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FALL NEWSLETTER DATES: September, October, November, and December 2021

UNC DEPARTMENT OF SURGERY

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Matt Mauro, MD

Vice Chairs
David A. Gerber, MD
Luigi Pascarella, MD
Timothy M. Farrell, MD
Jin Ra, MD
Jen Jen Yeh, MD
Hong Jin Kim, MD

Clinical Affairs

Diversity, Equity, & Inclusion

Education

Quality and Safety

Research

Strategy & Outreach

Division Chiefs
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Booker T. King, MD
John S. Ikonomidis, MD, PhD
Jose G. Guillen, MD, MPH, MBA
Anthony G. Charles, MD, MPH
Sean McLean, MD
Lynn A. Damitz, MD
Hong Jin Kim, MD
Mark Farber, MD

Abdominal Transplant Surgery

NC Jaycee Burn Center Surgery

Cardiothoracic Surgery

Gastrointestinal Surgery

General & Acute Care Surgery

Pediatric Surgery

Plastic & Reconstructive Surgery

Surgical Oncology

Vascular Surgery

Residency Program Directors
Benjamin E. Haithcock, MD
Michael O. Meyers, MD
Jeyhan S. Wood, MD
Ezequiel Parodi, MD

Cardiothoracic Surgery

General Surgery

Plastic Surgery

Vascular Surgery

Fellowship Program Directors
Chirag Desai MD
Timothy M. Farrell, MD
Felicia Williams, MD
Jin Ra, MD
Hong Jin Kim, MD
Ezequiel Parodi, MD

Abdominal Transplant Surgery

Adv. Minimally Invasive and Bariatric Surgery

Burn Surgery

Critical Care Surgery

Complex General Surgical Oncology

Vascular Surgery

Clerkship Director
Luigi Pascarella, MD

Medical Student Clerkship

Mentorship Director
John S. Ikonomidis, MD, PhD

Mentorship Program

Associate Chair for Administration
Joellen Buckio, MHA

Public Communications Specialist
Sheerah Coe

On the cover: UNC Hospitals in Chapel Hill, photo by Brian Strickland

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The American College of Surgeons National Surgical Quality Improvement Program recognized UNC for achieving meritorious outcomes for surgical patient care for the 2020 calendar year for both ALL CASES and HIGH RISK CASES! UNC was one of 90 out of 706 eligible participating hospitals recognized for their outstanding care.

The American College of Surgeons National Surgical Quality Improvement Program recognized UNC for achieving meritorious outcomes in two patient care cases: “All” and “High-Risk.” Out of the 706 participating hospitals, UNC was one of 52 selected to receive this award for the 2020 calendar year.

The ACS NSQIP recognition program commends a select group of hospitals for achieving a meritorious composite score in either an “All Cases” category or a category which includes only “High Risk” cases. Risk-adjusted data from the July 2021 ACS NSQIP Semiannual Report, which represents data from the 2020 calendar year, were used to determine which hospitals demonstrated meritorious outcomes. UNC has been recognized on both the “All Cases” and “High Risk” Meritorious lists.

Each composite score was determined through a different weighted formula combining eight outcomes. The outcome performances related to patient management were in the following eight clinical areas: mortality, unplanned intubation, ventilator > 48 hours, renal failure, cardiac incidents (cardiac arrest and myocardial infarction); respiratory (pneumonia); SSI (surgical site infections-superficial and deep incisional and organ-space SSI); or urinary tract infection.

90 hospitals achieved the distinction based on their outstanding composite quality score across the eight areas listed above. 71 hospitals were recognized on the “All Cases” list and 71 hospitals were recognized on the “High Risk” list; the 71 hospitals represent approximately ten percent of the 706 2020 ACS NSQIP hospitals. 52 hospitals including UNC are recognized on both the “All Cases” and “High Risk” lists, 19 other hospitals are on either the “All Cases” list, or the “High Risk” list only.

“The American College of Surgeons is a leader in improving the quality and safety of surgical care nationally and internationally with programs such as NSQIP,” says Jin Ra, MD, Director of the SICU and the Vice Chair of Quality and Safety. “ACS NSQIP participants are invested in being a quality focused organization and so to be recognized as a meritorious hospital among this group is something to be truly proud of. It highlights all the great efforts made by everyone in the organization and ultimately and most importantly our patients benefit.”

ACS NSQIP is a nationally validated quality improvement program that measures and enhances the care of surgical patients. This program measures actual surgical results 30 days postoperatively as well as risk adjusts patient characteristics to compensate for differences among patient populations and acuity levels. The goal of ACS NSQIP is to reduce surgical morbidity (infection or illness related to a surgical procedure) and surgical mortality (death related to a surgical procedure) and to provide a firm foundation for surgeons to apply what is known as the “best scientific evidence” to the practice of surgery. Furthermore, when adverse effects from surgical procedures are reduced and/or eliminated, a reduction in health care costs follows. ACS NSQIP is a major program of the American College of Surgeons and is currently used in nearly 850 adult and pediatric hospitals.

The American College of Surgeons is dedicated to the ethical and competent practice of surgery. Its achievements have significantly influenced the course of scientific surgery in America and have established it as an important advocate for all surgical patients. The College has more than 82,000 members and it is the largest organization of surgeons in the world.

You can view the official ACS Press Release and access the entire list of the 2020 Meritorious hospitals here: https://www.facs.org/media/press-releases.
DEPARTMENT OF SURGERY

by the numbers

*Research + Publication data from academic calendar year ending 2021

71 FACULTY
55 ADVANCED PRACTICE PROVIDERS
92 TRAINEES
363 PUBLICATIONS
72 STAFF
$604,128 CLINICAL TRIAL DOLLARS
$4,598,247 FEDERAL GRANT DOLLARS
36 RESEARCHERS
86 GRANT SUBMISSIONS
$5,759,499 TOTAL RESEARCH GRANT DOLLARS
I am privileged to have the opportunity to serve as Interim Chair of the Department of Surgery while we recruit for our next surgical leader. The Department of Surgery is blessed with a talented and dedicated faculty, Advanced Practice Providers, and staff advancing all missions of our Academic Medical Center. We are now only two years away from occupying the new Surgical Tower. The steel installation has been completed with a “Topping off” ceremony that took place on January 13, 2021. When completed, UNC will have state-of-the-art operating rooms (including hybrid Operating Rooms), as well as new surgical Intensive Care Units.

I would like to acknowledge the incredible efforts put forth by our Pediatric and Adult ECMO teams. These teams met the challenge of rising demand resulting from the COVID pandemic. We had 86 ECMO runs from Jan-Aug 2021. Our appreciation goes to Drs. Sharma, McLean, and Phillips from the Pediatric Surgery Team as well as Drs. Charles, Gallaher, Raff, Reid, and Schneider on the adult team.

In the midst of the COVID pandemic, UNC was named an American College of Surgeons NSQIP Meritorious hospital for 2020. Our surgical quality program is under the direction of the Vice-Chair for Quality, Dr. Jin Ra.

