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We are extremely pleased and honored by your interest in our cardiothoracic surgery training program and welcome you to our institution. Your accomplishments and endeavors to date are to be congratulated.

We at Johns Hopkins are committed to providing an outstanding educational experience. Our multidisciplinary team is dedicated to providing trainees with an outstanding education that will provide preparation for a successful and rewarding career in cardiothoracic surgery.

The Johns Hopkins Hospital has a distinguished history of advancements in the treatment of cardiothoracic diseases in adults and children beginning with the Blalock-Taussig shunt in 1944. Our cardiothoracic surgery program currently offers a full complement of surgical interventions—from time-honored surgeries, such as coronary artery bypass, valve replacement and congenital heart procedures, to new, groundbreaking therapies, including minimally invasive cardiac surgery, transcatheter valve replacements, off-pump coronary bypass, surgical ablation for atrial fibrillation, and robotic surgery. We offer comprehensive treatment for congestive heart failure, including surgical ventricular restoration procedures, cardiac transplantation and ventricular assist devices.

Finally, our program is an integral part of the Dana and Albert “Cubby” Broccoli Center for Aortic Diseases at Johns Hopkins, one of only a few centers in the world that provides comprehensive management and surgical repair of aortic diseases, with particular expertise in Marfan syndrome and Loeys-Dietz syndrome.

In general, for thoracic surgery, we have the highest surgical volumes in the state of Maryland and the surrounding areas, so the experience in thoracic malignancies, including that of lung, esophageal, mediastinal and pleura, will be unique. The techniques of video-assisted thoracoscopic surgery, robotics, lung reduction

Division Chiefs

Cardiac Surgery
Jennifer Lawton
Director, Residency Program

Thoracic Surgery
Richard Battaforano

Robert Higgins
Director, Department of Surgery
Associate Program Director
surgery and lung transplantation are fully integrated into the training program.

Our large clinical volume, consisting of many complex and complicated procedures in all areas, assures the best possible patient care from some of the most experienced and expertly skilled surgeons in the world. Our surgeons are committed to studying and evaluating new methods of surgical treatment and improving surgical outcomes through clinical and laboratory research. We hope this information is useful as you move on to the next phase of your surgical career.

Mission

Our mission is to provide the best patient care by fostering innovation, promoting education and encouraging scientific inquiry.

Clinical Service Philosophy and Core Values

Our motto is WE CARE—we are Conscientious, Accountable, Respectful and Engaged. We pride ourselves upon our:

- Surgical excellence
- Integrity
- Innovation and discovery
- Respect for the individual
- Fostering of leadership through education and research

Cardiothoracic Surgery Fellows

<table>
<thead>
<tr>
<th>Year 3</th>
<th>Year 2</th>
<th>Year 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1" alt="Hamza Aziz, M.D." /></td>
<td><img src="image2" alt="Meghan Halub, M.D." /></td>
<td><img src="image3" alt="Nicholas Clarke, M.D." /></td>
</tr>
<tr>
<td><img src="image4" alt="Brandi Scully, M.D." /></td>
<td><img src="image5" alt="Daniel Walker, M.D." /></td>
<td><img src="image6" alt="Fatima Wilder, M.D." /></td>
</tr>
</tbody>
</table>

Cardiothoracic Surgery Residency Program 2020 | 3
The History of Johns Hopkins

The history of Johns Hopkins is a notable one. Johns Hopkins, a Baltimore merchant, died on Christmas Eve in 1873, leaving $7 million to be divided between a university and a hospital that would bear his name. Today, these interconnected institutions remain among the world’s greatest resources for higher education, research, patient care and public service.

The Johns Hopkins Hospital opened in 1889, followed four years later by the university’s school of medicine, revolutionizing medical practice, teaching and research in the United States. The hospital is now part of the Johns Hopkins Health System, which includes five other acute care hospitals and other integrated health care delivery components, with a network of primary and specialty care practices, outpatient care, long-term care and home care throughout Maryland.

The Johns Hopkins Hospital was ranked #3 and the Cardiology and Cardiac Surgery program was ranked #12 in the nation on the 2019-20 U.S. News and World Report Best Hospitals list. Johns Hopkins also ranks the highest in the nation in NIH funding for Research Project Grants.
Letter of Johns Hopkins to the Trustees

**Baltimore, March 10, 1873**


Gentlemen:

I have given you, in your capacity of Trustees, thirteen acres of land; situated in the city of Baltimore, and bounded by Wolfe, Monument, Broadway and Jefferson streets, upon which I desire you to erect a Hospital.

It will be necessary to devote the present year to the grading of the surface, to its proper drainage, to the laying out of the grounds, and to the most careful and deliberate choice of a plan for the erection and arrangement of the buildings.

It is my wish that the plan thus chosen shall be one which will permit symmetrical additions to the buildings which will be first constructed, in order that you may ultimately be able to receive four hundred patients; and that it shall provide for a Hospital, which shall, in construction and arrangement, compare favorably with any other institution of like character in this country or in Europe.

It will, therefore, be your duty to obtain the advice and assistance of those, at home and abroad, who have achieved the greatest success in the construction and management of Hospitals.

I cannot press this injunction too strongly upon you, because the usefulness of this charity will greatly depend upon the plan which you may adopt for the construction and arrangement of the buildings. It is my desire that you should complete this portion of your labor during the current year, and be in readiness to commence the building of the Hospital in the spring of 1874.

It will be our duty, hereafter, to provide for the erection, upon other ground, of suitable buildings for the reception, maintenance and education of orphan colored children.

I direct you to provide accommodation for three or four hundred children of this class; and you are also authorized to receive into this asylum, at your discretion, as belonging to such class, colored children who have lost one parent only, and, in exceptional cases, to receive colored children who are not orphans, but who may be in such circumstances as to require the aid of the charity.

I desire that you shall apply the yearly sum of twenty thousand dollars, or so much thereof as may be necessary of the revenue of the property which you will hereafter receive, to the maintenance of the Orphan’s Home intended for such children.

In order to enable you to carry my wishes into full effect, I will now and in each succeeding year during my life, until the Hospital buildings are fully completed, and in readiness to receive patients, place at your disposal the sum of one hundred thousand dollars.

In addition to the gift, already made to you, of the thirteen acres of Land in the city of Baltimore, upon which the Hospital will be built, I have dedicated to its support and to the payment of

**HISTORICAL PERSPECTIVE:**
**THE WOMEN’S FUND COMMITTEE AND THE FOUNDING OF THE JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE**

The philanthropist, Mary Elizabeth Garrett (pictured), and her friends on the Women’s Fund Committee provided the financial support for the founding of the Johns Hopkins University School of Medicine in 1893. These forward-looking women, not only contributed financially, but did so with rigorous stipulations, including that women be admitted to the school on equal terms as men, and that the school be a graduate institution with strict entrance requirements. The leadership of these women transformed not only the role of women in medicine, but also very quality of medical education in America.
the annual sum provided to be paid for the support of the Orphan’s Home, property which you may safely estimate as worth, today, two millions of dollars, and from which your corporation will certainly receive a yearly revenue of one hundred and twenty thousand dollars; and which time and your diligent care will make more largely productive.

If the Hospital and Orphan’s Home are not built at my death, it will be your duty to apply the income arising from the property so dedicated, to their completion. When they are built, the income from that property will suffice for their maintenance.

The indigent sick of this city and its environs, without regard to sex, age, or color, who may require surgical or medical treatment, and who can be received into the Hospital without peril to the other inmates, and the poor of this city and State, of all races, who are stricken down by any casualty, shall be received into the Hospital, without charge, for such periods of time and under such regulations as you may prescribe. It shall be your duty to make such division of the sexes and patients among the several wards of the Hospital as will best promote the actual usefulness of the charity.

You will also provide for the reception of a limited number of patients who are able to make compensation for the room and attention they may require. The money received from such persons will enable you to appropriate a larger sum for the relief of the sufferings of that class which I direct you to admit free of charge; and you will thus be enabled to afford to strangers, and to those of your own people who have no friends or relations to care for them in sickness, and who are not objects of charity, the advantages of careful and skillful treatment. It will be your special duty to secure for the service of the Hospital surgeons and physicians of the highest character and greatest skill.

I desire you to establish in connection with the Hospital a training school for female nurses. “This provision will secure the services of women competent to care for the sick in the Hospital wards, and will enable you to benefit the whole community by supplying it with a class of trained and experienced nurses.

I wish the large grounds surrounding the Hospital buildings to be properly enclosed by iron railings, and to be so laid out and planted with trees and flowers as to afford solace to the sick and be an ornament to the section of the city in which the grounds are located.

I desire that you should in due season provide for a site and buildings, of such description and at such distance from the city as your judgment shall approve, for the reception of convalescent patients. You will be able in this way to hasten the recovery of the sick and to have always room in the main Hospital buildings for other sick persons requiring immediate medical or surgical treatment. It is my especial request that the influence of religion should be felt in and impressed upon the whole management of the Hospital; but I desire, nevertheless, that the administration of the charity shall be undisturbed by sectarian influence, discipline or control.

In all your arrangements in relation to this Hospital, you will bear constantly in mind that it is my wish and purpose that the institution shall ultimately form a part of the Medical School of that University for which I have made ample provision by my will.

