



News from the Department of Surgery • Duke University Medical Center

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WEIGHT LOSS SURGERY

An Overview of the Roux-en-Y Gastric Bypass Procedure



The Duke University Health System Weight Loss Surgery Center sees more than 600 patients each year and is dedicated to giving morbidly obese patients significant improvements in their health and quality of life through the surgical management of obesity. While medical management remains the mainstay of treatment for obesity, it is worth noting that nearly all morbidly obese patients have tried multiple weight loss programs throughout their lives unsuccessfully.

In spite of years of program innovations, medical management has been ineffective in slowing the obesity epidemic and, in particular, in managing the morbidly obese patient. Indeed, no long-term study of effectiveness has been reported and short-term studies, which typically show loss of about 10% of body weight, are universally associated with weight regain over time with even extra poundage added.

With the failures of medical management, significant improvements in surgical care and techniques, the astonishing results of several

high profile celebrities who have undergone modern day surgery, and publication of major long-term follow up studies, public interest is turning to surgical management of morbid obesity. In 2003, over 103,000 surgical weight loss procedures were performed and the number is increasing exponentially.

The current "gold-standard" operative procedure for management of morbid obesity is the Roux-en-Y gastric bypass (RYGB) with short roux limb (75 to 100 cm). It is the most commonly performed and preferred operative procedure in the United States.

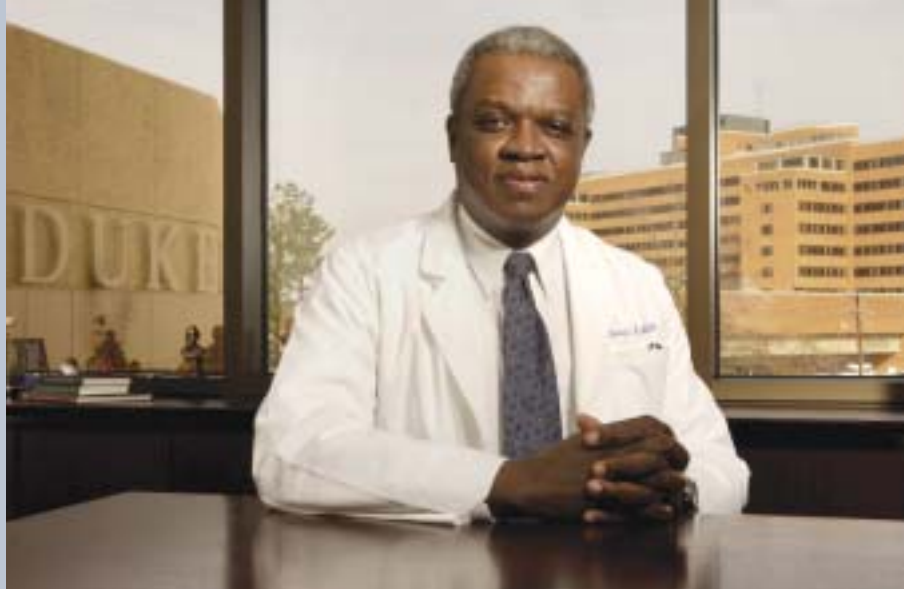
The Roux-en-Y gastric bypass creates a small stomach pouch (15 to 30ml) from which the rest of the stomach is permanently divided and separated. The jejunum is divided about 10 inches below the ligament of Treitz and brought up in front of the colon and bypassed stomach where it is anastomosed to the small gastric pouch. The procedure can be performed by laparotomy but is increasingly being performed laparoscopically. Although technically challenging, laparoscopy

Mission

The Department of Surgery is committed to excellence, innovation and leadership in meeting the health care needs of the people we serve, improving community health, and fostering the very best medical education and biomedical research.

Vision

As one of the leading national and international academic departments of surgery, we will assemble and integrate a comprehensive range of health care resources providing the very best in patient care, medical education, and clinical research. As the health care providers of choice in the region, we will improve the health of the communities we serve through the development of new and better models of health care. Through careful stewardship of our resources, we will preserve and promote our core missions of outstanding clinical care, discovery research, and improved health for the communities we serve.



