



# NEUROLOGY

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a Vital  
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## A LETTER FROM ELLEN ZANE

Dear Physicians,

Over the past year, I have had the privilege of serving as Chair of the Massachusetts Hospital Association's Board of Directors. Fulfilling this role has meant being directly involved in the great public policy debates around health care costs and quality. As I prepare to conclude my year as Chair, I wanted to share with you some of the insights I have gained from working closely with other hospital and industry leaders on the MHA board.

**There is a strong willingness to do the right thing.** In Massachusetts, we have come to learn that there are many disparities in the cost and quality of different providers, and it will be important for providers to be proactive and policy makers to work on fixing these disparities going forward. But I believe my colleagues are truly determined to do their part to improve quality and safety, and do their fair share in becoming efficient. We are all sensitive to the fact that health care costs are on an unsustainable trajectory, and none of us feels absolved from taking on our own part of the problem.

**Transparency is for everyone.** While my hospital colleagues are willing to be transparent and to tackle our part of improving health care, we feel that other participants in the system are less inclined. Insurers, government, employers and consumers all have important roles to play in improving health and health care, as well as reining in costs. But, in candor, I have been disappointed that all too often, others are not as forthright as they want us to be in accepting their fair share of the responsibility. In order to fix what ails health care, we will need all hands on deck. To simply point to providers and say "you cost too much" is to cloud the real issues and avoid responsibility.

**We believe in exceeding quality measures — but the measures must be fair.** When we talk about clinical issues, there is great unanimity, and my hospital colleagues are very positive about the concept of transparency. But we do worry about whether quality measures are valid and reliable, and providers don't want to be victimized by methodologies and benchmarks that are not solidly developed or do not reflect the underlying realities of care and safety. For example, we have evaluated various tools that measure mortality — and we have seen how these different tools can show the same provider meeting, exceeding, and failing to meet benchmarks. For the sake of patients and our institutions, we must get these measures right.

**It is critical for all hospital stakeholders to step up their involvement.** Executives, trustees, physicians and employees must all be more engaged in implementing the changes that will be necessary at hospitals as we tackle the challenges presented by health reform. This is a time of unprecedented change, and we have a responsibility to protect the charitable assets entrusted to us. Times dictate that we all must be willing to change. This includes providers, consumers, employers, unions and government. None of us are exempt. There's no turning back the clock...there's no embracing the status quo. We must also never forget that, in addition to the responsibility to our patients, we have a responsibility as stewards of an industry that employs one of every five people in Massachusetts.

As Chair of the MHA I have felt fortunate to be in the epicenter of what's been evolving in health care, to be able to learn from my colleagues and to attempt to inform and influence policy at a time when it's more important than ever. While these are challenging times, we will continue to be engaged and help shape our shared future.

All the best,

Ellen Zane  
President and CEO  
Tufts Medical Center

# Experimental Therapeutics:

## *Hope and Promise for Cancer Patients*



**T**he Experimental Therapeutics Program at Tufts Medical Center is focused on the early development of novel cancer therapies, and bridging the gap between science and medicine in oncology. Based within the Medical Center's Cancer Center and headed by Robert E. Martell, MD, PhD, who is also Director of the Neely Center for Clinical Cancer Research, the program offers hope and promise for cancer patients everywhere.

"We are taking a multi-pronged approach to attack cancer that includes experimental trials in which we use novel agents to treat patients who have exhausted other means of cancer treatment," Martell explains. "In addition we are translating discoveries made in the basic research laboratories of scientists within the entire Tufts organization and advancing them toward potential clinical application. We are tapping into potential resources from outside as well, including the National Institutes of Health and industry."

"For patients who have been treated with all the standards of care and still have cancer that is life-threatening or compromising their quality of life, our mission is to advance and discover new treatments that could help them," he adds.

Several trials currently underway exemplify this possibility. The first is open to patients with BCR/ABL-positive leukemia — either chronic myeloid leukemia (CML) or acute lymphoblastic leukemia (ALL) — and is evaluating a novel inhibitor of the BCR/ABL tyrosine kinase, an abnormal enzyme that triggers leukemia cell growth. Tufts Medical Center is

one of only a handful of national sites conducting this trial, and the one performing much of the correlative biological evaluation for the study, according to Martell.

A second Experimental Therapeutics trial is open to patients with non-small-cell lung cancer (NSCLC), liver cancer, melanoma, kidney cancer and breast cancer, and a third is available for patients undergoing allogeneic bone marrow transplant. Both of these are translational studies seeking to take investigational agents from basic science to clinical application.

"We have a long history of running clinical trials at Tufts Medical Center," Martell notes. "The Experimental Therapeutics Program is a new organizational structure that consolidates and streamlines resources focused specifically on cancer treatment discovery and development."

"Tufts Medical Center is a leader in many areas including drug development, and advancing knowledge is part of our mission," he adds. "This program is focused on cancer patients with dire medical needs, and getting promising new therapies from the research laboratories to the clinical application faster."

### DOCTOR'S NOTES

To learn more about the Experimental Therapeutics Program at Tufts Medical Center, or to refer a patient for possible inclusion in a clinical trial, please contact Dr. Robert Martell at 617-636-5897.