I have felt it to be my duty to bring these subjects to your particular attention, knowing that you will conform to the wishes which I thus definitely express.

In other particulars I leave your Board to the exercise of its discretion, believing that your good judgment and experience in life will enable you to make this charity a substantial benefit to the community. I am, very respectfully, your friend,

Johns Hopkins
Johns Hopkins Medicine

The training experience includes opportunities for rotation at the following locations.

- East Baltimore Medical Campus
- The Johns Hopkins Hospital
- Sidney Kimmel Comprehensive Cancer Center, Weinberg Pavilion
- Johns Hopkins Bayview Medical Center
Johns Hopkins Pediatric Cardiac Surgery

Johns Hopkins Children’s Center
Baltimore, Maryland

Johns Hopkins All Children’s Hospital
St. Petersburg, Florida
The divisions of Cardiac Surgery and Thoracic Surgery offer a three-year training program following completion of a surgical residency. The first year as a junior cardiac surgery fellow is divided among adult cardiac, congenital cardiac, TAVR and thoracic surgery. The second-year rotations encompass thoracic and adult cardiac surgery, which includes six months of training in VETT: ventricular assist device, extracorporeal membrane oxygenation, transplant and structural heart service. There are also opportunities for elective rotations based on resident interests. The third year of the residency is spent as a chief resident in adult cardiac surgery. Residents with a strong interest in congenital or thoracic surgery will have an opportunity to spend time on the respective service in the third year.

The Johns Hopkins Hospital has a long history of training academic surgeons in general and cardiothoracic surgery. Johns Hopkins cardiac surgery has been directed by leaders in the field, including Alfred Blalock, Vincent Gott, Bruce Reitz, William Baumgartner, Duke Cameron and Jennifer Lawton. The division strives to maintain this heritage by fostering clinical expertise, scientific inquiry and intellectual development—the essence of an academic surgeon. To accomplish this goal, the training program in cardiothoracic surgery provides a wealth of clinical and operative experience in a collegial atmosphere, a diverse house staff and faculty interested in teaching, and a wide variety of clinical and basic research experiences.
Cardiothoracic Surgery Residency Program Welcome

On behalf of the Johns Hopkins Department of Surgery, I want to welcome you to Baltimore during this very exciting time. The Johns Hopkins Hospital has had a distinguished history of advancements in the treatment of cardiovascular disease in adults and children since the time of Dr. Alfred Blalock and his extraordinary work in the 1940s and 50s. Since that time, the cardiovascular and thoracic surgery programs have achieved remarkable groundbreaking accomplishments in a number of areas. We hope you understand that the cardiothoracic surgery residency is a cornerstone of our tripartite mission: outstanding patient care, innovative research and exceptional education.

As the William Stewart Halsted Professor and director of the Department of Surgery, it gives me great pleasure to introduce all of you to this extraordinary institution. We have been able to recruit outstanding faculty members who support our academic mission as we embark upon this “surgical renaissance.” We continue to honor the fantastic history of surgery at Johns Hopkins, but we also need to be forward thinking and innovative in the current environment—we must blaze a new trail for the future!

I invite you to learn as much as you can about the program in the coming days. Please share your feedback with us and your thoughts about our future. We look forward to answering your questions, as we are committed to creating one of the best cardiothoracic surgery training programs in the country.

Welcome again, and thank you for joining us.

William Stewart Halsted Professor and Director of the Department of Surgery
Surgeon-in-Chief, The Johns Hopkins Hospital
Baltimore, MD
Cardiothoracic Surgery Residency Program

Three-Year Program

Year 1: Congenital cardiac surgery
- Thoracic surgery
- Adult cardiac surgery, TAVR

Year 2: VETT: VAD/ECMO/Transplant/TVT
- Thoracic surgery chief resident

Year 3: Adult cardiac surgery chief resident

- Progressive increase in responsibility
- Progressive increase in operative experience as primary surgeon
- Opportunities for clinical research
- Opportunities for elective clinical experience

Year 1 Cardiothoracic (Adult Cardiac/Thoracic/Congenital Cardiac/TAVR)
- Patient care
- Operative experience
- Perioperative decision-making
- Consultative experience

Year 2 General Thoracic Chief
- Patient care
- Operative experience
- Perioperative decision-making
- Consultative experience

Cardiothoracic (VETT: VAD/ECMO/Transplant/TVT)
- Patient care
- Operative experience
- Perioperative decision-making
- Consultative experience

Year 3 Cardiothoracic (Adult Cardiac Surgery Chief Resident)
- Patient care
- Perioperative decision-making
- Overall charge of service
- Substantial operative experience
- Transplant responsibility
- Consultative experience
Cardiothoracic Surgery Residency Program

Education - Weekly

- Monday, 4–5 p.m., Pediatric Case Conference
- Monday–Friday, 7 a.m., Cardiac Service Huddle
- Wednesday, General Thoracic Surgery Conferences
  - 7–8 a.m.: Teaching Conference
  - 8:30–9:30 a.m.: Thoracic Surgery Multidisciplinary Tumor Board
  - Noon–3 p.m.: Thoracic Malignancy Multidisciplinary Clinic at Johns Hopkins Bayview Medical Center (Johns Hopkins Bayview faculty members)
- Thursday, Cardiac Surgery Conferences
  - 7:30–8:30 a.m.: Cardiac Surgery Morbidity & Mortality Conference
  - 8:30–9:30 a.m.: Curricular Talks/Visiting Professor Lectureship, Wet Labs, Surgery Grand Rounds
- Friday, Cardiac Surgery Conferences
  - 7:15–8:00 p.m.: Case Conference Multidisciplinary Discussion Next Week’s Cases
- Monday, Wednesday, Thursday (mornings) and Friday, General Thoracic Surgery Outpatient Clinic

Monthly/Quarterly

Cardiac Service Line Meeting Monday, 6:30 a.m. (monthly)
Monthly Pediatric Cardiac Morbidity and Mortality Conference
Monthly Cardiothoracic Journal Club
Quarterly: Maintenance of Certification (MOC) Orals
Quarterly: Combined Morbidity and Mortality Conference with Cardiac Anesthesia
Quarterly: Combined Morbidity and Mortality Conference with Cardiology

Annual

Blalock Visiting Professor—Cardiac Surgery
Evelyn Grollman-Glick Lectureship Visiting Professor—General Thoracic Surgery
Susan and Milton Miller Lecture—Cardiac and Vascular Surgery
Lynn Van Praag Lecture Series—Cardiac Surgery
Pediatric Cardiac Surgery Guest Lecture Series
Dana and Albert “Cubby” Broccoli Lecture in Aortic Diseases
The Levi Watkins, Jr. M.D. Memorial Lectureship–Department of Surgery
Cardiac Special Lecture—Cardiac Surgery

Research

- Basic Research Performed by General Surgery Residents and Postdoctoral Fellows in Faculty-Funded Laboratories
- Clinical Reviews

Mentoring

- Program/Associate Program Directors
- Assigned Faculty Mentor

Vacation/Meeting Time Off

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 weeks for vacation</td>
<td>2 weeks for vacation</td>
<td>2 weeks for vacation/employment search</td>
</tr>
<tr>
<td>1 national meeting</td>
<td>1 national meeting</td>
<td>1 national meeting</td>
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</table>

Optional prep course for American Board of Thoracic Surgery examination

*Maternity or paternity leave as needed*
# Chief Resident Operative Experience

## Calendar Year 2019

<table>
<thead>
<tr>
<th>Congenital Heart</th>
<th>Total</th>
<th>Minor Procedures</th>
<th>Total</th>
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<tbody>
<tr>
<td>Congenital Heart Disease Assistant</td>
<td>27</td>
<td>Bronchoscopy—Simple</td>
<td>35</td>
</tr>
<tr>
<td>Congenital Heart Disease Primary Surgeon</td>
<td>22</td>
<td>Bronchoscopy—Complex</td>
<td>0</td>
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<tr>
<td><strong>Adult Cardiac Experience</strong></td>
<td><strong>118</strong></td>
<td><strong>Total Bronchoscopy</strong></td>
<td><strong>35</strong></td>
</tr>
<tr>
<td>Acquired Valvular Heart Disease</td>
<td>123</td>
<td>UGI—Endoscopy—Simple</td>
<td>23</td>
</tr>
<tr>
<td>Myocardial Revascularization</td>
<td>192</td>
<td>UGI—Endoscopy—Complex</td>
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<tr>
<td>Re Do Sternotomy</td>
<td>37</td>
<td>Total UGI—Endoscopy</td>
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<tr>
<td>Interventional Skills or Procedures</td>
<td>56</td>
<td>Mediastinal Assessment</td>
<td>0</td>
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<tr>
<td>Conduit Dissection and Preparation</td>
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<td>Mediastinal Assessment—Mediastinoscopy</td>
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<tr>
<td>Aortic Procedures</td>
<td>42</td>
<td>Mediastinal Assessment—EBUS/FNA</td>
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<tr>
<td>Arrhythmia Surgery</td>
<td>8</td>
<td>Mediastinal Assessment—Chamberlain or Mediastinal Node Dissection</td>
<td>5</td>
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<tr>
<td>Cardiopulmonary Bypass set up and pump run</td>
<td>4</td>
<td>Total Mediastinal Assessment</td>
<td>15</td>
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<tr>
<td>Circulatory Assist/Cardiac Transplant</td>
<td>67</td>
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<table>
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<tr>
<th>Adult General Thoracic</th>
<th>Total</th>
<th>Other Experience</th>
<th>Total</th>
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<tbody>
<tr>
<td>Lung—Major Anatomic Resections</td>
<td>117</td>
<td>Consultation Experience—New Patients</td>
<td>51</td>
</tr>
<tr>
<td>Lung—Major VATS/Robot Anatomic Resections</td>
<td>39</td>
<td>Consultation Experience—Follow-Up Patients</td>
<td>53</td>
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<tr>
<td>Lung Biopsy/Wedge Resection</td>
<td>54</td>
<td>Total Consultation Experience</td>
<td>104</td>
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<tr>
<td>Total Lung</td>
<td>171</td>
<td>Multidisciplinary Patient Management Conferences</td>
<td>44</td>
</tr>
<tr>
<td>Pleura—Major</td>
<td>16</td>
<td>Thoracic Critical Care Case Management</td>
<td>20</td>
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<tr>
<td>Pleura—Minor</td>
<td>14</td>
<td>Cardiac and Congenital Critical Care Case Management</td>
<td>20</td>
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<tr>
<td>Total Pleura</td>
<td>30</td>
<td>Total Critical Care Case Management</td>
<td>40</td>
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<tr>
<td>Chest Wall and Diaphragm</td>
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<td>Simulation</td>
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<tr>
<td>Mediastinum</td>
<td>29</td>
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<tr>
<td>Tracheobronchial—Airway Surgery</td>
<td>9</td>
<td></td>
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<tr>
<td>Esophagus—Esophagectomy</td>
<td>31</td>
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<tr>
<td>Esophagus—Benign Major</td>
<td>14</td>
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<tr>
<td>Total Esophagus</td>
<td>45</td>
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## Graduated Residents from 1965–2019