Message from the Chair

I'm delighted to welcome you to the charter edition of the Department of Surgery's newsletter! The primary purpose of the newsletter is to inform faculty, staff, fellows, residents, students, referring physicians, and friends of the Department of Surgery about our faculty, the nature and scope of our facilities and surgical procedures, and exciting new developments in research, surgical education, and clinical excellence.

We are a full service academic department—world renowned for our commitment to delivering exceptional clinical care. Being amongst the world's leading centers of surgical research as well as teaching, we are proud to have created a unique learning environment where medical education has flourished.

The 175 full-time faculty of the Department of Surgery, along with 164 residents, 18 fellows, and 800+ support employees, offer a wide range of high quality services to its referring physicians and their patients through the following 14 divisions: Cardiovascular and Thoracic Surgery; Emergency Medicine; Experimental Surgery; General Surgery; Neuro-Oncology; Neurosurgery; Oral & Maxillofacial Surgery; Orthopaedic Surgery; Otolaryngology Head and Neck Surgery; Pediatric Dentistry; Pediatric Surgery; Plastic and Reconstructive Surgery; Speech Pathology and Audiology; and Urology.

Our desire is to provide the highest possible quality of care to our patients through our clinical services, training programs, and innovative research. We have compassion

for all patients we treat—from those with the most routine medical needs to highly complex or rare surgical procedures. Recently, we were again recognized as the leader in surgical research, receiving the highest level of sponsored research for any Department across the nation with annual funding of \$34 million from the National Institutes of Health.

We seek to inspire individuals who want to share our goals and values of Duke Surgery: competency, capability, integrity, consistency, courage, and humility. Our mission remains unchanged from 1930 when Dr. J. Deryl Hart became the first Chairman of the Department—to pursue excellence in patient care continuously and strive to train future surgeons, while we further our understanding of human disease, with the same rigor and dedication as our predecessors who laid the foundation for "Duke Surgery".

Danny O. Jacobs, M.D., M.P.H.
Chairman & Professor
Duke University Medical Center

Duke Department of Surgery

Chair

Danny O. Jacobs, M.D., M.P.H.

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R. Randal Bollinger, M.D., Ph.D.	Education
Gregory S. Georgiade, M.D.	Financial Affairs
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Craig F. Donatucci, M.D.	Urology
Joseph C. Farmer, M.D.	Otolaryngology
Allan H. Friedman, M.D.	Neurosurgery
Paul C. Kuo, M.D.	General Surgery
L. Scott Levin, M.D.	Plastic & Reconstructive
James A. Nunley, M.D.	Orthopaedic Surgery
Michael A. Skinner, M.D.	Pediatric Surgery
Peter K. Smith, M.D.	Cardiovascular & Thoracic Surgery

Roux-en-Y Gastric Bypass Procedure, *continued from cover*

is preferred due to faster recovery, less pain, and lower risk of wound infection. Average operative time in our practice is 1.5 hours and the typical hospital stay is two to three days; recovery is rapid with return to work in three weeks.

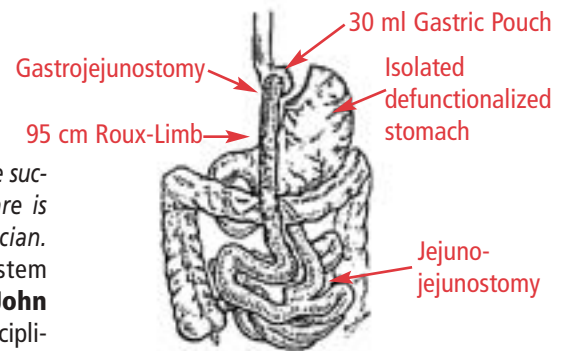
As of January 2004, 745 Roux-en-Y gastric bypass procedures have been performed by the Duke University Health System Weight Loss Surgery Center. Results are similar to those of other major programs. The average surgery related death rate in the United States is about 0.5%.

