



The Penn Surgery Society News is published quarterly for its members, colleagues and friends of the Department of Surgery. For submissions, inquiries or comments, please contact [clyde.barker@penmedicine.upenn.edu](mailto:clyde.barker@penmedicine.upenn.edu).



**Ron DeMatteo, MD**  
John Rhea Barton  
Professor and Chairman  
of Department of Surgery

## Message from the Chairman

### Surgery and Chess

Perhaps one of the least appreciated aspects of surgery to the non-surgeon is the complexity of the decision-making. While considerable effort is needed in the preoperative assessment of a patient and the management of postoperative complications, most operations transcend the mere technical performance of a series of tasks. There are unanticipated variations in anatomy, tissue quality, hemostasis, and physiologic response to the operation, to name a few, which requires a constant reevaluation and adjustment of the original plan. In many ways, there are a lot of parallels to chess, a game originally developed some 1400 years ago in India and modified thereafter. Of course, Ben Franklin had an opinion about chess. "The game of chess is not merely an idle amusement. Several very valuable qualities of the mind, useful in the course of human life, are to be acquired or strengthened by it... Life is a kind of Chess, in which we have often points to gain, and competitors or adversaries to contend with." Bobby Fischer was more succinct with "Chess is life." I submit that Surgery is Chess.



There are numerous similarities between chess and surgery. First, there is an Opening (surgical exposure), a Middlegame (includes the critical portion), and an Endgame (wound closure). During an operation, a surgeon must anticipate and imagine the next moves. Magnus Carlsen (Norway), the current number one player in the world, claims that he can think 15 moves ahead. Pattern recognition is obviously vital in both fields. As for surgeons, "Every chess master was once a beginner," as pointed out by the Russian star Irving Chernev. In chess, there is a clock (40 moves have to be performed in 2 hours). While there are generally no time limits in surgery, minimizing time is often advantageous, especially when organ ischemia is involved. Surgeons and chess players both benefit from repetition and simulation, as well as review of one's own games and those of others. Think M&M.

There are also differences. Although outcome data are public for individual surgeons in some specialties, there are really no uniform rankings. In contrast, chess players are precisely ranked by the Elo rating system, which is a complex mathematical formula that factors in the ratings of the player and the opponent and the results of their matches. A beginner is typically 800, a mid-level player 1400-1600, and a Grandmaster 2500. Gary Kasparov (Russia) held the world number one ranking the longest at 255 months, during which his highest rating was 2851. Magnus Carlsen is at 114 months with a peak rating of 2882. Judit Polgar (Hungary) is the best female chess player with 312 months at the top. Youth is clearly an advantage in chess, since only 4 of the top 20 players are over the age of 35. That age usually marks the beginning of a surgical career.

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# Message from the Chairman *(continued from page 1)*

Perhaps the biggest difference is that computers have surpassed humans in chess. On May 11, 1997, the IBM supercomputer Deep Blue defeated Garry Kasparov in tournament play. Kasparov won the first game, lost the second, drew the next 3, but lost the sixth. Unbelievably, Deep Blue was capable of analyzing 200 million moves per second. Experts agree that Kasparov made a careless (human) error in the seventh move of game 6 and that ultimately accounted for his loss. Incredulous of losing, though, Kasparov claimed that the computer “cheated” because of a move in game 2 which he believed was made by a human, not Deep Blue. IBM contested the claim yet eventually dismantled Deep Blue, fueling the conspiracy theory. Nowadays, chess software programs clearly dominate humans. In 2006, the computer

program Deep Fritz defeated (2 wins, 4 draws) the world champion Vladimir Kramnik. The current “world champion” software program is Komodo, with a rating of 3322! Although robots are now often used for assistance, surgeons are unlikely to be replaced.

Chess is believed to increase mental acuity, which is why it now shows up in many kindergartens. Maybe it should be encouraged among surgeons and other professionals. The writer H.G. Wells remarked that “The passion for playing Chess is one of the most unaccountable in the world.” I suppose that it can also be difficult to explain entirely one’s passion for surgery. Anyway, pawn to king 4. Your move.



**From the Editor**  
**Clyde F. Barker, M.D.**

## HUP Resident Bernard Fisher 1918-2019

Bernard Fisher died on October 16, 2019. The New York Times in its obituary of him praises Fisher as one of the 20th century’s most important medical scientists. Fisher spent almost his entire life in Pittsburgh. He was born there, went to college and medical school at the University of Pittsburgh and after surgical residency there served on that university’s faculty for 67 years, right up to the time of his death at age 101. Nevertheless, I always think of him as a HUP surgeon.