- Initial academic job: 61%
- Remained in academic medicine: 46%
- Chair/Chief: 43%
**Specialty Areas**

**Cardiovascular Surgery**
- Surgery for Marfan syndrome and Loeys-Dietz syndrome
- Minimally invasive/robotic cardiac surgery
- On- and off-pump coronary artery bypass grafting
- Surgery for atrial fibrillation
- Surgery for advanced heart and lung disease
  - Heart transplant
  - Lung transplant
  - Left ventricular assist device for destination or bridge to transplant
  - Extracorporeal membrane oxygenation
- Adult congenital procedures
- High-risk congenital heart procedures
- Transcatheter valve implantation
- Valve-sparing aortic root procedures
- Endovascular and thoracic open aortic repair (collaboration with vascular surgery)
- Neurological outcomes research
- Cardiac surgery critical care research
- Clinical outcomes research

**General Thoracic Surgery**
- Minimally invasive/robotic surgery
- Geriatric surgery
- National clinical trials
- Translational genomics
- Biomarkers
- Outcomes research
- Database
  - Lung cancer
  - Esophagectomy
## Visiting Lecture Professorships

### The Alfred Blalock Lecture

<table>
<thead>
<tr>
<th>Year</th>
<th>Lecturer</th>
<th>Title</th>
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<tbody>
<tr>
<td>2019</td>
<td>Prof. Sir Magdi Yacoub</td>
<td>Cyanotic Heart Disease, An Evolutionary Tale</td>
</tr>
<tr>
<td>2018</td>
<td>Dr. David Fullerton</td>
<td>Is Aortic Stenosis a Curable Disease</td>
</tr>
<tr>
<td>2017</td>
<td>Dr. Tirone David</td>
<td>Creativity in Surgery</td>
</tr>
<tr>
<td>2016</td>
<td>Sir Bruce Keogh</td>
<td>Medical Care for All: Lessons Learned from the NHS</td>
</tr>
<tr>
<td>2015</td>
<td>Dr. Martin Elliott</td>
<td>Managing Tracheal Stenosis in Children: From Repair to Replacement</td>
</tr>
<tr>
<td>2014</td>
<td>Dr. Hartzell Schaff</td>
<td>New Developments in Surgical Management of Hypertrophic Cardiomyopathy</td>
</tr>
<tr>
<td>2013</td>
<td>Dr. Bruce Lytle</td>
<td>How Coronary Artery Bypass Surgery Created the Modern World</td>
</tr>
<tr>
<td>2012</td>
<td>Dr. Joseph Coselli</td>
<td>Thoracoabdominal Aortic Aneurysm Repair—The Mentor’s Imprint</td>
</tr>
<tr>
<td>2011</td>
<td>Dr. Edward L. Bove</td>
<td>Innovation and Regulation—Can They Both Exist in Today’s Medical Environment?</td>
</tr>
<tr>
<td>2010</td>
<td>Dr. Craig R. Smith</td>
<td>Transcatheter Valve Implantation</td>
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<tr>
<td>2009</td>
<td>Dr. Randolph Chitwood, Jr.</td>
<td>Innovation in Surgery: Johns Hopkins, Duke and ECU</td>
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<td>2008</td>
<td>Dr. D. Craig Miller</td>
<td>Valve-Sparing Aortic Root Replacement—Where Are We Headling and What about BAV and the Arch?</td>
</tr>
<tr>
<td>2007</td>
<td>Dr. Frederick A. Crawford</td>
<td>Does Cardiac Surgery Have a Future?</td>
</tr>
<tr>
<td>2006</td>
<td>Dr. Irving Kron</td>
<td>Surgery for Heart Failure</td>
</tr>
<tr>
<td>2005</td>
<td>Dr. Robert A. Guyton</td>
<td>Evidence-based Surgery: The Case for Coronary Artery Bypass</td>
</tr>
<tr>
<td>2004</td>
<td>Dr. Bruce A. Reitz</td>
<td>Continuing Progress in Heart and Lung Transplantation</td>
</tr>
<tr>
<td>2003</td>
<td>Dr. Timothy J. Gardner</td>
<td>The Evolution of Cardiac Surgery: What Would Dr. Blalock Do?</td>
</tr>
<tr>
<td>2002</td>
<td>Dr. Donald B. Doty</td>
<td>Explorers, Pioneers and the American Dream</td>
</tr>
<tr>
<td>2001</td>
<td>Dr. Randall B. Griep</td>
<td>Surgery of the Aortic Arch</td>
</tr>
<tr>
<td>2000</td>
<td>Dr. Gordon F. Murray</td>
<td>OPCAB “The Beat Goes On”</td>
</tr>
<tr>
<td>1999</td>
<td>Dr. Alden H. Harken</td>
<td>Anyone Can Treat Cardiac Arrhythmias</td>
</tr>
<tr>
<td>1998</td>
<td>Dr. Mark B. Orringer</td>
<td>Evolution, Refinements and Experience with Transhiatal Esophagectomy</td>
</tr>
<tr>
<td>1997</td>
<td>Dr. Ronald C. Elkins</td>
<td>Congenital Aortic Valve Disease-Evolution of Surgical Management</td>
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<tr>
<td>1996</td>
<td>Dr. James L. Cox</td>
<td>Surgery for Atrial Fibrillation</td>
</tr>
<tr>
<td>1995</td>
<td>Dr. Frank C. Spencer</td>
<td>Experiences in 600 Patients with Reconstruction of the Mitral Valve for Mitral Insufficiency</td>
</tr>
<tr>
<td>1988</td>
<td>Dr. Aldo R. Castaneda</td>
<td>Early Surgical Correction of Congenital, Heart Defects a Therapeutic Leitmotif</td>
</tr>
<tr>
<td>1987</td>
<td>Dr. Denton A. Cooley</td>
<td>Thoracic Aortic Aneurysms: From Hopkins to Houston</td>
</tr>
<tr>
<td>1986</td>
<td>Dr. John W. Kirklin</td>
<td>The Movement of Cardiac Surgery Towards the Very Young</td>
</tr>
<tr>
<td>1985</td>
<td>Dr. David C. Sabiston, Jr.</td>
<td>The Diagnosis and Surgical Management of Chronic Pulmonary Embolism</td>
</tr>
<tr>
<td>1984</td>
<td>Dr. Dwight C. McGoone</td>
<td>The Dimensions of Cardiac Surgery</td>
</tr>
<tr>
<td>1983</td>
<td>Dr. Norman E. Shumway</td>
<td>Heart and Lung Transplantation</td>
</tr>
<tr>
<td>1982</td>
<td>Dr. Mark M. Ravitch</td>
<td>Progress in the Resection of Chest Wall Tumors and Some Reminiscences of Dr. Blalock</td>
</tr>
</tbody>
</table>
## Evelyn Grollman-Glick Thoracic Surgery Lecture

