



*The Montlake Cut*

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## Back to the Future: The VA Service

When the Seattle VA Hospital opened in 1951, it affiliated with the School of Medicine. This sort of combining Veterans Administration Hospitals with medical schools was common after World War II, and Art Ward took advantage of the opportunity to expand the UW Neurological Surgery Department to Beacon Hill.

The VA became a resident run service, supervised by junior faculty in three-month blocks. John Loeser remembers that, "In my era, we did our neurology there with Henry Leffman, who was a superb clinician—and sailor."

Henry shared both of these talents with John Howe, who Arthur hired to be the first full time Chief of Neurosurgery at the VA in 1979. The junior residents at the VA and Harborview alternated call for the two hospitals, and the HMC Chief Resident covered both.

When John Howe moved to Group Health in 1982, Kim Burchiel took the VA job, joined by Mark Mayberg. Kim and Mark moved on in 1989 and Bob Goodkin took over as Chief.

A senior level resident rotated through the VA then, with an opportunity to expand his surgical experience under Bob's guidance. Michael Kliot joined them in 1991, establishing a peripheral nerve service for the University system there. In 2004, the VA collaboration collapsed under the weight of workweek limitations. Last year, Drs. Ellenbogen and Avellino jump-started the VA neurosurgery clinics and operating rooms.

Now it has been reborn.

The influx of sick and injured veterans from current military conflicts demands expanded services for them when they return. The total number of neurosurgery clinic visits declined from 1,661 in 2000 to a low of 421 in 2007 when the service had no attendings. Misha Gelfenbeyn has now built it back up to 1,566, near the 2000 level. Over the same time period, the total outpatient clinic volume at the Seattle VA has increased 40%.



*Misha Gelfenbeyn*

*Continued on page 3 . . .*

# One Day a Med Student, The Next a Brain Surgeon



*John Nerva*

Every year, the faculty faces the daunting challenge of interviewing dozens of magnificently qualified fourth-year medical students who have applied to our residency program. For those of you old enough to remember the process being limited to a phone call from Art Ward offering you a job, it's more demanding now.

These days, the Department Chair has already evaluated all of the applications, and invited only the 40 or so most promising to come to Seattle for interviews.

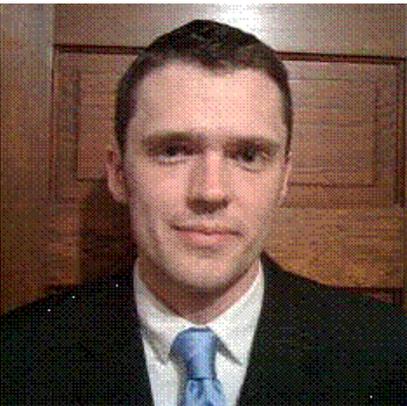
Each candidate is interrogated by every member of the faculty prior to the match. This year, as has progressively been the case, the three newest residents joining the department are spectacular additions to the program:

**John Nerva** grew up in Osseo, Minnesota, and graduated summa cum laude from the University of Minnesota with high distinction in genetics, cell biology and development.

His undergraduate thesis investigated translation complex eIF4F in idiopathic pulmonary fibrosis fibroblasts. He graduated AOA from the University of Minnesota Medical School where he continued his research in cellular biology, but shifted, appropriately enough, from fibroblasts to astrocytes.

He has published on both topics, and continues his interest in astrocytes. He has been recognized by a variety of awards, including an NIH Summer Fellowship in 2007 and the Minnesota Medical Foundation Scholarship for four years in a row.

John is a baseball player, and was the center fielder for the St. Paul Mudhens in the Skyline League of the Minnesota Baseball Association. Also an outdoor enthusiast, he'll be a vigorous addition to Louis Kim's annual summer "Hike to the Heavens," if he can get that weekend off.



*Sean McEvoy*

**Sean McEvoy** wrote in his application letter that a career in neurosurgery never occurred to him growing up on an Iowa farm near Prarieburg, just south of Hopkinton and east of Central City. You'll all know now exactly where that is.

Interested at first in psychology and English as a University of Iowa undergraduate (George Ojemann's alma mater), his initial exposure to research was in the study of behavior.

