

Missri to Enhance Patient-centered, Multidisciplinary Cardiology Programs

José Missri, MD, a cardiologist who for nearly three decades led outstanding clinical practice programs in Connecticut, is developing a number of multidisciplinary patient care programs as the Department of Medicine's newly appointed chief of cardiology.

"I'm very delighted and excited about joining the Temple team," says Missri, who was previously the medical director of St. Vincent's Regional Heart and Vascular Center and senior vice president, chief medical officer and chair of cardiovascular medicine at St. Vincent's Medical Center in Bridgeport. "The section has been very innovative in many offerings, including our heart failure transplantation program and cardiovascular imaging technology, and the fellowship program has trained specialists now practicing throughout the country and internationally."

"Building on that," says Missri, also a professor at the University of Connecticut School of Medicine, "one of my priorities will be to enhance the cardiovascular program so that we offer a more patient-centered program—one that provides excellent service with



José Missri, MD, newly appointed chief of cardiology

only within our own facilities, but in communities that can benefit from the expertise of Temple faculty."

Besides his six years in Bridgeport, Missri spent 22 years at Saint Francis Hospital and Medical Center in Hartford, where he was chair and director of the Department of Medicine, senior vice president for

relevant clinical research and to train people in these areas to provide their expertise to more patients."

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"OUR FIRST PRIORITY IS TO HAVE A MOTIVATED STAFF OF PHYSICIANS, NURSES AND TECHNICIANS ALL DEDICATED TO PROVIDING EXCELLENT PATIENT CARE."

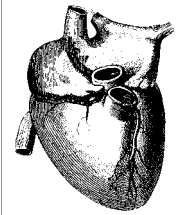
— José Missri, MD, Chief of Cardiology

high-quality care based on 'best practices' in cardiology and cardiac surgery.

"We will also work to expand the faculty by recruiting the best clinical and research cardiologists in key specialty areas—including heart failure, clinical cardiology, noninvasive cardiac imaging, electrophysiology and basic science research. Finally, I plan to broaden the faculty practice presence—not

medical affairs, chief medical officer and medical director of the Hoffman Heart Institute of Connecticut.

Some of the programs he is bringing to Temple he first initiated in Connecticut. "But the difference here is that Temple is an academic center," says Missri, a Panamanian native raised in California. "This allows us to both conduct



**CARDIOLOGY,
GASTROENTEROLOGY
and
GERIATRICS**

fall 2008

This issue of PULSE focuses on the work of the Cardiology and Gastroenterology sections and the geriatrics program of the General Internal Medicine section.

More about José Missri, MD

Professor of Clinical Medicine
Chief, Cardiology Section

MD, Autonomous University of
Guadalajara, Mexico

POSTGRADUATE EDUCATION:

The Moncton Hospital, Moncton,
New Brunswick, Canada

Dalhousie University Medical
School, Halifax, Nova Scotia, Canada

POSTDOCTORAL FELLOWSHIPS:

Harvard Medical School/New
England Deaconess Hospital

Harvard School of Public Health
Program for Clinical Chiefs

FELLOW:

American College of Cardiology

American College of Chest Physicians

Council on Clinical Cardiology,
American Heart Association

A Banner Recruiting Year

*A message from Joel Richter, MD, FACP, MACG
Richard L. Evans Chair, Department of Medicine*



Of the four years I have headed the Department of Medicine, the faculty class we recruited this year by far is the most exciting. In 2008 we have appointed 21 new faculty members, increasing our faculty to 84 full-time and 21 part-time professors.

The 21 positions represent recruitment within 10 of the department's 13 sections. We have hired a fine mix

of young assistant professors, and more senior clinicians and clinical investigators. Duane Kirksey, MD, and B. Brent Simmons, MD, for example, are two young, talented geriatricians featured in this newsletter. With their training and skills, they could have gone anywhere, but—happily for us and our patients—decided to be pioneers in revitalizing our geriatrics program. Michael S. Smith, MD, another young physician included in this newsletter, is bringing new techniques for diagnosing and treating Barrett's esophagus.

Meanwhile, our more senior recruits run the gamut from world-class research scientists such as Philip L. Cohen, MD, our new rheumatology chief, to highly regarded clinicians such as José Missri, MD, our new cardiology chief highlighted on the front page. Besides being a nationally renowned physician, scientist and educator, Dr. Missri is a proven healthcare administrator who understands both the needs of patients and the requirements of physicians.