The average weight loss reported following this type of surgery has been between 100 and 200 pounds. The preferred method of reporting the weight loss is as a percentage of excess weight. Average weight loss after two years by 745 patients at the Center has been 134 plus or minus 39 pounds, with an average percent excess weight loss of 67 plus or minus 16%.

Successful outcome from surgical intervention is greatly enhanced by careful long-term follow-up. Following discharge, patients are scheduled to return at three weeks and at three, six, and twelve months. Annual visits are scheduled thereafter to monitor weight loss,

advance the restricted diet, and reinforce lifestyle changes—all directed toward obtaining optimal results with minimal complications. *It is essential to the success of the program that all medical care is coordinated with the primary care physician.*

The Duke University Health System Weight Loss Surgery Center, led by **Dr. John P. Grant**, is a comprehensive, multidisciplinary team dedicated to the optimal success of every morbidly obese patient. Medical specialists who understand the complexities of obesity, nutritionists, psychologists, an insurance specialist well-versed in claim issues, and bariatric surgeons with advanced training in laparoscopic surgery work together to provide each patient with individual attention to deliver the best results possible. At the first clinic visit, patients undergo a comprehensive health assessment, including a review of medical history, a physical examination, measurement of resting energy expenditure, body compartment analysis, a nutritional assessment and a psychological assessment. The Duke team determines appropriate candidates based on this comprehensive assessment along with an evaluation of the patient's ability to tolerate the



stress of surgery and comply with necessary lifestyle changes. ■

—MD News



The Duke University Health System Weight Loss Surgery program is located at Durham Regional Hospital (DRH), a 369-bed community hospital that has been part of the Duke University Health System since 2002.

Weight loss educational seminars are offered twice a month at DRH at no charge to attendees interested in learning more about this revolutionary procedure.

Sign up for the seminar at www.weightlosssurgery.us or by calling (919) 660-2229.

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PHOTO BY JIM SHAW OF BOB BOYD PHOTOGRAPHY



The Duke University Health System Weight Loss Surgery Team (left to right): **1st row:** Brandy Morris, secretary and scheduler; Elizabeth Millard, program coordinator and insurance specialist; Amy Hogaboom, secretary and financial officer; Shelia White, RD, nutritionist; **2nd row:** Katherine Applegate, Ph.D., psychologist; Ross McMahon, MD; John Grant, MD; Aurora Pryor, MD; Hilary Blackwood, nurse practitioner.

LVAD Implantation

Duke is one of only 60 centers nationwide that received approval from the Centers for Medicare and Medicaid Services (CMS) to perform left ventricular assist device (LVAD) implantation as a Destination Therapy (DT). Destination Therapy is a permanent treatment option for end-stage heart failure (ESHF) patients who are not eligible for heart transplants. To qualify for CMS reimbursement, centers had to meet strict criteria that includes VAD experience and demonstrated professional and facility quality performance metrics. Over the last decade, Duke has performed approximately 100 LVAD implants. In July 2003, Duke performed the first DT LVAD implant. The implant was successful and the patient continues enjoying improved functional status. Since the first DT patient, three other patients have been implanted with HeartMate® LVADs as Destination Therapy.

