

Fighting OBESITY

The epidemic of obesity is one of the most serious public health concerns facing the U.S. today.

HOW TO HELP YOUR PATIENTS, PAGE 10

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A LETTER FROM ELLEN ZANE

Dear Valued Physician Partner,

THIS IS AN EXCITING TIME OF YEAR. Warm weather is arriving, and there is a great sense of energy at Tufts Medical Center. The goal of our entire staff is to make the referral process exceptionally convenient and satisfying for you and your patients. Over the winter we developed several programs to improve the inpatient referral and transfer process as well as added new initiatives for getting information to you and for gathering information from you.

In this edition, you will read about our new 24/7 Admissions Discharge and Transfer Center (ADT Center). This Center provides one phone number access — 877-OK-TUFTS — 24 hours a day, seven days a week for physicians and hospital staff needing to admit or transfer a patient to Tufts Medical Center. The experts in the ADT Center handle all the logistics to make sure your patient receives rapid and outstanding care by the best and most appropriate physicians and staff.

Another initiative we have undertaken is my personal favorite because it allows me the opportunity to talk directly with our referring physicians. Each month I call several physicians who have recently sent patients to us. I want to hear exactly what the physician thought of the experience — did we exceed expectations or is there room for improvement? The conversations I have had have been invaluable. Following each conversation, I work with the staff here to make sure we are continuing and expanding best practices pointed out by the physicians and that we are addressing areas where our referring physicians feel we need to do better.

I hope I have the opportunity to connect with you soon through these phone calls. If you have a critique of our service that you would like to share with me now, please email me at ezane@tuftsmedicalcenter.org. It is very important that we continue to hear from you so we can meet our goal to deliver the most convenient and satisfying experience to you and your patients.

Have a great spring and I hope to hear from you soon,

Sincerely,

A handwritten signature in black ink that reads "Ellen Zane". The signature is written in a cursive, flowing style.

Ellen Zane,
President and CEO, Tufts Medical Center



TREATING

Trigeminal Neuralgia

IF YOU HAVE A PATIENT EXPERIENCING SEVERE, UNEXPLAINED FACIAL PAIN, THEY MAY BE SUFFERING FROM TRIGEMINAL NEURALGIA (TGN), A CONDITION OF THE FIFTH CRANIAL NERVE CHARACTERIZED BY SEVERE “ELECTRIC LIKE” PAIN IN THE FACE.

Many TGN sufferers believe there is little to no hope to end this life-impacting pain; however, Gamma Knife technology has proven to be a highly effective method of treatment for many TGN patients.

Trigeminal neuralgia affects the trigeminal nerve, one of the largest nerves in the head and the nerve responsible for sending impulses of touch, pain, pressure and temperature to the brain from the face, jaw, gums, forehead and around the eyes. Patients with TGN have sudden, severe, electric shock-like or stabbing pain that lasts several seconds. The pain can be felt on the face and around the lips, eyes, nose, scalp and forehead. Symptoms can be brought on when a person is brushing

the teeth, putting on makeup, touching the face, swallowing or even feeling a slight breeze.

Medications to lessen or block the pain signals sent to the brain are the most common initial treatment for trigeminal neuralgia. These medications, such as anticonvulsants or antispasticity agents, may successfully treat TGN and prevent the need for surgical treatment. However, over time, some people with the disorder eventually stop responding to medications, or they experience unpleasant side effects. For those people, injections or surgery are the best treatment options. Gamma Knife has also become an important option for treating TGN.

continued

Kevin C. Yao, MD, Chief, Spinal Oncology and Stereotactic Radiosurgery at Tufts Medical Center, states, “Gamma Knife is a very effective treatment modality for trigeminal neuralgia and is a particularly important method of treatment for patients who cannot undergo standard surgical procedures. In clinical use, Gamma Knife is often a successful, relatively non-invasive first-step treatment that can be later supplemented with the more invasive surgical procedures if necessary.”

Gamma Knife radiosurgery is typically performed in a single outpatient session without general anesthesia. It is painless, and is proven to help patients avoid incisions, scarring, and long hospital stays, allowing them to return to normal, familiar activities quickly.

It is also successful in eliminating the pain for the majority of people suffering with TGN. Retrospective analysis of patients treated at Tufts Medical Center demonstrates that more than 80 percent of patients experience initial pain relief, with more than 60 percent of patients reporting long-term pain relief at four-year follow-up, often with the ability to completely discontinue pain medications (1 out of 3 patients). Often, repeat Gamma Knife radiosurgery can be performed for patients who have no relief with initial treatment or for patients who experience pain recurrence. □

About Gamma Knife Treatment

The Boston Gamma Knife Center at Tufts Medical Center is the first and only Gamma Knife center in Northern New England offering treatment with Leksell Gamma Knife® technology. The Gamma Knife is used to treat conditions in the brain without surgery by using highly targeted, precision radiation that spares normal, healthy tissue.

The Gamma Knife is a highly sophisticated technology with radiation emitted in 201 slim beams that are directed to a defined target. Because the dose along any single beam is so small, the tissue through which it passes is essentially unharmed. As a result, there is little or no radiation delivered to normal surrounding tissue. However, the precise point where the beams converge – for example, at the tumor site – receives a very high dose of radiation.

Unlike traditional surgery, Gamma Knife surgery does not carry the risk of infection, anesthesia complications, hematoma formation, CSF leak, facial weakness, hearing loss, and brainstem injury. There are rarely serious side effects and most often Gamma Knife treatment doesn’t require a hospital stay. The treatment is accomplished in one session, and patients return quickly to normal activities.

Gamma Knife is a highly effective treatment for trigeminal neuralgia (TGN), metastatic brain tumors, small arteriovenous malformations (AVMs), acoustic neuromas, meningiomas and other benign tumors. It can be used in places that cannot be reached with traditional surgery, and aggressively attacks problem areas while sparing normal tissue nearby.

