

Laboratory Medicine: Vital to Diagnosis

In the laboratory, a mistake can lead to a misdiagnosis and, in some cases, even death. That may be why Ronald Swanson, MD, chair of the Department of Laboratory Medicine, gladly admits to the compulsive tendencies of his department's medical technologists and technicians. It's this attention to detail that has helped Lahey Clinic earn its reputation as a top-notch diagnostic center.

"We analyze several million results annually," says Swanson, who also heads the chemistry lab. "When we run a test, we usually don't know if it will be critical." He compares this to World War II servicemen watching blips on a radar screen, not knowing which might be a life-threatening enemy aircraft.

Last May Lahey's lab won accreditation with distinction when a 12-member laboratory team from Boston's Beth Israel Deaconess Medical Center inspected its facility. Part of a biennial peer review conducted through the College of American Pathologists, the inspection team found no notable deficiencies.

The Need to Know

While Lahey has a moderate-sized hospital, its outpatient practice is immense. Physicians currently see about 3,000 patients a day, and most require laboratory testing. Round the clock, specimens whisk through pneumatic tubes to the lab from the Operating Room, Emergency Medicine, the Intensive Care Units (ICUs), Urgent Care and Phlebotomy.

It wasn't always this way. Kathleen Quill, who joined the clinical lab in 1945 and retired as its administrative director in 1995, recalls when the Clinic didn't have its own hospital and



Massachusetts state legislators and aides recently toured Lahey's Department of Laboratory Medicine to gain a better understanding of the role of medical technologists.

The House is now considering a bill that requires licensure of laboratory personnel.

Nancy Karlson-Lidman of the hematology lab organized the tour. Pictured are Kimberle Chapin, MD, head of the microbiology lab (right), and Donna Richards, administrative director of Laboratory Medicine (center), with the visitors.

the lab was only open during the day and not on Sundays or holidays. Four people were required to do CBCs now done by instrumentation in a minute. "In the old days when I was supervisor of the hematology lab, we stayed until every test was done, so it could be on the patient's chart the next morning when the patient saw the doctor," she says.

All the work was done manually, including diluting specimens, making and aging stain, washing test tubes by hand, and sharpening and sterilizing

needles. "We never thought a differential — identifying the types and percentages of blood cells — would be done by automated instrumentation. It was always done under a microscope."

Today the volume of testing and dependency on test results has increased tremendously. Based on the clinical picture and a select menu of laboratory tests, physicians diagnose, treat and monitor a host of patient conditions from mundane to deadly with greater accuracy and confidence.

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LABORATORY MEDICINE *from page 1*

Take something as simple as strep throat. Studies have shown that when doctors diagnose pharyngitis empirically, 50 percent of the time they misdiagnose the cause as streptococcus, which results in inappropriate antibiotic therapy.

"We now have the capability of identifying strep with both sensitive and rapid methods, such as a DNA probe," says Kimberle Chapin, MD, a pathologist who heads the microbiology lab. "At Lahey we did about 12,000 strep throat tests in 2000. Treatment, whether it be an appropriate antibiotic or a follow-up study, is more dependent on lab test results."

Physicians often request numerous lab tests when a patient has a complicated illness. Many times the scope of these tests can be tailored after the first wave of lab results. Chapin and the other laboratory pathologists consult with physicians about interpretations of unusual test results. They also discuss extensive or unusual lab test requests and may suggest fewer or more appropriate tests.

"Helping to direct appropriate testing ends up saving thousands of dollars as well as patient inconvenience," Chapin says.



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Division of Labor

In the clinical lab, medical technologists and technicians analyze specimens of tissue, blood and other body fluids using the latest in technology. While in anatomic and surgical pathology, headed by Mark Silverman, MD, medical staff perform autopsies, tissue analysis, cytologic examination, surgical biopsy and frozen sections.

Clinical pathologists now head each of the laboratory areas — chemistry, hematology, microbiology, immunology and the blood bank. "This has changed in our lab over the last few years," says Swanson. "We found that the MD pathologists are able to consult over a broad range of issues with Lahey physicians."