# NEUROLOGY

## *Rebuilding a Vital Program*

**TUFTS MEDICAL CENTER LAUNCHED A NATIONAL SEARCH TO FIND HIM.** And in the nine months since he became Neurologist-in-Chief of Tufts Medical Center and Chairman of Neurology for Tufts University School of Medicine, Anish Bhardwaj, MD, FAHA, FCCM, FAAN has been doing world-class work. He has infused the Neurology program with new talent, additional clinical offerings, greater opportunities for education, training and research, and a renewed vigor that is evident in every patient and physician interaction. And that's just the beginning.

“**O**ur vision for Neurology is a big one,” Bhardwaj says. And he’s accustomed to achieving big things. The overarching vision is to enhance the department with a focus on excellence in patient care, teaching and training, and research (clinical and basic science). Special emphasis is to be placed on strong interdepartmental collaborations and coalitions at Tufts and its affiliates — specifically with the departments of Neurology, Neurosurgery, Psychiatry, Radiology, Neuroscience, Physical Medical and Rehabilitation, and Critical Care Medicine — to create focused clinical, teaching and research programs of excellence.

Bhardwaj has a distinguished background in academic and clinical neurology, joining Tufts MC from the Department of Neurology at Oregon Health & Science University where he served as Professor and Vice Chairman of Neurology, Professor of Neurological Surgery and Anesthesiology/Peri-Operative Medicine, Director of the Neurosciences Critical Care Program and Director of the Neuroscience Stroke Laboratory. Before

that, he was Vice Chairman of Neurology at Johns Hopkins University School of Medicine where he served as Co-Director of the Neurosciences Critical Care Division and Director of the Neurosciences Critical Care Fellowship Training Program.

An acknowledged national and international expert in neurocritical care and stroke, he is the author of more than 130 publications including original peer-reviewed articles, book chapters, editorials, reviews and four books. His research focuses on ways to protect the brain after acute stroke, work for which he has received substantial funding from the American Heart Association and the National Institutes of Health.

He says modestly, "I'm a program developer and a developer of people." Since coming on board last August, he's deployed these essential skills in four mission-critical areas — clinical excellence, education and training, research and scholarship, and mentorship.

"On the clinical side, we are further developing a number of services — including our historically strong neuromuscular and neurovascular programs — as well as movement disorders, epilepsy, neurocritical care, cognitive neurology, neuroimmunological disorders and neuro-oncology," Bhardwaj says. "We want to elevate these programs to an entirely different level of clinical excellence, and that entails recruiting new faculty and developing inter-departmental collaborations."

To date, he has recruited two specialists and is in active dialog with three more. Epileptologist Kimberly Parkerson, MD, PhD is developing a cohesive adult epilepsy program that will provide longitudinal care and a state-of-the-art monitoring unit. Neurologist Edward Feldmann, MD will build on and enhance ongoing stroke clinical trials as well as develop a transcranial ultrasound program to augment the Medical Center's already strong stroke program.

"As a stroke-certified institution, we have a 24/7 team of neurologists, interventional neuroradiologists and neurosurgeons to provide rapid response and neurocritical support to the challenging cases of large strokes, intracerebral and subarachnoid hemorrhage," Bhardwaj says. "I believe that we will soon be Boston's flagship institution for this type of acute-care neurology."

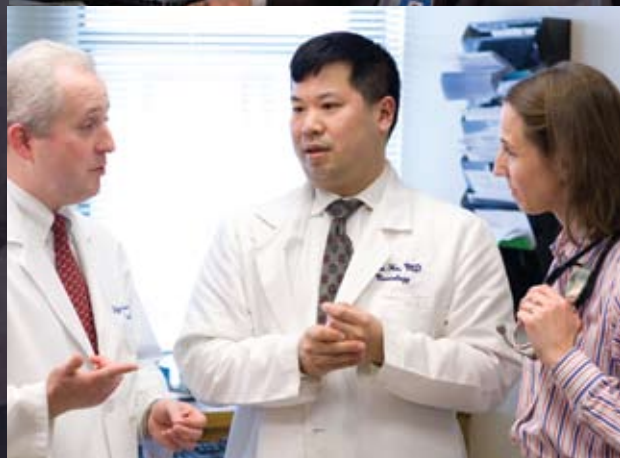
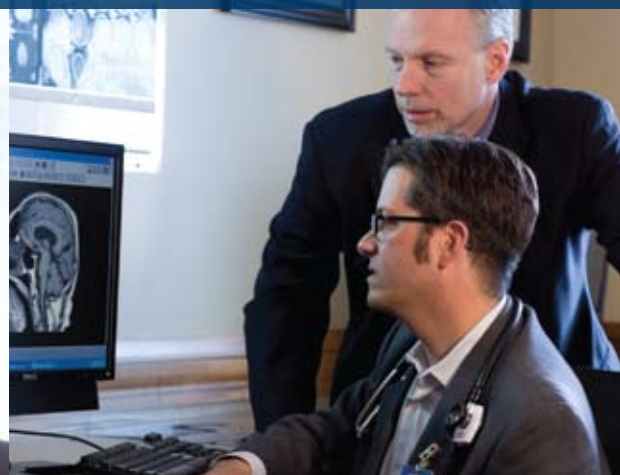
As part of this commitment, he is spearheading creation of a neuro ICU where patients will be cared for by an integrated