I would like to publicly recognize our faculty who were recently promoted. To the rank of Associate Professor: Drs. Katherine McGinigle and Felicia Williams. To the rank of Professor: Drs. Karyn Stitzenberg, and Muneera Kapadia. Our congratulations should also extend to Dr. Gita Mody on her recent K23 federal award from the National Heart, Lung, and Blood Institute for her research entitled “Improving Thoracic Surgical Care using Electronic Patient-Reported Outcomes”.

Our faculty are both heavily involved in service and contribution to the School of Medicine (SOM) and to the UNC Medical Center. Special attention goes to the Chair, Dr. Lynn Damitz (Chief of the Division of Plastic and Reconstructive Surgery), and Dr. Benjamin Haithcock, who serve on the SOM Appointment Promotion and Tenure Committee for Fixed Term Track Promotions. Dr. Karyn Stitzenberg is the Chair of the Appointment, Promotion and Tenure committee for promotions to Associate Professor on the Tenure track. She is joined by Drs. Anthony Charles and John Ikonomidis who also serve on the Full Professors’ committee.

The well-being of our faculty, residents and staff is a priority for our department. Dr. Tim Farrell serves as the Departmental Wellness Liaison as well as the Chair of the Institution’s Wellness Committee. From a recent analysis of our faculty “wellbeing” scores, the departmental scores were very favorable with respect to the national average for Academic Surgery Departments.

However, we do have areas where we can improve. Dr. Farrell has coordinated with UNC-MC’s wellness team to perform a departmental deep dive intended to identify opportunities and provide recommendations for areas needing focus and improvement.

I would also like to thank the Starek family for their thoughtful donation by artist Gerard Tempest that now hangs in our department. It is a lovely way to honor their father, Peter Starek, a well renowned former member of our cardiothoracic faculty.

There are many outstanding accomplishments happening throughout this dynamic department. Please take time to review the many achievements of our very talented faculty, residents and staff.

Sincerely,

Matt Mauro, MD

James H. Scatilff Distinguished Professor of Radiology and Interim Chair
Department of Surgery
The University of North Carolina at Chapel Hill
IN LOVING MEMORY OF A FATHER AND A SURGEON

Peter J. Starek, MD, was an international leader and researcher in the field of valve replacement and repair. His daughter Joanna remembers one of her father’s drivers for becoming a heart surgeon “was because our grandfather died of sudden cardiac arrest at age 65. It was that heart attack, referred to as ‘the widow maker,’ that inspired him to become a physician. He hoped to spare other families from that loss if at all possible.”

During his residency in cardiovascular and thoracic surgery at New York Hospital Cornell Medical Center, he trained with C. Walton Lillehei, MD, who pioneered open-heart surgery. Dr. Starek also did a fellowship in cardiac revascularization surgery at St. Luke’s Hospital in Milwaukee, WI, with Dudley Johnson, MD, a pioneer of coronary artery bypass surgery.

At UNC, Dr. Starek become the first U.S. university surgeon to investigate a new heart valve, the Medtronic-Hall valve. Dr. Starek’s work with the valve gave him international recognition and he chaired an international heart valve meeting in 1984. He also edited a book, Heart Valve Replacement and Reconstruction: Clinical Issues and Trends.

Dr. Starek realized that patients’ surgical outcomes depended on post-operative care as well as surgical skills. Working with nurses and hospital administration, he was a leader in improving UNC Hospitals’ intensive care units. He helped start the Orange Cardiovascular Foundation in Chapel Hill, a cardiac rehab program for post-operative patients.

He was a tireless educator of residents and medical students at UNC. Dr. Starek was a valuable member of the faculty of the UNC Division of Cardiothoracic Surgery from 1971 until his retirement in 2002. With the help and support of the Starek family, the division created the Peter J.K. Starek, MD, Visiting Lectureship. The professorship is an annual invited lecture delivered by graduates of the UNC Cardiothoracic Surgery residency training program. To make a gift to the fund click here.

Dr. Starek’s youngest daughter Catherine remembers her father’s passion and caring for his patients. “He just was so humble. You would hardly know all the things he had achieved. He didn’t talk about his accomplishments much. It was just what he loved to do, what he found fascinating. I think that spoke to me about his character. He was just in it because he loved medicine and caring for patients. He cared with his whole heart.”

During his tenure at UNC, Dr. Starek touched the lives of hundreds of patients, either personally or through his work with residents and students. One such patient was Gerard Francis Tempest, a painter, sculptor, architect and veteran of World War II. Tempest was the father of Abstract Spiritualism. Considered a twentieth-century master, Tempest received the Gold Medal at the Cannes Art Festival in 1987 and was honored by the Holy See by having his work becoming a part of the permanent collection of the Vatican Museum in 1982 and 1990.

Between 1958 and 1963, Tempest designed and supervised the construction of the Villa Tempesta in Chapel Hill, North Carolina, a thirty room surrealist Italianate villa, where he lived with his family for several years. The building is now Whitehall Antiques.

“I grew up seeing this painting,” recalls Catherine. “It was in our house for as long as I can remember. My parents told me the story behind it, that Dad performed a complicated heart surgery on Gerard Tempest, an Italian American artist. The artist was just so thankful for my dad’s care that he gifted him an original painting. My siblings and I thought it would be such a beautiful way to honor our father’s memory by giving it a special forever home in a place he loved, the Department of Surgery at the University of North Carolina.”

In 2015 Dr. Starek passed away, survived by his five children, Patricia, Johanna, Karl, and twins, Joseph and Catherine and his sister Anna. In September 2021, the Starek family officially donated the painting to the department in memory of their father. It is now hanging in the Chair suite and is a reminder of the lasting legacy of a surgeon who contributed so much to the past, present, and future of the department.
Severe COVID-19

On April 24, 2021, Tolisha Alexander got married, an exciting and joyous time in her life. The newlyweds were excited to move into one home, blending their families. Tolisha was also thrilled to start a new job as a Dental Assistant II. Then in May, COVID-19 made its way through her entire family, most of whom experienced mild symptoms.

Tolisha remembers feeling unwell around May 24. “Well, I knew something was wrong. I just didn’t know exactly what because I’d never experienced anything like it before. It felt like a bad case of the flu. I’ve had the flu one time in my life, which was horrible, so I kind of knew I had something like that, but it was ten times worse.”

On May 29, Tolisha woke up with difficulty breathing, unable to even walk to the bathroom. Her husband called an ambulance to transport her to Vidant Hospital in Greenville, NC.

Tolisha spent two months in their facility, their team trying different treatments to help her lungs. While she had no other symptoms, the infection targeted her lungs and did irreparable damage. Her oxygen level dropped to 20%, and she required intubation so a machine could help her breathe. The team at Vidant contacted UNC in Chapel Hill to discuss other options.

“She had undergone conventional therapy which showed no improvement of her lung function,” explains Benjamin Haithcock, Chief of Thoracic Surgery and Surgical Director of Lung Transplantation and Respiratory. “In addition, she required significant oxygen support, and we did not believe conventional therapy was going to be successful. She would need extraordinary measures.”