The Times extensive obit fails to mention that two of Fisher’s most important years were spent not in Pittsburgh but in Philadelphia as a HUP surgery resident and research fellow in the Harrison Department. The Times does refer to a “former mentor” who played a pivotal role in Fisher’s distinguished career but does not identify the mentor. It was I.S. Ravdin.

An important part of Ravdin’s magic was his uncanny ability to recognize in young doctors those with a special gift for leadership. He also seemed to know, often before they did themselves, the particular field that would fit them best. Examples of this were his assigning Brooke Roberts to vascular surgery and Henry Royster to plastic surgery. In at least two other instances Ravdin directed his trainees to enter a field quite different than the one

they had chosen for themselves. One of these was C. Everett Koop who asked Ravdin to make him head of cancer surgery at HUP. Denied, he was forced by Ravdin to settle instead for an appointment as chief of pediatric surgery. The other was Bernard Fisher whose interest and highly successful early career were in transplantation, but was induced by Ravdin to switch to breast cancer research. In both these cases Ravdin’s intervention altered the future course of the field he chose for his trainees. Koop would dominate pediatric surgery and Fisher would revolutionize the established treatment of breast cancer.

Fisher spent his two years at Penn as a HUP resident and in researching liver regeneration in rats. More importantly, he developed a lifelong relationship with Dr. Ravdin who then helped him win a prestigious grant as a Markle Scholar in Medical Science. This was a big deal. In its day, before the dominant importance of NIH RO1s a Markle scholarship virtually identified the country’s most promising young medical scientists. Each of the 100 U.S. medical schools was allowed submit as a candidate one young faculty member, from any department. In an intense 2-day interview process, 20 per year were chosen. They were generously funded by the Markle Foundation for the next 5 years. More important than the money, the Markle Foundation used its considerable influence with medical schools to lobby for and support the scholar’s progress and promotions. Most Markle scholars became department chairs or deans.

The Markle scholarship allowed Fisher to return to the University of Pittsburgh in a favored status. He founded and directed surgery’s research program, based on the model of Penn’s Harrison Department. His research career flourished. He published dozens of well-regarded papers on work he had start-

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## From the Editor *(continued from page 2)*

ed at Penn and on transplantation biology, which he studied during a Markle supported year in England. He performed one of the earliest human kidney transplants, at a time when there were only a handful of transplant programs in the entire U.S. Soon Fisher was recognized as one of the most productive young leaders in the exciting new field of transplantation. He was well satisfied with this choice of a career.

Then, out of the blue, Fisher got a phone call from his old chief at Penn, Dr. Ravdin. He was invited to a meeting at the NIH. It was a meeting on breast cancer.

As Chairman of the Clinical Studies Panel of the Cancer Chemotherapy Service Center at NIH, Ravdin organized this meeting in 1957 to establish the National Surgical Adjuvant Breast and Bowel Project. The purpose of the NSABP was to set up randomized clinical trials for study of chemotherapy in treatment of breast cancer.

Fisher was not at all pleased to get Ravdin's invitation. He was not the least bit interested in breast cancer or its treatment. Nor was he interested in clinical trials. But because General Ravdin was so persuasive and at the time so powerful and so influential in academic surgery, Fisher interpreted the invitation almost as an order. He felt that he had no choice but to participate, however reluctantly, in this meeting.

What happened then is one of the great stories of 20th century medicine. To his surprise Fisher was intrigued with what he heard at the meeting. He learned that not much was known about the biology of breast cancer and that there was little interest in understanding the disease. He later said that he was captivated by the mystery surrounding the phenomenon of tumor metastases. In addition, he was struck by the potential power of multicenter randomized clinical trials, a concept that was quite new at the time.

Although Fisher remained interested in transplantation, he began to focus his laboratory research on the biology of tumor metastasis. In 1958 he took part in the first NSABP trial in which data from 23 institutions compared radical mastectomy and a placebo with radical mastectomy and postoperative chemotherapy with Thiotepa. At the 1961 meeting of the American Surgical Association, Fisher with Bob Ravdin and others reported the results of this study, that chemotherapy delayed early recurrence of breast cancer. Fisher was hooked. By 1967 he became chairman of the NSABP and during the succeeding decades he led the clinical trials that would transform the treatment of breast cancer.

Fisher's own laboratory experiments studying tumor metastasis in rats and the results of his NSABP clinical trials caused him to question the dogma that for a century had dictated treatment of breast cancer, the Halsted radical mastectomy. That treatment was based on the premise that radical or ultra-radical resection was the logical way to treat breast cancer since this disease surely must spread from the tumor's original site by predictable extension along anatomical planes. Thus the more tissue surrounding the tumor that could be removed the greater would be the chance of stopping the cancer.