Sean won the Most Outstanding Psychology Honors Thesis Award and the Collegiate Scholar Award as an undergrad. Between college and medical school, he was a research assistant in the Department of Neurology at Iowa.

Then he saw burr hole as a medical student at Yale where he was a Howard Hughes Fellow. Once they've seen a burr hole, how you gonna keep 'em down on the farm?

Sean too is already published, including a book chapter in Neuroergonomics [the study of the brain and behavior at work, a new word for me. Ed] written with Matthew Rizzo, his mentor in neurology. Sean likes playing the bass and guitar, which is better than being a drummer. He's also a runner, and he'll get plenty of that between floors of the hospitals.



*Peter Chiarelli*

**Peter Chiarelli** is another guitar player, a thing he must have picked up while an undergraduate at Pomona to supplement his piano playing ability and membership in the college a cappella singing group.

He didn't do badly as an undergraduate, and won the top prizes at Pomona in both chemistry and physics. That was before he was the class valedictorian and then a Rhodes Scholar, leaving Oxford with a D.Phil.

He has also had research experience at the Los Alamos National Laboratory and MIT, focused on nanotechnology. Peter has 18 peer reviewed publications (about half of which he first authored), plus a couple in press.

But wait-there's more.

He speaks Spanish, has been involved with the theater for many years, plays soccer (well, he did before this year), snowboards, and (I love this one) lifts weights. Plus, of course, he can leap over tall buildings at a single bound.

## Back to The Future: Continued . . .

After finishing his second neurosurgical residency—one in Russia and again at UW—Misha Gelfenbeyn helped relaunch the VA service last year.

Recognizing the inefficiencies and extra costs required to send local veterans out of the system, the Seattle VA administration and UW Neurological Chairman Rich Ellenbogen together reinvented the service.

Assistant Professor Gelfenbeyn is at work now doing spine and peripheral nerve operations, as well as pump insertions and other more minor procedures. With occasional help from an R2 neurosurgical resident, Misha did 58 cases in his first six months of operating. He's also expanded the clinics to four half-days per week.

The current workload justifies adding a second attending neurosurgeon and, hopefully, more residents on the VA wards and in the OR.

At present, spine is still the major work of the service. However, Misha expects a new microscope to arrive sometime next year, and he has initiated paper work for a navigation system that will sharpen his ability to find cranial cases.

Anyone who survived two neurosurgical residencies can make this work while waiting for the samovar to heat.



*The VA Hospital - Seattle*



*Dr. Kliot and Dr. Donathe perform surgery at the VAMC*



*John Maxwell, Elie, Bruce, Lee, Misha and Paul at the VAMC*

## Four More Graduate

In June, four more of our residents graduated from the program.

Leila Khorasani and Patrik Gabikian have both moved to the University of Chicago, Leila as a fellow in pediatric neurosurgery, and Patrik as Assistant Professor of Neurological Surgery.

Nathan Nair also finished, and completed his MPH as part of a MD/MPH program at Columbia at the same time. Nate will join the Faculty of Medicine at Georgetown as Assistant Professor of Neurological Surgery, and will also remain Adjunct Assistant Professor at UW in the Department of Global Health, Division of International Health Metrics and Evaluation.

And Minku Chowdhary moved to a fellowship in vascular neurosurgery at Cedars in LA. Well, maybe not completely. On August 7th, he and neurosurgery R3 Michelle Cecchini were married at the Drake Hotel in Chicago, so he'll be around now and then I guess, because she's not going to be able to travel much for a while.

Congratulations to all four of them (and to Michelle). They are a credit to our program.

# Northwest Hospital/ UW Medicine



*Steve Houston, MD*



*Steve Klein, MD*



*Dan Lazar, MD*

Northwest Hospital & Medical Center has joined UW Medicine.

The university didn't buy the long-established north end hospital, but effectively it will own Northwest's assets as the sole corporate partner of UW Medicine/Northwest, a new nonprofit tax-exempt entity.

In January 2010, Northwest took its place as one of seven UW Medicine locations, including University of Washington Medical Center and Harborview Medical Center.