Tolisha was airlifted to UNC Medical Center in Chapel Hill in late July. After assessing her lungs, the team evaluated her and decided to consider her for a lung transplant. She would need a double lung transplant. “My lungs looked like I’ve been smoking for 20 years,” says Tolisha. “That’s how Dr. Haithcock explained it to me, but I’ve never smoked in my life.”

She was also placed on extracorporeal membrane oxygenation (ECMO), a machine similar to the heart-lung by-pass machine used in open-heart surgery. It pumps and oxygenates a patient’s blood outside the body, allowing the lungs to rest.

Tolisha’s experience on ECMO was quite different from other patients. While most patients are sedated and unable to move on ECMO, the transplant team uses it differently. “We have done this for several patients,” says Dr. Haithcock. “In her case, we use ECMO as a bridge to transplant. We place the ECMO tubes through the neck. This allows the patient not to remain still. It also means patients don’t have to be sedated. Instead, they have the freedom to get up and move. We can completely support someone’s lungs while allowing them the mobility to move around and participate in activities. This helps us better evaluate these individuals. They can talk, interact, and eat, even as their lungs are damaged.”

First COVID-19 Lung Transplant Patient

On August 10, Tolisha was the first UNC patient to undergo a lung transplant due to COVID-19. She underwent a successful 11-hour double lung transplant surgery. She was discharged two weeks later to the SECU family house at UNC Hospitals, where she remained until the end of October, when she could finally go home. Her recovery included weekly physical therapy and occupational therapy appointments to help her grow strong enough to return home to Greenville.

In June 2020, Ankit Bharat, MD, chief of thoracic surgery and surgical director of lung transplantation and respiratory ECMO at Northwestern, performed a bilateral lung transplant on the first person in the US known to have undergone the procedure to treat COVID-19. In an article published June 21, 2021, by JAMA, “According to data from the United Network for Organ Sharing (UNOS), the nonprofit organization that manages the US organ transplant system, 134 lung transplants have been reported in the US for patients with COVID-19 through May 21. Among them, 82 patients had ARDS, 48 developed pulmonary fibrosis, and 4 had unspecified lung failure due to COVID-19. In addition, one heart-lung transplant has been performed for COVID-19-related pulmonary fibrosis and heart failure. As of May 28, 2022 patients with COVID-19-related lung failure were still on the lung transplant wait-list.”

Research continues to be done on COVID-19, its lasting effects on the lungs and the patients who are still recovering from it. “I think we will see more COVID patients, especially what has been described as the long haulers of COVID,” predicts Dr. Haithcock. “They are individuals with progressive lung disease, previously damaged lungs, smokers, and others with severe and catastrophic lung damage that can’t be reversed with the best medical treatments. UNC has all the resources to treat these patients. In Tolisha’s case, the team worked on all aspects of her health to get her well. Nurses helped her get on her feet. Security and other providers helped get her moving, sit outside, enjoy the sun, and play UNO while still receiving the critical care life-saving measure of ECMO and a lung transplant.”

Read Tolisha’s full story here.
Research is critical for the advancement of medicine, the improvement of health, and the well-being of patients. UNC has an established track record of excellence and results, as it ranks sixth in the nation for federally funded research.

UNC’s culture provides an ideal environment for multidisciplinary collaborations across departments and specialties. Our surgeons and scientists work together to translate innovative therapies for our patients in the operating rooms and clinics. We also stand at the forefront of global surgery and health services research.

Our Department is boldly pursuing a research growth strategy that targets new and diverse funding sources, increases research productivity, improves patient outcomes, and disseminates knowledge more broadly. In addition, we have implemented initiatives to support faculty and trainee research, which is built on an established infrastructure that streamlines research needs and resources. Our investments encourage creativity and provide frequent opportunities to connect researchers in seemingly disparate fields.

There are multiple NIH-funded career development grants in our department, with junior faculty working with established senior scientist-mentors throughout the University’s research community.

The department houses multiple R01 projects and one T32, NIH-funded training grant for surgery residents who work simultaneously with basic science and clinical mentors. Research achievements of the surgical faculty have led to very prosperous outcomes, such as increased breast conservation in patients with advanced disease treated with pre-operative adjuvant chemotherapy. Other research outcomes have been the correction in an animal model of a genetically determined deficit with stem cell transplants, the elucidation of the mechanisms of immune dysfunction in burns, and many others.

Each surgical division has active research underway in either clinical and/or basic science programs. The UNC School of Medicine ranks 17th in the country in total NIH funding for 2020 and 6th among peer public universities.

We’ve made changes to the UNC School of Medicine Surgery website. First, we have divided the Research information into two separate sections. On our main site, the Research focus is on Advancing Medical Science. It showcases our efforts to the public, including featuring research stories, current clinical trials, meet the researchers’ section, awards/grants, and recent publications.

For faculty, residents, and fellows looking for internal resources to help with their research efforts, our research resources are now located within the Intranet section of the site. Our revamped “For Researchers” section provides information on potential faculty mentors, funding opportunities, FAQs, and additional support to help our teams achieve their research goals.

Please take a moment to check out the revamped sections of the site. We would love to hear from you. If you have suggestions for these sections or others on our website, please reach out to Sheerah Coe to share your thoughts.
UNC Medical Center COVID-19 Updates: Jan. 9

As the COVID situation continues evolving please stay engaged in your daily Safety Huddles, watch your email, and visit the Intranet for the latest information. You can always email covid-19@unchealth.unc.edu with any questions.

New COVID-19 Self-Screening Option for Teammates with Symptoms

If you are a UNC Medical Center teammate or a Shared Services teammate working at UNC Hospitals (including Hillsborough, WakeBrook and UNC Faculty Physicians locations), and you have developed symptoms of COVID, you now have the option of using a new self-screening tool to determine if you need to be tested for COVID instead of calling the OHS Hotline.

- If you are eligible, you will have the option to quickly schedule a test at the Respiratory Diagnostic Center at the Ambulatory Care Center.
- If you are symptomatic and do not wish to use the self-schedule tool, please call the Occupational Health COVID Hotline at 984-215-5668.
- If you are School of Medicine faculty member working at UNC Hospitals, you can self-schedule a COVID test using this link.

Helping Hands: Sign-Up to Help If Possible

To help support our teammates in areas with critical needs, please review the information at this link and encourage members of your team to sign-up as a ‘helper.’ All teammates should talk to their manager before signing-up for a role/shift. It is also important to commit to the minimum number of shifts due to training resources.

Note: If community members are interested in helping, please direct them to this Volunteer Application.

Take Care of Yourself!