Of the new hires, four came from within Temple. The remaining have come to Temple from such outstanding institutions across the country as the Mayo Clinic, Harvard, Columbia and Washington (St. Louis) universities and the universities of Pennsylvania, Texas, Connecticut and Pittsburgh.

All are dedicated and contribute in multiple ways to our three-pronged mission: patient care, research and education. I'm very pleased they have joined us.

Contact me at 215-707-5069 or jrichter@temple.edu.

New Faculty Appointments During 2008	
Cardiology	4
Center for Obesity Research and Education	1
Gastroenterology	1
General Internal Medicine	1
Geriatrics	2
Hematology	1
Infectious Diseases	1
Oncology	4
Pulmonary	3
Rheumatology	3

Duo Revitalizing Geriatrics Program



Duane E. Kirksey, MD, and B. Brent Simmons, MD

Two young, well-trained geriatricians, Duane E. Kirksey, MD, and B. Brent Simmons, MD, are revitalizing Temple's geriatrics program.

"This is an overwhelming, once-in-a-lifetime opportunity to teach, research and see patients while we develop a new program in an academic institution," says Kirksey.

The two joined the Temple faculty in July after completing prestigious geriatrics fellowships—Kirksey at

Both Kirksey and Simmons were attracted to geriatrics by the challenge and complexity of dealing with the multiple medical issues that most patients experience and the growing demand for such services as the population ages. "Seniors are the most appreciative patients," adds Simmons. "I really enjoy working with them."

To promote their multidisciplinary practice approach and raise awareness about health issues facing seniors, the

**"GOOD GERIATRICS CARE TAKES A TEAM OF PHYSICIANS,
SOCIAL WORKERS, THERAPISTS AND PHARMACISTS."**

—B. Brent Simmons, MD

the Hospital of the University of Pennsylvania and Simmons at Thomas Jefferson University Hospital.

The two physicians are seeing both primary care geriatric patients and consults referred by other doctors in their ambulatory care offices on the Temple University Hospital campus. Along with nurse-practitioner Donna Nahass, CRNP, they also are reviving an inpatient consulting service that Nahass has primarily handled the past few years.

"We call the practice 'Senior Care,'" says John Cacciamani, MD, a geriatrician and internist who is supervising the new effort. "We want to focus on the fact that we are taking care of seniors, not geriatrics. It's not about illnesses as much as maintaining wellness and functional status."

duo have been speaking with groups at area senior centers, senior housing complexes and houses of worship about such issues as hypertension, diabetes and arthritis. The two doctors also are mentoring residents on geriatric issues and lecturing residents and medical students. Future plans include launching a multidisciplinary geriatrics rotation for internal medicine residents that would involve exposure to geriatricians, social workers, physical and occupational therapists, and pharmacists.

For more information, contact Drs. Duane Kirksey, MD, and B. Brent Simmons, MD, at 215-707-2220 or duane.kirksey@tuhs.temple.edu or b.brent.simmons@tuhs.temple.edu.

Smith Brings New Diagnostic and Treatment Techniques for Barrett's Esophagus

Michael S. Smith, MD, MBA, who trained under one of the world's foremost investigators of Barrett's esophagus and esophageal cancer, is bringing state-of-the-art techniques to diagnose and treat these disorders to the Department of Medicine's gastroenterology section.

"THE QUESTION IS: HOW DO WE IDENTIFY AND TREAT PATIENTS WITH BARRETT'S ESOPHAGUS BEFORE THEY PROGRESS TO INVASIVE CANCER?"

—Michael S. Smith, MD, MBA

Smith comes to Temple following three years in the Division of Digestive and Liver Diseases at the Columbia campus of New York-Presbyterian Hospital. Under the mentorship of Dr. Charles J. Lightdale, his clinical and research activities focused on the endoscopic evaluation and treatment of Barrett's esophagus.

Barrett's esophagus is a pre-cancerous condition in which the normal squamous mucosal lining of the esophagus is replaced with intestinal mucosa, a change believed to occur following recurrent acid injury. The incidence of Barrett's esophagus has skyrocketed recently, and the current epidemic of obesity and gastroesophageal reflux disease (GERD) is believed to be a major contributing factor in the tremendous increase of both Barrett's esophagus and adenocarcinoma, one of the two main types of cancer of the esophagus.