<table>
<thead>
<tr>
<th>Year</th>
<th>Speaker</th>
<th>Title</th>
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</thead>
<tbody>
<tr>
<td>2019</td>
<td>David R. Jones, M.D.</td>
<td>Moving Beyond TNM: Can Tumor Genomics Help Predict Recurrence Following Complete Resection of Lung Adenocarcinoma?</td>
</tr>
<tr>
<td>2018</td>
<td>Dr. Edward Verrier</td>
<td>The Elite Athlete: The Master Surgeon</td>
</tr>
<tr>
<td>2017</td>
<td>Dr. Douglas E. Wood</td>
<td>Lung Cancer Screening Guidelines, Policy Development and Access</td>
</tr>
<tr>
<td>2016</td>
<td>Dr. Thomas A. D’Amico</td>
<td>Thorascopic Lobectomy: Now and Beyond the First 20 Years</td>
</tr>
<tr>
<td>2015</td>
<td>Dr. Joseph Zwischenberger</td>
<td>Innovation Is Never Evidence Based</td>
</tr>
<tr>
<td>2014</td>
<td>Dr. Gail Darling</td>
<td>Esophageal Cancer: Evolution in Care</td>
</tr>
<tr>
<td>2013</td>
<td>Dr. James Luketich</td>
<td>Evolution of Minimally Invasive Esophagectomy</td>
</tr>
<tr>
<td>2012</td>
<td>Dr. Claude Deschamps</td>
<td>Esophagectomy: A Score Card</td>
</tr>
<tr>
<td>2011</td>
<td>Dr. Richard Feins</td>
<td>Deliberate Practice to Surgical Practice—The Training of the Elite Surgeon</td>
</tr>
<tr>
<td>2010</td>
<td>Dr. Mark Orringer</td>
<td>Transhiatal Esophagectomy—The Hopkins Connection</td>
</tr>
<tr>
<td>2009</td>
<td>Dr. Harold Urschel</td>
<td>Capricious Vagaries of Thoracic Outlet Syndrome</td>
</tr>
<tr>
<td>2008</td>
<td>Dr. Alex Patterson</td>
<td>Current Strategies in Lung Transplantation</td>
</tr>
<tr>
<td>2007</td>
<td>Dr. Harvey Pass</td>
<td>Mesothelioma: New Ideas to Combat a Controversial Killer</td>
</tr>
<tr>
<td>2006</td>
<td>Dr. Valarie Rusch</td>
<td>Evolving Management of Early-Stage Lung Cancers in the Era of Molecular Medicine</td>
</tr>
<tr>
<td>2005</td>
<td>Dr. Joe B. Putnam</td>
<td>An Academic Model for the 21st Century</td>
</tr>
<tr>
<td>2004</td>
<td>Dr. Jack Roth</td>
<td>Targeting Thoracic Cancers</td>
</tr>
</tbody>
</table>

## Pediatric Cardiac Surgery Guest Lecture

<table>
<thead>
<tr>
<th>Year</th>
<th>Speaker</th>
<th>Title</th>
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<tbody>
<tr>
<td>2017</td>
<td>Dr. Richard G. Ohye</td>
<td>Surgical Management of the Borderline Left Ventricle in Neonates and Infants</td>
</tr>
<tr>
<td>2016</td>
<td>Dr. Sunji Sano</td>
<td>The Norwood Procedure and Beyond: From the “Sano Modification” to Stem Cells</td>
</tr>
<tr>
<td>2015</td>
<td>Dr. Carl Backer</td>
<td>Vascular Rings: The Chicago Contribution</td>
</tr>
<tr>
<td>2014</td>
<td>Dr. Charles D. Fraser</td>
<td>CCHS Evolution Through 10,000 Surgeries</td>
</tr>
<tr>
<td>2013</td>
<td>Dr. John W. Brown</td>
<td>The Ross Procedure: Lessons Learned and Outcomes of 350+ Children and Adults</td>
</tr>
<tr>
<td>2012</td>
<td>Dr. Christopher Caldarone</td>
<td>New Treatments for Pulmonary Venous Stenosis and TAPVC</td>
</tr>
<tr>
<td>2012</td>
<td>Dr. Bob Anderson</td>
<td>AVSDs and DORV</td>
</tr>
<tr>
<td>2012</td>
<td>Dr. Marshall Jacobs</td>
<td>Anomalous Aortic Origin of a Coronary Artery: A Surgical Disease</td>
</tr>
<tr>
<td>2012</td>
<td>Dr. Constantine Mavroudis</td>
<td>Fontan Conversion</td>
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<tr>
<td>2011</td>
<td>Dr. Joseph A. Dearani</td>
<td>Ebstein’s Anomaly</td>
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<tr>
<td>2011</td>
<td>Dr. Jeffrey Jacobs</td>
<td>Outcomes Analysis and Quality Improvement for the Treatment of Patients with Congenital Heart Disease</td>
</tr>
<tr>
<td>2011</td>
<td>Dr. James Quintessenza</td>
<td>Surgical Strategies for Reconstruction of the Pulmonary Valve</td>
</tr>
<tr>
<td>2011</td>
<td>Dr. Emile A. Bacha</td>
<td>Hybrid and Fetal Procedures in Congenital Heart Surgery</td>
</tr>
<tr>
<td>2011</td>
<td>Dr. Giovanni Stellin</td>
<td>Transatrial-Transpulmonary Repair of Tetralogy of Fallot</td>
</tr>
<tr>
<td>2005</td>
<td>Dr. Martin Elliott</td>
<td>Advances in Neonatal Cardiac Surgery</td>
</tr>
<tr>
<td>2004</td>
<td>Dr. Leonard Bailey</td>
<td>Pediatric Heart Transplantation—The “Baby Fae” Legacy</td>
</tr>
</tbody>
</table>
# Susan and Milton Miller Lecture

<table>
<thead>
<tr>
<th>Year</th>
<th>Speaker</th>
<th>Title</th>
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<tbody>
<tr>
<td>2018</td>
<td>Dr. Todd K. Rosengart</td>
<td>Initiating Academic Productivity: Push and Pull</td>
</tr>
<tr>
<td>2017</td>
<td>Dr. Joseph L. Mills</td>
<td>Limb Threatening Ischemia and the Diabetic Foot Ulcer: Classification Driven Management</td>
</tr>
<tr>
<td>2016</td>
<td>Dr. John Elefteriades</td>
<td>Thoracic Aortic Aneurysms: Reading the Enemy’s Handbook</td>
</tr>
<tr>
<td>2015</td>
<td>Dr. Daniel G. Clair</td>
<td>Research Strategies for Practicing Vascular Surgeons</td>
</tr>
<tr>
<td>2014</td>
<td>Dr. Charles Fraser</td>
<td>CCHS Evolution through 10,000 Surgeries</td>
</tr>
<tr>
<td>2013</td>
<td>Dr. Vivian Gahtan</td>
<td>Thrombospondin-1 and Intimal Hyperplasia—A Role for Statins</td>
</tr>
<tr>
<td>2012</td>
<td>Dr. Keith Horvath</td>
<td>Innovations in Cardiac Surgery—From the Files of the NHLBI</td>
</tr>
<tr>
<td>2011</td>
<td>Dr. Richard Cambria</td>
<td>Thoracic/Thoracoabdominal Aortic Surgery: Perspectives and Progress with Spinal Cord Ischemia</td>
</tr>
<tr>
<td>2010</td>
<td>Dr. David Yuh</td>
<td>Can Technology Create Better Surgeons? Confessions of a Washed-Up Video Game Programmer</td>
</tr>
</tbody>
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# Lynn Van Praag Lecture

<table>
<thead>
<tr>
<th>Year</th>
<th>Speaker</th>
<th>Title</th>
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</thead>
<tbody>
<tr>
<td>2019</td>
<td>Dr. Rakesh C. Arora</td>
<td>Resuscitation After Cardiac Surgery—The Rules Have Changed</td>
</tr>
<tr>
<td>2018</td>
<td>Dr. Mary Beth Brady and Dr. Rani K. Hasan</td>
<td>Transcatheter Aortic Valve Replacement Transforming Teams to Transform Treatment</td>
</tr>
<tr>
<td>2017</td>
<td>Dr. Hitoshi Yokoyama</td>
<td>The Fukushima Disaster: Dealing Simultaneously with a Tsunami and Nuclear Meltdown</td>
</tr>
<tr>
<td>2016</td>
<td>Dr. Michael Mack</td>
<td>The Changing World of Valvular Heart Disease Treatment</td>
</tr>
<tr>
<td>2015</td>
<td>Dr. Robert H. Bartlett</td>
<td>Extracorporeal Life Support: Past, Present and Future</td>
</tr>
<tr>
<td>2014</td>
<td>Dr. David Fullerton</td>
<td>Perioperative Management of Pulmonary Hypertension</td>
</tr>
<tr>
<td>2013</td>
<td>Dr. Alden Harken</td>
<td>The Past, Present and Future of Cardiac Surgery</td>
</tr>
<tr>
<td>2012</td>
<td>Dr. Gerald Levy</td>
<td>Anticoagulation in Cardiac Surgery</td>
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# Special Cardiac Surgery Guest Lecture