It was heresy to suggest otherwise but Fisher advanced the alternative hypothesis that breast cancer was a systemic disease in which tumor cells were likely to have disseminated throughout the body by the time of diagnosis. If this was so he argued at meeting after meeting, more extensive regional therapy would not improve survival and radical mastectomy should be abandoned. This was an extremely unpopular

position that many considered advocating malpractice. He was criticized, even vilified by many of his surgical colleagues. Fisher's persona did not help him. He had a direct approach that helped him accomplish things but not to make friends. He was characterized by some as brash and by others as arrogant.

But by the late 1960s Fisher's hypothesis was supported by the results of his NSABP trials that found radical mastectomy no more effective than simple mastectomy or even lumpectomy. Many surgeons, set in their ways, greeted these findings with skepticism, arguments, resistance and personal antagonism of Fisher. But Fisher's data were so persuasive that eventually there was universal acceptance of his concept. By the late 1960s the Halsted radical mastectomy had in fact been abandoned.

Other clinical trials by Fisher demonstrated that postoperative chemotherapy and hormonal therapy with the antiestrogen tamoxifen would improve survival and could even prevent the disease in high risk women. Then Fisher became widely praised, heralded as a hero for sparing breast cancer victims from the disfiguring impact of radical mastectomy while also improving their survival. Multiple awards came to him including election to the Institute of Medicine of the National Academy of Sciences, presidency of the American Society of Clinical Oncology and in 1985 the Lasker award, often regarded as the American Nobel Prize.

Then the roof fell in. Once again Fisher's life turned upside

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**Fisher's powerful mentor  
Penn Chair I.S. Ravdin**

# Penn Reception at ACS

Penn Surgery was again well represented in the Scientific program of the 2019 Clinical Congress of the American College of Surgeons. Below are the titles and authors of papers given at the Surgical Forum.

**Assessing Patient Knowledge of the Impact of Obesity on Breast Cancer Risk** - Cassie Y Huang, Andrea E. Davis, MD, Julia Lewandowski, Kelly Allison, PhD, FAED, Julia C. Tchou, MD, FACS

**Gastric Bypass Superior to Sleeve Gastrectomy for Obese Patients with End Stage Renal Disease: A Decision Analysis** - Rashikh A Choudhury, MD, Hunter Moore, MD, PhD, Peter L Abt, MD, FACS, Trevor L. Nydam, MD, FACS

**Enhanced Recovery after Surgery Protocol Reduces Narcotic Requirement and Length of Stay in Patients Undergoing Mastectomy with Implant-Based Reconstruction** - Gregory T Kennedy, MD, Cassie Y Huang, MD, Alycia SO, MD, Christine Hill, Liza C Wu, MD, FACS, Joshua Fosnot, MD, John T. Farrar, MD, PhD, Julia C Tchou, MD, PhD, FACS

**Neoadjuvant Chemotherapy Does Not Provide Treatment Benefit in Patients with Low Disease Burden** - Maria Pomponio, Luke Keele, PhD, Susanna M Nazarian, MD, FACS, Julia C Tchou, MD, FACS



**Larry Kaiser, Ron DeMatteo and Jeff Drebin**

**Failure-to-Rescue in Emergency Surgery: Is Precedence a Problem?** - Justin S Hatchimonji, MD MBE, Elinore J Kaufman, MD, MSHP, Catherine E Sharoky, MD, MSCE, Daniel N Holena, MD, MSCE, FACS

**A Matched Cohort Comparison of Early and Long-Term Outcomes Following Fibrin-Glue vs Suture-Fixation for Retromuscular Ventral Hernia Repair** - Charles A Messa, Geoffrey M Kozak, MD, Irfan A Rhemtulla, MD, MS, Michael G Tecce, DO, Jaclyn T Mauch, John P Fischer, MD, FACS, Robyn Broach, PhD

**Modulation of Ischemia Reperfusion Injury in Renal Transplantation Using Estrogen and Selective Estrogen Receptor Modulators** - Paul J Hernandez, MD, Seth J Concors, MD, David Aufhauser, MD, Douglas Murken, MD, Lauren N Krumeich, MD, Zhonglin wang, MD, Guanghui Ge, MD, Wayne Hancock, MD, MBBS, PhD, FRCPA, Matthew H Levine, MD, PhD, FACS

**Opioid Use Disorder is Associated with Increased In-Hospital Complications and Length of Stay after elective Major Upper Body Abdominal Surgeries** - Yun Song, MD, Rebecca Tang, Robert Roses, MD, FACS, Ronald DeMatteo, MD, FACS, Rachel Kelz, MD, MBA, MSCE, FACS, Giorgos Karakousis, MD, FACS