It will continue to do business as Northwest Hospital & Medical Center, with 281 beds and 1,856 employees, all located on a campus at 1550 N. 115th St. in Seattle.

Dr. Paul Ramsey, CEO of UW Medicine and Dean of the School of Medicine said UW and Northwest will work together to increase efficiency and further improve quality "as the country addresses health-care reform."

Dr. Ramsey said there are many opportunities for UW and Northwest to trim revenue-consuming administrative expenses, while noting that the agreement "comes on the heels" of UW completing its new strategic plan.

Northwest and UW have already been collaborating for some time, and the ways in which they complement each other, Ramsey said, make the pair "a superb fit."

In early 1997, the UW board of regents approved a program agreement between UW Medicine and Northwest to work together on patient care, clinical research and educational activities.

A year later, the two teamed up on a cardiac surgery program. In a background statement, UW said the combination will enable UW to expand its clinical, teaching and clinical research capabilities.

UW wants to grow such clinical programs as oncology, cardiology and maternal and child health. These and other programs fit within the mission of Northwest Hospital.

Currently there are three neurosurgeons at Northwest covering most neurosurgical subspecialties including complex and simple spine, neuro-oncology, stereotaxic radiosurgery, peripheral nerve disorders and movement disorders.

The Department of Neurological Surgery at UW welcomes these new colleagues: Steve Houston MD, Steve Klein MD, and Dan Lazar MD.



*Northwest Hospital*

# Professor Chesnut Cracks Coconuts In South America

When Randy Chesnut first went to lecture in Argentina twenty years ago, he didn't expect that his visit would help stimulate the founding of a society. He learned that traumatic brain injury (TBI) was epidemic in Latin America, and that the local neurosurgical community, while passionate about trying to treat the victims, lacked money, technology and information.

As a result of that visit, local surgeons soon founded the Latin American Brain Injury Consortium (LABIC), and Randy started to help raise money and provide expertise. Since he is one of the leading TBI researchers in the country, both the money and his experience have been useful to the people of South America.

Hoping to better understand the role of raised ICP, perfusion pressure, and pressure monitors in the treatment of TBI, Randy helped to set up randomized controlled trials, first in Bolivia and Ecuador.

This work, now fuelled by a five-year, \$3.2 million grant from the Fogarty International Center at NIH, is the first international randomized controlled study of TBI the NIH has ever funded, and the first study of its type in Latin America.

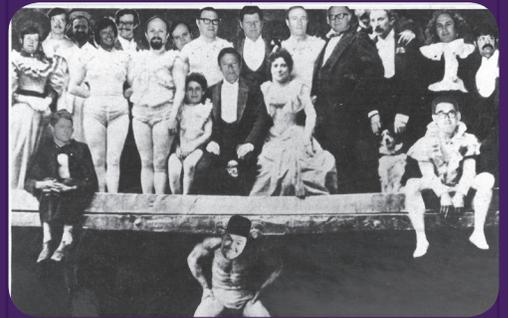
NIH has recently added another grant of \$170,000, and broadened the scope to include a seven-center prospective outcomes study at centers in Argentina, Bolivia, Columbia, Brazil and Ecuador. Although he went initially simply to lecture, Randy has been introduced to local realities by his Latin American colleagues, which differ from neurosurgical practice in the US.

While ICP monitoring and attempts to control intracranial and perfusion pressure are an accepted norm in the US, Japan and Western Europe, the evidence that it helps is scant. But, according to Chesnut, no one in Bolivia had ever used these methods at all.

The trial is both an example of international cooperation, and evidence that one surgeon can make a difference. Results of these studies should profit the Latin Americans and the world if, for no other reason, the data simply answers the question of whether or not what we're doing with such certainty actually works.



*Randy Chesnut's friends in Bolivia*



## Last Issue's Brain Teaser:

**Answer:** Seated in front, far right: Alan Troupin

Seated first row left to right: Joan Lockard, Arthur Ward

Standing second row left to right: George Syfert, Allen Wyler, Bill Calvin, George Ojemann, Bill Kelly, Harvey Lewis (department manager), John Loeser, Arden Reynolds

Heads poking out behind left to right: Rod Dunker, Rick Rapport, Bob Dunn, Ken Peirce

The modifications to this old photograph were made when Bill Gates was still wearing his pocket protector to Lakeside, long before Photoshop.