<table>
<thead>
<tr>
<th>Year</th>
<th>Speaker</th>
<th>Title</th>
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</thead>
<tbody>
<tr>
<td>2019</td>
<td>Dr. Ralph J. Damiano Jr.</td>
<td>Surgical Treatment of Atrial Fibrillation: Current State of the Art</td>
</tr>
<tr>
<td>2018</td>
<td>Dr. Kenton J. Zehr</td>
<td>What Can a Global Positioning System Tell Us About Permanent Atrial Fibrillation? What Does it Mean for Cardiac Surgery?</td>
</tr>
<tr>
<td>2017</td>
<td>Dr. Richard L. Prager</td>
<td>Evolution of Operative Therapy for Coronary Artery Disease</td>
</tr>
<tr>
<td>2015</td>
<td>Dr. Alfred Casale</td>
<td>Creating Value by Re-Engineering Health Care Delivery</td>
</tr>
<tr>
<td>2015</td>
<td>Dr. Vincent L. Gott</td>
<td>The Roles of Luck, Opportunity and Serendipity in Scientific Discovery: A Cardiac Surgeon Looks Back and to the Future</td>
</tr>
<tr>
<td>2013</td>
<td>Dr. Jonathan W. Haft</td>
<td>Temporary Circulatory Support for Cardiogenic Shock</td>
</tr>
<tr>
<td>2012</td>
<td>Dr. Nahush A. Mokadam</td>
<td>LVADs: Primary Therapy for Heart Failure</td>
</tr>
<tr>
<td>2010</td>
<td>Dr. Thierry Carrel</td>
<td>Innovative Prostheses for Aortic Valve and Root Replacements</td>
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# Dana and Albert “Cubby” Broccoli Lecture in Aortic Disease

<table>
<thead>
<tr>
<th>Year</th>
<th>Speaker</th>
<th>Title</th>
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<tbody>
<tr>
<td>2019</td>
<td>Dr. Thoralf M. Sundt, III</td>
<td>The fault, dear Brutus, is not in our stars, But in ourselves: Randomized trials in cardiac surgery</td>
</tr>
<tr>
<td>2018</td>
<td>Dr. Scott Le Maire</td>
<td>Are We Causing Aortic Catastrophes with Antibiotics?</td>
</tr>
<tr>
<td>2017</td>
<td>Dr. Joseph Bavaria</td>
<td>Type A Dissection: New and Evolving Conceptual Adjustments to a Classically Inspired Operation</td>
</tr>
<tr>
<td>2016</td>
<td>Prof. Marjan Jahangiri</td>
<td>Functional Assessment of the Thoracic Aorta: The Future of Risk Prediction</td>
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</table>
The Johns Hopkins University School of Medicine

Resident Research Awards

The Hugh R. Sharp, Jr. Endowed Research Fellowship in Cardiac Surgery
Established by the Sharp Foundation to recognize an investigator in cardiac surgery at Johns Hopkins Medicine.
- Eric Etchill, M.D.
- Kathleen Clement, M.D.
- David Caparrelli, M.D.
- Brian Bethea, M.D.
- Christopher Barreiro, M.D.
- Lois U. Nwakanma, M.D.
- J. Geoffrey Allen, M.D.
- Timothy George, M.D.
- Joshua Grimm, M.D.
- Todd Crawford, M.D.
- Xun Zhou, M.D.

The Irene Piccinini Investigator in Cardiac Surgery
Established by the Anthony Piccinini family to annually recognize an outstanding research trainee in cardiac surgery at the Johns Hopkins Medical Institution.
- Katherine Giuliano, M.D.

The Irene Piccinini
Investigator in Cardiac Surgery

The Martin and Vera Kohn Fellow in Cardiac Surgery
Established through gifts from Mrs. Kohn and her estate, in gratitude for the lifelong care Mr. Kohn received at Johns Hopkins.
- Karen Velez, M.D.
- Xun Zhou, M.D.

The Joyce Koons Family Research Fellow
Established by Joyce Koons and family in 2005 to support research in the Division of Cardiac Surgery in perpetuity.
- Alejando Suarez Pierre, M.D.

The Levi Watkins, Jr. M.D. Memorial Lectureship

2019 Dr. Robert Higgins Paving It Forward & Giving It Back
2018 Dr. George C. Hill Masters of Surgical Techniques: Levi Watkins, Jr. MD and Vivien Thomas Their Distinguished Journeys of Service
2015 Dr. Edward E. Cornwell The Inaugural Annual Levi Watkins, Jr, MD Memorial Lectureship “Levi’s Legacy: The Inspiration to Address Outcomes Disparities In Trauma Care.”
## Johns Hopkins University School of Medicine Department of Surgery

**Robert Higgins, M.D.**  
Director of the Department of Surgery

### Division of Cardiac Surgery

**Jennifer Lawton, M.D.**  
Cardiac Surgeon-in-Chief  
Chief, Cardiac Surgery; Director, Cardiac Research Lab  
Program Director, Cardiothoracic Surgery Residency Program

**Richard Battafarano, M.D., Ph.D.**  
Chief, Thoracic Surgery  
Director, General Thoracic Surgery

<table>
<thead>
<tr>
<th>Cardiac Surgeons</th>
<th>CV Surgical ICU</th>
<th>Thoracic Surgeons</th>
</tr>
</thead>
</table>
| Chun (Dan) Choi, M.D.  
Director of ECMO | Glenn Whitman, M.D.  
Director, CVSCICU | Malcolm Brock, M.D.  
Director, Thoracic Research Lab |
| Ahmet Kilic, M.D.  
Director, Adult Heart Transplantation  
and Mechanical Circulatory Support | Marc Sussman, M.D.  
CVSCICU Fellowship Director | Stephen Broderick, M.D., M.P.H.S.  
Thoracic Surgeon |
| Thomas Matthew, M.D.  
Director, Johns Hopkins Cardiothoracic Surgery at Suburban Hospital | Additional Faculty | Errol Bush, M.D.  
Surgical Director, Advanced Lung Disease and Lung Transplant Program |
| Stefano Schena, M.D., Ph.D.  
Cardiac Surgeon | William Baumgartner, M.D.  
Professor Emeritus | Jinny Ha, M.D.  
Thoracic Surgeon |
| Michael Siegenthaler, M.D.  
Cardiac Surgeon | Peter Greene, M.D.  
Chief Medical Information Officer | Stephen Yang, M.D.  
Thoracic Surgeon  
Director, Thoracic Oncology |
| **Congenital Heart Surgeon** | Marshall Jacobs, M.D.  
Director, Pediatric Outcomes Research | Juan Sanchez, M.D.  
Cardiac Faculty |
| **Adjunct Faculty** | Vincent Gott, M.D.  
Professor Emeritus | |
| Sunjay Kaushal, M.D.  
Adjunct Faculty | | |
| Nevin Katz, M.D.  
Adjunct Faculty | | |
| Barry Deatrick, M.D.  
Adjunct Faculty | | |
Faculty

Richard J. Battafarano, M.D., Ph.D.
Associate Professor of Surgery
Chief of the Division of Thoracic Surgery
Regional Director of General Thoracic Surgery

Background
- Hahnemann University School of Medicine (1988)
- Memorial Sloan Kettering Cancer Center–New York Hospital Cardiothoracic Surgery Fellowship (1997–1999)
- Washington University in St. Louis, Assistant Professor (1999–2007)
- University of Maryland, Associate Professor (2007–2013)
- Johns Hopkins University Division of Thoracic Surgery (2013–present)

Clinical Interests
- Thymic tumors
- Mesothelioma
- Esophageal cancer
- Lung cancer

Research Interests
- Overexpression of survivin in esophageal cancer
- Biologic behavior of neuroendocrine lung cancers
- Effect of comorbidity and gender on survival in nonsmall cell lung cancer
Richard J. Battafarano, M.D., Ph.D., completed his general surgical residency and his Ph.D. at the University of Minnesota in Minneapolis. He did his CT cardiothoracic surgery fellowship at Memorial Sloan-Kettering Cancer Center and New York Hospital. After serving as an Assistant Professor in the Division of Thoracic Surgery at Washington University in St. Louis and as an associate professor and chief of the Division of Thoracic Surgery at the University of Maryland, he moved to the Johns Hopkins University School of Medicine as associate professor and chief of the Division of Thoracic Surgery. He also serves as the regional director of general thoracic surgery for Johns Hopkins Medicine.

Dr. Battafarano conducts basic and translational research as it relates to lung and esophageal cancer and has written over 40 peer-reviewed articles and a number of invited commentaries and book chapters. He has a specific interest in developing and implementing tri-modality therapy protocols in the care of patients with thoracic malignancies that minimize peri-operative morbidity while optimizing oncologic outcomes.

**Selected Publications: Richard J. Battafarano, M.D., Ph.D.**


William A. Baumgartner, M.D.
Professional Emeritus

Background

• Xavier University (B.S. 1969)
• University of Kentucky Medical School (M.D. 1973)
• Stanford University Medical School, General Surgery (1973–1981)
• Stanford University Department of Cardiothoracic Surgery (1975–1978)
• The Johns Hopkins University, Cardiac Surgery (1982–present)

Clinical Interests

• Cardiac transplantation
• Health care reform
• Physician Burnout (Joy in Medicine)

Research Interests

• Transplant organ preservation
• Neurological protection during cardiopulmonary bypass
• Simulation training and education

BIOSKETCH: William A. Baumgartner, M.D.

William A. Baumgartner, M.D., joined the Johns Hopkins Division of Cardiac Surgery in 1982. The following year, he reinitiated the Heart Transplant Program at The Johns Hopkins Hospital, which has grown into one of the leading centers in the surgical treatment of heart failure in the country. For 17 years, he led the division as the cardiac surgeon-in-charge. Today, he serves on the cardiac surgery faculty as the Distinguished Service Professor.

Past president of the Society of Thoracic Surgeons and the International Society of Heart and Lung Transplantation, Baumgartner has held top posts in several other national and international professional organizations. He is currently the immediate past Executive Director of the American Board of Thoracic Surgery.