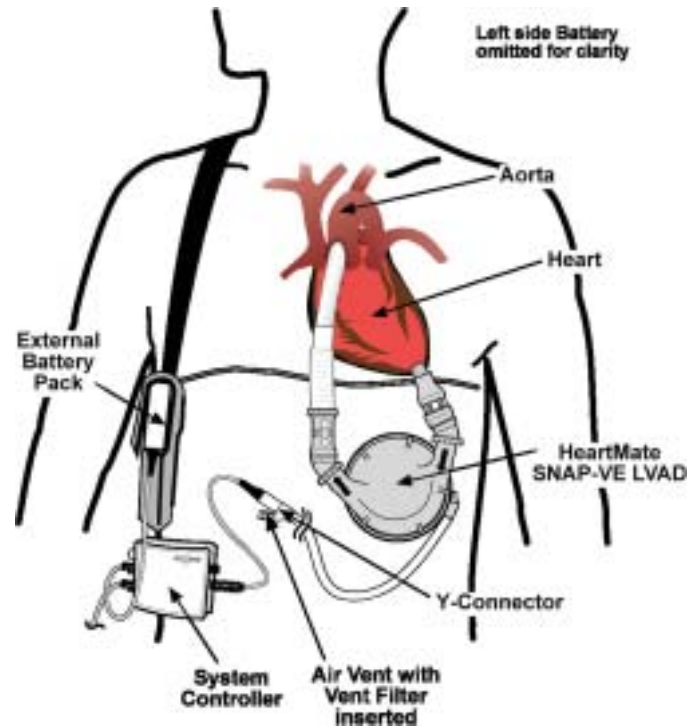
An estimated five million Americans suffer from heart failure, with more than 100,000 suffering from end stage heart failure. Heart transplantation has been a very successful treatment for ESHF patients who have exhausted other surgical and medical therapies.

Duke among first cardiac centers in nation to offer Destination Therapy

Unfortunately, the supply of donor hearts limits the number of patients treated with transplantation to approximately 2,000 per year. Therefore, despite successful out-

comes with individual patients, heart transplantation is an epidemiologically insignificant therapy for ESHF.

Until recently, the mechanical ventricular assist devices were approved only as a temporary support until a donor heart became available. The success with these devices as a "bridge to transplant" led to a clinical trial exploring the use of left ventricular assist devices as the primary therapy for ESHF patients who did not qualify for cardiac transplantation. In this trial, LVAD therapy was compared to the optimal medical management for ESHF. The Randomized Evaluation of Mechanical Assistance for the Treatment of Congestive Heart Failure (REMATCH) trial revealed survival rates for LVAD patients of 52% and



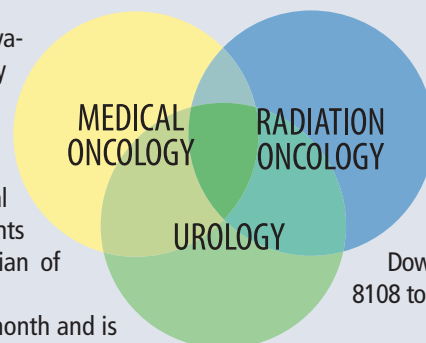
26% at one and two years respectively, compared to the optimal medical management group survival rate of 2% and 8% at one and two years. The two year survival rate for VAD patients was reported at 29%. In addition, the trial revealed significant improvement in the quality of life for the LVAD patients versus the optimal medical management patients.

The Destination Therapy LVAD Program team includes **Dr. Carmelo Milano**, **Dr. Andrew Lodge**, Dr. Michael Felker and Laura Blue, NP. Patient referrals can contact the LVAD office directly at 1-866-DUKE-VAD (866-385-3823). ■

New Multidisciplinary Genitourinary Oncology Screening Clinic

DUMC has recently introduced an innovative multidisciplinary Genitourinary Oncology screening clinic for prostate cancer patients. Patients benefit from "one-stop shopping" where they receive two or three opinions without having to make several trips to various clinics and providers. Patients receive follow-up care through the physician of their choice.

The clinic is offered two Friday's each month and is staffed by **Dr. Cary Robertson**, Associate Professor of



Urology; **Dr. Dan George**, Associate Professor of Medicine & Clinical Associate in Urology; Dr. Mitchell Anscher, Professor of Radiation Oncology; **Dr. Brian Murphy**, Assistant Professor of Urology; and Dr. Brian Quaranta, Associate Radiation Oncology.