While the path from acquisition of Barrett's mucosa to cancer is not completely clear, it appears that many patients develop progressively dysplastic changes. Until relatively recently, patients who had acquired advanced, or high-grade, dysplasia—a precursor to esophageal cancer—underwent an esophagectomy, a life-altering procedure with significant morbidity and a 5 to 10 percent mortality rate. Several endoscopic techniques are being evaluated as alternatives to surgery, with photodynamic therapy (PDT) being the most promising; however, it too carries a high risk of complications, including stricturing of the esophagus and incomplete treatment of the pre-cancerous Barrett's mucosa.

As the associate director of Temple's Esophageal and Swallowing Center of Excellence, Smith

is offering patients the opportunity to receive treatment with a new generation of endoscopic treatments that show high efficacy and much improved tolerability. These include radiofrequency ablation, where the Barrett's mucosa is burned off and, when combined with acid reduction, normal squamous mucosa regenerates. When nodular or raised lesions are present, Smith utilizes a technique called endoscopic mucosal resection (EMR) for targeted removal of these segments prior to ablation of the remaining Barrett's area. Smith is also trained in cryo-ablation, where super-cold liquid nitrogen is applied to the Barrett's esophagus through an endoscopic catheter. This treatment shows promise not only for the removal of dysplastic Barrett's esophagus, but also for palliative treatment of unresectable esophageal cancer.

"The past few years have brought tremendous improvements in our ability to endoscopically treat Barrett's esophagus with techniques that are both effective and well tolerated by patients," says Smith. "A good Barrett's specialist knows how to select and combine these treatments to individually tailor the approach to each patient. I'm really excited to bring these tools to Temple patients."

For more information, contact Michael S. Smith, MD, at 215-707-3434 or Michael.Smith3@tuhs.temple.edu.



More about Michael S. Smith, MD, MBA

Associate Director, Temple Esophageal and Swallowing Center of Excellence
Assistant Professor of Medicine

MD, University of Pennsylvania School of Medicine

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POSTDOCTORAL TRAINING:

Hospital of the University of Pennsylvania
New York-Presbyterian Hospital,
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Missri *from page 1*

MULTIDISCIPLINARY PROGRAMS MISSRI IS DEVELOPING:

- Comprehensive vascular center: Cardiologists will care for patients with vascular diseases with vascular surgeons and radiologists.
- Cardiovascular imaging: CT scanning and MRIs.
- Cardiovascular prevention program: Identify patients with risk factors and treat those risk factors in order to prevent cardiovascular disease.
- Electrophysiology: Radiofrequency energy ablation to treat atrial fibrillation.

Missri has authored or co-authored numerous papers, chapters and other scholarly works for a variety of journals, including *The New England Journal of Medicine*, *Journal of Cardiovascular Medicine*, *Journal of Cardiovascular Ultrasonography*, and *American Heart Journal*. An expert in cardiac ultrasound and Doppler echocardiography, he has written four textbooks and numerous textbook chapters on those topics, including *Clinical Doppler Echocardiography: Spectral and Color Flow Imaging* (McGraw Hill, New York, 1990) and *Transesophageal Echocardiography: Clinical and Intraoperative Applications* (Churchill Livingstone, New York, 1993).

For more information, contact José Missri, MD, at 215-707-9259 or jose.missri@tuhs.temple.edu.

PULSE

Newsletter of the
Department of Medicine,
Temple University
School of Medicine

Cardiologist, Infectious Diseases Specialist, Hematologist Join Faculty

The Department of Medicine is pleased to announce the appointment of three distinguished physicians to the School of Medicine faculty.



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POSTGRADUATE EDUCATION:

University of Kashmir, Government Medical College and S.M.H.S. Hospital

SUNY at Stony Brook, Nassau University Medical Center

Tufts University School of Medicine, Caritas St. Elizabeth's Medical Center, Boston Mayo Clinic, Rochester, Minn.

SPECIAL INTEREST:

interventional cardiology, vascular and endovascular medicine



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POSTGRADUATE EDUCATION:

Temple University Hospital

SPECIAL INTEREST:

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POSTGRADUATE EDUCATION:

University of Medicine and Dentistry of New Jersey, Newark

Mount Sinai Hospital, New York, N.Y.

Jefferson Medical College, Cardeza Foundation for Hematology Research, Philadelphia

State University of New York Health Science Center at Brooklyn

SPECIAL INTEREST:

hemostasis and thrombosis