His early work focused on organ preservation for transplantation and determination of methods for the noninvasive diagnosis of rejection. He has since been involved in the field of neurological protection in cardiac surgery, for which he has had continuous National Institutes of Health support for 22 years. In 2002, he received the Javits Neuroscience Research Investigator Award from the National Institutes of Health. In 2003 and 2009, he received the Socrates Teacher of the Year Award from the Thoracic Surgery Residents Association. In 2007, he received the Distinguished Alumnus Award from the University of Kentucky Medical Alumni Association. In 2008, the Society of Thoracic Surgeons presented him with the Earl Bakken Scientific Achievement Award. In 2009, he received the Heritage Award from the Johns Hopkins University Alumni Association. In 2015, he received the Distinguished Service Award from the Society of Thoracic Surgeons.

Baumgartner was the former President of the Johns Hopkins Clinical Practice Association, which is a group practice of over 1,700 full-time faculty members who provide medical care to patients. In this role, he is responsible for planning, managing and coordinating the clinical and administrative activities of the association. From 2011 to 2018, he was the senior vice president for the Office of Johns Hopkins Physicians. This office broadens the scope of responsibilities to
include all employed and affiliated physicians within Johns Hopkins Medicine. A graduate of Xavier University and of the University of Kentucky Medical School, Baumgartner received his surgical training at Stanford University Medical Center. His bibliography includes more than 390 journal articles, book chapters and books. He is married to Betsy Baumgartner and has three accomplished children.

**Selected Publications:** William A. Baumgartner, M.D.


Malcolm V. Brock, M.D.
Professor of Surgery and Oncology
Director, Thoracic Research Laboratory

**Background**
- Princeton University (B.A. 1985)
- Oxford University, Rhodes Scholarship (M.Litt. 1987)
- Johns Hopkins University School of Medicine (M.D. 1991)
- The Johns Hopkins University, Cardiothoracic Residency (1997–2001)
- Johns Hopkins University Division of Thoracic Surgery (2001–present)

**Clinical Interest**
- Surgical treatment of lung and esophageal malignancies
- Hyperhidrosis

**Research Interests**
- Translational application of DNA hypermethylation and epigenetic therapies
- Molecular profiling and molecular staging of thoracic malignancies
- Lung cancer and HIV
- Early detection of thoracic malignancies
- Biomarkers predicting chemosensitivity

**BIOSKETCH: Malcolm V. Brock, M.D.**

Malcolm Brock, M.D., focuses his research primarily on the translational applications of biomarkers, namely DNA methylation, to the clinic in lung and esophageal cancer. He has three major projects, all of which have received National Institutes of Health funding. The first project involves detecting occult lymph node metastases in stage 1 patients with node-negative disease. This method of DNA methylation seems to predict stage 1 patients that recur postoperatively after curative surgery. The second project involves the clinical detection of lung cancer in HIV patients. The laboratory has gathered the largest cohort in the world of those with HIV and lung cancer (over 100 patients). Since lung cancer in these individuals seems like a different disease than conventional lung cancer (earlier onset, more aggressive), he and his team are screening these patients with CT scans. In addition, he has a second protocol in which the screening of these patients will take place initially via molecular biomarkers in sputum and then by CT. The third project is based on determining predictive molecular markers for chemosensitivity in lung and esophageal cancer. He has a current observational study, J0388 in esophageal cancer, that is gathering pre-neoadjuvant tumor samples and serum for analysis by DNA methylation and proteomics.
Selected Publications: Malcolm V. Brock, M.D.


Background

- Duke University (B.S. 1999)
- Georgetown University School of Medicine (M.D. 2003)
- New York Presbyterian Hospital Weill Cornell Medical Center Internship/Residency (PGY-I-II), General Surgery (2003–2004)
- Memorial Sloan Kettering Cancer Center, Thoracic Service Research Fellowship (2005–2007)
- Washington University in St. Louis, Cardiothoracic Fellowship (2010–2012)
- Washington University School of Medicine (M.P.H.S. 2014)
- Johns Hopkins University Division of Thoracic Surgery (2016–Present)

Clinical Interests

- Lung Cancer
- Esophageal Cancer
- Benign Esophageal Conditions
- Paraesophageal Hernia
- Lung Cancer Screening
- Chest Wall Tumors
- Chest Wall Reconstruction

Research Interests

- Neoadjuvant applications of immunotherapy in thoracic oncology
- Lung Cancer Surgery Quality Assurance/Improvement
- Esophageal Cancer Surgery Quality Assurance/Improvement
- Improving Quality of Life
- Outcomes for patients with early stage lung cancer

BIOSKETCH: Stephen Broderick, M.D., M.P.H.S.

Stephen R. Broderick, M.D. M.P.H.S. is a thoracic surgeon and assistant professor of surgery at the Johns Hopkins University School of Medicine. In addition to his work at JHH he leads the thoracic surgery program in the Johns Hopkins National Capital Region.

Before joining Johns Hopkins, Dr. Broderick was a thoracic surgeon at St. Luke’s Hospital and Washington University in St. Louis School of Medicine. His clinical expertise includes surgery for lung cancer, esophageal cancer and other thoracic malignancies as well as benign esophageal and thoracic conditions. He has a particular interest in the coordinated delivery of multidisciplinary care for thoracic oncology patients. Broderick serves on the editorial board of the Journal of Thoracic and Cardiovascular Surgery and is a member of the Society of Thoracic Surgeons National database Task Force.
Selected Publications: Stephen Broderick, M.D., M.P.H.S.


Dr. Broderick received his medical degree from Georgetown University and completed his residency training in general surgery at New York Presbyterian Hospital – Weill Cornell Medical Center. During residency training he studied the molecular underpinnings of lung adenocarcinoma at Memorial Sloan Kettering Cancer Center. He then completed cardiothoracic fellowship training in the thoracic track at Washington University in St. Louis.

Dr. Broderick’s research interests are focused on neoadjuvant applications of immunotherapy in thoracic oncology patients as well as quality assurance/improvement in thoracic surgical oncology.
Errol L. Bush, M.D.
Assistant Professor of Surgery
Surgical Director, Advanced Lung Disease and Lung Transplant Program
Director, Ex Vivo Lung Perfusion Program

Background
• Emory University (B.S. 1999)
• Duke University School of Medicine (M.D. 2003)
• Duke University School of Medicine, Intern, Surgery (2003–2004)
• Duke University School of Medicine, Resident, Surgery (2004–2010)
• Duke University Medical Center, Fellow, Surgical Research (2005–2007)
• University California, San Francisco (2010–2013)
• Cardiothoracic Surgery, University California, San Francisco, Assistant Professor
• The Johns Hopkins University (2016–Present)

Clinical Interests
• Barrett's esophagus
• Benign esophageal conditions
• Esophageal cancer
• Esophageal cancer, lung cancer, minimally invasive, minimally invasive thoracic, general vascular, thoracic, robotic and video-assisted thoracic surgery
• Esophageal disease
• Extracorporeal life support
• Extracorporeal membrane oxygenation
• Lung cancer
• Lung nodules
• Lung transplant
• Mesothelioma
• Minimally invasive esophagectomy
• Minimally invasive surgery, minimally invasive thoracic surgery, robotic surgery on the chest wall, lungs, esophagus and pleura
• Thoracic surgery, video assisted thoracic surgery (VATS)

Research Interests
• Investigations of outcomes and health disparities related to lung cancer and transplantation

BIOSKETCH: Errol Bush, M.D.

Errol L. Bush, M.D., FACS, is a thoracic surgeon and surgical director of the Advanced Lung Disease and Lung Transplant Program for the Johns Hopkins Comprehensive Transplant Center. Bush came to Johns Hopkins from the University of California, San Francisco Medical Center, where he was a cardiothoracic surgeon and assistant professor of surgery. He specializes...
in the treatment of acute and chronic thoracic surgical diseases, including those of routine, complex and end-stage nature.

Bush also serves as director of the Ex Vivo Lung Perfusion Program (EVLP) at Johns Hopkins. EVLP is a novel therapy utilized outside of the body to resuscitate previously unsuitable donor lungs, thereby creating more suitable lungs for transplantation and effectively increasing donor supply.

His clinical interests include surgical treatment of chronic and end-stage lung diseases, as well as benign and malignant diseases and lesions of the chest. He is skilled in minimally invasive operations, such as video-assisted thoracoscopic surgery, a type of thoracic surgery performed using a small video camera that is introduced into the patient’s chest via a scope to treat lung and esophageal cancers. Bush also has experience with extracorporeal membrane oxygenation, a technique of providing both cardiac and respiratory support oxygen to patients whose heart and lungs can no longer serve their function.

His research interests include investigations of outcomes and health disparities related to lung cancer, lung transplant and ECMO patients.

Selected Publications: Errol Bush, M.D.