In addition to Swanson and Chapin, laboratory directors include Drs. Vincent Agnello, John Gawoski, Kurt Heim, Gyorgy Abel and Sanford Kurtz, the Clinic's Chief Operating Officer and former chair of Laboratory Medicine. Donna Richards is the administrator of the department, which has 120 medical technologists and 50 support staff, including phlebotomists, technicians and computer specialists responsible for on-line test ordering and results.

In addition, the lab has an education section that offers on-the-job training for technicians. It also provides rotations for students enrolled in the five-year medical technology programs at Northeastern University and University of Massachusetts at Lowell.

Critical to Care

The departments of General Internal Medicine, Pediatrics, Surgery, Oncology and Emergency Medicine are heavily dependent on laboratory services. So are the ICUs, where patients may be tested five to ten times as often as in the rest of hospital. While all Clinic departments rely on the chemistry and hematology laboratory areas, some have close ties to other labs, such as the Department of Rheumatology with immunology and the Department of Infectious Diseases with microbiology.

Blood bank staff work especially closely with physicians. This vital area is responsible for stem cell collection, cross

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Ronald Swanson, MD, chair of the Department of Laboratory Medicine, with Massachusetts State Rep. Charles Murphy, whose district includes Burlington, during the recent tour of the lab.

matching, platelet collection, autologous blood collection, pheresis, and blood support for liver transplantation, trauma and surgery.

Lahey also serves as a reference laboratory for nearby hospitals, such as Southern New Hampshire Medical Center in Nashua. Specimens are sent, in particular, for testing in the special coagulation, flow cytometry, immunology and molecular biology areas.

What Makes a Quality Lab

Quality control begins with well educated, competent staff. Lahey currently only hires medical technologists who are professionally certified by the American Society of Clinical Pathologists.

Also essential to quality control are determining if specimens are adequate enough to yield valid results, routinely checking to ensure instruments are in good working order, and running known samples along with specimens as controls. In addition, three times a year, proficiency testing occurs in which simulated samples are analyzed.

“The ultimate feedback comes from the clinician,” says Swanson.

“They expect perfection, and they’re not shy about speaking up.”

Research conducted in the lab also contributes to overall quality performance. A recent study done in conjunction with the University of Iowa showed that treating patients based on a positive blood culture result due to a skin contaminant, for example, costs more than treating patients who are truly sick with an organism and are septic.

Another clinical laboratory study investigated the use of a DNA probe that identifies a specific nucleic acid for

the organism that causes strep throat. This test was found to work as well as a culture and to provide results sooner. It also proved to be less expensive and more accurate than a rapid antigen test.

Because laboratory work goes on behind the scenes and doesn’t involve direct patient care, it often goes unheralded. But to Swanson this is not a bad thing. “I hope the department continues to be something that physicians and patients can take for granted,” says Swanson. “It shows they trust us and believe in the quality of our work.” ■

Nucleic Acid Testing

Lahey’s labs now use a number of molecular tests to diagnosis disease by looking for DNA or RNA of specific pathogens or genetic markers. The assays currently used at Lahey allow detection of some pathogens, such as tuberculosis, months earlier than conventional technology. The microbiology lab tests for chlamydia, N. gonorrhoeae, Group A streptococcus, Mycobacterium tuberculosis and Human Papilloma Virus (HPV) using DNA/RNA hybridization assays. Specific labeled probes “find” the pathogen target in the nucleic acid extracted from a patient’s specimen.



“Hybridization assays are rapid — one to three hours — and less likely to have the technical problems associated with amplification assays,” says Kimberle Chapin, MD, head of the microbiology lab.

The clinical immunology lab performs the more complex molecular assays that require purification, amplification or sequence analysis of the nucleic acids. Their test menu includes assays for hepatitis C virus (HCV) and HIV and genetic tests for hemochromatosis and blood coagulation (mutations of Factor II and Factor V).