*continued on next page*

*Photos below: from left, Swee Lim, MD, Neurology Resident; Thomas Sabin, MD, Vice Chairman, and Director of the Residency Training Program; and Anish Bhardwaj, MD, FAHA, FCCM, FAAN, Chairman of the Department of Neurology.*

*Top right: David Thaler, MD, PhD, FAHA, Director of the Comprehensive Stroke Center (seated) and Edward Feldmann, MD, Director of Cerebrovascular Disease Research.*

*Bottom right, from left: Jeffrey Chavin, MD, Director of Outpatient Services and Neuromuscular Program; Bryan Ho, MD, Director of Medical Student Education; and Kimberly Parkerson, MD, PhD, Director of the Epilepsy Program.*





**ANISH BHARDWAJ, MD, FAHA, FCCM, FAAN**

Neurologist-in-Chief, Tufts Medical Center  
Chairman and Professor of Neurology and  
Neurological Surgery, Tufts University  
School of Medicine

**Medical School**

College of Medicine, University of Ibadan,  
Nigeria

**Postgraduate Training**

Mount Sinai School of Medicine; Johns  
Hopkins University School of Medicine

**Board Certification**

Neurology

**Vascular Neurology**

Neurocritical Care

**Clinical Specialties**

Acute ischemic and hemorrhagic strokes,  
subarachnoid hemorrhage, brain tumors,  
brain and spinal cord traumatic injury, neuro-  
muscular disorders and status epilepticus.

**DOCTOR'S NOTES**

To refer a patient to the Neurology  
Department, call 617-636-5848.

team of neurointensivists, neurosur-  
geons, neuroradiologists, fellows,  
physician assistants and a dedicated  
nursing staff.

“With this infrastructure in place, we can  
serve as a comprehensive tertiary-care  
center for patients with the full range of  
neurological injury,” Bhardwaj adds.

In the Tufts Medical Center tradition of  
forging community partnerships to  
enhance access to its tertiary expertise,  
the Neurology Department also is collab-  
orating with several local hospitals — in  
addition to its longstanding relationship  
with fellow Tufts teaching hospitals St.  
Elizabeth’s and the Lahey Clinic — to  
bring its subspecialty care closer to home  
for patients outside Boston.

“There is a tremendous need for our ser-  
vices in the community, and we’re on an  
aggressive grand rounds and speaker cir-  
cuit at community hospitals to get the  
message out that we’re here and avail-  
able for collaboration,” Bhardwaj says.

To date, a faculty member is seeing  
patients at Wellesley Medical Associates  
one day a week, and faculty are available  
for consultation to the ED physicians at  
Jordan Hospital. Relationships are being  
developed with other community affili-  
ates to help provide effective triage for  
patients with acute neurological injury.

Also on the horizon is development of a  
Tufts Medical Center Neuroscience Insti-  
tute. “The chairs of Neurology, Neurosur-  
gery, Psychiatry and Neuroscience are  
collaborating to bring our scientists and  
clinicians together over the next year,”  
he explains. “The critical mass is already  
here, and momentum is growing. It will  
be a win-win for everyone.”

Bhardwaj and his team have been  
equally busy on the education and  
training front. “We have a large training  
program for neurology residents,” he  
says, noting that house staff have rota-  
tions at Tufts Medical Center, St. Eliza-  
beth’s Medical Center and Lahey Clinic.  
“Our goal is to enhance the quality of  
residents coming in from medical  
schools, and our latest round of inter-  
views and first match went well.”

New neurology subspecialty fellowships  
also are in the works. “We’ve already  
applied for stroke and neuromuscular  
accreditation, and are about to do so  
for epilepsy and neurocritical care,”  
Bhardwaj notes. “We hope to be hiring  
these fellows soon.”

Academic scholarship is benefiting from  
his leadership as well. “We want a strong  
department that reflects the spectrum of  
faculty who are clinicians, clinical educa-  
tors, and basic, translational and clinical  
trial scientists,” Bhardwaj says. “We are  
expanding our funded basic science,  
clinical and translational research, and  
have hired a dedicated research coordi-  
nator for clinical trials. We have pro-  
moted two faculty members to associate  
professor. And we encourage our faculty  
to submit articles to peer-reviewed jour-  
nals, give talks, serve on editorial boards  
and as ad hoc reviewers for journals, and  
write editorials — to develop into opin-  
ion leaders in their areas of expertise.”

He is equally passionate about mentor-  
ship. “We are taking a very structured  
approach to this,” he notes. “It’s vital to  
push young clinicians forward and help  
them find the right path of intellectual  
growth.”

Bhardwaj’s path of growing Tufts Medi-  
cal Center’s Neurology Department is  
equally vital — and ambitious. But he’s  
committed, and never loses sight of the  
most important reason a physician  
would choose to refer a patient here.

“What sets Tufts Medical Center apart is  
the level of care we provide to patients —  
from the physicians to nursing to social  
services to pharmacy, nutrition and  
ancillary therapies — it’s a very collabor-  
ative model, and a cohesive one, and  
that is truly one of the strengths of Tufts  
Medical Center.”