Chun (Dan) W. Choi, M.D.
Assistant Professor of Surgery
Surgical Director, Extracorporeal Membrane Oxygenation Program
Associate Surgical Director, Mechanical Circulatory Support
Associate Program Director, Cardiothoracic Residency Program

Background
• University of Washington (B.S. and B.A. 2002)
• New York Medical College (M.D. 2007)
• Rutgers-Robert Wood Johnson Medical School, Resident, General Surgery (2007-2013)
• Rutgers-Robert Wood Johnson Medical School, Clinical Instructor (2012-2013)
• David Geffen School of Medicine at UCLA, Resident, Cardiothoracic Surgery (2013-2015)
• Stanford University School of Medicine, Fellow, Cardiothoracic Transplant and Mechanical Circulatory Support (2015-2016)
• Stanford University School of Medicine, Clinical Instructor (2015-2016)
• Vanderbilt University School of Medicine, Assistant Professor (2016-2017)
• Johns Hopkins University Division of Cardiac Surgery (2017-present)

Clinical Interests
• Adult cardiac surgery
• Mechanical circulatory support
• Heart, lung and heart-lung transplant

Research Interests
• Clinical outcomes in heart failure surgery, right ventricular failure, mechanical circulatory assist devices and transplant
• Translational research, understanding hemodynamic effects on myocardial strain of retrograde non-pulsatile flow of peripheral ECMO, and studying effects of neuroprotective molecules in cardiac arrest
• Clinical trials to study efficacy of heparin versus bivalirudin on ECMO patients
• Multi-disciplinary collaboration to establish several proof of concept models for the next generation of mechanical circulatory devices
BIOSKETCH: Chun (Dan) W. Choi, M.D.

Chun (Dan) W. Choi, M.D., joined the Johns Hopkins Division of Cardiac Surgery as an assistant professor in October 2017. Choi’s areas of clinical expertise include adult cardiac surgery, mechanical circulatory support, heart, lung, and heart-lung transplant surgery.

Dr. Choi also serves as surgical director of the ECMO Program. In this role, he works with a multidisciplinary team of physicians, nurses, technicians, and other staff members to develop and roll out a protocol driven, systems-based approach to emergently evaluating and initiating ECMO for cardiogenic shock. Additionally, he has developed a multidisciplinary database to capture resource utilization and outcome. With the help of other specialties, several clinical improvement projects have been initiated, including non-invasive neuromonitoring for all ECMO patients, and utilization of palliative care in helping family cope with the stress of the intensive high risk care.

Prior to joining Johns Hopkins, Choi served as assistant professor of cardiac surgery and director of the Ex-Vivo Heart Perfusion Program at the Vanderbilt University School of Medicine. He earned his bachelor of science degree in biochemistry and bachelor of arts degree in psychology from University of Washington. He received his medical degree from New York Medical College and went on to complete general surgery residency at Robert Wood Johnson University Hospital and cardiothoracic surgery residency at Ronald Reagan UCLA Medical Center. Choi completed his cardiothoracic transplant and mechanical circulatory support fellowship at the Stanford University School of Medicine.

Choi is a member of several professional organizations including the Society of Thoracic Surgeons, Western Thoracic Surgical Association, the American Medical Association and Association of American Medical Colleges.

Choi’s research interests include clinical outcomes in heart failure surgery, right ventricular failure, mechanical circulatory assist devices, and transplant, as well as translation science studying the impact of ECMO on myocardial recovery and neuroprotection in cardiac arrest. He is also working with several collaborators across specialties and disciplines to test concepts for the next generation of mechanical circulatory devices.

Selected Publications: Chun (Dan) W. Choi, M.D.


Shudo Y, Choi CW, Woo YJ, Ha RV. A modified technique of Heart Ware ventricular assist device for bridge to recovery. European Journal of Cardiothoracic Surgery. 2017 Dec 1; 52:1223-1224


Background

- University of Wichita (1949)
- Yale Medical School (M.D. 1953)
- University of Minnesota, General and Cardiothoracic Surgery (1953–1959)
- University of Minnesota Department of Surgery (1959–1960)
- University of Wisconsin Department of Surgery (1960–1965)
- Johns Hopkins University Division of Cardiac Surgery (1965–2009)

Clinical Interests

- Adult cardiac surgery
- Marfan syndrome

Research Interests

- Aortic surgery

BIOSKETCH: Vincent L. Gott, M.D.

Vincent Gott, M.D., was born in Wichita, Kansas in 1927. He attended Wichita University and graduated from Yale Medical School in 1953.

As an intern at the University of Minnesota Hospital in 1954, Gott observed firsthand C. Walton Lillehei’s first cross-circulation case. Gott worked as a research fellow in Lillehei’s laboratory during 1956 and 1957. During this time, the pacemaker, in combination with myocardial wire, was developed for use in children developing heart blockage following ventricular septal defect repair.

On completion of his residency training, Gott joined the faculty at the University of Wisconsin in Madison. While in Madison, Gott, with Ronald Daggett, professor of plastic engineering, developed a bileaflet prosthetic valve for clinical use. This valve had a carbon coating with heparin bonded to the surface.

Gott was appointed as cardiac surgeon-in-charge at Johns Hopkins in 1965. He remained in this position until 1982, when he was succeeded by Bruce Reitz. Gott remained active in clinical cardiac surgery until 1994.

Gott is past president of the American Society for Artificial Internal Organs and the Society of Thoracic Surgeons. His honors include the American Medical Association’s Hektoen Gold Medal and the Antoine Marfan Award from the National Marfan Foundation. He is an honorary member of the European Association for Cardio-Thoracic Surgery and the Japanese Association for Thoracic Surgery. In 1998, Gott gave the Ralph Alley lecture at the annual meeting of the Society of Thoracic Surgeons. In 2000, he gave the William Glenn Lecture at the annual meeting of the American Heart Association, and in 2001, he gave the John Gibbon Lecture at the annual meeting of the American College of Surgeons.

In 2005, Gott was selected by the Lillehei Heart Institute for a Lifetime Achievement Award during the 50th Anniversary of open heart surgery by cross-circulation at the University of Minnesota. (Eleven individuals were honored for “seminal contributions to the development of open heart surgery.”)
In January 2006, Gott received the Earl Bakken Scientific Achievement Award from the Society of Thoracic Surgeons, which is given “to recognize individuals who have made outstanding contributions that have enhanced the practice of cardiothoracic surgery.”

Gott is the author or co-author of more than 300 scientific publications related to cardiac surgery. Gott is most proud of his role in helping to train more than 60 cardiac surgeons at Johns Hopkins over the past 40 years. Two of his trainees, Mark Orringer and Timothy Gardner, are past presidents of the Society of Thoracic Surgeons and the American Association for Thoracic Surgery, respectively.

Selected Publications: Vincent L. Gott, M.D.


Peter S. Greene, M.D.

Chief Medical Information Officer
Associate Professor of Surgery
Associate Dean for Emerging Technologies

Background

- Yale School of Medicine (M.D. 1985)
- The Johns Hopkins Hospital, Cardiothoracic Surgery Fellowship (1991–1994)
- Johns Hopkins University Division of Cardiac Surgery (1994–present)

Interests

- Health care information technology
- Educational technologies
- Clinical outcomes research

BIOSKETCH: Peter S. Greene, M.D.

Peter Greene, M.D., joined the Johns Hopkins Division of Cardiac Surgery faculty in 1994 after completing his surgical residency training at Johns Hopkins. He is currently an Associate Professor of surgery and, in 2001, became Associate Dean for emerging technologies at the Johns Hopkins University School of Medicine.

Greene completed his undergraduate degree at Harvard University in 1981 and a medical degree from Yale School of Medicine in 1985. In the Division of Cardiac Surgery at Johns Hopkins, Greene performed adult cardiac surgery, including heart transplantation, valve surgery and the implantation of mechanical cardiac assist devices. His clinical interests were in mitral valve repair and cardiac assist devices.

Greene is also a leader in the field of informatics in cardiothoracic surgery. He has served as the chair of the Society of Thoracic Surgeons’ Information Technology Committee. He is the founder, executive editor and key architect of Cardiothoracic Surgery Network, the online community of 40 professional cardiothoracic surgery societies. He has more than 15 years of experience in information technology using a variety of medical applications in parallel to a clinical career. He had an important role in co-founding the MedBiquitous Consortium and serves as its executive director. Founded by Johns Hopkins Medicine and leading professional medical societies, MedBiquitous is an international nonprofit group of professional medical and health care associations, universities, and commercial and governmental organizations dedicated to advancing health care education through technology standards that promote professional competence, collaboration and better patient care.

Greene has over authored over 50 peer-reviewed articles and has an active career in advancing health care education with information technology.
In 2006, Greene was appointed chief medical information officer. In this role, he is involved in the implementation of a provider order entry and clinical documentation system throughout Johns Hopkins. As associate dean for emerging technologies, he has developed a single portal for clinical e-learning across Johns Hopkins Medicine.

**Selected Publications: Peter S. Greene, M.D.**


**Hersh W,** **Bhupatiraju RT,** **Greene PS,** **Smothers V,** **Cohen C.** A standards-based approach for facilitating discovery of learning objects at the point of care. AMIA Annu Symp Proc. 979, 2005.


