction project, and when this Vice Chair role came to be, Dr. Evans gave me the opportunity to devote all my time to a collection of tasks. I spend much of the day with people coming to tell me things are broken; what I'm here to do is to fix stuff, to deal with things that aren't working as well as they should.

WHAT CHANGES HAVE YOU NOTICED OVER THE YEARS, AND HOW DOES THAT SHAPE YOUR GOALS?

We have a Chief Experience Officer – an indication that patients expect things to work, expect services to be prompt. They expect people to be on time, service to be packaged properly, and when they leave, they expect to have a proper set of instructions. The patients still respect us, admire what we do, and are grateful for the care that they get, but they also have a certain amount of expectations that probably didn't exist ten years ago.

The population is quicker to expect results than they used to be; people used to be more tolerant of "this can't be done," "this is going to take too long," or "this is the way it is." Society has gotten to the point where most people think we shouldn't put up with waiting or with incurable diseases – we should put our minds to fixing things. If they're sick, they expect someone to do something about it. It's a more empowered, knowledgeable society. We're a lot further ahead than we were five years ago; the world is demanding more efficiency, more customer service. It's no longer acceptable to tell someone that you should just go home and rest for two weeks and put up with whatever. One example of this is enhanced recovery following surgery – the concept of making the patient better prepared for the surgical experience. One of

“Society has gotten to the point where most people think we shouldn't put up with waiting or with incurable diseases — we should put our minds to fixing things.”

the topics to address is prehabilitation (as opposed to rehabilitation), such as giving people a more high-powered pattern of nourishment right before the operation and carbohydrates within a couple hours of the surgery and keeping them premedicated with pain medicine so that there's less discomfort: a whole collection of things that are meant to have the patient better equipped to come through the operation intact and a little bit ahead of the game. The mentality used to be that if they just had a big operation, you would tell them that they'll get better in due time. There's now more emphasis on shortening the period of time that it takes to recover in any way possible.

WHAT HAVE YOU ACCOMPLISHED/WHAT ARE YOU WORKING ON?

We've taken the various subspecialties in the OR and assembled Accountable Care Teams — patterned after the teams that are working on the units in the hospital.

Surgeons, anesthesiologists, nurses, other people that work in a subspecialty area, get together once a month to talk about how the daily work is progressing, identifying problems and what can be done to improve the work we do. It brings front-line people and the clinicians closer together. In the OR, we made a big push in the last year to formalize some of the quality initiatives, including NSQIP data, and being a little more rigorous/structured in how we evaluate quality.

In terms of construction, we made a big move to relocate the pathology processing area from the pathology lab to a facility in the OR, so if someone has a tumor that needs to be diagnosed, now we can take the specimen just down the hall, and the pathologist can send it electronically to the specific pathologist that deals with that department.



Gary R. Seabrook, MD
Vice Chair, Perioperative Services

WE HONOR OUR VETERANS WITH INNOVATIVE QUALITY SURGICAL CARE.

WHY ARE YOU PASSIONATE ABOUT THIS ROLE/WORK?

I have worked at the VA since around 1988 and appreciate several aspects of the VA environment that promote the mission of our department including resident teaching, research, and clinical care. Caring for the veteran population is very rewarding, and I have come to learn that the employees at the VA are there to support the VA missions and the veterans. When the position became available, I applied and was grateful to have been selected to continue the missions of our department and the VA and, now, be in a position to advocate for and support our physicians and trainees. I have learned, in my previous administrative roles, that if physicians, employees, and trainees at all levels are given the tools to do their job, the patients (veterans) will reap the benefits of improved patient outcomes. I strive to improve systems and infrastructure that can lead to a more satisfying work environment for the physicians and increased efficiencies of care for our veterans.

Finally, to be part of a system of care whose only purpose is to care for those who have served our country is a very humbling and rewarding experience. I repeatedly hear from physicians working at the VA that our unique system of care allows them to focus on the optimal care for veterans without the distractions of generating RVUs and billing concerns. Of course, the VA is not without its budgetary challenges, but these challenges do not directly impact the day-to-day care provided by our physicians.