The Gamma Knife’s success rate is impressive. Supported by more than two decades of clinical research, this neurosurgical tool has produced unprecedented results. Clinical applications continue to grow.

Cost studies have shown Gamma Knife radiosurgery to be less expensive than conventional neurosurgery because it eliminates lengthy post-surgical hospital stays, expensive medication and potentially months of rehabilitation. Gamma Knife radiosurgery is reimbursed by most insurance companies, PPOs, HMOs and Medicare. □



Kevin Yao, MD and Kerry Mahn, RN, prepare a patient for Gamma Knife treatment.

Physicians interested in referring patients for Gamma Knife treatment may call The Boston Gamma Knife Center at Tufts Medical Center at 617-636-4266, or e-mail us at bostongammaknifecenter@tuftsmedicalcenter.org.

Powerful New Tools Advanced Treatments for GLIOBLASTOMA

The term “malignant glioma” entered the national discussion last June when Massachusetts Sen. Edward Kennedy was diagnosed with a cancerous brain tumor following a seizure. Malignant brain tumors are frustratingly difficult to treat and are often fatal. One Tufts Medical Center researcher, Al Charest, MSc, PhD, Assistant Professor of Neurosurgery at Tufts University School of Medicine, believes his work on glioblastoma will ultimately reverse this bleak outlook.

Glioblastoma, a rare but nearly always terminal form of brain cancer, is a devastating disease. With few treatment options available, physicians who treat patients with this condition are left with very little to offer.

“It’s why I came to Tufts Medical Center,” says Charest, who cites the ability to work with the neurosurgery and oncology departments in the development of his preclinical models as his motivation.

Charest has created a unique mouse model—based on Nobel Prize recognized techniques—that realistically mimics glioblastoma as it is found in humans. Other animals used in the study of cancer are developed to have genetically suppressed or compromised immune systems. Cancer cells are then introduced into these models and the development and progression of the cancer in the body’s systems is studied. The problem with this approach, argues Charest, is that human disease often looks very different than what is induced to occur in these animals.

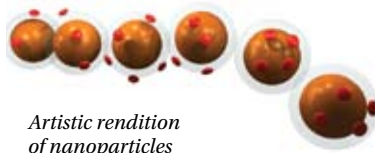
His animal models, in contrast, have been engineered to have genetic mutations that are the same as those in human disease. Therefore, says Charest, “Tumor cells interact in the normal environment like real human tumors. Disease develops exactly the way it does in humans.”

This more realistic disease expression, then, enables a more realistic study of different approaches to treating the cancer.

ON THE CUTTING-EDGE OF DISCOVERY

One of the approaches that Charest’s lab is focusing on is the use of RNA interference, or RNAi.

RNAi, which has taken the science research community by storm since its publication in *Nature* only 10 years ago, is enormously important, researchers are finding, to the development of organisms. It plays a role in keeping genes stable and in warding off viral infections, just to name a couple of its many jobs. The two scientists who discovered RNAi won the Nobel Prize in 2006.



Artistic rendition of nanoparticles



Cancer fighting researcher Al Charest, MSc, PhD

This technology is also proving to be particularly important to the future of medical research, and Charest and his team are right in the thick of it. “We’re riding the wave,” he says.

“I’m very excited about this, and every time we get a good result, I am even more excited,” says Charest, who is also involved in several projects at MIT, where he is a visiting Assistant Professor in the Department of Biology and a member of the MIT-Harvard Center of Cancer Nanotechnology Excellence. There, he is looking at how nanoparticles can be used to travel through the brain to their target of cancer cells and deliver therapeutic RNAi reagents.

Charest believes the future is bright. “In two to three years, we’ll have a pretty good idea if this RNAi technology will be feasible for brain cancer in my model.” And, if it is, he continues, adding that several pharmaceutical companies are dedicated to using this technology to develop therapies, he predicts that within a few years, real treatments will be available. □



Providing Referring Physicians THE RESOURCES THEY NEED



Tufts Medical Center strives to make the referral process easy, convenient, and professional for our valued referring physicians. We have recently established two new initiatives to provide you the information you need about our services and to facilitate inpatient admissions and transfers for your patients. Please read more about the establishment of a Physician Liaison program and our new round-the-clock Admissions Discharge and Transfer Center.

There is a friendly face frequenting community physician offices and helping these physicians access the significant resources of Tufts Medical Center. That professional is Jennifer Roberts, Tufts Medical Center's Physician Liaison. As Physician Liaison, Roberts' number one job is to ensure that referring physicians have the information they need concerning the physicians and services of Tufts Medical Center. Roberts' goal is to make referring to Tufts Medical Center and Floating Hospital for Children a simple and easy process that is rewarding for both the referring physician and the patient.

"The physicians of Tufts Medical Center are committed to having regular communication with referring physicians, providing the physician with updates on the patient's progress and consulting with the physician on the best course of treatment for the patient," says Roberts. "I enjoy connecting Tufts Medical Center physicians with the great community primary care physicians and specialists in Eastern Massachusetts."

Roberts spends very little time at her desk at the Medical Center. She is most often on the road meeting with referring physicians, office staff and arranging small and large group introductory and educational sessions. If a physician practice would like to learn more about a specialty at Tufts Medical Center or hear from a new physician expert, Roberts makes it happen. She arranges for physicians to meet one-on-one, in small groups, at office "lunch and learn" sessions and in larger settings such as grand rounds or CME events.

Roberts typically visits 15 to 20 offices a month, sharing the latest news about Tufts Medical Center and Floating Hospital for Children services and physicians. She also visits five to

seven community hospitals a month to help facilitate grand round seminars. Roberts often accompanies Medical Center physicians to meetings with referring physicians so she can address any questions and/or specific requests the physicians may have of the specialists. Roberts gets the requested information back to the referring physician quickly and is available to assist with further follow up. While onsite with the referring

physicians, Roberts also listens to any issues that might be raised and reports these issues back to Tufts Medical Center physicians to make sure concerns are being addressed.