“We’re always here to extend our help to  
physicians in the community, always  
available to consult and guide them  
through any difficult cases,” he adds.  
“Easy accessibility to high-quality care —  
this is the fundamental concept and goal  
that we aspire to.” □

# WORKING TOGETHER

*Real experiences from our referring physicians*

## Jean-Pierre Geagea, MD

Jean-Pierre Geagea, MD, Chief of the Division of Cardiology at Signature Brockton Hospital, and Matthew Koomey, MD, Chief of Oncology at Jordan Hospital, say that high quality care and strong communication are two key benefits of their hospitals' new affiliations with Tufts Medical Center. Signature Healthcare's Brockton Hospital and Jordan Hospital in Plymouth both signed affiliation agreements with Tufts Medical Center. Tufts MC will be the hospitals' preferred tertiary provider and Tufts MC physicians will work with the hospitals to bring academic level care to their communities.

"Innovative medicine and new techniques are made readily available to our staff and patients through our affiliation with Tufts Medical Center," Geagea says. "Tufts Medical Center is large enough to host a multitude of world-renowned physicians providing high-quality cardiac care to a variety of patients, and is small enough to make patients and their families feel at ease," he says.

Geagea says the advantages of working together with physicians at Tufts Medical Center include the ability for patients to take part in medical studies, backup assistance in complex situations and information sharing at meetings and conferences. Geagea often refers patients to Tufts Medical Center for elective or urgent percutaneous coronary intervention.

"Interacting with the cardiology team at Tufts Medical Center is refreshing. They provide a constant opportunity for learning," says Geagea.

For Jordan Hospital's Koomey, the quality of physician communication is the most important aspect of a relationship between institutions, achieved in part through accuracy, timeliness and shared responsibility.

"One of the major benefits of having a rapport with several Tufts Medical Center clinicians is that with close physician-to-physician communications, we can provide a fairly seamless process to refer patients quickly for evaluation for stem cell and bone marrow transplantation procedures, or for induction therapy for patients with acute leukemia," Koomey says.

Koomey foresees the relationship between Tufts Medical Center and Jordan Hospital becoming even more collaborative, building upon previously strong relationships. He believes this relationship will make the continuation of providing excellent community-based hematologic and oncologic care to his patients possible.

"There is a renewed excitement and enthusiasm about our working with Tufts Medical Center, which will ultimately benefit our patients," Koomey says. □



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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](mailto:goodmedicine@tuftsmedicalcenter.org). We would love to include it in a future *Working Together* column.

# Esophageal Surgery

Specialized Resources,  
Individualized Care

**H**andling difficult cases is standard operating procedure for Yaron Perry, MD, a thoracic surgeon who specializes in esophageal surgery. And with the burgeoning incidence of gastroesophageal reflux disease (GERD) and its role in the dramatic increase of esophageal adenocarcinoma, there are many patients in need.

## PARA-ESOPHAGEAL HERNIA REPAIR BEFORE AND AFTER

*Left: Giant para-esophageal hernia with stomach, small bowel and colon in the mediastinum*

*Right: After repair, the hernia sac and its contents were reduced to the abdomen with mesh reconstruction of the diaphragm*





**I'M SEEING AN AVERAGE OF FOUR NEW PATIENTS A WEEK,"**

Perry says. These include patients with intractable GERD, hiatal hernias, esophageal motility disorders and esophageal cancers.

The demand for expertise in managing these conditions is so great, in fact, that Tufts Medical Center is establishing a Center for Esophageal Diseases, a multidisciplinary program that will offer streamlined access to the most advanced diagnostic, medical and surgical resources specifically for disorders of the esophagus. Perry will serve as the Center's Surgical Director, and he's a man on a mission.

"I want to debunk the common misperception that proton pump inhibitors (PPIs) and H2 blockers end heartburn and reflux," he says. "While these medications treat GERD symptoms, they don't cure the disease, which can continue to destroy the esophagus. The bile and bacteria that reflux back into the esophagus can have dangerous, potentially cancer-causing effects. Reflux can impact other organs, too, including the lungs."

"But with today's laparoscopic surgical techniques and a procedure called fundoplication, we can alleviate GERD entirely in many patients," Perry continues. "It not only greatly improves patients' quality of life, but also greatly reduces the risk of esophageal cancer."

Reflux occurs when a defect in the lower esophageal sphincter (LES) — a complex structure at the junction of the esophagus and the stomach — allows stomach acid to reflux into the esophagus. The fundoplication procedure restores the functional equivalent of the lower esophageal sphincter (LES) by wrapping the stomach around the lower esophagus.

"This surgery is more clinically effective — and cost-effective — than long-term medical therapy," Perry says.

Patients with some of the most complex and challenging other types of esophageal disorders also are benefitting from Perry's minimally invasive surgical expertise, which he initially honed during a fellowship with one of the pioneers in the field, James D. Luketich, MD,

FACS, Chief of the Division of Thoracic and Foregut Surgery at the University of Pittsburgh Medical Center.

"We take cases here at Tufts Medical Center that other surgeons often don't want," Perry says, citing as an example an 86-year-old woman with upper GI bleeding and a giant paraesophageal hernia — a condition that occurs when the stomach twists upon itself and moves into the chest alongside the esophagus.

"We were able to safely operate on her short esophagus and correct this condition using minimally invasive techniques," he says.

He's quick to stress, however, that surgery isn't the only treatment option for esophageal disorders at the Medical Center.