**A “Weekend Effect” in Operative Emergency General Surgery** - Justin Hatchimonji, MD, MBE, Elinore K Kaufman, MD, MSHP, Catherine E Sharoky, MD, MSCE, Lucy Ma, Daniel N Holena, MD, MSCE, FACS,

**Surgical Complications Can Bias Surgeons From Timely Recognition of a Patient’s Imminent Death** - Hattie Huston-Patterson, MA, Justin S Hatchimonji, MD, MBE, Niharika Ganta, MD, Lewis J Kaplan, MD, FACS, Grace Lee-Riddle, MD, MSME, Sofia Wronski, MSN, Niels D Martin, MD, FACS



**Niels Martin, Lindsay Kuo and Heather Wachtel**



**Giorgos Karakousis and Rajan Gupta**



**John Daly, Kim Olthoff and John Clarke**

## ACS Reception *(continued from page 4)*

**Cost-Effectiveness Analysis of Inguinal Hernia Repair with Mesh Performed by Medical Officers and Surgeons in Ghana** - Shilpa Agarwal MD, Michael Ohene-Yeboah, MBChB, FWACS, Jenny Lofgren, MD, PhD, Daohi Yu, PhD, MS, Stephen Tabiri, MD, FACS, Joachim KA Amoako, MBChB, FWACS, Zoe Maher, MD, FACS, Carrie A Sims, MD, PhD, FACS, Hobart W Harris, MD, FACS, Jessica H Breard, MD, MPH

**Assessment of Patient, Caregiver, and Clinician Perspective on the Post-Discharge Phase of Care** - Phillip Dowzicky, MD, Arnav Shah, Frances Barg, PhD, MeD, Whitney Eriksen, PhD, RN, Matthew D McHugh, PhD, JD, MPH, MSN, Rachel Kelz, MD, MBA, MSCE, FACS

**Experience with a Dynamic, Data-Driven Drain Management Protocol on Pancreaticoduodenectomy: Progressive Risk Stratification for Best Practice** - Maxwell T Trudeau, Matthew McMillan, BA, Laura Maggino, MD, Bofeng Chen, Ronald DeMatteo, MD, FACS, Major Kenneth Lee IV, MD, PhD, Robert Roses, MD, FACS, Charles Vollmer, MD, FACS

**Omental Flap Coverage for management of Thoracic Aortic Graft Infection** - J Andres Hernandez, William D Piwnica-Worms, John T Straix, MD, Said C Azoury, MD, Geoffrey M Kozak, MD, Prashanth Vallabhajosyula, MD, FACS, John P Fischer, MD, FACS, Stephen J Kovach, MD

**Association Between Transjugular Intrahepatic Portosystemic Shunt and Occult Hepatocellular Carcinoma after Transplant** - Lauren N. Krumeich, MD, Jenna Mancinelli, DO, Andrew Cucchiara, PhD, Kevin C. Eddinger, MD, David Aufhauser, MD, Matthew H Levine, MD, PhD, FACS, Peter L Abt, MD, FACS

**Inhibition of the Liver Insulin Responsive Transcription Factor Forkhead Box Protein 01 Fails to Rescue Stress**

**Hyperglycemia in Trauma and Hemorrhage** - Anna E Garcia Whitlock, MD, Matthew Gavin, Carrie A Sims, MD, PhD, FACS, Paul M Titchenell, PhD

**Investigating the Role of Sirt3 in Oxygen Metabolism During Sepsis** - Paul Botolin, Carrie A Sims, MD, PhD, FACS, University of Pennsylvania, Philadelphia, PA

**Platelet-Rich Plasma Improves Metrics of Biologic Mesh Incorporation and Decreases Foreign Body Response in a Dose Dependent Fashion** - Raquel Araujo-Gutierrez, MD, Jeffrey L Van Eps, MD, Fernando J Cabrera, MD, Keith A Youker, PhD, Joseph S Fernandez-Moure, MD

**Learning Curve for Surgeons Adopting Transcarotid Artery Revascularization Based on the Vascular Quality Initiative-Transcarotid Artery Revascularization Surveillance Project** - Vikram S Kashyap, MD, FACS, Alexander H King, MS, Patric Liang, MD, Jens Eldrup-Jorgensen, MD, FACS, Grace J Wang, MD, FACS, Mahmoud B Malas, MD, MHS, FACS, Brian Nolan, MD, Jack L Cronwnwett, MD, FACS, Marc L Schermerhorn, MD, FACS



**Elliott Haut, Lewis Kaplan and Carrie Sims**



**Eli Riddle, Ari Brooks, Najjia Mahmoud, Becky Hoffman, Cary Aarons and Josh Bleier**



**Robert Krouse, Marty Karpel and Olugbenga Okusanya**

# Retirement Reception for Ron Fairman

On December 5 in a farewell lecture Ron Fairman shared highlights of his career and his top 10 pieces of career advice. On December 19 several hundred of Ron's friends and admirers gathered at the University Museum for a reception in his honor. Speakers included Ron DeMatteo (introduction), Jim Mullen, Joe Bavaria, Ben Jackson and Grace Wang. A few of my remarks are summarized below.