Patients or physicians' offices can contact Diane Dowdee at 919-681-6768 or Terry Witting at 919-668-8108 to make appointments. ■



New Grant to Fund Research to Aid People with Communication Disabilities

The Division of Speech Pathology and Audiology has been awarded a second five-year grant from the National Institute on Disability and Rehabilitation Research (NIDRR) to continue work as a Rehabilitation Engineering Research Center (RERC) on Communication Enhancement.

The \$4.75 million grant will fund a coordinated program of research, development, training and dissemination activities designed to improve technologies for people with communication disabilities. The Center's activities will focus on developing new ways to represent and organize language used in augmentative and alternative communication (AAC) technologies, developing innovative strategies for training professionals and device users, and improving assistive devices and technologies.

Duke received its initial RERC funding in 1998 and established a virtual center with partners from six institutions. For this newly funded RERC, Duke will again collaborate with Augmentative Communication Inc., Pennsylvania State University, State University of New York at Buffalo, Temple University, and University of Nebraska-Lincoln, as well as new partner, Children's Hospital Boston.

The RERC will be led by **Frank DeRuyter, Ph.D.**, Chief of the Division of Speech Pathology and Audiology at DUMC, and Kevin Caves, a rehabilitation engineer in the Division of Speech Pathology and Audiology.

Upcoming Clinical Trials for Malignant Brain Tumors



Duke neurosurgeons, **Drs. Allan Friedman** and **John Sampson** along with the Brain Tumor Center at DUMC are teaming up to lead the fight against malignant brain tumors.

Under Dr. Sampson's direction, two new research studies to treat malignant brain tumors will be conducted to improve patient survival and clinical outcomes. Patients who have malignant brain tumors have the opportunity to participate in one of these new trials.

In the first trial, patients will be randomized to receive a novel targeted toxin or Gliadel Wafers. The targeted toxin is infused directly into the tumor and has demonstrated good tolerability, safety, and positive response, as well as improved survival results in patients with recurrent brain tumors. Direct infusion of this drug through catheters placed in the brain bypasses the blood-brain barrier that limits delivery of most chemotherapeutic agents into the brain. Based on previous studies, the most common reported side effects include headache and fatigue. For this trial patients will undergo surgery to remove the tumor. They will then be randomized to either placement of the Gliadel Wafers in the resection cavity or infusion of the targeted toxin.

In the second trial, patients will receive a vaccination with the goal of producing anti-tumor immunity in patients newly diagnosed with malignant brain tumors. Prior to the vaccination they will be treated with standard surgical resection, radiotherapy and chemotherapy. The vaccine was developed at Duke University Medical Center under the direction of Dr. Sampson and **Gary Archer, Ph.D.** The immunization targets the most frequently observed mutation found in malignant brain tumors and induces anti-tumor effects. Twenty-two patients have been immunized in similar trials at Duke with excellent survival statistics and durable radiographic responses.

For more information regarding these new trials please contact Deborah Smith, Clinical Research Nurse at (919) 684-9291 or Denise Lally-Batts, NP at (919) 684-3862.

Faculty Member Receives Two-Year Grant Award by the American Surgical Association for Chronic Colitis Research

Dr. Christopher Mantyh, Assistant Professor in the Division of General Surgery, received a two-year grant from the American Surgical Association for research on "Neurogenic Mechanism of Chronic Colitis". The grant will allow continued research to investigate the mechanisms of how the nervous system regulates intestinal inflammation.

Research results have been presented at numerous national meetings including the American Gastrointestinal Association and submitted to national funding agents including the National Institutes of Health and the Veterans Administration. Since 1982, the ASA Foundation has awarded Research Fellowships to nineteen of the finest young surgeon-scientists in the country.

Decision Making Under Uncertainty in Prostate Cancer

Dr. Cary Robertson, Associate Professor in the Division of Urology, is the principal investigator for a National Institutes of Health (NIH) research grant, in collaboration with the University of North Carolina nursing professors, to study the behavior patterns of men and their attitudes towards prostate cancer screening.

The NIH-funded study will determine whether an intervention that combines information and decision aids with nurse counseling and communication skills training is useful for newly diagnosed patients with prostate cancer.