"Our team combines gastroenterologists; ear, nose and throat specialists; medical and radiation oncologists as well as thoracic surgeons," he says. "And through the new Center for Esophageal Diseases, we will hold monthly multidisciplinary conferences to share expertise and develop the optimal treatment based on the individual patient's needs."

He sees the referring physician as an important partner in this process. "Our goal is to provide the best possible care, then get the patient back to the community — and to the community physician — as soon as possible," he adds. □



**YARON PERRY, MD**

Thoracic Surgeon, Tufts Medical Center  
Assistant Professor, Tufts University School of Medicine

**Medical School**

Hebrew University, Jerusalem, Israel

**Postgraduate Training**

Hebrew University and Hadassah Medical Center; Allegheny General Hospital

**Board Certification**

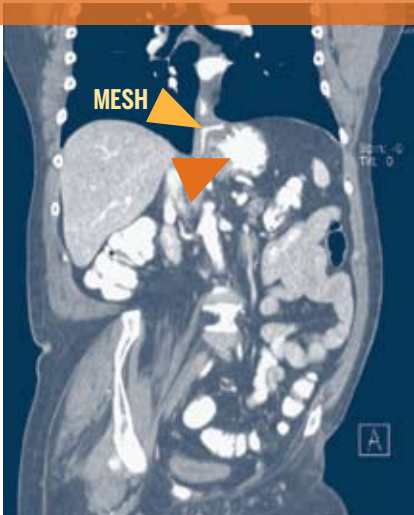
General Surgery

**Clinical Specialties**

Thoracic and foregut surgery, minimally invasive surgery, esophageal cancer, GE reflux disease, radiofrequency ablation of lung tumors and photodynamic therapy for esophageal and airway cancer

**DOCTOR'S NOTES**

To refer a patient to Dr. Yaron Perry in the Thoracic Surgery Unit, call 617-636-5589.





# Advanced Treatment for Barrett's Esophagus

Until recently, the options for treating Barrett's esophagus — abnormal changes in the cells of the lower esophagus known as intestinal metaplasia — were limited to acid suppression therapy and regular endoscopic surveillance. If the condition progressed to dysplasia or early esophageal cancer, treatment options included surgical removal of the esophagus, endoscopic mucosal resection or photodynamic therapy (PDT).

Today, however, radiofrequency ablation (RFA) — using thermal energy to destroy abnormal cells — is a widely accepted and effective treatment option that's been shown to alter disease progression. Tufts Medical Center gastroenterologist Douglas A. Janowski, MD, leads a comprehensive program to evaluate, educate and treat patients with Barrett's esophagus and is one of the region's most experienced and knowledgeable experts in this advanced

therapy. Janowski is Director of the Adult Endoscopy Unit and Associate Chief for Clinical Programs in the Division of Gastroenterology at Tufts Medical Center.

"The data supporting RF ablation's ability to treat Barrett's is overwhelming," he says, referring to findings from a recent multi-center clinical trial in which RFA demonstrated a high rate of eradication of dysplasia and intestinal metaplasia. "Plus, with today's high-definition endoscopes and monitors, their



in the esophagus in a way that's just beautiful."

"The technology is amazing," he notes. "But what's wonderful is that it truly benefits the patient. With these paradigm-shifting imaging and ablation techniques, we can change the entire disease process."

This is important because Barrett's esophagus increases a person's risk for esophageal adenocarcinoma, a type of cancer that has dramatically increased in the United States over the past two decades.

"Our dietary habits in this country contribute to a growing incidence of reflux disease which, in turn, contributes to the growing incidence of Barrett's," Janowski explains. "As a result, we're seeing an increase in adenocarcinoma of the esophagus. But RF ablation can greatly reduce that risk."

So who is a candidate for RFA?

"Most certainly, individuals with Barrett's esophagus with low- or high-grade dysplasia, and even those with T-1 (early-stage) esophageal cancer who are otherwise not surgical candidates," Janowski says.

"A growing number of individuals who have long-segment Barrett's (greater than 3 cm) also are pursuing treatment," he continues. "There is still disagreement about whether it makes sense to undergo treatment before someone has dysplasia, but there is growing evidence that the cost to treat is lowered when intervening sooner rather than later."

"It doesn't mean everyone we see gets ablative therapy," he notes. "But there's a tremendous amount of fear and misunderstanding in patients with Barrett's, and we can help make things clearer."

"Barrett's is a condition that community physicians are going to be asked more and more about," he adds. "We're here to work hand-in-hand with them, and I encourage them to call us if they have questions." □

magnification capabilities, and chromoendoscopy (the topical application of stains or pigments to improve tissue characterization), we're able to locate even the smallest areas of dysplasia and ablate them."

"We're also using narrow-band imaging to find Barrett's tissue," Janowski continues. "During endoscopy, we can hit a button on the scope that changes the way light refracts. It highlights and discerns Barrett's from normal tissue



### **DOUGLAS A. JANOWSKI, MD**

Director, Adult Endoscopy Unit  
Tufts Medical Center

Associate Chief for Clinical Programs,  
Division of Gastroenterology  
Assistant Professor, Tufts University  
School of Medicine

#### **Medical School**

University of Miami School of Medicine

#### **Postgraduate Training**

Tufts Medical Center

#### **Board Certification(s)**

Gastroenterology, Internal Medicine

### **DOCTOR'S NOTES**

**For more information or to refer a patient, you can reach Dr. Janowski at 617-636-5883.**

# ON CALL

*A regular feature introducing the specialists at Tufts Medical Center*

## OTOLARYNGOLOGY

The Department of Otolaryngology/Head and Neck Surgery at Tufts Medical Center provides consultation, diagnosis and treatment options for adult and pediatric patients with disorders of the ears, nose, face, sinuses and allergy, mouth, throat, Larynx (voice box), head and neck. Elie E. Rebeiz, MD, Chairman of Otolaryngology at Tufts Medical Center and Professor of Otolaryngology at Tufts University School of Medicine, points out the department also provides much more.