“In HCV and HIV testing, we prepare RNA and then reverse transcribe it in order to generate a single stranded complementary DNA,” says Gyorgy Abel, MD, PhD, head of the clinical immunology lab. “Using this DNA, we perform what is called a polymerase chain reaction or PCR to produce a billion copies of a molecule within a matter of hours.”

In this technique, discovered in 1985, polymerase enzymes are used to induce replication of the DNA, making the resulting quantity easy to measure. For example, if a milliliter of a patient’s blood contains just 50 or 100 copies of HIV or HCV, the nucleic acid from these pathogens can be multiplied in a test tube. From the degree of multiplication, the original amount can be determined.

“It’s very important for patients,” says Abel, “because, for example, the efficacy of treating HCV infection with interferon can be monitored by using this molecular test to measure the viral load. HCV genotyping is also significant, because infections with genotype I virus should be treated more vigorously.”

What does the future hold? Microbiology, Chapin says, will rely less on the actual growth of a pathogen and more on probe technologies for infectious disease diagnosis. In clinical immunology, Abel says, they plan to introduce more hematology and oncology assays to detect markers related to apoptosis or programmed cell death and to develop a molecular method to detect tumor cells in stem cell collections. ■

News, Names & Notes

Carl C. Bartels (IM, CVD) reports that he and Carm have been retired in Sarasota, Fla., since 1988. They are very proud to announce that their son, Stephen Bartels, MD, who is a geriatric psychiatrist and assistant professor of psychiatry at Dartmouth Medical School, is the president of the American Association of Geriatric Psychiatrists this year.

Mirza M. Beg (IM'61) was appointed to the newly created position of vice president, US Field Operations and Worldwide Compliance and Training, at Wyeth-Ayerst Research last March. In addition to this management responsibility for the US regional staff and the compliance and training groups in Radnor and Paris, he will take on a new role as the senior physician who will maintain oversight for good clinical practice worldwide. He joined Wyeth-Ayerst in 1989 as assistant vice president of CR&D, the company-wide compliance initiative.

Joseph C. Benacci (PS'95) is currently in the Department of Plastic and Reconstructive

Surgery at the Gundersen Clinic in LaCrosse, Wisconsin.

Lorenzo D. Campos (GE'60) retired from medical practice as of June 1995.

Josaphat V. DeMoraes (NS'68) is still in practice as chief of neurosurgery at Hospital Evangelis and Joas XXIII State Hospital.

Thierry Flam (U'86) reports that his Web site, www.uropage.com, is doing well, as the first French site entirely dedicated to information in urology for patients and their families. The site has an average of 2,500 hits per day, and many questions from "internauts" are being answered on line every day. A significant number of connections are from the French-speaking community in Canada, but they have had hits from French-speaking people worldwide.

Jason R. Gee (U'00) is currently a fellow in urologic oncology at M.D. Anderson Cancer Center in Houston, Texas.

Amir M. Khazei (SR'62) has retired from active practice as of March 1, 2001.

Hana Laznickova (IM'97) is currently practicing at the Allergy and Asthma Specialists in Chelmsford and North Andover, Massachusetts, and Nashua and Concord, New Hampshire.

Max M. Mehta (IM'95) finished his fellowship in body imaging last year at Baylor College of Medicine, Houston, Texas. He is currently working with a "nice private practice group" in Dallas. He finds himself very busy taking care of and playing with his son, Aaron, eight months old.

Edward A. Newell (OTO'52) retired in 1998 after 46 years of practice in Dallas, Texas.

Amado D. Ortiz (GS'62) is retired, but several times he has worked with his son who is in oncologic surgery.

Jai G. Parekh (IM'97) has joined a mid-size group in Lawrenceville/Princeton, N.J. "Bela and Sima are doing well and are making full use of the backyard," he says. "My wife is trying to keep up with all of them and enjoying part-time ophthalmology and full-time soccer-momhood! Hope all is well with everyone!"