WHAT GOT YOU INTO THIS WORK, AND WHAT DO YOU DO?

I stepped down from the MCW Associate Dean for Curriculum position after serving 12 years and had the opportunity to turn my energies back to the clinical environment with the opening of the Chief of Surgery position at the VA. I thought I could use the leadership, administrative, and budgetary skills learned in the MCW Office of Academic Affairs and apply them to the VA position. Furthermore, I have enjoyed mentoring over the years focused on students in the MCW Curriculum office and on residents in my former role as Chief of the Division of Education in the Department of Surgery. I saw the opportunity to switch my mentoring focus from trainees to faculty, and have had numerous occasions to help mentor surgeons in my position at the VA. This part of my job has been very rewarding.

There are many components to my job — I have administrative responsibilities over 14 sections, specialties, or clinics, overseeing all employees in the Division of Surgical Care. Our team is comprised of 75 part-time and full-time surgeons and podiatrists, 64 surgeons with privileges who volunteer their time at the VA, and

112 nurses, NPs, PAs, optometrists, audiologists, and other staff. The Cancer Registry is also part of our Division, and I aim to ensure this office runs well to support our COC-accredited Cancer Program.

My day-to-day job includes attending surgical and other administrative meetings and reviewing requests daily for surgical care in the community entered by providers at all of our sites, triaging these

consults for approval or other actions. I regularly review surgeon quality-improvement data, and I address inquiries from the Patient Advocate Office, Congressional Liaison, Chief of Staff, Director, Quality Improvement office, and VISN 12 office. It is gratifying to be part of a system where the VA leadership and all its employees are on the same page with respect to the mission of the hospital and the care of the veteran, with everyone keenly focused on quality of care. It is also rewarding to be in a position to improve our system of care and to assist our colleagues in other divisions when requested.


I maintain a surgical practice at the VA, seeing male and female patients with breast disorders, both benign and malignant, as well as hernias, gallbladder disease, and other general surgical disorders. I take call every month along with the other faculty in general surgery. I remain active in teaching and convene a weekly teaching conference on Tuesday mornings focused on morbidity, mortality and interesting cases as well as interacting with students for formal presentations (M4 students) and clinic patient presentations (M3 students, PA students).

WHAT ARE YOUR GOALS IN THIS POSITION?

My primary goals are to support our surgeons, APPs, and other health care providers so they can focus on providing the highest quality of care to our veterans and to maintain an optimal learning environment for our trainees at all levels. More than 70 percent of physicians in our country have received training in the VA healthcare system. The VA has a long-standing close relationship with academic institutions and I want to do my part to support this mission for our surgical departments and their trainees.



Philip N. Redlich, MD, PhD
Vice Chair, VA Surgical
Services



MCW DEPARTMENT OF SURGERY
AROUND THE
WORLD

**Our departmental
impact extends beyond
the United States.**

PIURA, PERU

Ten years ago, the late Dr. Jim Wallace asked Dr. Mary Otterson to help him find supplies for medical mission trips that he and his family were taking. In 2014, they began traveling to Piura, Peru, and the scope of their participation increased to include surgical procedures. In 2015, Jim and his wife, Michele, began traveling to Peru to assist with the work and to continue to train Peruvians. After Jim's death in 2016, the Jim Wallace School of Nursing was established in Piura, made possible by generous donors. In January 2020, the first class will graduate from the school. Dr. Otterson and her husband plan to attend to honor the Wallace family and the students whom we help to train as they complete

Dr. Wallace's daughter, Megan, (right) an RN from Louisville, showing one of the Peruvian nurses how to close skin in the operating room in January, 2019.



Patients waiting at a remote clinic where 450 patients were seen.



The surgical team at Dhulikhel Hospital.



Dr. Alexis Bowder examining a patient at the remote outreach clinic.