This is tough. Please prioritize caring for yourself. View all of our resources at https://www.unchealthcare.org/wellbeing/ and note the following:

- If You Need to Talk to Someone Today
  - UNC Healing Heroes Helpline (H3): 984-215-5655 Call the H3 Helpline for free, brief, confidential conversation with a licensed mental health professional. Available to all UNC Health teammates.
  - Hope4Healers (Outside Resource funded by NC Department of Health & Human Services): 919-226-2002
  - Suicide Prevention Lifeline: Call 1-800-273-8255 or chat online here.
- If You Want to Make an appointment with a Mental Health Provider
  - Outpatient Emotional/Mental Health Services: Call 984-974-5217 and Select Option #2. Note: Insurance will be billed and you may owe a co-pay.
  - Employee Assistance Program (EAP): Provides a limited number of free visits to local counselors.
    - UNC Health State Employees
    - UNC Health Non-State Employees
    - School of Medicine/University Employees
    - Taking Care of Our Own: Receive education, support, advice, and more – view details. Note: Insurance will be billed and you may owe a co-pay.

UNC Health Talk Highlight: Do You Need a Different Mask to Fight Omicron?

The Omicron variant appears to be significantly more contagious than the delta variant, so you may be wondering if you need to upgrade or change the type of mask you are wearing. Read the full article, featuring Emily Sickbert-Bennett, PhD, director of UNC Medical Center Infection Prevention, to learn more.

The bottom line is that no matter what type of mask you wear, the fit of your mask is crucial — you need to minimize gaps around your nose, cheeks and chin! For example, simple things like the “knot and tuck” technique can improve the fit.

Get Boosted!

The safety of our teammates, patients and our communities is our top priority. In addition to following our Universal Pandemic Precautions (mask + eyewear), the most important thing you can do to reduce the spread of COVID and prevent serious illness is to receive a booster vaccine and encourage others to do the same. You can schedule a booster through UNC Health or at the most convenient location for you.
AWARDS, GRANTS & FUNDING: FACULTY

Gita Mody, MD, MPH
Assistant Professor, Division of Cardiothoracic Surgery, received a K23 grant from the National Heart, Lung and Blood Institute for her project entitled “Improving Thoracic Surgical Care using electronic Patient-Reported Outcomes (ePROs)”. The award is from 1/1/2022-12/31/2026 for a total of $1,010,785.

Lawrence Kim, MD
Professor, Division of Surgical Oncology, was awarded an NC TraCS Health Equity Award as a co-PI on a project titled, “Reducing Health Inequities in the Rapid Response System for Hospitalized Patients that Self-identify their Primary Language as Spanish.”

Katharine McGinigle, MD, MHP
Associate Professor, Division of Vascular Surgery, received an award from the Society for Vascular Surgery Foundation (SVS) for her work entitled, “Using Precision Medicine to Define Adaptive Treatment Strategies for Patients with Chronic Limb-Threatening Ischemia.” The award is in the amount of $25,000.

LAUREN RAFF, MD
Assistant Professor, Division of General, Acute Care and Trauma Surgery, was promoted to Professor.

MUNEERA KAPADIA, MD, MEE
Division of Gastrointestinal Surgery, was promoted to Professor.

KARYN STITZENBERG, MD, MPH
Division of Surgical Oncology, was promoted to Professor.

FELICIA WILLIAMS, MD
Division of Burn Surgery, was promoted to Associate Professor.

HIGHLIGHTS/HONORS FACULTY & STAFF

Anthony Charles, MD, MPH
Professor and Chief, Division of General, Acute Care and Trauma Surgery, appointed as Associate Editor of JAMA, Journal of the American Medical Association.

Jessica Phillips
Business Operations Analyst, was recognized as an outstanding team member and leader in our department! As such, she has been invited to participate in the 2022 Emerging Leader Academy.

Katharine McGinigle, MD, MHP
Associate Professor, Division of Vascular Surgery, received an award from the Society for Vascular Surgery Foundation (SVS) for her work entitled, “Using Precision Medicine to Define Adaptive Treatment Strategies for Patients with Chronic Limb-Threatening Ischemia.” The award is in the amount of $25,000.
NEW TEAM MEMBERS

Jessica Trexler
*Physician Assistant*
Abdominal Transplant

Jessica graduated from UNC in 2015 with a Bachelor of Science in Biology and Psychology. She received her MS in Management in 2019 and her Master of Medical Science, Physician Assistant Studies in 2021, both from Wake Forest University in Winston-Salem. She is not new to the department. She was previously a clinical research coordinator for the NC Jaycee Burn Center from 2015 to 2018 before she left to pursue additional education.

Jessica enjoys playing with her dog, hanging out with friends and family, going out to eat, traveling and painting.

Cherilyn “Ariel” Marrs
*Nurse Practitioner*
General & Acute Care

Ariel graduated from Eastern Carolina University in 2015 with a Bachelor of Arts in Exercise and Sport Science and a Bachelor of Science in Nursing. After graduating she worked at UNC Hospitals in the Adult Trauma and Orthopedic Acute Care Unit - 5 Bed Tower for six years. In 2020 she got her Master of Science in Nursing from Frontier Nursing University. She has also worked as a Family Nurse Practitioner and Clinical Preceptor.

Ariel enjoys cheering on the UNC football team, baking and traveling. A fun fact: she has traveled to 31 countries.

Kristina Palmer
*Nurse Practitioner*
Breast Surgical Oncology

Kristina graduated with her Bachelor of Science in Nursing from Winston-Salem State University in 2015 and her Master of Science in Nursing from UNC in 2021. Kristina has over fifteen years of nursing experience, most recently at WakeMed Health and Hospitals. The last seven years, has been spent caring for the critically ill within the intensive care unit.

In her free time, she can be found cooking up a storm in the kitchen, running or hiking local trails with her husband, son and two dogs.

Cherisse Rios
*Administrative Specialist*
Pediatric Surgery

Cherisse graduated from California State University of Sacramento in 2016 with a Bachelor of Science in Kinesiology and a concentration in Therapeutic Exercise and Rehabilitation. Her experience in healthcare ranges from a PT aide at a rehabilitation center to a recruiter for Maxim Health Services in both CA and NC.

Cherisse enjoys crafts, snowboarding, and cooking new recipes. She once worked as a wine educator at Concannon Vineyards, one of the oldest wineries in Livermore, CA.

Julia Coleman
*Nurse Coordinator*
Cardiothoracic Surgery

Julia graduated with a Diploma in Nursing in 1992 from Richmond Memorial Hospital School of Nursing at Virginia Commonwealth University. She has 29 years of nursing experience in Case Management, telephone triage, research, Critical Care, and Home Health. She started her career as a Registered Nurse in the ICU at Duke University in 1992 and came to UNC Health in 2000.

She enjoys reading, going to church, spending time with her children and listening to gospel and jazz music. In her spare time she likes making flower arrangements and doing crafts.

Olivia Boddie
*Clinical Research Assistant*
General & Acute Care

Olivia graduated from the University of North Carolina in 2016 with a Bachelor of Science in Business Administration and a post-bacc pre-med program from Meredith College in 2021.

Olivia first fell in love with medicine reading Richard Preston’s “The Hot Zone” about ebola while in middle school. She left her job in finance to pursue medicine exactly one month before COVID exploded across the globe. Her entire journey towards a future career in healthcare has been bookended by infectious disease!
**PUBLICATIONS | ABDOMINAL TRANSPLANT**

Carbon Nanodots Inhibit Oxidized Low Density Lipoprotein-Induced Injury and Monocyte Adhesion to Endothelial Cells Through Scavenging Reactive Oxygen Species.