Jean M. Pouget (IM'62) retired in 1996. He is currently a consultant in cardiology at University of Illinois and VA West Side Medical Center. He is also teaching house staff and students. Four months of the winter he spends in Florida. He reports he has three beautiful grandchildren — two girls in their early teens and a boy of nine, who are all doing very well in school and at home.

George Sanoudos (GS'69) presently and for the last 30 years has been in charge of the thoracic and cardiovascular surgery of NIMTS Hospital, Athens, Greece.

Ivan C. Schmidt (TS'46) has good news for surgeons and thoracic surgeons — you can live to be 85 and counting!

Franklin Schneider (CVD'96) is currently in his fifth year of cardiology practice since leaving Lahey. He is now his practice's director of cardiovascular imaging. He says he is "having a wonderful, busy time" and stays in touch with his Lahey Clinic colleagues.

In Memoriam

We sadly note the deaths of the following members of the Lahey Clinic community:

JAMES H. CLIFFORD III, MD, medical director of Lahey Beverly-Danvers-Ipswich, died suddenly on May 8. A Harvard graduate, he received his medical degree from the University of Rochester School of Medicine in 1967. Following an internship at Boston City Hospital, he served in the US Air Force for two years. He then completed his medical training at Medical Center Hospital, University of Vermont. Clifford was a founding member of North Shore Comprehensive Care, which joined the Lahey network in May 1993.

WILLIAM R. TORGERSON, JR., MD, a retired member of the Department of Orthopaedic Surgery, died on August 15. He joined Lahey in 1963 and served as chair of the orthopaedics department from 1970 to 1984. He retired from the Clinic in 1988. Known for his skill in joint reconstruction of the hip and knee, he

performed the first joint replacement operation at Lahey. A native of Grand Rapids, Michigan, Torgerson graduated from Kenyon College and received his medical degree from the University of Michigan in 1950. He completed his internship and residencies in general surgery and orthopaedic surgery at University Hospital in Ann Arbor. He served in the US Navy during World War II and the US Army Medical Corps from 1951 to 1953.

HENRY E. ZELLMANN, MD, a retired long-time member of the Lahey staff, died on September 21 at the age of 79. He joined Lahey's Department of Internal Medicine in 1954 and served as an internist and subspecialist in endocrinology until his retirement in 1987. An authority on tropical medicine and diseases of the thyroid, he was known for his dry humor and erudite

manner. A native of Newark, New Jersey, Zellmann graduated from Siena College in New York and received his medical degree from Albany Medical College in 1946. He served his internship and residency in pathology at Newark City Hospital before serving fellowships in medicine at Johns Hopkins University and Lahey Clinic (1951-52). He also attended the Harvard University School of Public Health.

Other recent Lahey Clinic alumni losses include:

H. Vinton Coes, MD (GP, OBG, AN'44)

Eleanor Giffin (IM'56)

Lucius D. Hill III (GS, TS'53)

John B. O'Sullivan, MD (IM'56)

Verner M. Swan (GS'55)

Frank A. Solomon, Jr., MD (IM'44)

Where Are They Now?

An Update on the GI Surgical Fellows

by John W. Braasch, MD, Retired Chair, Department of General Surgery

Lahey Clinic has offered postgraduate training for about 65 years — since the first surgical fellow, Herbert D. Adams, MD, was appointed in the 1920s. In the past, the General Surgical Department received regularly scheduled rotations of residents from local programs, such as the Harvard Surgical Service at Boston City Hospital, New England Deaconess Hospital, University of Massachusetts, and Brigham and Women's Hospital. Other residents came from afar — Charity Hospital (SLU) in New Orleans; Chattanooga, Tennessee; and multiple programs in Australia represented by the Royal Australian College of Surgeons.

In 1985 Lahey Clinic began a gastrointestinal surgical fellowship, a unique program focusing on surgery of the liver, biliary tract, pancreas and stomach. Later, the Cleveland and Mayo Clinics started similar programs. Lahey's GI surgical fellowship prospered until 1997, when it had to be discontinued in order to gain approval of a general surgical residency program at the Clinic.