During this past fall, Tufts Medical Center launched a formal "Issue Resolution Process" to streamline the way issues are tackled, ensuring a more timely response for referring physicians.

"We pride ourselves on collaborating with our community partners," says Roberts. "Our goal is to be the most responsive hospital in the market and to make our referring physicians' lives

easier, while providing exceptional care for their patients. With strong communication and trust comes improved care and better patient outcomes. That is the result we all want."

If you would like to schedule a meeting with any of our physicians or have them to your practice or hospital for grand rounds or other educational sessions, [please contact Jennifer Roberts at 617 636-1398](tel:6176361398) or jroberts2@tuftsmedicalcenter.org. Roberts can also provide you with the latest information about the services and physicians of Tufts Medical Center and Floating Hospital for Children.

See the following page for information on our new service for physicians: the Admission, Discharge and Transfer Center. □

“Our goal is to be the most responsive hospital in the market and to make our referring physicians' lives easier, while providing exceptional care for their patients.”

—Jen Roberts

Photos, top left: Jen Roberts gathers materials to distribute to referring physicians. Bottom left: Jen meets with Maria L. Gorbovistsky, MD, in her downtown Boston office.

One Call System

for admissions, discharges and transfers with 24/7 access

Tufts Medical Center has taken patient throughput to the next level by recently establishing the Admission, Discharge and Transfer Center (ADT Center). This new Center ensures that the admitting and discharge process happens as smoothly and as seamlessly as possible for all — the patient and referring physician.

Referring physicians now have the ability to call a one-number-does-all (877-OK-TUFTS). Staff at the ADT Center coordinate all inpatient admissions and transfers for the physician. The Center serves as the place where all decisions concerning bed placement, admissions, transfers and discharges take place. The Center handles the logistics involved in accepting a patient from a referring physician as well as helps Tufts Medical physicians with the internal transfers and discharges of their patients. The professionals in the Center work closely with the

Admissions Department, the nurses and physicians on the floors and the Emergency Department to ensure everyone is in the loop and that the patient gets the right care from the right clinical service. The Center functions 24 hours a day, 7 days a week.

According to Terri Hudson-Jinks, RN, MSN, Interim Chief Nursing Officer at Tufts Medical Center, “The ADT Center enables the Medical Center to respond to the needs of patients requiring access in a very efficient and coordinated manner. The centralization of the new process and availability of key accurate information located within the ADT Center makes the process effective and efficient.”

In the past referring physicians often had to contact different physicians in different departments and divisions to coordinate an admission or transfer. Now the physician

just has to call one number and then rest assured that his/her needs are being met.

“The staff in our ADT Center are talented professionals,” says Hudson-Jinks. “They dedicate themselves to serving our referring physicians and ensuring that every patient receives rapid access to the right clinical service here at Tufts Medical Center.”

The Center maintains a consistently accurate and up-to-date account of bed availability. This enables hospital staff to take physician referrals and make quick, accurate decisions based on the individual patient’s needs. The ADT Center makes it an easy and satisfying process for referring physicians. □

Referring physicians can refer their patients to Tufts Medical Center by calling the ADT Center any time day or night at: 877-OK-TUFTS (877-658-8387).

Danny Polanco, Patient Bed Coordinator, and Sherry Ryan, RN, hard at work ensuring the ADT Center runs efficiently.



TREATMENT OPTIONS

for Atrial Fibrillation at Tufts Medical Center



ANN C. GARLITSKI, MD

Co-Director, Cardiac Electrophysiology and Pacemaker Laboratory

Assistant Professor of Medicine, Division of Cardiology

Medical School

University of Vermont Medical School

Residency

Tufts Medical Center

Fellowship(s)

New York University Medical Center

Board Certifications

Cardiac Electrophysiology, Cardiovascular Disease, Internal Medicine

DOCTOR'S NOTES

To refer a patient or gain additional information about Tufts Medical Center's outstanding Atrial Fibrillation services, contact Dr. Garlitski: (617) 636-5902 or email agarlitski@tuftsmc.org

MORE THAN 2 MILLION AMERICANS suffer from atrial fibrillation (AF), the most common heart arrhythmia. The symptoms of AF include palpitation, pounding or fluttering in the chest, dizziness, or shortness of breath. These symptoms may lead to anxiety and distress. As a result, AF may significantly impact the patient's physical as well as mental health. According to Ann C. Garlitski, MD, Co-Director of Tufts Medical Center's Cardiac Electrophysiology and Pacemaker Laboratory, "Curing atrial fibrillation with catheter ablation can now be done safely and successfully in many patients."

There are a variety of treatment options which span the spectrum from medical therapy to catheter ablation. Radiofrequency catheter ablation has evolved and

improved dramatically over the last decade, and, in the appropriate patient, it is an effective treatment option for the improvement of quality of life.

With its team of specialists and a newly constructed electrophysiology ablation lab, the Arrhythmia Center at Tufts Medical Center is a valuable resource for referring physicians seeking treatment for their patients with this complex condition.

Garlitski is one of the nation's leading arrhythmia and ablation specialists. She and her team collaborate

closely with the Departments of Radiology and Anesthesia in order to provide the most effective care. They utilize Tufts Medical Center's new facility — which contains 3-D electroanatomic mapping systems and integrated CT and MRI technology — in order to provide state-of-the-art care.

"Our goal is always to do what is best for the patient," states Garlitski. "We have a great program with outstanding people, and we make sure we are in constant communication with our patients and referring physicians."

In addition, Garlitski and her colleagues, Mark Estes, MD, President of the Heart Rhythm Society; Munther Homoud, MD; Mark Link, MD; and Jonathan Weinstock, MD are involved in the latest clinical research directed at advancing the field of AF ablation. □

“Curing atrial fibrillation with catheter ablation can now be done safely and successfully in many patients.”