Early Survivorship After Liver Transplantation: A Qualitative Study Identifying Challenges in Recovery From the Patient and Caregiver Perspective.

**PUBLICATIONS | BURN**

Evaluation of Voriconazole and Posaconazole Dosing in Patients with Thermal Burn Injuries.

**PUBLICATIONS | CARDIOTHORACIC**

Commentary: The right fit: If you cannot find it, make it.

A High-Fidelity Percutaneous Model Used to Demonstrate ECMO Cannulation.

Electronic patient-reported outcomes monitoring during lung cancer chemotherapy: A nested cohort within the PRO-TECT pragmatic trial (AFT-39).

**PUBLICATIONS | PLASTIC & RECONSTRUCTIVE**

An Unusual Case of BIA-ALCL Associated with Prolonged/Complicated Biocell-Textured Expander, followed by Smooth Round Breast Implant Exposure, and Concurrent Use of Adalimumab.

Proposed Solutions for Improving the Plastic Surgery Residency Application Process.
PUBLICATIONS | GASTROINTESTINAL

Appropriate patient selection facilitates safe discharge from the PACU after laparoscopic ventral hernia repair: an analysis of the AHSCQ database.

Adoption of Organ Preservation and Surgeon Variability for Patients with Rectal Cancer Does Not Correlate with Worse Survival.

ASO Visual Abstract: Adoption of Organ Preservation and Surgeon Variability for Patients with Rectal Cancer Does Not Correlate with Worse Survival.

PUBLICATIONS | GENERAL, TRAUMA & ACUTE CARE

Underutilization of Operative Capacity at the District Hospital Level in a Resource-Limited Setting.

Utilization of mobile application improves perioperative education and patient satisfaction in general surgery patients.

Veno-Venous Extracorporeal Membrane Oxygenation for Acute Respiratory Distress Syndrome During Hemorrhagic Shock.
Raff LA, Maine RG, Reid TS. ASAIO J. 2021 Aug 1;67(8):e140-e144. PMID: 33181542.

Splenectomy after isolated splenic blunt trauma: The angiembolization paradox.

Evaluation of statewide utilization of helicopter emergency medical services for interfacility transfer.

Predictors of multi-drug resistance in burn wound colonization following burn injury in a resource-limited setting.
PUBLICATIONS | PEDIATRICS

Factors associated with inguinal hernia repair in premature infants during neonatal admission.


Vascular access: Centuries of progress.

Franklin Mall, the first basic scientist of pediatric surgery.

Bridging Endocrine Therapy for HR+/HER2- Resectable Breast Cancer.

Cancer: Is it Safe?


Surgical Axillary Staging Before Neoadjuvant Chemotherapy: Who Gets It and Why We Should Avoid It.

The PDAC Extracellular Matrix: A Review of the ECM Protein Composition, Tumor Cell Interaction, and Therapeutic Strategies.
Perez VM, Kearny JF, Yeh JJ. Front Oncol. 2021 Oct 6;11:751311. PMID: 34692532.

Talimogene Laherparepvec (T-VEC) for the Treatment of Melanoma:

Impact of Cavity Shave Margins on Margin Status in Patients with Pure Ductal Carcinoma In Situ. A Pilot Study of Preoperative Vandetanib on Markers of Proliferation and Apoptosis in Breast Cancer.

Inpatient Mortality Among Patients With Acute Respiratory Distress Syndrome at ECMO and Non-ECMO Centers in the United States.
of Advanced Locoregional Melanoma After Failure of Immunotherapy: An International Multi-Institutional Experience.

Are we choosing wisely? Drivers of preoperative MRI use in breast cancer patients.

ASO Author Reflections: Accurately Predicting Nodal pCR Holds the Key to Axillary Surgery De-escalation Strategies.

The prevalence of pancreatic incidentalomas in patients undergoing surveillance for abdominal aortic aneurysms.

The Q61H mutation decouples KRAS from upstream regulation and renders cancer cells resistant to SHP2 inhibitors.

Association of Melanoma-Risk Variants with Primary Melanoma Tumor Prognostic Characteristics and Melanoma-Specific Survival in the GEM Study.

Disease-Associated Risk Variants in ANRIL Are Associated with Tumor-Infiltrating Lymphocyte Presence in Primary Melanomas in the Population-Based GEM STUDY.

Effect of the COVID-19 pandemic on the residency match among surgical specialties.

Dosimetric and Clinical Factors Associated with Breast Reconstruction Complications in Patients Receiving Post-Mastectomy Radiation.


Healthcare providers’ perceived support from their organization is associated with lower burnout and anxiety amid the COVID-19 pandemic.

ASO Visual Abstract: Factors Associated with Nodal Pathologic Complete Response Among Breast Cancer Patients Treated with Neoadjuvant Chemotherapy: Results of CALGB 40601 (HER2+) and 40603 (Triple-Negative) (Alliance).
Preoperative Screening for COVID-19.

Patency and perioperative risks of aortofemoral bypass are negatively affected by significant arterial outflow disease.

Sexual orientation, gender identity, and gender expression: From current state to solutions for the support of lesbian, gay, bisexual, transgender, and queer/questioning patients and colleagues.

Courtesy Authorship Practices Among First and Senior Authors: Evaluation of Motivations, Gender Bias, and Inequities.

Self-Assembled Peptide Amphiphile Nanofibers for Controlled Therapeutic Delivery to the Atherosclerotic Niche.

Superficial femoral artery stent extrusion.

The Society for Vascular Surgery Objective Performance Goals for Critical Limb Ischemia are attainable in selected patients with ischemic wounds managed with wound care alone.

Cardiac Surgery in Women in the Current Era: What Are the Gaps in Care?

Cardiac Surgery in Women in the Current Era: What Are the Gaps in Care?

The U.S. Preventive Services Task Force Abdominal Aortic Aneurysm Screening Guidelines Negligibly Impacted Repair Rates in Male Never-Smokers and Female Smokers.

Non-Hispanic Black and Hispanic Patients Have Worse Outcomes Than White Patients Within Similar Stages of Peripheral Artery Disease.

Secondary interventions after fenestrated/branched aneurysm repairs are common and non-detrimental to long-term survival.
The PGY 4 and PGY 5 General Surgery (GS) residents completed virtual Mock Orals on September 13, 2021. Thanks to all the faculty, examinees, and administrative staff who helped to ensure this was a successful event. The PGY 5 GS residents and several faculty members also attended the Statewide Mock Orals on October 15, 2021, organized by the Duke University Department of Surgery. Our next GS Mock Orals will take place on March 21, 2022.

Dr. Kyla Terhune from Vanderbilt was our visiting professor for the Annual Resident as Teacher (RAT) workshop on September 28, 2021. Her presentation, “Personal Development during Residency and Fellowship,” was well received by learners across the department. Dr. Terhune also gave an interesting presentation for Grand Rounds on “Equity in Mentorship” the following day.