It was done by hand, and stealthily hung late one night in the hallway outside the main department office, then at UWMC. The editor wants to assure readers that it was all Bob Dunn's idea!

## New Brain Teaser:

**Question:** In the 1930s, a famous writer became ill touring the west coast, was hospitalized in Seattle and diagnosed with cerebral tuberculosis.

He returned home by train and was operated upon, but died. Who was the writer, and who operated upon him?

# Professor Morrison Goes Viral

**SEATTLE SOUNDERS FC SEASON ONE BY CHAD MACK AND RICHARD MORRISON, PH.D.**

Rick Morrison's new book of photographs was accomplished without his usual RO 1 support. Published by Sasquatch Books in June, these 192 pages document the Sounders inaugural season. The Amazon copy reads:

"Relive the truly remarkable first season of the Seattle Sounders Football Club with Rick Morrison's photographic journey through the team's home games.

The authors capture the spirit of the game from the sidelines, as the city rallies around its new talented team.

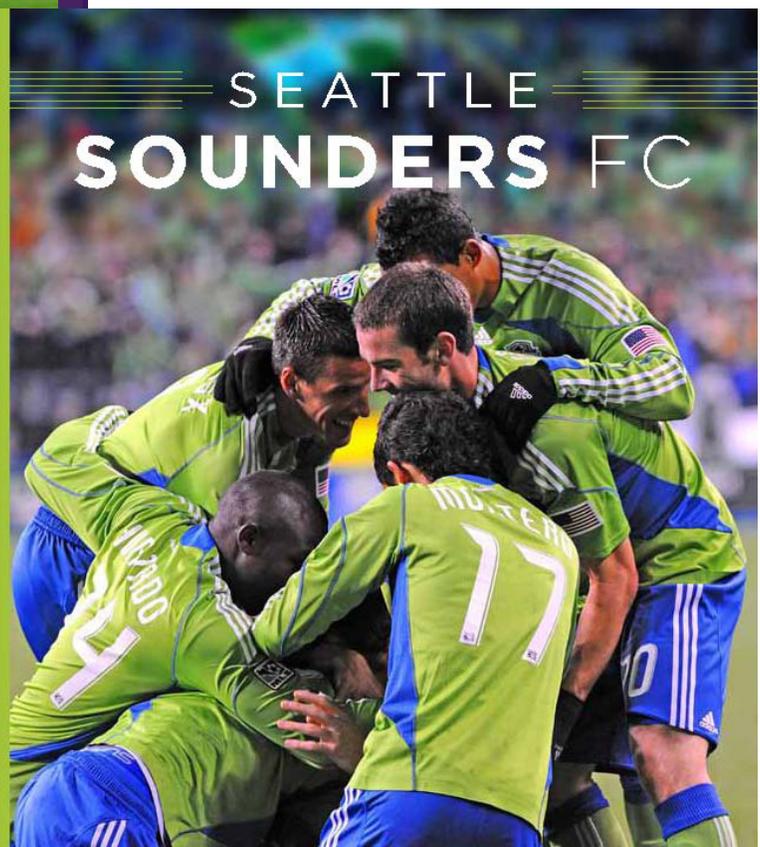
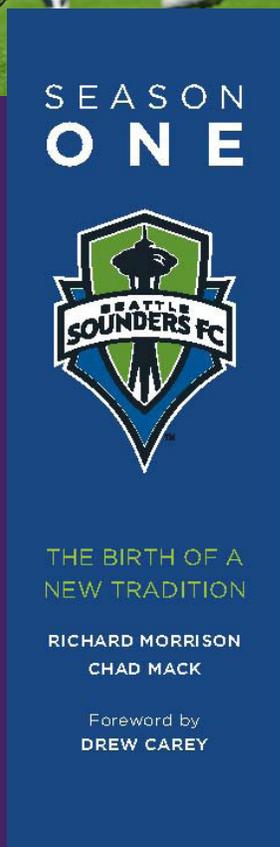
Starting with the first day of practice with the new coach, Sigi Schmid, through the first wins against the New York Red Bulls and Real Salt Lake, the personality of this young soccer club shakes shape.