DHULIKHEL HOSPITAL, NEPAL

The Department of Surgery has afforded Dean Klinger, MD, the opportunity to develop global health efforts in Nepal. There has been a progression in collaborative efforts between the Department of Surgery and the vascular surgery division at Dhulikhel Hospital, Nepal, the major teaching hospital for Kathmandu University. The relationship began three years ago with the initial efforts based in the sharing of ideas in the care of renal failure patients who needed dialysis.

Over the past three years, not only has the number of dialysis access cases increased, but now patients with complicated dialysis access problems seek care at Dhulikhel Hospital due to the expertise provided by the vascular surgeons. Two resident surgeons, Dr. Alexis Bowder and Dr. Elizabeth Traudt, accompanied Dr. Klinger this year on a month-long global surgery elective. Over the course of the month, they gained insight into what a collaborative, education based global surgery initiative entails. Time was also spent going to outreach clinics in remote areas to better understand the health disparities seen in rural Nepal. Drs. Bowder and Traudt have remained in contact with the doctors in Nepal and are now supporting the Nepali Vascular Surgery Department research efforts.

Going forward, the Department of Surgery has invited two Nepali vascular surgeons to spend three weeks on MCW's campus. The Nepali surgeons will be introduced to a variety of complicated vascular procedures and learn new techniques from our surgical faculty. In March 2020, Dr. Klinger and two surgical residents plan to return to Nepal and organize the first symposium on vascular access and vascular surgery for the country. Faculty from the Division of Trauma and Acute Care Surgery have expressed interest in joining the efforts in Nepal. They are in the investigative phase of also traveling to Nepal in March with the goal of collaborating in the efforts to improve trauma care.

CALIXTO-GARCIA HOSPITAL, CUBA

MCW participated in the 6th Annual Trauma and Acute Care Surgery Symposium in Havana, Cuba. This is part of an on-going collaboration between the Division of Trauma and Acute Care Surgery and the Calixto-Garcia Hospital/ University of Havana. This program is focused on the development of trauma and acute care surgery expertise and systems in Cuba as well as other low- to middle-income countries. The program includes a stand-alone Trauma Nursing Symposium with several pre-symposium courses offered, including ultrasound training for surgeons, operative skills, disaster medicine, and trauma nursing skills. In 2019, the department sent two MCW medical students to spend the summer in Cuba working on research related to trauma programming, funded by a Kohler's Scholarship for International Medical Research.



The group of instructors for the symposium that included Drs. Thomas Carver, Chris Dodgion, Lewis Somberg, Colleen Trevino, Susan Rihawi, and Nurse Practitioners from MCW, joined by Trauma Research fellows Drs. Kelly Boyle and Savo Bou Eddine.



Dr. Chris Dodgion reviewing pelvic immobilization during a hands-on "train the trainer" session in Wenchi, Ghana.

WENCHI, GHANA

Traumatic injuries are a leading cause of mortality and morbidity worldwide, accounting for 10% of deaths and 16% of disabilities. For the past three years, Dr. Chris Dodgion from the Division of Trauma and Acute Care Surgery, in collaboration with Dr. Chris Decker from the Department of Emergency Medicine, and MCW CME Director Linda Caples, PhD, have worked to provide comprehensive hands-on trauma education to providers in rural district hospitals in Ghana. The focus this past year was to increase sustainability and reach by training Ghanaian physician educators to continue outreach efforts throughout the year. To date, over 300 providers and instructors have been trained to provide locally resourced, contextually appropriate trauma care in resource limited environments.

ST. BONIFACE HOSPITAL, HAITI

Haiti, often referenced as the poorest country in the Western Hemisphere, is home to over 11 million people, many of whom face significant barriers accessing safe, timely, and affordable surgical care. Dr. Chris Dodgion from the Division of Trauma and Acute Care Surgery, along with Dr. Alexis Bowder, a PGY-3 General Surgery Resident, have established a multi-institutional collaborative in partnership with faculty at St. Boniface Hospital in rural Haiti, specifically aimed at eliminating these barriers. This past year, they have been able to quantify the positive impact of increased surgical capacity, afforded from improved infrastructure and increased surgical workforce, on both adult and pediatric surgical care provision.