Other Career Development and Educational Grand Rounds this past quarter included Dr. Lillian Erdahl who spoke on “Social Media – Good and Bad” on 9/8/2021. In 2022, we will hear from Ross Ungerleider MD, MBA on “Courage to Learn – That’s How the Light Gets In” (1/5/2022), Steve Bogdewic on “Conflict Management and Negotiation” (4/13/2022) and Alice Ma on “Career Changes and Expectations (5/18/2022). Also, mark your calendars for Awards Grand Rounds on 6/15/2022.

We are excited the XI Robot is being utilized in the Simulation center. Please work with Neal Murty to schedule any classes or personal educational time on the robot.

Academy of Educators Applications and Awards nominations are accepted from January 6, 2022 to April 6, 2022. Information can be found at www.med.unc.edu/aoe/membership/.

Thank you for your dedication to the teaching mission at The University of North Carolina.

INAUGURAL JEFFREY SCOTT BRODY ENDOWED LECTURE
Thursday, November 11 • 4pm

The family of Mr. Jeffrey Scott Brody endowed this lectureship to honor their late family member, who was a proud Tarheel. Dr. Theodore Pappas, Distinguished Professor of Surgical Innovation and Vice Dean for Medical Affairs at Duke University School of Medicine presented “A November Weekend in Dallas, 1963.”

Jeffrey Brody grew up in Baltimore, MD, and was a proud graduate of The University of North Carolina in 1984. He obtained a JD from Concord Law School and an MA in Organizational Development from the University of Maryland. Those who knew him describe him as a dedicated person who worked hard, played hard, loved his family, lived each day to the fullest, and enjoyed regaling others with stories, humor, and practical jokes.

Before the lecture his brother and sister shared stories and words of remembrance of Jeff. They thanked all who attended the Inaugural event both in person and virtually via WebEx and expressed appreciation to every one who donated to the lectureship.

His family established the lectureship through the department in his memory, to honor Jeffrey and his love and commitment to UNC.
Surgeons have an incredible responsibility to patients. They have a unique relationship with patients because they have to alter the body in order to achieve good. To introduce concepts of palliative care in surgery starts by dispelling the notion that palliative care is equivalent to hospice or that palliative care is equivalent to end of life care.

In fact, palliative care is a philosophy of care for patients with serious illness and can be introduced at any point in a patient’s serious illness trajectory. There are benefits to including it early. A definition that is used to identify patients who would benefit from palliative care includes: A health condition that carries a high risk of mortality and either negatively impacts a person’s daily function or quality of life or excessively strains their caregiver. Surgery patients fall into this category, and surgeons need to think about their entire illness experience and the illness experience of their families and caregivers in order to provide the best possible care and treatment.

Palliative care is an approach to care that is focused on quality of life, not just longevity. The intent is to help patients survive for as long as possible, as healthy as possible. The benefits of palliative care for patients is they have a better understanding of their illness. They have fewer symptoms and have better quality of life with less emotional and psychosocial distress.

The vision for surgical palliative care: surgeons’ emphasis that control of suffering is of equal importance to the cure of disease. Surgeons lead and advocate for life-affirming, active efforts to relieve the pain and suffering of all individuals with chronic illness and injury, not just restricted to those at the end of life. – ACS Statement of Principles of Palliative Care, 2005

**Barriers to giving Feedback/Teaching**

- Fear of Perception
- Fear of litigation by the trainee
- Pressure to get home
- Personality mismatch
- Pressure for productivity

Your responsibility is not to the residents, your responsibilities to the patient.

**Feedback: How to be a Master Educator in 4 steps**

1. Establish a Smaller Goal Together. It is really a time out to say, what are you trying to work on? How do we work on that?
2. Find the Red Door (Shared Knowledge). Trying to find where your knowledge intersects. What do you know that I know?
3. Give Immediate Feedback. If you stick to the observable practical, take the emotion, adjectives and adverbs out of it, and give immediate feedback.
4. Observable and Correctable
There are multiple elements of the scientific journey of a surgeon as they contribute to a field. The major areas include mentors, sponsors, role models, and perseverance. Of course the journey also includes dreams, inspiration, discovery, challenges, perceptions and purpose.

It all starts with dreams and aspirations but that will only carry you 1% of the way. Her mentors and sponsors helped guide her to medicine and to her inspiration which became Peripheral Artery Disease and Critical Limb Threatening Ischemia. “The Holy Grail for me became this idea that perhaps we can regenerate vasculature and that can lead to therapeutic angiogenesis.”

She sees her purpose traversing “the valley of death,” to be able to offer something that ultimately may decrease the number of amputations. “We realized that the overwhelming majority of discoveries die in the ‘valley of death’. They start in the University setting with fundamental work, but they never really get to help anyone, at least not in this century.” What is required to overcome the ‘valley of death’ is to find sources of funding.

A huge step to secure that funding from industry is by filing an invention disclosure with your University. That leads to a patent, first probational in the United States and then nationalized across many countries. If you don’t take that step, your technology is very unlikely to ever help a patient. You have to patent it for the simple reason that most people who want to invest and take your work to the next level, (people meaning big companies and big investment groups), they will not try to develop it unless it’s protected. It is a matter of finances and that is a reality of life.

Colin G. Thomas Jr. Distinguished Visiting Professor

Sally Carty, MD, Chair, DeWitt Daughtry Family Department of Surgery, University Of Miami Miller School of Medicine, Surgeon-in-chief for UHealth & Jackson Health Systems

“Molecular Testing for Thyroid Nodules and Thyroid Cancer”

“Dr. Carty gave a great talk and I took away the message from her grand rounds that molecular testing of biopsy samples from the thyroid adds greatly to our ability to classify nodules before removing them. It saves many people from unnecessary operations. It’s no longer a research tool but has entered routine clinical use.” - Dr. Larry Kim

Peter Starek Visiting Lecturer

Yolonda Colson, MD, PhD, Chief for the Division of Thoracic Surgery at Massachusetts General Hospital, Hermes C. Grillo Professor of Surgery at Harvard Medical School

A Surgeon and an Engineer Meet at Dinner

“I believe that what we become depends on what we teach each other, especially at times when we don’t think we are teaching.” - Paraphrasing Umberto Eco

“We are formed by small gifts of wisdom from: people that we meet, what we do with the challenges and the opportunities we face, and what we do to make the world a better place.”

How do you recognize your opportunity? Part of it is understanding that it’s not obvious at the time. Don’t overthink it. Find what your passion is and do that. And if you really love it, you will find your way.

There are numerous examples of chance meetings between surgeons and “non surgeons” or surgeons and engineers that have profoundly changed our pathways and the lives of our patients. For Dr. Colson that chance meeting was at a dinner when she was seated beside an engineer, both of whom didn’t want to be there. Their conversation then led to a partnership between a surgeon and an engineer that has the power to change the lives of patients. Remember that we are all learners and to be open to talking to others because you don’t know where it might end up leading you.