Talented specialists offer an exceptional array of treatment options in multiple specialty clinics and centers within the department. These include: Head and Neck Cancer Center, Center for Skull Base Surgery, Sinus and Allergy Center, Pediatric Otolaryngology Service, Facial Cosmetic Surgery Center, Cleft Lip and Palate Clinic, New England Ear and Hearing Center, Cochlear Implant Center, and Center for Voice and Swallowing. No matter how difficult or complex the case may be, the specialists in the Department of Otolaryngology are able to provide expert care for your patients, while communicating with you throughout the entire

process. The Department recently recruited a second pediatric otolaryngologist, Dr. Andrew Scott, who will be joining the department in October 2010, and will be recruiting an otologist/neurotologist in the near future.

“One feature of our department is that we do a lot of surgery with other services, including neurosurgery, oral and maxillofacial surgery and dermatology,” says Rebeiz. “During endoscopic surgery,” he says, “we help neurosurgeons reach the part of the brain that’s in proximity to the nose, and we can do that all through the nose. Few departments of Otolaryngology in Boston perform these techniques,” he says. “Our interdisciplinary approach allows our otolaryngologists to combine their own exceptional expertise and training with the talents, knowledge and research of other departments.” And this, Rebeiz continues, “allows our physicians to develop individualized care plans that ensure convenient and thorough treatment for each patient.”

A great service to the community also provided by the Department of Otolaryngology at Tufts Medical Center is its annual free screenings for head, neck and oral cancer.

Tufts Medical Center also provides free screenings for nasopharyngeal cancer a few times a year as well. This form of cancer disproportionately affects individuals of Southeast Asian descent, in particular the Cantonese-speaking Chinese from Guangdong province of China.

In referring patients to the Department of Otolaryngology at Tufts Medical Center, Rebeiz emphasizes both accessibility and the benefit of personal interaction that occurs between patients and physicians. He points out that any patient referred to the department for head and neck cancer can be seen within two business days and that referring physicians and patients can easily reach physicians directly at Tufts Medical Center, while this is not always possible at other academic medical centers.

“We receive great feedback from referring physicians and patients about our accessibility,” Rebeiz says. For example, he states, “When a patient or physician calls, we call them right back; it’s very easy. Patients really sense that, and it helps them feel respected and confident.” □

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](http://tuftsmedicalcenter.org) and click on “find a physician.”



**ELIE E. REBEIZ, MD**

Chairman and Otolaryngologist-in-Chief, Department of Otolaryngology  
Professor of Otolaryngology, Tufts University School of Medicine

**Medical School**

American University of Beirut, Lebanon

**Postgraduate Training**

Massachusetts Eye and Ear Infirmary; Lahey Clinic Medical Center

**Board Certification**

Otolaryngology—Head & Neck Surgery

**Clinical Specialties**

Head and neck cancer surgery, sinus and nasal surgery, sleep apnea and snoring, general otolaryngology, minimally invasive surgery, endoscopic laser treatment of oral cavity and throat cancer, functional endoscopic sinus surgery, anterior skull base surgery, laser surgery of the airway

**Foreign Language(s)**

French, Arabic



**THOMAS L. CARROLL, MD**

Director, Center for Voice and Swallowing, Department of Otolaryngology  
Assistant Professor, Tufts University School

of Medicine

**Medical School**

Wright State University School of Medicine, Ohio

**Postgraduate Training**

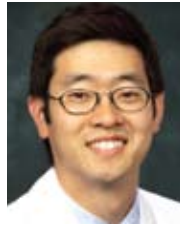
University of Colorado Health Sciences Center; University of Pittsburgh Medical Center

**Board Certification**

Otolaryngology—Head & Neck Surgery

**Clinical Specialties**

Laryngology, swallowing disorders, chronic cough, paradoxical vocal fold motion disorder (PVFMD)/vocal cord dysfunction (VCD), phonosurgery for benign and pre-cancerous vocal cord abnormalities, trans-nasal esophagoscopy (TNE), fiberoptic endoscopic evaluation of swallowing (FEES), early vocal cord cancer emphasizing voice preservation techniques, Spasmodic Dysphonia, vocal cord paralysis and other vocal cord motion abnormalities, age related voice changes, recurrent respiratory papillomatosis (RRP)



**ARNOLD S. LEE, MD**

Director, Division Facial Plastic & Reconstructive Surgery, Department of Otolaryngology

Assistant Professor of Otolaryngology, Tufts University School of Medicine

**Medical School**

University of Virginia School of Medicine

**Postgraduate Training**

University Of Illinois at Chicago; Tufts Medical Center

**Board Certification**

Otolaryngology—Head & Neck Surgery

**Clinical Specialties**

Facial cosmetic and reconstructive surgery, aging face rejuvenation, cleft lip and palate, rhinoplasty, face lifts, brow lifts, blepharoplasty, Mohs reconstruction, otolaryngology