HAWASSA UNIVERSITY HOSPITAL, ETHIOPIA

The Medical College of Wisconsin is a founding member of a consortium of academic medical centers organized by the American College of Surgeons' Operation Giving Back, which is focused on creating a sustainable and mutually beneficial partnership with Hawassa University Hospital in Southern Ethiopia. Through this collaboration, Hawassa University will serve as a training hub with a mission to foster innovation, clinical research, and improve patient care in the region. Specifically, this program is focused on addressing areas of greatest need including efforts to improve surgical quality, build workforce capacity and strengthen education and research efforts. Drs. Marc de Moya and Chris Dodgion, along with Chief Resident Dr. Rebecca Mitchell, traveled to Ethiopia last spring where they taught courses on basic trauma management, ultrasound, and the fundamentals of surgical research, taking the first steps in fostering this center of excellence.



Dr. Marc de Moya teaching bedside ultrasound to Ethiopian residents in training at Hawassa University Hospital.



Dr. Marc de Moya having completed the first laparoscopic cholecystectomy at Hawassa University with Hawassa Surgical Faculty.



Drs. Marc de Moya and Rebecca Mitchell in collaboration with surgeons from other U.S. academic institutions to build the program in Ethiopia.



Dr. Pearson assists a Tenwek Hospital cardiac surgery fellow performing a double heart valve replacement operation.

TENWEK HOSPITAL, KENYA

This past year, Division of Cardiothoracic Surgery members Drs. Paul J. Pearson, Lyle Joyce, Lucian (Buck) Durham and David Joyce individually traveled to Tenwek Hospital in the mountains of Kenya, northwest of Nairobi, to teach cardiac surgery and treat complex heart valve patients. Each surgeon traveled with a team comprised of Cardiovascular ICU nurses and perfusionists from Froedtert Hospital. Tenwek Hospital has one of only three training programs for cardiac surgery in Africa.

Besides providing care for patients in need, MCW cardiothoracic surgeons were able to participate in training the next generation of Kenyan heart surgeons. Funded by a grant from the Thoracic Surgery Foundation, Dr. Pearson says that his division's efforts not only extend MCW's cardiac surgical expertise around the globe, but they also perform the important task of making the local cardiac surgery program sustainable by training Kenyan cardiac surgeons to staff the hospital in the future. Dr. Pearson hopes that, eventually, MCW Cardiothoracic surgery fellows and the Kenyan fellows can experience each other's training hospital through a clinical exchange program.

MANSOURA CHILDREN'S HOSPITAL, EGYPT

This year the Division of Pediatric Surgery participated in a week-long medical mission hosted by Surgical Volunteer's International and the Faculty of Medicine at Mansoura. Their time at the Children's Hospital (MUCH) included a combination of teaching and service models. The partnership with the local faculty included screening 37 patients and operating on several complex laparoscopic cases.



Dr. Sabina Siddiqui performing intraoperative observations and didactics.

As with any other global service opportunity, the resource constrained environment tested the limits

of their competency in the surgical care of children, allowing them to alter their treatments and techniques to the tools and resources specific to the environment in which they were asked to serve. The opportunity to learn from and teach each other across cultural and medical systems provided an opportunity for personal and professional growth that is difficult to quantify, but intuitively obvious. The trip was rounded out with an abbreviated course on the use of Ultrasound for Surgeons, bedside rounds, intraoperative teaching and didactics, discussion and mentoring of the trainees including design of masters' projects and research designs.



Surgeons practicing ultrasounds for a surgeon course at the Mansoura Children's Hospital.

