



## Welcome to new physicians and resident; farewell to Dr. Stansfield

**Curtis Anderson, M.D.**, has joined Rex Cardiothoracic Surgery Specialists, part of UNC Health Care, as an adult cardiac surgeon.



Dr. Anderson earned his M.D. from Wake Forest University, and completed a residency in general surgery at Wake Forest University. He was a cardiac research fellow at Brigham and Women's Hospital in Boston,

and completed a cardiac surgical fellowship at Cornell medical school in New York City. He was on the faculty of East Carolina University.

**Thomas Caranasos, M.D.**, will join the UNC Division of Cardiothoracic Surgery on July 1 as a cardiac surgeon and assistant professor of surgery. Dr. Caranasos completed a residency in thoracic and cardiovascular surgery at the University of Florida. He earned an M.D. (2007) from West Virginia University, and completed his general surgery residency at the University of Southern

California (2007-08) and at West Virginia University (2008-2012). He will help to develop a transcatheter aortic valve replacement (TAVR) program at UNC.

Best wishes to **William E. Stansfield, M.D.**, who is leaving the UNC Division of Cardiothoracic Surgery this summer to join the University of Toronto faculty as a cardiac surgeon and researcher. Dr. Stansfield, who earned an M.D. from McGill University in Montreal, completed general surgery and cardiothoracic

surgery residencies at UNC, spent two years as a surgery research fellow, and has been an assistant professor of surgery here since 2012.

**Ashish Pulikal, M.D.**, will begin a six-year integrated residency in cardiothoracic surgery at UNC this summer. Dr. Pulikal earned B.S. (2010) and M.D. (2014) degrees from Indiana University.



## Egan speaks at ISHLT; division has abstracts at ISHLT, AATS, ISMICS

Thomas Egan, MD, spoke on "Frontiers of DCD in thoracic transplantation" on April 12 as an invited lecturer at the annual meeting of the International Society for Heart and Lung Transplantation in San Diego. (DCD is "donation after circulatory death.")

Also, faculty, residents and staff of the UNC Division of Cardiothoracic Surgery were authors on abstracts presented at the ISHLT meeting, the International society for Minimally Invasive Cardiothoracic Surgery (ISMICS) meeting, and the American Association for Thoracic Surgery (AATS) meeting.

The ISHLT abstracts:

**Sell KA, Sheridan B, Kiser AC, Bowen A, Katz JN, Stansfield WE.** Heartmate II inflow cannula migration does not predict late-term complications. *J Heart Lung Transplant* 2014; 33(4):S200-S201.

Dean D, Ewald GA, Tatoes A, **Sheridan BC**, Brewer RJ, Caldeira C, Kalle F, Farrar DJ, Akhter SA. Reduction in driveline infection rates: Results from the HeartMate II multicenter silicone-skin-interface (SSI) registry. *J Heart Lung Transplant* 2014;33(4):S11-S12.

**Egan T, Haithcock B, Long J, Noone P, Blackwell J, Forrest L, Gazda S, Reddy S, Davis R, Birchard K, Stewart P.** Preliminary results of a Phase II trial comparing outcomes of patients transplanted with lungs from uncontrolled donation after cardiac death donors (uDCDDs) assessed with ex-vivo lung perfusion (EVLV) to lungs from conventional brain-dead donors. *J Heart Lung Transplant* 2014;33(4):S17.

**Egan TM, Gazda S, Stewart P.** If I had a million lungs: Impact of uncontrolled donation

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## Pediatric heart specialists to speak at UNC

UNC will host two of the nation's leaders in congenital heart care Sept. 2-4, 2014. **Richard Ohye, M.D.**, and **John Charpie, M.D.**, from Mott Children's Hospital at the University of Michigan will speak (Dr. Ohye at Surgery Grand Rounds on Sept. 3 and Dr. Charpie at Pediatric Grand Rounds on Sept. 4) and will meet with residents and fellows at UNC.

Dr. Ohye is division chief of pediatric cardiac surgery and Dr. Charpie is division chief of pediatric cardiology at the University of Michigan; they co-founded M-CHORD (Michigan Congenital Heart Outcomes Research and Discovery), on which the UNC Children's Heart Collaborative is based. This model of collaborative research has increased academic productivity and successful grant writing at Michigan. The UNC Children's Heart Collaborative aims to foster research across specialties to improve the care of children with congenital heart disease. Fifteen research projects are underway from the UNC group.

The UNC collaborative now has an advisory board: Dr. John van Aalst, Dr. Nancy DeMore, Dr. Gary Gala, Dr. Monte Willis, Mrs. Billie Stallings, and Dr. Julie Byerley.

### Other news:

**Jennifer S. Nelson, M.D.**, an assistant professor of surgery, will begin work in the fall on an M.S. in clinical research in the Department of Epidemiology in UNC's Gillings School of Global Public Health.