—Ann C. Garlitski, MD

RESOURCES

Looking for additional information on the topic? Try this resource recommended by Tufts Medical Center professionals.

The Heart Rhythm Society, www.hrsonline.org

Fighting

OBESITY

A nationwide epidemic of obesity is one of the most serious public health concerns facing the U.S. today—with 59 million Americans classified as obese, according to the National Health Nutritional Examination Survey. The cascading effects are devastating: heart disease, diabetes, sleep apnea, severe joint pain and other complications.

Obesity also represents one of the most challenging conditions for primary care physicians, since the behavioral, emotional and psychological factors involved often create obstacles for the patient seeking proper care. Even when faced with the most dire health consequences, some patients dealing with morbid obesity have tremendous difficulty overcoming their unhealthy relationships with food.

“Severe obesity is a chronic disease. And it’s not a disease that goes away, unfortunately,” says Sasha Stiles, MD, Medical Director of the Weight and Wellness Center at Tufts Medical Center. The Weight and Wellness Center (WWC) provides comprehensive care for the obese, including medical and surgical treatment, and psychological and exercise counseling. “But the good news is that when properly treated, formerly obese patients find that their lifestyles are greatly improved in numerous areas — now they are able to be more active, to sleep restfully throughout the night, to see the end of their diabetes and an improvement in their heart conditions.”

The Weight and Wellness Center, formerly called the Obesity Consult Center, is a valuable resource for referring physicians with patients suffering with obesity and morbid obesity. The Center’s comprehensive approach to treatment offers a range of options for patient care, including medically supervised programs that utilize careful meal planning and very low calorie formula diets or medications to control appetite or reduce fat absorption.

The Weight and Wellness Center’s surgical program has been designated a “Center of Excellence” by the American Society of Bariatric Surgery, and helped pioneer the minimally invasive laparoscopic method that is now industry standard. To date, more than 3,400 bariatric surgeries have been performed at Tufts Medical Center — with patients routinely traveling from New Hampshire, New York and Connecticut, and some from as far away as Russia. From December

31, 2007 to December 31, 2008, the Weight and Wellness Center performed approximately 450 bariatric surgeries alone.

“We are the largest program in Massachusetts, and we see patients from many geographic locations,” says Scott Shikora, MD, Chief of General and Bariatric Surgery at Tufts Medical Center and Director of the Weight and Wellness Center. “Our reputation as a leader in laparoscopic bariatric surgery is well-known, and we strive every day to make sure we are maintaining that reputation. There is a comfort level and confidence for patients and referring physicians when they understand how well-versed we are in this treatment as well as the amount of research our team does.”

Physicians at Tufts Medical Center’s Weight and Wellness Center are nationally renowned and leaders in their areas of expertise. Shikora is currently president of the American Society of Metabolic and Gastric Surgery. Stiles is a member of the American Heart Association’s Obesity Committee and speaks nationally on the topics of bariatric medicine and risk factors for obese children. In the surgical program, Shikora is joined by Julie Kim, MD, Mike Tarnoff, MD and Sajani Shah, MD. Shikora, Kim, Tarnoff and Shah have also performed an extensive number of surgeries and are spearheading cutting-edge research, including single incision bypass surgery and the surgical treatment of diabetes.

The Critical Role of the Primary Care Physician

The vast majority of the Center’s patients are referred from their primary care physicians. Stiles and Shikora both say they enjoy working with PCPs to closely follow each patients’ progress through the six months or so that make up the surgical timeline, and then through regular follow up visits to the Center thereafter.

“What the primary care doctor knows and thinks about his/her patient is important. We listen carefully and want the referring

continued

SCOTT SHIKORA, MD

Chief, General and Bariatric Surgery

Director, Weight and Wellness Center

Professor, Tufts University School of Medicine

President, American Society of Metabolic and Bariatric Surgery

SASHA STILES, MD

Medical Director, Weight and Wellness Center

Assistant Professor of Medicine, Tufts University School of Medicine

JULIE KIM, MD

Bariatric Surgeon, Weight and Wellness Center

Assistant Professor of Medicine, Tufts University School of Medicine

SAJANI SHAH, MD

Bariatric Surgeon, Weight and Wellness Center

Assistant Professor of Medicine, Tufts University School of Medicine

MICHAEL TARNOFF, MD

Bariatric Surgeon, Weight and Wellness Center

Assistant Professor of Medicine, Tufts University School of Medicine

DOCTOR’S NOTES

The professionals at Tufts Medical Center’s Weight and Wellness Center are immediately available to help a patient you have who is struggling with obesity. To refer a patient, call 617-636-6086.

RESOURCES

Looking for additional information on the topic? Try this resource recommended by Tufts Medical Center professionals.

Obesity Action Coalition, www.obesityaction.org

physician's perspective as they know their patients best," says Stiles. "As a former PCP, I found greater success rates for obese patients undergoing bariatric

PATIENTS MAY BE CANDIDATES FOR BARIATRIC SURGERY IF:

- ▶ They have tried and failed with dieting in other organized programs
- ▶ Their Body Mass Index (BMI) is 40 or greater
- ▶ They are more than 100 lbs over their "ideal" weight
- ▶ They have no severe emotional or medical illnesses which would make the risk of surgery too great
- ▶ If they have been alcohol or drug dependent, they must be two years into sobriety under an effective treatment program
- ▶ If BMI is between 35 and 40 and they have some of the following health problems:
 - High blood pressure
 - Diabetes
 - Heart disease
 - Sleep apnea
 - High cholesterol

surgery when the PCP was involved in the decision process. The PCP knows the patient's genetic predispositions, mental readiness for the procedure, and the dedication required pre and post-op. The PCP is also able to make an initial assessment of whether the patient is ready and willing to discuss his or her problems with obesity. If the patient isn't ready to address the PCP's concerns, the patient is less likely to take action."