Alumni of this program have subsequently had professional careers of great service to the profession and humanity. Here is a follow-up on where they are in 2001:

Lahey appointed Dr. Daniel J. Deziel as the first gastrointestinal surgical fellow in 1985. At the end of his year, he returned to Chicago, and he has remained at the Rush Presbyterian St. Luke's Hospital and Rush Medical College to date. He is now professor of surgery and chief of the general surgery service. He is active in many organizations but in particular, the Society of Gastrointestinal Endoscopic Surgeons. His bibliography is extensive and centers on upper gastrointestinal tract surgery.



Daniel J. Deziel,
MD

In 1986 Dr. Skip Sell came to Lahey from Mercy Hospital in Pittsburgh, and he returned there on completion of his year. He has served as director of that hospital's general surgery residency program. He is chief of General Surgery and Gastrointestinal Surgery, with 80 percent of his practice being gastrointestinal surgery. He is also inter-

ested in endoscopic adrenalectomy and hiatal hernia repair.

C. Wright
Pinson, MD



Dr. C. Wright Pinson was the 1987 fellow. He came to Lahey from the University Hospital in Portland, Oregon. Following his year at the Clinic, he was a fellow in transplantation (liver) at New England Deaconess Hospital, with Dr. Roger Jenkins as chief. He then returned to Oregon to start the first liver transplantation program in the Pacific Northwest. This program was notable in its early stages when he had to deal with five cases of liver failure due to mushroom poisoning, which were admitted at one time. He then went to Vanderbilt University in Nashville, where he started its liver transplant program. At present he is the H. William Scott Professor of Surgery at Vanderbilt and chairman of the department. He has been active in multiple societies focusing on transplantation

and surgical diseases of the liver, biliary tract and pancreas. His bibliography is extensively involved with this field. Oh yes, he does have a night job — playing drums in a rock band. They have one CD named "Soul Incision," which is "close" to being platinum.

Dr. Maureen Martin was the 1988 fellow. She also had further training in liver transplantation with Dr. Jenkins at New England Deaconess Hospital and worked in Dr. Starzl's transplant group at the Presbyterian Hospital in Pittsburgh. She then was called to Iowa University where she started a liver transplantation service. In 2000 she was recalled to the Boston area as associate professor in surgery at Harvard and Beth Israel Deaconess Hospital. Her interests have included liver transplantation and surgery of the liver, biliary tract and pancreas.

The 1989 fellow, Dr. David McAneny came from the Boston University surgical program, to which he returned after finishing his year. At present he is associate professor of surgery at Boston University and Boston Medical Center. His major interest is surgical oncology and abdominal surgical disease. He has strong interests in the oncology societies, the New England Surgical Society and the Massachusetts Chapter of the American College of Surgeons.

Dr. Michel Gagner came in 1990 from Montreal and returned after completing his year. He soon established himself "a force" in laparoscopic surgery, notably as applied to the pancreas and adrenals. After a stay at the Cleveland Clinic, he moved on to New York City and Mt. Sinai Hospital. There he is currently the Franz Siehel Professor of Surgery, chief of the Division of Laparoscopic Surgery, and chief of the IRCAD Institute, which manages an active laparoscopic training program and research effort. Recently he participated from Manhattan in the computer control of a robotic transatlantic cholecystectomy in Strasbourg, France.

The 1991 fellow, Dr. William Schirmer, returned to Ohio State University Hospital in Columbus as

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assistant professor of surgery. He currently is at the Grady Memorial Hospital in Delaware, Ohio, where he has a special interest in abdominal surgery.

Dr. Horatio Asbun was the 1992 fellow. He currently works in the John Muir-Mt. Diablo Health System based in Walnut Creek, California, and is director of laparoscopic surgery. He is active in SAGES and serves as chairman of the education resource committee. He is also a member of the motion picture committee of the American College of Surgeons. Most of his surgery involves the gastrointestinal tract, liver and pancreas.