The decision-making uncertainty management intervention is designed to help Caucasian and African-American men with localized prostate cancer gain the knowledge and skills needed in order to be an active participant in treatment decisions with their physician.

For more information, contact Dr. Robertson's office at 919-681-6768.

Department Vice Chairman and Division Chief Announcements

Theodore N. Pappas, M.D., Professor, Division of General Surgery, has recently accepted appointment as Vice Chairman of Administration for the Department of Surgery. Dr. Pappas will provide professional insight and strategic and operational direction for the overall management of the Department's missions in patient care, education, and research. Dr. Pappas will continue other significant administrative duties including his role as the Executive Medical Director of the Private Diagnostic Clinic (PDC) where he succeeded Dr. William J. Fulkerson in February 2003.

In January 2004, **Dr. R. Randal Bollinger**, Professor, Division of General Surgery, was appointed Vice Chairman of Education for the Department of Surgery. Dr. Bollinger's new responsibilities include leadership and administrative support of the Department's student and house staff training programs. In addition, he will lead the development of a surgical skills laboratory for self-motivated learning and demonstration of continuous competence. Dr. Bollinger has been a member of the Duke faculty for 24 years.

With the acceptance of Dr. Bollinger's new role, **Dr. Paul Kuo**, Professor, Division of General Surgery, has been appointed the new Chief of the Division of General Surgery. Dr. Kuo joined Duke in 2001; previously he was Chief, Kidney and Pancreas Transplantation and Laparoscopic Surgery at Georgetown University Medical Center, Washington, D.C.

Also in January 2004, **Dr. David F. Paulson**, Professor, Division of Urology, concluded 24 years of service as the Chief of Urology. Under Dr. Paulson's leadership, the Division of Urology positioned itself as one of the top academic urologic services in the country. Dr. Paulson remains a member of the Duke Surgery faculty and will focus on his on-going research and academic interests. **Dr. Craig F. Donatucci**, Associate Professor, Department of Surgery, has been appointed Interim Chief of Urology while a national search for a new Chief is conducted.

Residency and Associate Residency Program Director Appointments

Michael A Skinner, M.D., Associate Professor, Division of Pediatric Surgery, was appointed General Surgery Residency Program Director for the Department of Surgery in April 2003. Dr. Skinner is responsible for the general surgery residency training program and first year rotations for entering house officers. **Janet E. Tuttle-Newhall, M.D.**, Associate Professor, Division of General Surgery, was appointed Associate Residency Program Director in January 2004. Dr. Tuttle-Newhall will assist Dr. Skinner and is responsible for the Physician Assistant Training Program.

New Director of Clinical Trials Research

Dr. David L. Witsell, Associate Professor, Division of Otolaryngology, has been appointed Director of Clinical Trials Research for the Department of Surgery and will provide direction for the relevant operational activities in support of the Department's clinical research initiatives. **Dr. David H. Harpole**, Professor, Division of Cardiovascular & Thoracic Surgery, will serve as an advisor to Dr. Witsell and others involved in clinical trial activities. **Dr. Ricardo Pietrobon**, Assistant Research Professor, Division of Orthopaedic Surgery, will support information technology initiatives in the Department. All three will report to the Vice Chair for Research for the Department under the direction of Chairman, **Dr. Danny O. Jacobs**.

New Faculty

Duke University / Private Diagnostic Clinic (PDC)



Francis Ali-Osman, D.Sc.
Professor, Division of Experimental Surgery; Research interests include brain tumor biology and therapy, molecular and cellular biology of DNA, and molecular pharmacology of anticancer agents. Contact Dr. Ali-Osman at 919-681-5769.



David J. Berkoff, M.D.
Assistant Clinical Professor, Division of Emergency Medicine; Clinical interests include general emergency medicine and sports medicine. Contact Dr. Berkoff at 919-684-5537.



Philipp Dahm, M.D.
Assistant Professor, Division of Urology; Clinical interests include urologic oncology, radical perineal prostatectomy, and immunotherapy trials. Contact Dr. Dahm at 919-668-3457.