Probably the single thing that PCP's can do to maximize their patients' chances for success is to remind, encourage and insist — if necessary — that they are vigilant in post-operative follow-up.

"Post-operative follow-up is essential to long-term success," says Shikora. "If patients don't utilize the tools provided

during the pre-surgical period, they can fail post-operatively. These tools include behavior changes, healthy nutrition choices as well as proper follow-up with lab and medical visits. We make sure they have these tools through counseling, support groups and careful monitoring in the months following surgery. The attention and care of the primary care physician is critical to this process. The primary care physician knows their patient and will monitor their success with this treatment for the rest of their lives. They provide a great resource to the patient, and we are here to help both the patient and referring physician at any time in this process."

Beginning Treatment

The first step for a patient once at the Center is generally an appointment with a physician and behavioral therapist. In addition to addressing decisions about whether to opt for surgery or medically-supervised weight loss, the Center's counselors prepare patients for the lifestyle changes that are necessary to make any weight loss program a success. The physicians ensure that they are medically cleared for surgery by taking into account each patient's co-morbid conditions and lifestyles.

"Food is often used as a coping mechanism and when patients have bariatric surgery, that coping mechanism is taken away. We provide the tools for patients to be successful both pre-operatively and post-operatively by helping them make better choices behaviorally and nutritionally. One of the greatest tools we teach is ongoing group support. We can't stress enough its importance in long term success. A patient's whole life is going to change and we help support that change," says Lindsay Dowd, RN, Business Operations Manager for the Weight and Wellness Center. "One very important feature of our program is that we begin working with the patient very early in the process to ensure that their ability to cope is going to change as their body does. Some programs can try to move patients into surgery too quickly, but we've heard from our patients how grateful they are that our program is compre-

hensive and thorough and that we take the time to work with them to provide the support systems and strength they need. We never want a patient to enter surgery or medical treatment without great knowledge and new coping skills."

Among surgical options, the most severe cases often warrant full gastric bypass surgery, which creates a smaller stomach or "pouch," slows digestion, and creates hormonal changes that contribute to feeling full for a longer period of time. More and more patients are having success with laparoscopic banding surgery, which allows for adjustments to the size of the redirected stomach "pouch" that controls a patient's food intake. Band patients often experience reduced trauma and pain from surgery due to its minimally invasive approach and adjustability.

The Weight and Wellness Center prides itself as being at the forefront of new and advanced surgical techniques for bariatric surgery. Most recently, the Center began offering SILS-cholecystectomy (single incision laparoscopic surgery) as well as gastric banding, and soon, robotic bariatric surgery.

Also coming soon are several clinical trials and research projects including: research in human caloric restriction, the role of diet composition in body weight regulation, and the role of vitamin K in glucose regulation. Other upcoming clinical studies include:

GASTRIC BYPASS FOR TYPE 2 DM

Preliminary research indicates that obese patients with type 2 diabetes who had gastric bypass surgery lost more weight and had a higher likelihood of diabetes remission compared to patients who used conventional methods for weight loss and diabetes control.

SLEEVE GASTRECTOMY Sleeve Gastrectomy is a restrictive form of weight loss surgery in which approximately 85% of the stomach is removed leaving a cylindrical or sleeve shaped stomach with a much limited capacity. The irreversible removal of the majority of the stomach also results in the virtual elimination of hormones produced within the stomach which stimulate hunger. □

WORKING TOGETHER

Real experiences from our referring physicians

PETER GORLIN, MD, PHD, CPE

Peter Gorlin, MD, PhD, CPE, President and CEO of the Merrimac Valley IPA and Emergency Department physician at Saints Medical Center, has been referring his patients to Tufts Medical Center for more than 20 years. Both he and his patients are extremely satisfied with the level of care and professionalism Tufts Medical Center has to offer, and some patients have even referenced the hospital as “home.” There are plenty of reasons why he has come to prefer Tufts Medical Center over other tertiary medical institutions.

“The level of responsiveness is dramatically superior to that at some of the other potential tertiary locations in Boston. I particularly like the fact that when I call the ED, I wind up speaking with another ED physician who knows exactly the issues I am dealing with and who can give me an immediate sense of whether the patient can be appropriately received,” says Gorlin.

When asked what is most important to Gorlin when he refers his patients to specialists, Gorlin states, “The most important factor for me is knowing that my patient will receive the highest level of care and the personal individual attention they deserve.”

“Furthermore,” he says, “I have had issues where certain tertiary centers left the patient with the impression that their care in the community hospital was lacking. I have never had that issue with Tufts Medical Center or with their specialists, who really seem to solicit my referrals.”

While it is clear that Gorlin prefers to refer his patients to Tufts Medical Center, he also likes to keep a close pulse on the feedback he receives from his recently referred patients.

Gorlin states, “All my feedback on Tufts Medical Center has been fabulous. Patients that were sent to other tertiary centers often say they return there because ‘my records are there’, or ‘the hospital is famous, etc...’ Patients often say to me that they return to Tufts Medical Center ‘because it is home.’” □



At Tufts Medical Center, we value our referring physician partners and are committed to doing all we can to make it easy for you to refer your patients here. It is our mission to ensure that they, and you, have a positive experience during the entire referral process. If you have a story to tell about your experience with Tufts Medical Center, please contact us at goodmedicine@tuftsmedicalcenter.org. We would love to include it in a future *Working Together* column.

Nasopharyngeal Cancer

Southeast Asians are shown to be at greater risk, but a **20-second screening** could save lives.

Tufts Medical Center, in the heart of Boston's Chinatown, is uniquely poised to detect, treat and research an uncommon cancer of the head and neck known as nasopharyngeal carcinoma. It disproportionately affects individuals of Southeast Asian descent, in particular the Cantonese-speaking Chinese from Guangdong province of China.