In 1993 Dr. Jane Tsao came to Lahey from the Mayo Clinic. Currently assistant professor of surgery at Tufts University Medical School, she has an interest in hilar cholangiocarcinoma and pancreatitis with necrosis. She is a member of the surgical staff of the New England Medical Center and chief of surgery at the Lemuel Shattuck Hospital.

Dr. Ron Martin came to us in 1994 from the surgical training program at the Maine Medical Center in Portland. On completion of his year, he returned to the center, where he practices today. He has organized the Atlantic Coast Surgical Group just south of Portland and continues his interest in surgery of the biliary tract and pancreas.

The 1995 fellow was Dr. Kenneth Leslie, who came from the University of Western Ontario, Canada. Following his year, he returned to his former program, concentrating on laparoscopic abdominal surgery, endoscopic retrograde cholangiopancreatography (ERCP) and related surgery, and the field of surgical education. At present he is the director of all surgical education of the Division of Surgery at the University of Western Ontario. And he is the "go-to" person for ERCP in his area. He has a very active interest in endoscopy of the biliary tract and pancreas and related surgery. He is also involved in much of the colon surgery in his hospital. His abdominal endoscopic work includes anterior fusions

(with the orthopedist) of L5-S1. Being Canadian, perhaps his most important position is assistant coach and trainer for a son's hockey team.

Our last surgical GI fellow was Dr. Marian McDonald who came from Cleveland. After finishing her year, she located first in Philadelphia and later moved to Allentown and Bethlehem in eastern Pennsylvania. She is currently a member of the Keystone Surgical Associates and is associate director of oncology services at St. Luke's Hospital in Bethlehem. Her practice is composed of about one third oncology and one third advanced laparoscopic procedures. She is active in the Society of American Gastrointestinal Endoscopic Surgeons and the Society for Surgery of the Alimentary Tract. Lastly, but certainly not least, is her family of a TWA pilot husband and three children ages 7, 5 and 3.

Lahey feels fortunate to have had a part in the development of this group of surgeons. One's success is often best measured by the successful passing of the torch for the future. ■

Lahey Clinic Alumni 2001

The Alumni Association welcomes the following physicians who completed their training at Lahey Clinic this past June:

Department of Cardiology/ Electrophysiology (EP)

Ashok A. Patel, MD
Pavit Pienvichitr, MD

Department of Cardiology
Jolanta K. Filipek-Moskal, MD
Roshan K. Mathew, MD

**Department of
Cardiothoracic Surgery**
Curtis T. Hunter, MD
Barbara Robinson, MD

**Department of Colon
and Rectal Surgery**
Joseph E. Martz, MD
John M. Sayles, MD

**Department of
Diagnostic Radiology**
Anthony G. Daniele, MD
Liliane A. Harika Gibbs, MD
Fah Sean Leong, MD

Department of Gastroenterology

Robert J. Cimis, Jr., MD
Francis P. MacMillan, Jr., MD

**Department of
General Surgery**
Declan Hegarty, MD
Dmitry Nepomnayshy, MD

**Department of Hepatobiliary
and Liver Transplantation**
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Andrea Sorcini, MD

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Brian J. McManus, MD
Marcelyn C. Molloy, MD
Sassan Pazirandeh, MD

Wayne Saltsman, MD, PhD
Sonal Shah, MD
Sanjay Shetty, MD
Benjamin Smith, MD
Martin P. Smith, MD
Amy M. Symons, MD
Christopher M. Tess, MD
Matthew E. Tilem, MD
Kathleen E. White, DO
Jeffriane S. Young, MD

**Department of Interventional
Cardiovascular Medicine**
Cornell M. Cohen, MD

**Department of Interventional
Neuroradiology**
Luis Centenera, MD

Department of Neurology
Susana Quijano-Roy, MD

**Department of
Orthopaedic Surgery**
Ramil S. Bhatnagar, MD
David J. Casey, MD

Anthony H. Presutti, MD
Fletcher A. Reynolds, MD
Paul D. Warren, MD

**Department of Plastic and
Reconstructive Surgery**
Robert R. Hagan, MD
Sonal N. Pandya, MD

**Department of Pulmonary and
Critical Care Medicine**
Armand A. Bermudez, MD
Ifeanyi Eruchalu, MD
Daniel Hagan, DO

**Departments of Research
and Laboratory Medicine**
Jason Cain, MD

Department of Urology
Boutros T. Bouyounes, MD
Michael G. Callum, MD
Martha W. Dyer, MD