Lessons Learned

• Early diagnosis and treatment of lung cancer is possible and can result in long-term care
• Local release of chemotherapy by polymers can prevent tumor recurrence and growth
• Lymphatic pathways may allow tumor-specific lymph node targeting via nanoparticles
• Partnerships are critical to your success and fun
• Opportunities are not always obvious

Other Things I have Learned:

• Always pay attention to people you meet at dinner.
• Research is hard but it is critical to the growth of our field. We need to invest in our young people. Show them that research really makes a difference. It is how cardiothoracic surgeons are going to change the world.
• “If you are the smartest person in the room, then you are in the wrong room.” - Confucius
RESEARCH SUPPORT

Grace Chen, BA, our Research Administrator, and Jeneal Melvin Leone, MS, CRA, our Research Program Coordinator, provide support for all areas of proposal development including clinical trials and will be your main contacts (see below for group assignments) for all items relating to pre-award research. They will help you with developing your budget, compiling the appropriate documentation for your proposal, routing your grant for submission and coordinating with the Office of Clinical Trials, the sponsor, and administration. Please notify Grace or Jeneal as early as possible, but provide the budget and budget justification at least 2 weeks before the due date, as external grants must be routed and submitted to the university in advance of the due date.

<table>
<thead>
<tr>
<th>Groups assigned to Grace Chen</th>
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<tbody>
<tr>
<td>Burn</td>
<td>Vascular</td>
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<tr>
<td>Pediatric Surgery</td>
<td>Plastics and Reconstructive</td>
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<tr>
<td>Gastrointestinal Surgery</td>
<td>Abdominal Transplant</td>
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</table>

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<tr>
<th>Groups assigned to Jeneal Leone</th>
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<tbody>
<tr>
<td>Cardiothoracic</td>
<td>General and Acute Care</td>
</tr>
<tr>
<td>Surgical Oncology</td>
<td>Resident Trainees</td>
</tr>
</tbody>
</table>

To request grant submission assistance, please complete the online service request form.

To request clinical trial contract submission, please complete the online service request form.

DATABASE MANAGEMENT

Chris Agala, PhD, is the Database Manager and leads our team.

- [Creation of a consult request form](#). This online request form will take the place of directly emailing anyone in the database manager group and will be for: feedback about project ideas, answering database questions, commenting on article methods, etc.
- [Email correspondence will occur through the Database Manager email](#). The Database Manager team will assist with data collection, database set-up, and chart reviews. They will help you organize your data to better analyze the results. Still have questions? Check out the FAQs and Available Databases. They are in charge of the NIS, NSQIP, and SEER databases and can also point you to other databases that may be of assistance.

To request systematic review assistance, please complete the [online request form](#). For any other requests, contact librarian Rebecca Carlson at rcarlson@unc.edu.

NIH UPDATES Effective for Due Dates on or after January 25, 2022

- [Upcoming Changes to the Biographical sketch and Other Support Format page for Due Dates on or after January 25, 2022](#)
- [Biosketch Format Pages, Instructions and Samples](#)
- [Other Support sample and FAQs](#)

RESEARCH RESOURCES

Carolina Data Warehouse for Health (CDW-H) is a central data repository containing clinical, research, and administrative data sourced from the UNC Health System. The CDW-H team hosts office hours twice per month (the first Wednesday and third Thursday). This is a chance for anyone with questions about datasets, i2b2, or additional CDW “stuff” to speak with an analyst; no appointment necessary.

Next Date: 1st Wednesday and 3rd Thursday of every month
Time: 1:00 PM – 5:00 PM
Location: Brinkhous-Bullitt Building, Room 218 (Please see website for current virtual trainings)

[SPIN Plus](#) is a comprehensive funding opportunities database that gives UNC researchers access to over 40,000 funding opportunities from more than 10,000 federal and non-federal sponsors. Additional information about SPIN is [available here](#).

Please contact them BEFORE you start any project involving data. To request their assistance, please complete the [online service request form](#).

All requests must be submitted at least 4 weeks before any deadlines. Projects which utilize administrative claims data (MarketScan, Medicare) will require substantially more notice, as they are much more labor intensive. For projects which require chart review or data abstraction from EMR, the data must be complete and ready for analysis at least 4 weeks before the deadline. If you have questions about how long your project may take, please submit a consult request.

BIOSTATISTICS

The Department of Surgery is collaborating with the North Carolina Translational and Clinical Sciences Institute (NC TraCS) to provide biostatistical consultations and support to our faculty members and residents. Biostatistics support can be requested through the [NC TraCS website](#). If you are using a database, creating a database or have questions as to whether you need a biostatistician, please contact Dr. Chris Agala through the [online service request form](#).

EVIDENCE-BASED PRACTICE AND RESEARCH

A clinical librarian and liaison from the Health Sciences Library provides support for evidence-based practice and research, including:
- Focused or comprehensive literature searching
- Critically appraising evidence
- Collaborating on systematic reviews
- Advice on presenting/publishing results
- Education on research tools and resources, including searching PubMed and other literature databases, SPIN for finding funding sources, Covidence for systematic reviews, and citation management software.

To request systematic review assistance, please complete the [online request form](#). For any other requests, contact librarian Rebecca Carlson at rcarlson@unc.edu.

RESEARCH TRAININGS AND EVENTS

Research Electronic Data Capture (REDCap) Training

REDCap is a secure web application that can be used to build and manage case report forms, surveys and other data capture mechanisms for clinical research. NC TraCS offers training classes to assist researchers in getting started with building REDCap data collection forms for their research projects. For more information about REDCap or to sign-up for future trainings, please visit the [website](#).

Introduction to EMERSE

EMERSE (Electronic Medical Record Search Engine) allows users to search free text (unstructured) clinical notes from the electronic health record. This training will cover what EMERSE is, how it works, and how to use it appropriately. For more information about EMERSE or to sign-up for future trainings, please visit the [website](#).
UPCOMING ACADEMIC MEETINGS

2022 American Venous Forum
Meeting Date: February 23-26, 2022 Location: Orlando, FL
Abstract Deadline: closed
More information available [here](#).

2022 Society of Surgical Oncology (SSO)
Meeting Date: March 9-12, 2022 Location: Dallas, TX
Abstract Deadline: Closed
More information available [here](#).

2022 General Thoracic Surgical Club
Meeting Date: March 10-13, 2022 Location: Bonita Springs, FL
Abstract Deadline: closed
More information available [here](#).

2022 Society of American GI Endoscopic Surgeons (SAGES)
Meeting Date: March 16-19, 2022 Location: Denver, CO
Abstract Deadline: Closed
More information available [here](#).

2022 Society for Clinical Vascular Surgery (SCVS)
Meeting Date: March 18-23, 2022 Location: Las Vegas, NV
Abstract Deadline: closed
More information available [here](#).

2022 Americas HPB Association (AHPBA)
Meeting Date: March 30-April 2, 2022 Location: NYC, NY
Abstract Deadline: Closed
More information available [here](#).

2022 American Society for Breast Surgeons (ASBrS)
Meeting Date: April 6-10, 2022 Location: Las Vegas, NV
Abstract Deadline: closed
More information available [here](#).