"Up to 30 percent of my patients per clinic are Asian," says Richard O. Wein, MD, FACS, Director of the Division of Head and Neck Surgery at Tufts Medical Center. "The focus of my practice is the diagnosis and management of head and neck cancer and a greater percentage of my practice is dedicated to the care of patients with nasopharyngeal cancer (NPC) than is typically seen by other head and neck surgeons. Our goal is to become a center for excellence for NPC."

Head and neck cancer comprises approximately 3 percent of all cancers in North America. NPC represents only about 2–4 percent of all head and neck cancers. While the North American caucasian has a 1 in 100,000 chance of being diagnosed with NPC, the incidence can be up to 50 times greater for individuals from certain portions of Southeast Asia. Wein and the staff of the Otolaryngology Department at Tufts

Medical Center have become experts in early detection of the cancer that forms in the trapezoidal space between the nasal choanae and the soft palate. Early detection is crucial; unfortunately, about half of all nasopharyngeal cancers are only detected once the cancer has metastasized to lymph nodes, and presents as neck mass.

“Early detection allows us to treat the patient with radiation only and earlier staged lesions are associated with a much better prognosis,” says Wein. Five-year survival rates for patients treated with early stage (I/II) NPC can be as high as 85 percent while rates for patients with advanced stage disease (III/IV) can fall below 50 percent.

Early signs of NPC can be as subtle as serous otitis media, ear pain similar to an ear infection, epistaxis or blood in the sputum and nasal secretions. Early changes in the nasopharynx cannot be detected with a tongue blade and an endoscopic examination is typically required.

“It takes 20 seconds,” says Wein. “When I hear a Southeast Asian patient has come in with an ear problem without having a history of ear problems, I want to see them.” Wein has lead NPC screenings at Tufts Medical Center for Asian-Americans from Boston, Quincy and elsewhere in the region and hopes to hold additional screenings in the future. “We need to say: If you have a family history of NPC or come from the most impacted regions, give us 20 seconds for a screening,” he says.

Nasopharyngeal cancer is usually treated via chemotherapy and radiation

therapy. Surgery is utilized in the initial diagnosis and staging of the cancer and for salvage of post-chemoradiation persistent disease. Wein says the team approach at Tufts Medical Center allows the hospital to undertake each step of the treatment process in a coordinated response.

“It is what I like best here,” says Wein. “It is a multidisciplinary approach that includes Otolaryngology—Head & Neck Surgery, Medical Oncology, Radiation Oncology, Radiology, Pathology, Nutrition, Dentistry, and Speech Language Pathology all in one place and is the best scenario for the patient. In addition, we work closely with the referring physician, making them part of the team as well.”

Wein and the Tufts Medical Center Department of Otolaryngology are a strong resource for doctors seeking guidance on head and neck reconstructive techniques following the surgical management of head and neck cancers. Free flap reconstruction of the tongue, mandible and face allows for a capacity to tailor reconstruction to a surgical defect with the patient’s living tissue and can allow patients to return to a life of normal speaking, eating and appearance. The reconstructive surgery team is increasingly seeing patients from all across the region.

Pointing to a picture of an elderly man whose jaw has been reconstructed using bone grafted from his fibula, Wein says, “Now he feels comfortable enough to go back to church. That’s what makes this so rewarding.” □



RICHARD O. WEIN, MD, FACS

Chief, Division of Head and Neck Surgery
Assistant Professor and Residency Program Director
Tufts Medical Center,
Department of Otolaryngology—
Head and Neck Surgery

Medical School

Tufts University School of Medicine

Residency Training

University of Rochester, NY

Fellowship Training

University of Pennsylvania

Board Certification

Otolaryngology—Head and Neck Surgery

Specialties

Head and neck surgical oncology including nasopharyngeal cancer, head and neck reconstruction including microvascular techniques, management of salivary and thyroid disorders, management of radiation-related complications, maxillofacial trauma

DOCTOR'S NOTES

Have a patient that needs to be screened for nasopharyngeal cancer? Have a patient needing treatment for head and neck cancer? Dr. Richard Wein works quickly to see your patients and develop a rapid treatment plan. Contact Dr. Wein at 617-636-8711 or rwein@tuftsmedicalcenter.org

RESOURCES

Additional resources — searches on the following websites are a great place to start:

National Cancer Institute, www.cancer.gov; National Comprehensive Cancer Network, www.nccn.org; American Cancer Society, www.cancer.org

ON CALL

A regular feature introducing the specialists at Tufts Medical Center

UROLOGY

The Department of Urology at Tufts Medical Center is dedicated to providing the highest level of care for patients suffering from routine and complex urological disorders.

Under the leadership of the department's Urologist-in-Chief and Chairman, Gennaro A. Carpinito, MD, FACS, Tufts Medical Center is able to offer referring physicians a complete range of diagnostic and therapeutic services for their patients.

"Our practitioners understand the importance of maintaining close relationships with referring health care providers and of keeping them apprised during the treatment of their patients," says Carpinito.

The Tufts Medical Center Urology Department excels in a variety of spe-

cialties, including laparoscopic surgery, obstructive uropathy, stone disease, female urology, sexual dysfunction, infertility, urological trauma and reconstructive urology, as well as comprehensive pediatric urology. Tufts Medical Center's Urology Department is also a leader in the surgical and medical management of urologic cancer, including kidney, prostate, adrenal, bladder, penile and testicular cancer.

Most recently, the department has begun utilizing the most state-of-the-art technology available, the da Vinci[®] Surgical System. By using robot-assisted surgery, Tufts Medical Center urology surgeons can perform major procedures such as prostatectomy, by using the smallest incisions possible. Using the minimally-invasive da Vinci system for such procedures as a prostatectomy



GENNARO A. CARPINITO, MD, FACS

Urologist-in-Chief and Chairman
Charles M. Whitney Professor and
Chairman, Department of Urology,
Tufts University School of Medicine

Medical School

Boston University School of Medicine

Postgraduate Training

Boston Medical Center

Board Certifications

Urology

Clinical Specialties

Uro-oncology with special interest in kidney and prostate cancer, laparoscopic minimally invasive urological surgery, including the da Vinci robot Surgical System.