**MIRIAM O'LEARY, MD**

Otolaryngologist, Department of Otolaryngology  
Assistant Professor, Tufts University

School of Medicine

**Medical School**

University of Connecticut School of Medicine

**Postgraduate Training**

Boston University School of Medicine; University of Miami

**Board Certification**

Otolaryngology—Head & Neck Surgery

**Clinical Specialties**

Head and neck cancer, management of thyroid cancer and hyperparathyroidism, head and neck reconstruction including microvascular techniques, management of radiation-related complications



**RICHARD O. WEIN, MD, FACS**

Chief, Division of Head and Neck Surgery, Department of Otolaryngology  
Assistant Professor

and Residency Program Director, Tufts University School of Medicine

**Medical School**

Tufts University School of Medicine

**Postgraduate Training**

University of Rochester, NY; University of Pennsylvania

**Board Certification**

Otolaryngology—Head & Neck Surgery

**Clinical 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



**MARK A. VECCHIOTTI, MD**

Chief, Pediatric Otolaryngology, Department of Otolaryngology

Assistant Professor

and Residency Program Director, Tufts University School of Medicine

**Medical School**

Weill Medical College of Cornell University

**Postgraduate Training**

Case Western Reserve University Hospital; Children's Hospital, Boston

**Board Certification**

Otolaryngology — Head & Neck Surgery

**Clinical Specialties**

Voice and airway disorders, hearing loss and cochlear implants, congenital and acquired head and neck mass, sinus disease, obstructive sleep apnea

**DOCTOR'S NOTES**

To refer a patient to Tufts Medical Center's Department of Otolaryngology, please call 617-636-5511.

**JOHN OHMAN JR., MD**

Chief, Allergy  
Tufts Medical Center

Professor, Tufts University School  
of Medicine

**Medical School**

University of Vermont College  
of Medicine

**Postgraduate Training**

New England Deaconess Hospital;  
Massachusetts General Hospital

**Board Certification**

Internal Medicine; Allergy,  
Immunology

**Clinical Specialties**

Asthma, hay fever, chronic sinusitis,  
food allergy, adverse drug reactions,  
insect sting allergy, occupational  
allergy/respiratory disease, atopic  
eczema, hives/urticaria, adult  
immunodeficiency, skin testing,  
pulmonary function testing,  
allergen challenge

**DOCTOR'S NOTES**

**Suffering from summer allergy symptoms? Contact the Division of Allergy at 617-636-5333.**

## Summer Allergies

### WHAT TO EXPECT AND HOW TO FIND RELIEF

### Q & A WITH CHIEF OF ALLERGY JOHN OHMAN, JR., MD

***What are spring and summer allergies?***

Seasonal allergies are allergic responses of your respiratory system to breathing in pollens that are given off by trees, grasses and weeds. Pollens are like tiny microscopic balloons that float great distances on wind currents. Trees give off pollen each year from March into June. At other times of the year there is nothing about the tree that will bother you. Grasses start to pollinate heavily in early June and depending on the weather, continue into the summer. Weeds give off pollen generally in the fall. Another category of allergy that is important in the summer and fall is mold allergy. Various kinds of mold that grow on decaying vegetable matter give off spores that float in the air like pollen.

***What causes allergies?***

Allergies are a very complex immune reaction to proteins that are given off by pollens and mold spores that stick to the lining of your eyes, nose and lungs. Inflammation results and causes the various symptoms of allergy. One important characteristic of this immune reaction is the presence of a particular kind of antibody (called IgE) that binds to the surface of certain cells (mast cells) in your respiratory lining. When exposed to an allergen this antibody causes a release of histamine and a host of other substances from mast cells causing the inflammation. IgE antibody is useful to protect the body against certain parasitic infections, but its presence in allergies could be viewed as your immune system going awry and reacting to harmless things. Some degree of allergy occurs in as much as 15 to 20 percent of the population, especially in young adults. The tendency to have allergies has a strong genetic component, so allergies tend to run in families. Allergies are more common in developed countries; this has given rise to the "hygiene hypothesis" which crudely states that too much cleanliness and protection against germs causes the immune system to overdevelop and react to harmless things.

***What are the symptoms of allergies?***

The common symptoms of allergies are

- ▶ Eye itching, redness and running
- ▶ Nasal congestion with bouts of sneezing and nose running
- ▶ Throat irritation and itching
- ▶ Cough, wheezing and shortness of breath

It is sometimes difficult to distinguish the common cold from allergies because a lot of the symptoms are shared. A cold, however, usually lasts for only a week; allergies often go on for much longer. A cold may also be associated with a fever. Uncomplicated allergies are not associated with a fever. Allergies come on at a predictable time from year to year; a cold is much more random.

### ***How are allergies diagnosed?***

The cornerstone for the diagnosis of allergies is the detection of IgE antibody directed against specific pollens or molds. Skin testing is the most common and rapid way to diagnose allergies. This is done by applying extracts of pollens or molds to the skin with a tiny prick or abrasion and if you are allergic, an itchy swelling or “wheal” results within 15 minutes. Blood tests can also be done (the RAST test). This measures IgE antibody to specific allergens in the blood. The skin test is a little more accurate and provides more information more quickly.