MCW DEPARTMENT OF SURGERY COMMUNITY GENEROSITY & GIVING

COMING TOGETHER AGAINST CANCER

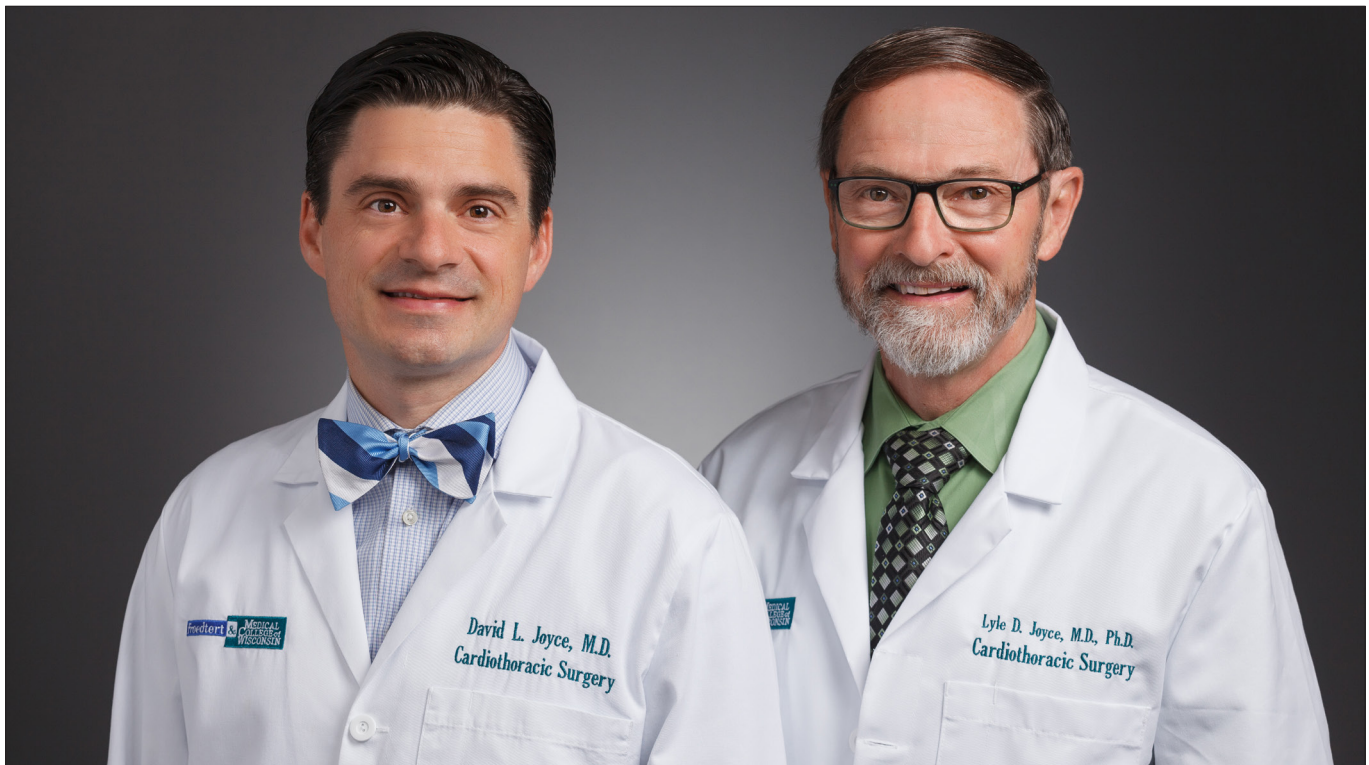
Coming Together Against Cancer (CTAC) is a donor-driven community — uniting donors with pioneering physicians, researchers and institutions as ‘Partners in Discovery’ with the common goal of eradicating cancer. The 2019 CTAC event was held on April 13, 2019 at Eloise Werlin Park on the east side of the Ringling Bridge Causeway in Sarasota, Florida. This year’s event raised \$100,000 for pancreatic cancer research at the Medical College of Wisconsin.



The 2019 CTAC event at Eloise Werlin Park in Sarasota, Florida.