Foreign Language(s)

Italian

Tufts Medical Center offers a wealth of expert specialists to assist you in the care of your patients. During the past several years, we have added new physicians in many specialties to better serve you. This feature highlights several of our newest physicians, your newest referral resources. To learn more about our other new specialists, visit tuftsmedicalcenter.org and click on "find a physician."

provides potential benefits such as less pain, less blood loss, fewer transfusions, less scarring, shorter hospital stays and significantly shorter recovery times.

To provide the best possible care for patients within a wide range of specialties, the Urology Department works in close collaboration with the physicians of our Minimally Invasive Surgery Center, Urology Cancer Center, Kidney Stone Center and the Neuro-Urology and Incontinence Center — all located under one roof at Tufts Medical Center.

“We’re a patient-centered clinical institution,” says Carpinito. “We explain treatment options in easy-to-understand terms to assist patients with decision-making and to motivate them to adopt preventative measures.”

Carpinito and his team of urologists are extremely proud of the department’s commitment to cutting-edge research and the development of new surgical techniques. The Tufts Medical Center team is currently researching prostate stem cell lineage and how adult cells become involved in malignant prostate tissue growth. The goal is to develop new molecular tools to combat tumor-initiating stem cells in the prostate.

“This is knowledge that will translate into a better understanding of the role stem cells play in the development of prostate cancer, and will ultimately enhance the quality of care we can offer patients,” says Carpinito. □

To refer a patient to Tufts Medical Center’s Department of Urology, please call 617-636-6317.

TONY LUONGO, MD

Staff Urologist

Assistant Professor of Urology and Pediatrics, Tufts University School of Medicine

Medical School

University of British Columbia Faculty of Medicine, Vancouver, BC

Postgraduate Training

University of British Columbia Division of Urology; University of Texas M.D. Anderson Cancer Center

Board Certifications

Urology

Clinical Specialties

Uro-oncology with special interest in bladder cancer, prostate cancer, da Vinci robot Surgical System, stone disease and general urology

Foreign Language(s)

Italian, Spanish

GEORGE T. KLAUBER, MD, FACS, FAAP, FRCS

Chief, Pediatric Urology

Professor of Urology and Pediatrics, Tufts University School of Medicine

Medical School

Guy’s Hospital, University of London, England

Postgraduate Training

Hospital for Sick Children/Alder Hey Children’s Hospital, UK; Royal Victoria Hospital, Montreal

Board Certifications

Urology

Clinical specialties

Pediadric urology

Foreign Language(s)

French, German

ADNAN KALELI, MD

Staff Urologist

Associate Clinical Professor, Department of Urology, Tufts University School of Medicine

Medical School

Istanbul University School of Medicine

Postgraduate Training

Uludag University School of Medicine; University of Washington School of Medicine; Tufts University School of Medicine

Board Certifications

Urology

Clinical Specialties

General urology

Foreign Language(s)

Turkish

LEONID KOTKIN, MD

Staff Urologist

Clinical Assistant Professor, Department of Urology, Tufts University School of Medicine

Medical School

Pirogov 2nd Moscow Medical School

Postgraduate Training

Vanderbilt University Medical Center; Caritas St. Elizabeth’s Medical Center

Board Certifications

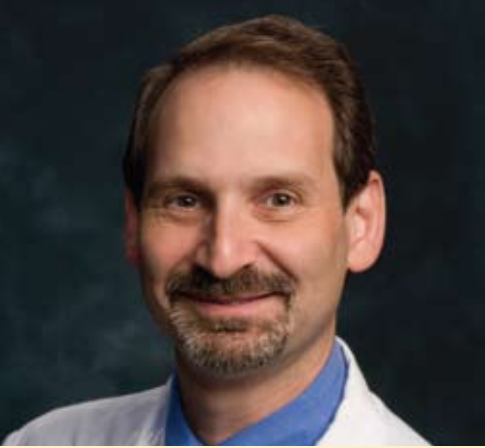
Urology

Clinical Specialties

Female urology, pelvic floor reconstruction, erectile dysfunction and general urology

Foreign Language(s)

Russian



SCOTT SHIKORA, MD

Chief, General and Bariatric Surgery; Director, Weight and Wellness Center

Medical School

Columbia University College of Physicians and Surgeons

Postgraduate Training

New England Deaconess Hospital

Board Certification

General Surgery, Nutrition

Clinical Specialties

General surgery, advanced laparoscopic surgery, obesity surgery, nutrition support

DOCTOR'S NOTES

Have a patient that is struggling with weight issues? Contact our Weight and Wellness Center at 617 636-6086.

Health Sheet

Bariatric Surgery? *Is it the right solution for you?*

OBESITY is a chronic disease, and many factors contribute to the disease such as: family history, genetics, culture and metabolism. Some patients reach a point where diet and exercise alone are no longer acceptable solutions for treating the disease. For these individuals their weight interferes with their daily activities and is causing other serious health issues such as diabetes, heart ailments, joint pain, infertility and other conditions.

These individuals often benefit from assistance from a weight management program that includes medical and surgical options. Such programs, like Tufts Medical Center's Weight and Wellness Center, walk patients through the best options for their individual needs. The multidisciplinary team at Tufts Medical Center includes psychologists, nutritionists, medical weight loss physicians and surgeons. These professionals meet with each patient to understand the root cause of the individual's path to obesity in order to design a customized plan to help them achieve a healthy weight and a healthier existence.

If you or your primary care physician believe you have reached a point where medical or surgical treatment of obesity might be the best option for you, consider the following questions and information.