Dev M. Desai, M.D., Ph.D.
Assistant Professor, Division of General Surgery; Clinical interests include adult and pediatric liver, kidney, and pancreas transplant, and hepatobiliary surgery. Contact Dr. Desai at 919-668-2279.



Detlev Erdmann, M.D., Ph.D.
Assistant Professor, Division of Plastic and Reconstructive Surgery; Clinical interests include reconstructive surgery, microsurgery, and cosmetic surgery. Contact Dr. Erdmann at 919-684-3320.



William E. Garrett, Jr., M.D., Ph.D.

Professor, Division of Orthopaedic Surgery; Clinical interests include anterior cruciate ligament tears, cartilage tears, shoulder instability, rotator cuff injuries, multiple knee ligament injuries, arthroscopy, muscle injuries. Contact Dr. Garrett at 919-684-4502.



Homa Shahnawaz, M.D.

Assistant Clinical Professor, Division of Emergency Medicine; Clinical interests include general emergency medicine.

Contact Dr. Shahnawaz at 919-684-5537.



Joe T. Minchew, M.D.

Associate Clinical Professor, Division of Orthopaedic Surgery; North Carolina Orthopaedic Clinic - Medical Park Drive, Durham, NC

Clinical interests include disorders of the spine. Contact Dr. Minchew at 919-471-9622.



Andrew J. Lodge, M.D.

Assistant Professor, Division of Cardiovascular and Thoracic Surgery; Clinical interests include pediatric cardiac surgery, adult congenital heart disease, heart transplantation, ventricular assist, Ross procedure. Contact Dr. Lodge at 919-681-2343.

Duke University / Community Private Diagnostic Clinic (CPDC)



Louis C. Almekinders, M.D.

Clinical Professor, Division of Orthopaedic Surgery; North Carolina Orthopaedic Clinic - Medical Park Drive, Durham, NC

Clinical interests include arthroscopic treatment of knee, shoulder, ankle, and elbow; cartilage restoration procedure through arthroscopic methods. Contact Dr. Almekinders at 919-471-9622.



Mark H. Moriarty, M.D.

Assistant Clinical Professor, Division of Orthopaedic Surgery; University Orthopaedics & Sports Medicine Clinic - Smithfield/Clayton, NC

Clinical interests include sports medicine, athletic injuries, arthroscopy and adult reconstructive procedure. Contact Dr. Moriarty at 919-989-6535.



Robert S. Park, M.D.

Assistant Clinical Professor, Division of Emergency Medicine; Clinical interests include general emergency medicine and ultrasound. Contact Dr. Park at 919-684-5537.



Paul J. W. Tawney, M.D.

Assistant Clinical Professor, Division of Orthopaedic Surgery; North Carolina Orthopaedic Clinic - Medical Park Drive, Durham, NC

Clinical interests include musculoskeletal medicine, non-operative orthopaedics, and spinal cord injury. Contact Dr. Tawney at 919-471-9622.



Aurora D. Pryor, M.D.

Assistant Professor of Laparoscopy, Division of General Surgery; Clinical interests include advanced laparoscopic surgery,

bariatric surgery, surgical management of reflux disease, achalasia, laparoscopic management of colon, pancreatic and adrenal disease, and laparoscopic splenectomy. Contact Dr. Pryor at 919-660-2229.



Scott S. Kelley, M.D.

Clinical Professor, Division of Orthopaedic Surgery; North Carolina Orthopaedic Clinic - Medical Park Drive, Durham, NC

Clinical interests include adult hip and knee reconstructive surgery. Contact Dr. Kelly at 919-471-9622.



David A. Thompson, M.D.

Assistant Clinical Professor, Division of Orthopaedic Surgery; North Carolina Orthopaedic Clinic - Medical Park Drive, Durham, NC

Clinical interests include hand, microvascular, and upper extremity surgery. Contact Dr. Thompson at 919-471-9622.