PHILANTHROPY AT THE “HEART” OF PROGRESS IN CARDIOVASCULAR CARE

Thomas Smallwood understands the power of philanthropy to transform the health of patients and families in Wisconsin. In 2011 and 2018, Smallwood designated gifts from the Helfaer Foundation totaling \$1 million to expand the Froedtert & the Medical College of Wisconsin Adult Heart Transplant Program into a world-class destination for adults with advanced heart failure.



Transplant surgeons Lyle Joyce, MD, PhD (right), and his son, David Joyce, MD (left), were recruited in early 2017 to bolster the heart transplant and heart surgery programs.

DEPARTMENT OF SURGERY RESIDENT RESEARCH FUND

The Resident Research Fund provides surgical residents an opportunity to initiate and complete research projects related to their professional interests. The objective is to create opportunities for residents to gain an understanding of basic, clinical, and translational research methods that inspire them to pursue opportunities for career development as investigators. The Resident Research Fund ensures that science will enhance the Department of Surgery's existing programs through a dedicated laboratory experience. This allows residents to experience the process of translating scientific knowledge from the bench to the bedside. To date, loyal and generous donors have contributed nearly \$300,000 to the Resident Research Fund.

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THE WORD ON MEDICINE RADIO SHOWS

"The Word on Medicine" Radio Program, sponsored by Selig Leasing Co. and Mark and Debbie Attanasio, highlights innovation and discovery across MCW. Each show features the incredible talents of faculty across all of MCW (208 faculty and APPs across 27 departments to date), as well as patients who provide an invaluable personal perspective. Past programs have featured discussions on everything from Lyme Disease and Women's Health to Survivorship and Precision Medicine.

A four-minute podcast called "The Latest Word on Medicine," sponsored by a grateful patient in New York City, also features MCW faculty and covers newsworthy medical topics each week.



The latest Word on Medicine
The Word on Medicine

Both shows are broadcasted on 1130 WISN AM and can be streamed live from the iHeartRadio website or the iHeartRadio app. To suggest a topic, email surgeryonair@mcw.edu.

And now MCW Surgery is featured monthly on WUWM 89.7 Lake Effect, Milwaukee's NPR.

CHECK PRESENTATION TO THE WE CARE FUND FOR PANCREATIC CANCER RESEARCH

The Brewers Community Foundation presented a check on-field at Miller Park for \$51,000 from the Purple Tie Guy event to benefit the We Care Fund to accelerate groundbreaking pancreatic cancer research. The LaBahn Pancreatic Cancer Program at the Medical College of Wisconsin is one of the premiere centers in the United States for the care of patients with pancreatic cancer that is dedicated to integrating medical research with clinical care to benefit the patients of today and tomorrow. The Purple Tie Guy event, held on July 14th, was hosted by the Milwaukee Brewers and co-chaired by Robin Yount and Bob Uecker, along with Jackie and Roger Caplinger. It was attended by over 75 individuals, including many former and current players.



Participating in the check presentation were (left to right) Liza Longhini, We Care Committee, Arlene Lee, Chair-We Care Committee, Roger Caplinger, Medical Director for the Milwaukee Brewers, Jackie Caplinger, Mark Attanasio, Chairman and Principal Owner of the Milwaukee Brewers, and Dr. Douglas B. Evans, Professor and Chair, MCW Department of Surgery.

WE CARE FUND FOR MEDICAL INNOVATION AND RESEARCH

At its core, the We Care Fund for Medical Innovation and Research in the Department of Surgery is about the hope for a future with better treatments. Established in 2010, the We Care Fund has raised more than \$1.7 million from more than 750 grateful patients, families, friends, faculty, and alumni. Every penny raised supports research and clinical projects that can't wait for traditional funding sources.

As part of one of the nation's top academic medical health centers, the MCW Department of Surgery uses support from the We Care Fund to supply research dollars in the fields of cancer, cardiovascular disease, gastrointestinal diseases, organ transplantation, diseases of the newborn/child, and trauma.