What types of treatments are available for patients who are overweight or obese?

Each and every patient is carefully evaluated and there are several medical and surgical options for the individual to consider. Medical options are aimed at achieving long-term weight loss and involve medical, nutritional, psychological and lifestyle changes. These changes require the development of new skills to help one replace less desirable habits with healthier ones. Fundamental behavior and dietary change, not just short-term food sacrifice, is required for lasting weight loss success. The medical program involves behavioral, nutrition, and physical activity components complemented with medications to help with appetite control.

Surgical options include gastric bypass surgery or gastric band surgery. Gastric bypass surgery is done to help treat 'severe' obesity. Its goal is to help you lose weight by limiting the stomach's ability to store large amounts of food. Gastric band surgery is an alternative procedure using an implantable device that creates a bottleneck near the top of the stomach making it hard for a patient to overeat. It is adjustable and it is reversible. Both gastric bypass surgery and gastric band surgery include the nutrition, medicine, behavioral psychology, and physical activity components to help produce significant weight loss.

If you are interested in learning more about Tufts Medical Center's Weight and Wellness Center, please contact us at 617-636-6086 or visit www.tuftsmedicalcenter.org for more information about our program and our physicians. We regularly hold information sessions for patients considering treatment with the Weight and Wellness Center.

When is medical treatment typically the best option?

Medical treatment is the best option if:

- ▶ The patient doesn't want surgery
- ▶ The patient's BMI doesn't qualify them for surgery
- ▶ The patient is not currently stable enough for surgery

A medical weight loss program can assist with weight loss prior to surgery using medication and a VLCD (very low calorie diet).

When is bariatric surgery typically the best option?

Patients may be candidates for surgery if:

- ▶ They have tried and failed with dieting in other organized programs
- ▶ Their Body Mass Index (BMI) is 40 or greater
- ▶ They are more than 100 lbs over their "ideal" weight
- ▶ They have no severe emotional or medical illnesses which would make the risk of surgery too great
- ▶ If they have been alcohol or drug dependent, they must be two years into sobriety under an effective treatment program
- ▶ If BMI is between 35 and 40 and they have some of the following health problems:
 - High blood pressure
 - Diabetes
 - Heart disease
 - Sleep apnea
 - High cholesterol

What should a prospective bariatric surgery patient expect?

All patients are prepared for surgery by our expert multidisciplinary team of clinicians, including behavioral therapists, dietitians/nutritionists, medical weight loss experts (bariatricians), and bariatric surgeons who specialize in morbid obesity. This team will work with candidates for surgery to help them understand the differences between the various operative procedures available and decide which one is right for them. Those considering surgery should also understand that after surgery, there will be significant lifestyle changes regarding eating habits, activities, even social interactions and relationships. The team at Tufts Medical Center will provide each patient with the tools they need to make the transition, but the patient must be ready to personally make the commitment.

What should patients look for when choosing where to have their surgery?

Patients considering undergoing bariatric surgery should choose an institution that is recognized as a Center of Excellence for bariatric surgery. Centers of Excellence have been reviewed by third parties and designated as excellent programs. These programs have the resources and experienced clinicians to minimize surgical complications and maximize the patient's experience and outcome. Ask to meet with the team that will be caring for you before making a commitment to the program. Ask to speak with patients who have been through the program.

What factors contribute to long-term success following bariatric surgery?

Long-term follow up and commitment are the keys to a successful experience with weight loss surgery. The surgery itself is just the beginning of the journey. The patient must understand the dietary changes necessary to succeed; they must establish time for exercise; and lastly, they must understand the physiological changes that may occur with drastic weight loss, such as loose skin, no longer having clothes that fit (at different stages throughout the weight loss), and perhaps even some changes in relationships. Patients need to understand that these are all steps that must be taken on their journey to living a healthier life.

What kind of results can patients expect to see after having bariatric surgery?

Patients can expect dramatic improvements regarding actual weight loss as well as improvements, if not cures, for some other obesity-related health issues such as diabetes, sleep apnea, joint/back pain, infertility, shortness of breath, high blood pressure, lack of energy and risk of cancers.

What can friends or family of the patient do to help?

It is essential that the patient's family and friends provide as much support and encouragement as possible before, during and after the surgical procedure. Family and friends should also educate themselves about bariatric surgery and lifestyle modifications to better understand what their loved one is going through. Family and friends need to fully understand that a patient's decision to undergo this procedure is not so much about looking better, but rather about improving their health and living a longer, happier life. □

Have Our Physicians Visit You

If you would like to schedule a meeting with any of our physicians or have them to your hospital for grand rounds or other educational sessions, **please contact Physician Liaison, Jennifer Roberts (formerly Bush) at 617 636-1398 or jroberts2@tuftsmedicalcenter.org**

Physicians' Referral Guide

For a copy of our most recent Physicians' Referral Guide, with a complete listing of all our physicians, their specialties, and contact information, **call Jennifer Roberts at 617-636-1398 or email jroberts2@tuftsmedicalcenter.org**

Refer a Patient for Inpatient Care

Use our simple one call service to admit a patient any time – 24 hours a day, 7 days a week – at **877-OK-TUFTS**

Working Together Is Good Medicine is for physicians who are interested in learning more about referring their patients to Tufts Medical Center. We value your partnership with us and are committed to doing all we can to make it easy for you to refer your patients to us. It is our mission to ensure that they, and you, have a positive experience while benefiting from some of the finest care and cutting-edge research available in New England.

Working Together Is Good Medicine is published quarterly by Tufts Medical Center. For more information, **contact the Office of Public Affairs and Communications at Tufts Medical Center, 617 636-0200 or goodmedicine@tuftsmedicalcenter.org**

Tufts Medical Center is the principal teaching hospital for Tufts University School of Medicine

www.tuftsmedicalcenter.org