I have admired Ron Fairman since he was a resident 40 years ago, even then it was obvious that of all of the surgeons I had seen work weather resident or faculty that Ron was one of the 2 or 3 most naturally gifted.

Technical excellence is an important advantage for a surgeon. But it is not the basis of a great career. So how did Ron construct the spectacular career summarized by Dr. DeMatteo, a career the likes of which we are unlikely to see again? Did Ron tell us how in the farewell address he gave at grand rounds last week? Perhaps. At that time, he left us with *10 pieces of career advice*. Perhaps they contain the clues to his success.

**1.** "Go the distance" unlike what this meant to Kevin Costner in the film *Field of Dreams* I think what Ron meant by this was work hard and do whatever it takes to accomplish your goal.

**2.** "Keep as many balls in the air" as possible but prioritize. By this Ron may have meant seek roles not just in your practice or your department but in the hospital, in the medical center, in your community and in professional societies particularly national ones and in roles predicting leadership positions.

**3.** "Don't flip out". Maintain perspective, remain human, remain humble. This one is a description of Ron's persona. Anyone who's seen him in a difficult situation in the OR or board room would recognize him by this. It is his essence.

**4.** "Reinvent yourself". Let's examine this one carefully. It reads like a movie screenplay. When Ron finished his vascular fellowship in 1984 he passed up an offer to join the Penn surgery faculty. Instead he wanted to strike out on his own. He chose to do this by going into independent practice in a community hospital. Soon he had the largest practice of vascular surgery in the city of Philadelphia. He was chief of vascular surgery at Jeanes hospital and then before long he was chief of surgery at that hospital. This would have been enough for some. Many would have said that at this stage Ron had all. But not Ron. He decided that he now wanted an academic career. This was one thing many would have said was a reach too far for him at this stage. To accomplish this goal he gave up the advanced clinical appoint-

ments that he had achieved and returned to Penn where he started over as an entry level assistant professor of surgery. At age 45 he found himself 12 years, a surgical generation, behind. A community surgeon with no academic credentials competing with contemporaries who had a head start of 12 years. He had missed the decade in academic life that defines the direction and pathway of most careers. Often this is the pivotal decade of a career.

But this is where the magic kicks in. Ron not only reinvented himself he invented an entirely new field, at least that's what endovascular surgery was in this part of the country. At Penn Ron transformed the field of vascular surgery. Before long he was a full professor with an endowed chair, was chief of the division of vascular surgery, had an international reputation, was installed as a member of the important academic societies in surgery, had prizes, accolades and was president of vascular surgery's most important scientific society the Society for Vascular Surgery. In short he had become one of the world's great vascular surgeons.

So the 10 pieces of career advice that Ron gave us in his lecture last week must have been good ones, possibly accounting for his success. Indeed this advice was good but could anyone else, any of us, by following the same advice, wind up with as much success as Ron's.

No! I think he had some advantages that aren't available to all of us. Perhaps this wasn't fair, but in retrospect is easy to see that native talent and luck played major roles.

First of all, talent: In our department of surgery we use "Alteimer's Rule" as an index of talent which we think often predicts future success of entry level interns residents and young faculty members. This rule emphasizes past success in athletics or music. Ron qualifies with high marks in both of these fields. As a high school track star some of his records lasted for decades. His parents pushed him part way to a career as a concert pianist until he chose to concentrate on other things. Even in his hobbies he exhibited talent as he reconstructed sports cars and repaired damaged antique clocks.

Finally he had luck: Ron's greatest stroke of luck came when he met and married Julie. This prevented him from becoming a prisoner of his career. Ron, Julie and their family followed his 10th piece of career advice in creating memories with their wonderful marriage.

I never get tired of telling Ron's story. It is a unique story among academic physicians and surgeons. What we await now is information about the next chapter. What we've got now is not quite enough. We need the encore.