### ***How are allergies treated?***

Antihistamines are the major over-the-counter treatment for allergies. A large number of products are available, but the newer non-sedating products are generally preferable. These include loratadine (Claritin) or cetirizine (Zyrtec). Many antihistamine preparations are combined with pseudoephedrine for its decongestant effect although for some, this has a bothersome stimulant side-effect. Over the counter vasoconstrictor nasal sprays (such as Afrin) provide temporary relief, but if used for more than 3-4 days, they can induce rebound congestion, which can cause you to be more dependent on the spray. Nasal saline sprays can be very useful, and when used frequently, can rinse out pollen that is trapped in the nose.

### ***When should a physician be consulted?***

In many cases the symptoms are quite mild and are easily treated with over-the-counter medication. Generally speaking, nasal congestion is more difficult to treat than a runny nose and sneezing. When the symptoms are severe enough

to interfere with quality of life and do not respond to simple over-the-counter medication, a physician should be consulted. These more severe symptoms include:

- ▶ Sleep interference at night with daytime fatigue
- ▶ Symptoms of sinusitis such as pain above or below the eyes and post nasal drainage that can complicate allergies
- ▶ Symptoms of asthma including cough, wheezing or shortness of breath.

### ***What additional treatments can a physician prescribe if over-the-counter medication does not work?***

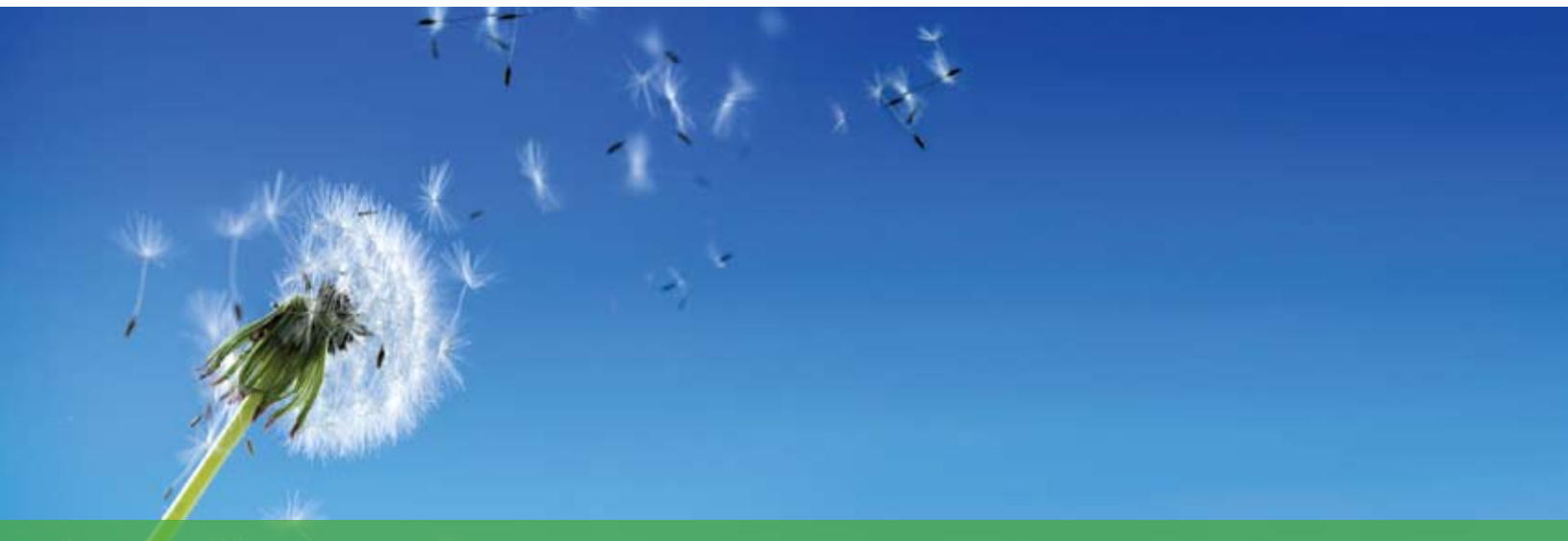
Nasal cortisone sprays are highly effective if used regularly for a period of time. A short course of cortisone pills can get you through a severe crisis when all else fails. Allergy shots or desensitization can be effective, but this is a long-term treatment that requires regular shots for a number of years. Desensitization is very helpful for some when other treatments are not effective. Asthma, if it occurs, must be treated promptly by your physician.

### ***Is there a cure for allergies?***

Unfortunately there is not a simple cure yet. Most of our treatments reduce the severity of the allergic reactions.

### ***Can complications occur with allergies?***

The major complications of summer allergies consist of sinus and ear infections. The cause is swelling in the nasal membranes that impede drainage from the sinuses and ears. Persistent pain in the sinus area or ears is a major symptom of this. Asthma is a much more serious form of allergy and requires prompt attention if it occurs. □



## 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 at 617-636-1398 or [jroberts2@tuftsmedicalcenter.org](mailto:jroberts2@tuftsmedicalcenter.org)**

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## 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](mailto:jroberts2@tuftsmedicalcenter.org)**

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## 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.

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***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](mailto:goodmedicine@tuftsmedicalcenter.org)**

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

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