Our Mission

The We Care Fund supports researchers and physicians who are creating cutting-edge therapies and clinical programs that benefit patients in Wisconsin and throughout the world. As one of the nation's top academic medical centers, the MCW Department of Surgery uses support from the We Care Fund to supply research dollars in the fields of cancer, cardiovascular disease, gastrointestinal diseases, diseases of the newborn/child, organ transplantation, and trauma.

Thank you to all who have contributed to advancing medical innovation and research!



> **\$1,300,000**
contributed by 900 donors



\$900,000
has been awarded to 17 projects



18
Investigators in the Department of Surgery have received WeCare grants

TO MAKE A CONTRIBUTION

please visit our website

mcw.edu/wecare

100% OF YOUR GIFT GOES TOWARD RESEARCH



Arlene Lee
Chair, We Care Fund
Committee

Researchers supported by the We Care Fund gather a body of evidence through scientific discoveries that can lead to much larger grants from the National Institutes of Health. Philanthropic support plays a vital role in providing support to get these studies started, especially when promising research cannot wait months or even years for traditional funding.

The We Care Committee, which includes a number of professional, business and community leaders, is the engine that drives fund-raising for research and increasing community awareness. To date, the We Care Fund has awarded \$1.1 million to 19 projects covering a full spectrum of research areas to discover new therapies and provide improved outcomes for patients and their families

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*Four to five external faculty selected each year by Dr. Gwen Lomberk.

“When you face a life threatening illness, it is all about having the best doctor. I feel so fortunate that the Medical College of Wisconsin is attracting so many renowned physicians and researchers. The We Care Fund is helping to make this possible.”

— Arlene Lee

THE MCW DEPARTMENT OF SURGERY IS YOUR DEPARTMENT OF SURGERY.

We extend our deepest gratitude to our generous supporters, who are not limited to the following.* (See page 74)

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The MCW Department of Surgery Annual Report team

Graphic designer, writer, and director: Elizabeth B. Chen

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Editors: Wendy Behrs and Douglas B. Evans, MD

PATIENT STORIES & OTHER RESOURCES

All stories have been edited and/or abridged from their original versions.

Cardiothoracic Surgery

"Wisconsin veteran miraculously wakes up after being clinically dead," by Elise Preston, TODAY'S TMJ4.

<https://www.tmj4.com/news/local-news/wisconsin-veteran-miraculously-wakes-up-after-being-clinically-dead>

Colorectal Surgery

"Cancer Patient Story: Kyle Mandry," by Froedtert Newsroom, <https://www.froedtert.com/stories/patient-story-kyle-mandry-cancer>

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Congenital Heart Surgery

"An innovative surgery gave new hope for a baby born with two tracheas," by Michelle Jackson, Writer, Children's Wisconsin.

<https://chw.org/newshub/stories/innovative-surgery-saved-baby-with-two-tracheas>

Community Surgery

"I've Got This, It Doesn't Have Me." Froedtert Today, Aug. 2016, pp. 8–10, Print.

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General Surgery

Kindel, Tammy; Rolf, Tanya, "Hitting the reset button with weight-loss surgery," Medical College of Wisconsin.

Pediatric Surgery

"Quick coordinated care: How Caroline got her spunk back," by Katie Lott, Writer, Children's Wisconsin.

<https://chw.org/newshub/stories/quick-coordinated-care>

Surgical Oncology

"Part of the Solution: Empowering Cancer Research," by Froedtert Newsroom.

<https://www.froedtert.com/stories/part-solution-empowering-cancer-research>

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Transplant Surgery

"Gift of life: How a young UWM alum helped save a child," by Kathy Quirk, University of Wisconsin-Milwaukee Report

<https://uwm.edu/news/gift-of-life-how-a-young-uwm-alum-helped-save-a-child/>

Trauma & Acute Care Surgery

"Paul Fredrick's Story," by Dr. Marc de Moya, Medical College of Wisconsin.

Vascular & Endovascular Surgery

"Perfect Blend," by Froedtert Newsroom.

<https://www.froedtert.com/stories/perfect-blend>

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