## Anatomy of a Unique Career

- ◆ Starting over at age 45
- ◆ Division Chief
- ◆ Endowed Professorship
- ◆ Mastroianni Clinical Innovation Prize
- ◆ Academy of Master Clinicians
- ◆ American Surgical Association
- ◆ American Philosophical Society
- ◆ President, Society for Vascular Surgery

## 10 Pieces of Career Advice

**1** Go the distance

**2** Keep as many balls in the air as possible

**3** Don't flip out (the essence of his persona)

**4** Learn to Mentor

**5** Reinvent yourself Invent a new field (endovascular surgery)

**10** Create Memories



**From the Editor** *(continued from page 3)*

down. In 1990 one of his statisticians noticed a discrepancy in the chart of an NSABP patient being treated by a researcher in Montreal. This researcher admitted that he had falsified data to get unqualified patients into the lumpectomy trial. After removing the falsified entry Fisher reanalyzed the data, finding that the results were hardly changed and still valid. He notified the federal officials at the granting agency, the National Cancer Institute. But federal investigators were not satisfied, they accused Fisher of delaying the notification and found problems of misconduct at other of Fisher's sites.

They cited sloppy paperwork in some of the more than 500 centers from which Fisher was collecting data. By 1994 the criticism became front-page news. Accused of publishing false data, Fisher was summarily fired by NIH as head of the NSABP and if that wasn't bad enough also by his own institution the University of Pittsburgh, which totally failed to support him. According to a feature article in the Philadelphia Inquirer the once overconfident, ever arrogant Fisher now appeared to be a subdued, if not broken man. His reputation was ruined. Fisher himself said his life had been spoiled.

But this phase was brief. A more passive or shy individual might have been finished by this attack by the powerful NIH and by his own institution. But not Fisher. Even his enemies agreed that he was tough. He fought back, bringing suit against both the NIH and the University of Pittsburgh for unfounded accusations and for ignoring due process. After 3 painful years of an investigation by the Federal Office of Research and a congressional committee Fisher was found innocent of any scientific misconduct. Six weeks before the case was to go to trial Fisher settled for an apology from both the NIH and the University of Pittsburgh as well as a 2.75-million-dollar award for damages to his reputation plus, 300,000 dollars for legal fees.

**8** To the extent that he found possible Fisher was satisfied with

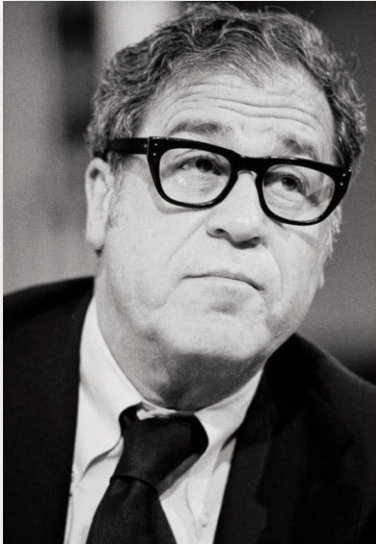
this outcome. His former honored status at Pittsburgh was restored, in fact upgraded. He was appointed to a distinguished professorship. An endowed chair was named for him (HUP 1993 chief resident David Bartlett is the first incumbent). He was again considered a hero.

And yet a reputation once tarnished is difficult to expunge completely. When I called Dr. Fisher 10 years later asking him to write a letter of support to the Lasker Foundation for his colleague Tom Starzl, he was at first reluctant, since he feared that a letter from him might have negative influence. He believed that the Lasker Foundation was still critical of him because of the NSABP data scandal. Fortunately, he eventually wrote the letter and Starzl got the Lasker award.

Bernard Fisher is now fully credited with transforming treatment of breast cancer, sparing its victims the disfigurement of radical mastectomy while also saving lives. Less widely recognized is that through his hypothesis and studies he advanced the understanding of metastasis of other tumors. As important perhaps, was the influence of his pioneering role in the use of multicenter randomized clinical trials as the foundation of evidence based medicine. Finally, he was a

role model for the surgical scientist, bringing hypotheses from his laboratory work to the decisive test of clinical trials.

The New York Times in its obit forgot about Fisher's important years at Penn. While researching and writing this column I was surprised to find that few of our residents and faculty knew anything about them. But Bernard Fisher never forgot them or how much he owed to Penn and to Dr. Ravdin. In biographical sketches Fisher always documented his time as a HUP resident and quite often he spoke of it with pride. Certainly he was one of our finest.



# Alumni News

Faculty, Residents, Alumni of Penn Surgery  
email your news to Clyde Barker  
clyde.barker@penmedicine.upenn.edu

- ◆ **Joseph Bavaria, MD**, Brooke Roberts-William M. Measey Professor of Surgery received the Sheen Award at 68th Annual Clinical Symposium of the New Jersey Chapter of the American College of Surgeons. The award was established in 1938 by Thomas Sheen in the memory of his brother, Rodman Sheen, MD, a pioneer in the field of radiology, to honor individuals who have made an outstanding contributions to mankind in medicine and research. Presented in conjunction with the American College of Surgeons this has become the highest award of the College. Notable previous winners include Nobel Laurate Charles Huggins, NIH Director Francis Collins, Thomas Starzl, Norman Shumway, Judah Folkman, Bernard Fisher, Tim Eberlein, Penn Medicine Dean Larry Jameson, Tim Billiar and others. In the photo below Joe Bavaria is surrounded by Dr. Jim Alexander (left) and Dr. Leonard Galler (right), the Sheen Award Committee Chairs.