Commemorating the infectious inaugural season, the joys of the club live on in this book."



Right: The cover of Rick Morrison's new book of photographs.

Above: action shots from the pages of "Season One"



# Assistant Professor Kim Shows the Residents Who's Boss - And a Good Time: Hike to the Heavens - Year Three

Louis Kim has again proven he's not just a pretty face and technical wizard of neurovascular surgery. Now, for the third year in a row, he has led the "Hike to the Heavens" on the Olympic Peninsula. The bruised, leg weary, but toughened and happy residents, wives, and friends who chased Louis to the top were rewarded with views from the summit, and beer back at the trailhead.

The camaraderie built out of this annual event will help sustain them all through long nights of call over the winter.

Thanks, Louis!



*This year's "Hike to the Heavens" crew*



*Hikers at the summit*



*View from the top*

## New Department Tumor Board Meets Thursdays

On July 15th, the new multi-disciplinary skull base tumor board met for the first time.

Members included neurosurgeons (Drs. Richard Ellenbogen, Laligam Sehkar, Robert Rostomily and Manuel Ferreira Jr.), a neuro-oncologist (Dr. Maciej Murugala), radiation-oncologists (Drs. James Douglas and Jason Rockhill), a pathologist (Dr. Donald Born), as well as other radiologists, endocrinologists, medical-oncologists and our neurosurgical residents.

The tumor board's goal is to examine all aspects of a particular patient's care, and to coordinate further treatment. The meeting provides a stage for collaborations between specialties. This population of patients will mean clinical trials and IRB approved clinical research in the future.

The HMC skull base tumor board is available to review the pathology and clinical course of any complicated tumor case including: meningiomas, schwannomas, pituitary tumors, craniopharyngiomas, chordomas, chondrosarcomas and hemangioblastomas. Furthermore, patients with neurofibromatosis type 2 or von Hippel-Lindau (VHL) disease are frequent topics of discussion.

All our readers are invited to contact Dr. Manuel Ferreira Jr. if you would like the HMC skull base tumor board to review one of your cases.

Manuel Ferreira Jr.:  
manuelf3@u.washington.edu

## UW Medicine Neurosciences Institute:

### Comprehensive Pituitary Program at Harborview Medical Center

Thanks to Dr. Anthony Avellino (Director of the UW Medicine Neurosciences Institute) the comprehensive pituitary program will hold its first multi-disciplinary clinic in the new Ninth and Jefferson Building NJB on September 13th.

We aim to consolidate patients with pituitary dysfunction from both the University of Washington Hospital and the Harborview Medical Center for evaluation in one clinic. The clinic will include specialists from neuro-endocrinology (Drs. Allen Failor and Abe Desantis), neurosurgery (Dr. Manuel Ferreira Jr.), otolaryngology (Dr. Kris Moe) and radiation oncology (Drs. James Douglas and Jason Rockhill).

At one appointment, members of the team will evaluate each patient. This specialty group will provide clinical follow-up, peri-operative care, minimally invasive endoscopic surgery, open surgery or radio-therapy (gamma-knife or fractionated radiation therapy) depending on the needs of each complex neuro-endocrine patient.

If you would like to refer a patient to the UW Medicine Neurosciences Institute: Comprehensive Pituitary Program at Harborview Medical Center, please call Laurel Connolly (patient care coordinator for the clinic) at (206) 744-9331, or email Dr. Manuel Ferreira Jr. at manuelf3@u.washington.edu.

### Be Part of the Montlake Cut:

The editor hopes that our readership will continue to expand, and that the newsletter will become a vehicle for reporting on the activities of our colleagues. For those who practice in the UW Medicine system, as well as others throughout the WWAMI Region, I remain anxious to publish stories, photos, and ideas about what all of us do in caring for sick people.

Please contact me. Let me know the memories of your time here, what you are up to now, and ways in which you think we might find further common ground. Please contact us at the addresses below.

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