2022 American Surgical Association
Meeting Date: April 7-9, 2022 Location: Chicago, IL
Abstract Deadline: Closed
More information available [here](#).

2022 American Burn Association
Meeting Date: April 5-8, 2022 Location: Las Vegas, NV
Abstract Deadline: closed
More information available [here](#).

2022 American Association of Plastic Surgeons
Meeting Date: April 9-12, 2022 Location: San Diego, CA
Abstract Deadline: closed
More information available [here](#).

2022 Surgical Infection Society (SIS)
Meeting Date: April 23-26, 2022 Location: Irving, TX
Abstract Deadline: need to login for details
More information available [here](#).

2022 American Society of Colon & Rectal Surgeons (ASCRS)
Meeting Date: April 30 – May 4, 2022 Location: Tampa, FL
Abstract Deadline: Closed
More information available [here](#).

2022 American Society of Clinical Oncology
Meeting Date: June 3-7, 2022 Location: Chicago, IL
Abstract Deadline: February 15, 2022
More information available [here](#).

GRANT OPPORTUNITIES

NON-FACULTY - require a Faculty mentor

NC TraCS $2K Grant Awards
Application Deadlines: February 15, 2022
Award Amount: $2,000
More information available [here](#).

POSTDOCTORAL FELLOWSHIPS

TraCS is accepting applications for the TL1 program on biomedical translation for postdocs at UNC Chapel Hill who are US citizens or permanent residents. The ideal candidate has a product, idea, or research finding that is ready to move to the next translational stage.

Application Due Date: Rolling Basis
More information is available [here](#).
GRAND ROUNDS

Wednesdays 7:15 am - 8:15 am in the Education Center, 4050 Burnett-Womack

2/9/2022
Research Presentations
American Surgical Congress

2/16/2022
Chief Resident Presentations: Kathleen Marulanda, UNC General Surgery and Emily Wirtz, UNC General Surgery

2/23/2022
Faculty Meeting

3/2/2022
Ethel F. and James A. Valone Distinguished Visiting Professor, Benjamin Levi, MD, Professor of Internal Medicine/Cardiology and Distinguished Professor of Exercise Sciences University of Texas Southwestern Medical Center, Dallas, TX

3/9/2022
Quality Quarterly
Lukasz Mazur, PhD, Associate Professor,

Radiation Oncology

3/16/2022
DEI Presentation

3/23/2022
Interdisciplinary M&M (7-8am)

3/30/2022
Visiting Professor Dana Telem, Associate Professor, General Surgery University of Michigan, Ann Arbor, MI

4/6/2022
Faculty Talk
Benjamin Haithcock, MD, Professor of Cardiothoracic Surgery and Surgical Director, UNC Lung Transplant Program

4/13/2022
Career Corner Presentation: Stephen Bogdewic, PhD, MA, UNC Professor of Family Medicine

4/20/2022
George F. Sheldon Distinguished Visiting Professor Christian Larsen, MD, Professor of Surgery, Division of Transplantation, Department of Surgery, Emory University School of Medicine, Atlanta, GA

4/27/2022
Chief Resident Presentations: Emilie Barnes, UNC General Surgery and Stephanie Lumpkin UNC General Surgery

5/4/2022
Byah Thomason Doxey-Sanford Doxey Distinguished Visiting Professor, Ed Barksdale, MD, Professor Pediatric Surgery and Surgeon-in-Chief, UH Rainbow Babies and Children’s Hospital University Hospitals, Cleveland, OH

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The Nathan A. Womack Surgical Society Research Day

WOMACK RESEARCH DAY
SAVE THE DATE
Tuesday, May 31, 2022

Dr. Locke is an abdominal transplant surgeon specializing in innovative strategies for the transplantation of incompatible organs, disparities in access to and outcomes after solid organ transplantation, and transplantation of HIV-infected end-stage patients. Dr. Locke completed an undergraduate degree in biology and chemistry at Duke University and her medical degree at East Carolina University prior to matriculating to Johns Hopkins Hospital where she received training in general surgery and multi-visceral abdominal transplantation. Dr. Locke completed her Master of Public Health degree with an emphasis in biostatistics and epidemiology at the Johns Hopkins Bloomberg School of Public Health.

Dr. Locke is currently Professor of Surgery and the Arnold G. Diethelm MD Endowed Chair in Transplantation Surgery at the University of Alabama at Birmingham, and serves as the Director of the Comprehensive Transplant Institute and Chief of the Division of Abdominal Transplant Surgery.
### TOP YOUTUBE VIDEOS (September, October, November and December 2021)

<table>
<thead>
<tr>
<th>Title</th>
<th>Views</th>
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<tbody>
<tr>
<td>Patient Presentations on Rounds: Good vs Bad 3rd Year Medical Students</td>
<td>1,322</td>
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<tr>
<td>UNC Pediatric Surgery A Guide to Day Surgery</td>
<td>1,250</td>
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<tr>
<td>UNC Cardiothoracic Surgery Residency Program</td>
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<tr>
<td>Pediatric Surgery - Omphalocele Treatment Options</td>
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<td>Surgical Rounds - Good vs Bad Presentations</td>
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<td>Good vs Bad Presentations</td>
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<tr>
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<td>734</td>
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</tbody>
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### SOCIAL

#### FACEBOOK
- Skip Morris: Necrotizing Pancreatitis with Shock at UNC Rex in Raleigh
  - Reach: 2,400
  - Engagements: 209

#### TWITTER
- Kate McGinigle Promoted to Associate Professor
  - Impressions: 34,200
  - Engagements: 313

#### YOUTUBE
- Good vs Bad Presentations
  - Watch Time (hours): 84
  - Views: 1,300
- Jahlia Parker: Ebstein’s Anomaly: A Rare Disease Treated with World-class Care Here at Home
  - Views: 734
- Ronald Campbell: A Patient Advocating for His Care Leads to Double Lung Transplant during COVID-19
  - Views: 734

#### INSTAGRAM
- CT Surgery Instagram stories Q & A
  - Reach: 743
  - Followers: 915
- Skip Morris: Treated for Necrotizing Pancreatitis with Shock at UNC Rex in Raleigh
  - Reach: 743
  - Followers: 915
- Tolisha Alexander: First Patient at UNC Hospitals to Receive a Double Lung Transplant Due to COVID-19
  - Reach: 743
  - Followers: 915
MISSION
The Department of Surgery’s mission is to provide the highest quality patient care to all people through innovation, world-class research, and training the next generation of surgical health care professionals and scientists.

VISION
To be the nation’s leading public academic Department of Surgery.

MAKE A GIFT
Philanthropy inspires innovation and paves the way for healthier futures for our patients. Gifts to the Department of Surgery advance surgical care in the operating room and the clinic, enable us to pursue bold ideas in the research arena, and provide a rigorous training experience for tomorrow’s surgical leaders. For information about ways to support the UNC Department of Surgery or to make a gift, please contact the UNC Health Foundation, at (585) 622-7425, or visit go.unc.edu/uncsurgery.