- ◆ At the November meeting of the Philadelphia Academy of Surgery **Kim Olthoff, MD** lectured on “50 Years of Transplantation”.
- ◆ At the American Association for the Study of Liver Diseases Annual Meeting **Avi Shaked, MD, PhD** presented the Thomas E. Starzl State-of-the-Art Lecture: ‘Personalized Immunosuppression Coming to Liver Transplantation’.
- ◆ South Jersey Magazine named **Ari Brooks, MD**, Professor of Surgery and Director of the Integrated Breast Center at Pennsylvania Hospital, to its list of “2019 Men of the Year.”



- ◆ **Hansel Stedman’s** recent paper (Nature Medicine 25, 1505–1511 (2019) is important progress in his life long research on muscular dystrophy. He showed that  $\mu$ Utro is a highly functional, non-immunogenic substitute for dystrophin it can prevent the deleterious histological and physiological aspects of muscular dystrophy in small and large animal models. These findings constitute a model in which utrophin-derived therapies might be used to treat clinical dystrophin deficiency (muscular dystrophy).



- ◆ **Ian Folkert, MD** (PGY4) awarded a 2 year research scholarship of the American College of Surgeons.



- ◆ **Greg Kennedy, MD** (PGY3) was awarded a 2 year Deland Research Scholarship from the American Philosophical Society.



- ◆ **Heather Wachtel, MD** Assistant Professor of Surgery was awarded 2 year research scholarship of the American Surgical Association.



- ◆ **Thomas Guzzo, MD** Chief, Division of Urology was elected Secretary of the American Urological Association, Mid-Atlantic Section.



- ◆ **Giorgos Karakousis, MD** Associate Professor of Surgery was elected to membership in the Halsted Society.



- ◆ **Paul Foley, MD** Assistant Professor of Surgery, **Ann Gaffey, MD** Vascular Surgery Fellow, and **Alex Warshauer, MD** (PGY2) were inducted into Alpha Omega Alpha (AOA).





## Alumni News *(continued from page 9)*

◆ **Charlene Compher, PhD** received the Norma M. Lang Distinguished Award for Scholarly Practice and Policy, the first ever dietitian and non-nurse faculty to be awarded this honor. Working with Jim Mullen, Jonathan Rhoads and John Rombeau, Charlene was integral to advancing TPN and surgical nutrition.



◆ **Ron DeMatteo, MD** was elected to membership in the Southern Surgical Association an unusual honor for a yankee.



◆ At the Awards of Excellence ceremony **Jon Morris, MD** received another of his many teaching awards the Robert Dunning Dripps Memorial Award for Excellence in Graduate Medical Education. Pictured with him are Suzie Rose, Jon Morris and J. Larry Jameson.



## Catching Up With . . . *Todd Bauer*

*Contributed by Jon Morris*

Todd Bauer graduated from the University of Pennsylvania in 1991 with a B.A. and a B.S. from the Wharton School of Business. There he was a Benjamin Franklin Scholar and wrestled for the Varsity Team where he was honored with the Dr. Harry Fields Award for Outstanding Academic Achievement. Todd matriculated to the University of Pennsylvania School of Medicine in 1991 where he achieved election to the Alpha Omega Alpha Honor Medical Society. Following graduation, Todd took his General Surgical Residency at Penn from 1995-2002 during which he spent two years in the laboratory of Doug Fraker in the



**Todd in 2002**

Harrison Department of Surgical Research (1998-2000). Dr. Bauer went on to train in Surgical Oncology at the MD Anderson Cancer Center from 2002-2005 during which time he participated as a Post-doctoral Fellow in the Department of Surgical Oncology and Cancer Biology (2003-2004). In 2005 Todd was recruited to The University of Virginia Health System as Assistant Professor rising through the academic ranks to Associate Professor in 2011 and since 2018 he has been Professor of Surgery and Chief of the Division of Surgical Oncology.