Excellence in Teaching



*David Brams, MD,
General Surgery*



*Paul Dellaripa, MD,
General Internal Medicine*



*Edward R. Jewell, MD,
Vascular Surgery*

Lahey Clinic residents recently recognized several physicians with “Excellence in Teaching” awards. House staff gave the awards to faculty members who have “exhibited an outstanding commitment to resident teaching and education.” Rheumatologist **Paul Dellaripa, MD**, was singled out for his teaching excellence in the Internal Medicine Residency Program. Recipients in the General Surgical Residency Program were **Edward Jewell, MD**, vascular surgeon, who’s known for his outstanding weekly conferences, and **David Brams, MD**, associate surgical residency program director. Brams, it was noted, spent 13 months revamping Lahey’s training program in preparation for a Requirements Review Committee (RRC) site visit. At the review, an inspector said, “I have never visited an institution before when I cannot give a negative comment back to the RRC.” ■

Postgraduate Recognition Day

On Postgraduate Recognition Day in June, Lahey Clinic Alumni Association honored 53 fellows and residents for completing their training. In addition, a review committee of medical staff selected manuscripts authored by the following residents for oral presentation: Atoussa Goldar-Najafi, MD, Department of Anatomic Pathology; Sabrina Haas, MD, Division of Internal Medicine; William Huang, MD, Department of Urology, and David Wang, MD, Department of Urology.

John Collier, MD, of the Department of Colon and Rectal Surgery, served as chair of the review committee and presented the awards. David Schoetz, Jr., MD, Department of Colon and Rectal Surgery, chair of graduate medical education and vice-chair of medical education, made remarks in honor of the fellows and residents. ■



Among those submitting papers were (left to right): Drs. William Huang, Urology; David Wang, Urology; Boutros Bouyounes, Urology; Atoussa Goldar-Najafi, Anatomic Pathology; and Sabrina Haas, Internal Medicine.

Fund Drive Finale

The Alumni Association's campaign to establish a fund for the Alumni Auditorium is coming to a close. Please take this opportunity to contribute if you have not done so already.

Thanks to generous contributions from alumni and Clinic departments, the Alumni Auditorium will soon be outfitted with new media equipment, lighting and carpet. This will enable medical staff as well as guest speakers to use the latest, computerized technology to give presentations.

"Many thanks to those of you have supported this important project," says Neil Weiner, MD, Alumni Association Executive Director. "The upgrading of the Alumni Auditorium will create a space that is equal to the quality of the educational programs held there." ■

Upcoming Boyd Lecture

"Present Status of Robotic Techniques in Cardiac Surgery" will be the topic of the 15th annual David P. Boyd Lecture in Cardiothoracic Surgery to be held on Wednesday, December 5, in Lahey's Alumni Auditorium. Speaking will be Ralph J. Damiano, Jr., MD, the John M. Shoenberg Professor of Surgery at Washington University School of Medicine and Chief of Cardiac Surgery at Washington University Medical Center in St. Louis. The lecture will begin at 7:30 a.m. after a continental breakfast. ■

Alumni Chairs



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Lahey
CLINIC

Display your Lahey Clinic heritage with a laser-engraved insignia chair. Choose a black, solid maple hardwood Boston rocker or captain's chair (with arms and crown in a cherry finish). You may also choose either the Lahey Clinic logo or Lahey Clinic Alumni Association logo.

A chair can be yours for only \$248 plus a \$25 shipping charge for a total of \$273. The cost of each chair includes a tax-deductible gift of \$50 for the Alumni Auditorium Fund. The chairs are shipped via UPS fully assembled (except for the rocker runners, which are easily attached).

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