Bertram A. Lewis, Jr., M.D., Ph.D.

Assistant Clinical Professor, Division of Urology; Duke Urology of Person County, Roxboro, NC

Clinical interests include community urologic care, benign prostatic hyperplasia, prostate cancer, hematuria, renal stone disease, female incontinence, pediatric care. Contact Dr. Lewis at 919-599-3322.

Honors Awards Accomplishments

First Prize Awarded to Otolaryngology Team



(left to right): **Chris Chang, M.D.**, Division of Otolaryngology Resident; **Linda Gray Leithe, M.D.**, Associate Professor and Residency Program Director, Department of Radiology; **Susan Kansagra, M.D.**, MBA student; **Saleem Hussain**, Duke undergraduate; not shown **Gregory Hulka, M.D.**, Assistant Professor, Residency Program Director, Division of Otolaryngology.

A Duke otolaryngology professor, resident, medical student, undergraduate student, and radiology associate professor won first prize in the Social Enterprise competition at the annual Duke Fuqua School of Business Start-Up Challenge. The event was held to foster entrepreneurship and provide first hand experience in venture capitalism—the competition is the largest of its kind in the nation.

Requirements for the entries in the Social Enterprise track included creating business plans for ventures whose primary purpose is to create social value and benefit; the award included \$20,000 in services and stipends.

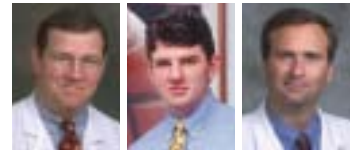
The team developed an internet-based reference and educational tool for health care providers, allied health professionals, and students. Its aim is to create a centralized and searchable web-based database of medical teaching cases with an emphasis on graphical representation of pathology. The venture is called iCORD, internet Clinically Oriented Database. The group submitted a patent and has been incorporated (LLC in North Carolina) with the assistance of the Office of Science and Technology at Duke and hopes to release the first commercial prototype product later this year.

For more information about the Duke Start-Up Challenge visit: <http://www.dukestartupchallenge.org/about.html>

American Orthopaedic Association Announces Election of Duke Faculty Members

The American Orthopaedic Association (AOA) announced acceptance of the following DUMC Department of Surgery faculty as active members of the organization at its annual June 2003 meeting:

- **Claude T. Moorman, III, M.D.**,
Director of Sports Medicine & Associate Professor
- **Laurence D. Higgins, M.D.**,
Assistant Professor
- **Mark E. Easley, M.D.**,
Assistant Professor



Dr. Claude T. Moorman Dr. Laurence D. Higgins Dr. Mark E. Easley

Membership in the American Orthopaedic Association signifies honor and accomplishment in orthopaedics as well as the beginning of a commitment to active leadership in the specialty. AOA members work to expand an already prestigious list of contributions that benefit the entire orthopaedic community.

The American Orthopaedic Association, founded in 1887, is the oldest national orthopaedic association in the world. The AOA's mission is to identify, develop, engage and recognize leadership to further the art and science of orthopaedics.

Election to the Society of University Surgeons

Congratulations to the following members elected to the Society of University Surgeons: **Bradley H. Collins, M.D.**, Assistant Professor, Division of General Surgery; **Jeffrey H. Lawson, M.D., Ph.D.**, Assistant Professor, Division of General Surgery; **John A. Olson, Jr., M.D., Ph.D.**, Assistant Professor, Division of General Surgery; **Henry E. Rice, M.D.**, Assistant Professor, Division of Pediatric Surgery, and **Janet E. Tuttle-Newhall, M.D.**, Associate Professor, Division of General Surgery. The Society is devoted to the development of academic surgery and stands for the best in surgical science, education, and clinical practice.

www.dukesurgery.org

GotNEWS?

We welcome your input for our Department of Surgery newsletter. Please send suggested news stories or comments for this newsletter to the editor, Patti Deshaies, Marketing and Communications Manager at patricia.deshaies@duke.edu.

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