## A Conversation with Todd

**JoMo:** What were the highlights of your training at Penn?

**Todd:** *My Penn surgery training started as a medical student at Penn. I did my first month of general surgery clerkship at York Hospital on the service of Thomas L. Bauer (my father). I have never read and studied so much as I did that month, because I knew there was no way I was as smart as he thought I was and I didn't want to disappoint him. I cherished my time as a resident at Penn and would do it all over again (even the 100-120 hours per week) – what an amazing and inspiring environment it was, with the devoted faculty and stellar resident colleagues. My time in Doug Fraker's lab was the absolute highlight of my residency and was paramount to my career path. Doug has been a great mentor, friend, and now colleague.*

**JoMo:** Which faculty influenced you the most and why?

**Todd:** *Clyde Barker was chair of the department during my medical school years and during the first six years of my residency and he lead the department with such class. His outstanding demeanor trickled down through the department to the faculty and residents and has been a good example for me. Ernie Rosato had a big impact on me as a medical student and again as a resident – he worked hard and loved what he did. Working with him fostered my interest in complex abdominal surgery. Doug Fraker joined the faculty at Penn during my internship and he paved the course for my entire career! He is such an incredible role model for surgical oncologists and surgeon-scientists. Working with Doug cultivated my interest in surgical oncology for my career choice and my time in his lab cultivated my desire to pursue basic and translational research. His advice in fellowship training and career planning have been invaluable to me.*

## Catching Up With . . . Todd *(continued from page 10)*

**JoMo:** When you were a junior resident, which Chief Residents had the greatest impact on you and why?

**Todd:** *Rob Gorman, Roy Smythe, John Kucharczuk, Jim Markman and Ron DeMatteo. They demonstrated a devotion to outstanding care for our patients and they led by example.*

**JoMo:** When you were a Chief Resident, which Junior Residents impressed you the most and why?

**Todd:** *Heidi Yeb. She was one of the smartest junior residents I worked with, but more impressive was her strength, stamina and courage in 'holding her own' against some of the more intimidating senior residents who towered over her.*

**JoMo:** Tell us what your greatest professional accomplishments have been since graduating Penn.

**Todd:** *I have a basic and translational science research lab which has been successfully funded for the past 14 years. I have mentored eight of our surgery residents in my lab on our surgical oncology T32 training grant. After their time in the lab, James Lindberg and Tim Newhook both decided to pursue Surgical Oncology fellowship training and both ended up going to MD Anderson for fellowship. James is on faculty at U Mass and Tim just started his third year of training at MD Anderson. Having James and Tim pursue Surgical Oncology fellowship training at MD Anderson made me feel like a proud father - I would consider this my most rewarding professional accomplishment.*

**JoMo:** What do you miss most about Philadelphia?

**Todd:** *Philadelphia is a great city and its history and diverse people give the city a unique character and that is something I miss.*

**JoMo:** Who from your Penn Surgery days do you stay in touch with?

**Todd:** *I'm pretty bad about keeping up with people. I see Doug Fraker several times a year at the Society of Surgical Oncology and the Society of Clinical Surgery and we enjoy playing golf about twice a year. Doug and I won the Virginia Surgical Society golf tournament a few years ago when I was president and he was my invited guest speaker (ringer golf partner!) and Tim Newhook (another ringer partner!) was in my lab and presenting at the meeting. Ken Brayman was recruited to UVA while I was at MD Anderson, and I have enjoyed working with him at UVA over the past 14 years. Sasha Krupnick who was a year or two junior to me in residency is now on faculty in Thoracic Surgery at UVA and we have been enjoying reminiscing about our Penn residency days.*

**JoMo:** Tell us about your current surgical practice, types of cases you are doing, etc.

**Todd:** *I am the chief of Surgical Oncology at UVA. My surgical practice is about 2/3 HPB (nice mix of pancreas, liver and biliary) and 1/3 sarcoma with about 10,000 wRVUs per year. Balancing this complex, busy clinical practice with my lab keeps me pretty busy.*

**JoMo:** What are your current interests and hobbies outside of medicine?

**Todd:** *I enjoy playing golf, paddle tennis and working out and have had a life-long passion for cars.*

**JoMo:** Tell us about your family.

**Todd:** *My father, who was my first surgical mentor, has retired from his practice in general surgery and is now enjoying his retirement. My wife Abbey and I got married about three weeks before starting residency. After teaching elementary school for eleven years, she transitioned to full-time stay-at-home mom for eighteen years and just this year was recruited back to teaching fourth grade at the Charlottesville Catholic School. We have two children. Our daughter, Sarah, is a junior at Virginia Tech and our son, J.R., is a junior in high school.*



**J.R., Abbey, Sarah and Todd**

**JoMo:** What is the last book you read that you would recommend and why?

**Todd:** *"The President is Missing" by Bill Clinton and James Patterson – great thriller about cyberterror.*

**JoMo:** Tell us anything else about you that would be of interest to the Penn Surgery Society alumni.

**Todd:** *I am the current President-Elect of the Society of Clinical Surgery.*



# Penn Surgery

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