**Thomas M. Egan, M.D.**, professor of surgery, served on an NIH study section (ZAI1-ALW-I-M1, NIAID Clinical Trials in Organ Transplantation) in Bethesda, MD, April 3-4, 2014.

## UPDATE from the UNC DIVISION OF CARDIOTHORACIC SURGERY

### Egan visits Spanish organ recovery and transplant teams

Thomas M. Egan, M.D., met with organ transplant officials in Madrid recently to learn more about the Spanish organ donation system.

Spain has the highest documented organ donation rate in the world. Under Spanish law, all citizens are organ donors unless they opt out of donation, and Spanish transplant centers can recover kidneys, livers and lungs from non-heart-beating donors, people who die suddenly and have not been on ventilation in a hospital.

Dr. Egan and Jake Requard, vice president for operations of Lung Banks of America, met with the Spanish transplant officials during the week of March 16, 2014. Lung Banks of America, a non-profit organization established by Dr. Egan, works to increase awareness of lung transplantation from non-heart-beating donors (NHBDs).

In the United States, most solid organs for transplant come from brain-dead donors who have been on a ventilator. The capability to recover donor organs for trans-



Rafael Matesanz, M.D., left, director of Spain's National Transplant Organization, meets with Thomas Egan, M.D., right.

plant from people who die suddenly from cardiac arrest or trauma, usually outside the hospital, could significantly increase the supply of donor organs in the United States. Dr. Egan has funding from the Na-

tional Institutes of Health for a clinical trial to investigate methods to recover lungs from NHBDs and evaluate them with *ex-vivo* (outside the body) lung perfusion.

To learn about Spain's NHBD process, Egan and Requard met with physician transplant coordinators at two public hospitals in Madrid where organs are recovered, and with personnel at lung transplant centers and at Spain's National Transplant Organization. The visit included observation of the case of a non-heart-beating kidney donor. What they learned will be applied to efforts in North Carolina to develop the NHBD lung donation program; its success could lead the way to future recovery of other NHBD organs.

Spain has long had public education about the presumed consent law for organ donation and the benefits of organ transplants. The consent rate for donation is 93%. The Roman Catholic church's support for organ donation also has been an important factor in acceptance of organ donation in Spain.

### Recent presentations, abstracts and publications from division

#### ISHLT (continued)

after cardiac death donors (uDCDDs) on the number of potential lung donors in the U.S. *J Heart Lung Transplant* 2014;33(4):S47.

**Egan TM, Blackwell J, Forrest L, Gazda S, Requard III JJ, Haithcock B, Birchard K, Stewart P, Randell S, Venkataraman A, Beamer S, Reddy S, Myers B, Bachman M, Casey N, Niedfeldt D.** Evaluation of human lungs from uncontrolled donation after cardiac death donors (uDCDDs) with ex-vivo lung perfusion (EVLV). *J Heart Lung Transplant* 2014;33(4):S47.

Stewart P, Yankaskas J, **Egan TM.** The growing impact of lung transplant (LTX) on survival for patients with cystic fibrosis (CF). *J Heart Lung Transplant* 2014;33(4):S227-8.

**Egan T, Burker E, Requard III JJ, Noone P, Murray G.** Challenges to lung recovery from sudden death victims to assess suitability for transplant, and strategies to address these challenges. *J Heart Lung Transplant* 2014;33(4):S227.

#### AATS meeting

Cardiothoracic surgery resident **Mark Joseph** presented a poster abstract at the American Association for Thoracic Surgery meeting in Toronto on April 27, 2014: "Negative pressure dressing for temporary sternal closure in neonates with congenital heart disease."

#### ISMICS meeting

**Andy Kiser, M.D.**, was co-author on two abstracts presented at the ISMICS (Innovation, Technologies, and Techniques in Cardiothoracic and Cardiovascular/Vascular Surgery) scientific meeting in Boston, May 28-31, 2014:

Macfie R, Gehi A, Chung E, Mounsey P, **Kiser AC.** Collaborative lead management increases volume and case complexity. *Innovations* 2014;9(3):259.

**Kiser AC, Gehi A, Mounsey P.** Pericardioscopic treatment of atrial fibrillation in patients previously undergoing cardiac surgery. *Innovations* 2014;9(3):166-167.

#### Recent journal articles

Gehi AK, **Kiser AC**, Mounsey JP. Atrial fibrillation ablation by the epicardial approach. *J Atrial Fib* 2014;6(5):70-76.

**Egan TM.** The lung allocation score goes global (Invited editorial re "Introduction of the lung allocation score in Germany," Gottlieb et al.) *Am J Transplant* 2014. (Epub ahead of print, May 22, 2014.) PMID: 24854158

**Egan TM.** A little bit of leak goes a long way. (Letter re "An oversized allograft is associated with improved survival after lung transplantation for idiopathic pulmonary arterial hypertension," Eberlein et al.) *J Heart Lung Transplant* 2014. (Epub ahead of print, April 21, 2014.) PMID: 24815796

#### Suggestions? News to share?

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