Jinny S. Ha, M.D.
Assistant Professor of Surgery

Background
- University of Virginia School of Medicine 2008
- University of Maryland Medical Center, General Surgery Resident (2008-2015)
- Johns Hopkins Hospital, Cardiac Surgery Fellow (2015-2018)

Clinical Interests
- Lung cancer
- Esophageal cancer
- Robotic surgery
- Lung transplantation

Research Interests
- Utilization of robotic techniques in thoracic surgery
- Clinical outcomes research in esophageal cancer and lung transplantation
- Surgical education

BIOSKETCH: Jinny S. Ha, M.D

Jinny S. Ha M.D. completed her general surgery residency at the University of Maryland Medical Center. She finished her cardiothoracic surgery fellowship at Johns Hopkins Hospital and has stayed as Assistant Professor in the Division of Thoracic Surgery. Her areas of interest include minimally invasive techniques/robotic surgery for thoracic procedures, surgical education and lung transplantation.

Selected Publications: Jinny Ha, M.D.
Bret Mettler, M.D.
Director, Pediatric Cardiac Surgery

Background
- University of Texas Health Sciences Center and Wilford Hall Medical Center Resident (2000)
- University of South Dakota (M.D. 2000)
- Boston Children’s Hospital / Research Fellow (2003)
- University of Michigan Medical Center Resident (2005)
- University of Virginia Medical Center Resident (2007)
- Boston Children’s Hospital Resident (2009)

Clinical Interests
- Pediatric cardiac surgery
- Pediatric heart transplant
- Congenital heart diseases
- Thoracic surgery

Research Interests
- Translational clinical research pediatric heart and diagnostic studies.
- CSF production and volume changes after a cavopulmonary anastomosis.
- Translational model of mass spectroscopic protein expression in normal and semilunar valves with congenital heart disease.
- Pediatric translational clinical research.

BIOSKETCH: Bret Mettler, M.D.

Bret Mettler, M.D., joined Johns Hopkins as director of pediatric cardiac surgery and co-director of the Blalock–Taussig–Thomas Pediatric and Congenital Heart Center in January 2020.

Dr. Mettler came to Johns Hopkins from Vanderbilt University Medical Center, where he served as the director of pediatric cardiac transplantation and mechanical support since 2010. A native of South Dakota, where he was a magna cum laude undergraduate and medical student at the University of South Dakota, Dr. Mettler has had extensive and impressive surgical training at leading centers throughout the country. He completed his surgical residency training at the University of Texas at San Antonio and the University of Michigan. He completed a research fellowship in cardiac tissue engineering at Boston Children’s Hospital, followed by a cardiothoracic surgical residency at the University of Virginia and a congenital cardiac surgery fellowship at Boston Children’s Hospital, Harvard Medical School.

Dr. Mettler has distinguished himself as a gifted and accomplished pediatric and congenital heart surgeon. He has also held numerous academic and leadership appointments in national associations including the Joint Council on Thoracic Surgery Education, the Society of Thoracic Surgeons, the Thoracic Surgery Directors Association and the Thoracic Surgery Residents Association, of which he was president.
Selected Publications: Bret Mettler, M.D.


Robert Higgins, M.D.
Director of the Department of Surgery
Professor of Surgery

Background
• Dartmouth College (B.A. 1977–1981)
• Yale School of Medicine (M.D. 1981–1985)
• Hospitals of the University, Pittsburgh, General Surgery Resident (1985–1990)
• Yale School of Medicine, Cardiothoracic Surgery (1990–1993)
• Papworth Hospital, Senior Registrar in Transplantation (1993)
• Virginia Commonwealth University (Masters of Health Administration 2005)
• Association of American Medical Colleges, Deans Fellow (2014–2015)
• Johns Hopkins University Department of Surgery, Professor and Director (2015–Present)

Clinical Interests
• Cardiotoracic surgery health care outcomes
• Heart transplantation
• Lung transplantation
• Minimally invasive cardiac and thoracic surgery
• Mechanical circulatory support

Research Interests
• The mechanism of cell injury in failing hearts
• Health policy
• Racial disparities in post-transplant outcomes
• Improving outcomes among heart failure and cardiac surgery patients

BIOSKETCH: Robert Higgins, M.D.

Robert Higgins, M.D., is the Surgeon-in-Chief of Johns Hopkins Medicine. He is a leading authority in heart and lung transplantation, minimally invasive cardiac surgery, and mechanical circulatory support. His scientific interests are broad and far-ranging, including the mechanisms of cell injury in failing hearts, health economics and policy, racial disparities in post-transplant outcomes, access to care, and improving outcomes among heart failure and cardiac surgery patients. Higgins is also the William Stewart Halstead Professor and Director of the Department of Surgery at the Johns Hopkins University School of Medicine.

Higgins came to Johns Hopkins from Ohio State University, where he was professor and chair of the Department of Surgery, as well as surgeon-in-chief and director of the Comprehensive Transplant Center at Wexner Medical Center. He began his surgical career as the director of heart and lung transplantation at Henry Ford Hospital. Under his leadership, the transplant team performed the first lung transplant in southeast Michigan. He went on to create a Medicare-approved lung transplant program in 1997 and a pediatric heart transplant program in collaboration with the Children’s Hospital of Michigan. Since then, he has served in numerous leadership positions, including chief of cardiac surgery at Richard M. Ross Heart Hospital in
Higgins obtained his bachelor’s degree from Dartmouth College and went on to earn his medical degree from the Yale School of Medicine, followed by a master’s degree in health services administration at Virginia Commonwealth University. He completed a residency in general surgery and served as chief resident at the University Hospitals of Pittsburgh. He was a Winchester Scholar and fellow in cardiothoracic surgery at Yale School of Medicine. Higgins served as a senior registrar in transplantation at the renowned Papworth Hospital, the U.K.’s largest cardiothoracic surgical program and its main heart-lung transplant center. He also served as a Major in the United States Army Reserve Medical Corps.

Higgins has held leadership positions at various organizations, including past president of the Society of Thoracic Surgeons, president of the United Network for Organ Sharing, president of the Society of Black Academic Surgeons, and president and founding member of the Association of Black Cardiovascular and Thoracic Surgeons. He has also been appointed to the Advisory Committee on Organ Transplantation by the Secretary of the Department of Health and Human Services. He has authored over 150 scientific articles and book chapters. He is the President-elect of the Society of Surgical Chairs.

Selected Publications: Robert Higgins, M.D.


Marshall L. Jacobs, M.D.
Professor of Surgery
Director, Pediatric Cardiac Surgery Outcomes Research

Background

- Yale College (B.S. 1972)
- Harvard Medical School (M.D. 1976)
- Wessex Regional Cardiothoracic Center, Senior Registrar (1982)
- Boston Children’s Hospital, Cardiovascular Surgery Residency (1984)

Clinical Interests

- Pediatric and adult congenital heart surgery
- Heart transplantation
- Functionally univentricular heart (including hypoplastic left heart syndrome)
- Pediatric cardiac critical care

Research Interests

- Surgical databases and multi-institutional outcomes analysis
- Patient safety/quality of care
- Neurodevelopmental outcomes and protective strategies
- Management of single ventricle anomalies
- Pediatric heart transplantation

BIOSKETCH: Marshall L. Jacobs, M.D.

Marshall Jacobs, M.D., joined the faculty of the Department of Surgery at the Johns Hopkins University School of Medicine in May 2013. He has been a cardiovascular surgeon and clinical investigator for over three decades, with special emphasis on congenital heart disease. As Director of Pediatric Cardiac Surgery Outcomes Research at Johns Hopkins, he works with medical students, residents and fellows on clinical investigations, and helps to coordinate data management, quality assessment, quality improvement initiatives and clinical trials related to the care of patients with congenital heart disease.

Jacobs’ early investigative work focused on basic cardiovascular physiology, including response to pressure and volume overload under conditions of normal and abnormal coronary perfusion. He was the principal investigator of National Institutes of Health-funded research that evaluated MRI and spectroscopy in the diagnosis of cardiac transplant rejection in a primate model. In the clinical realm, he participated in the development and evaluation of innovations in the surgical management of congenital heart malformations, including the staged reconstructive approach to functionally univentricular hearts.

His current concentration in outcomes research includes participation in the multi-institutional studies of the Congenital Heart Surgeons Society (CHSS). He served as chair of the Research Committee and as president of the CHSS (2014–2016). He has served as chair of
the Society of Thoracic Surgeons Congenital Heart Surgery Database Task Force, and currently chairs the STS Congenital Heart Surgery Access and Publications Committee. The author of more than 300 peer-reviewed publications, Jacobs is as member of several editorial boards and is editor-in-chief of the *World Journal for Pediatric and Congenital Heart Surgery*.

**Selected Publications: Marshall L. Jacobs, M.D.**

Ahmet Kilic, M.D.
Associate Professor of Surgery
Surgical Director, Adult Heart Transplantation and Mechanical Circulatory Support

Background
- The Pennsylvania State University (B.S. 1998)
- The Medical College of Virginia-Virginia Commonwealth University (M.D. 2002)
- University of Maryland, Resident, General Surgery (2003-2004)
- University of Maryland, Fellow, Research (2004-2006)
- University of Maryland, Resident, General Surgery (2006-2009)
- University of Virginia, Resident, Cardiothoracic Surgery (2009-2011)
- The Ohio State University (2011-2017)
- Johns Hopkins University Division of Cardiac Surgery (2017-present)

Clinical Interests
- Cardiac surgery
- Heart transplantation
- Mechanical circulatory support

Research Interests
- Heart failure

BIOSKETCH: Ahmet Kilic, M.D.
Ahmet Kilic, M.D., joined the Johns Hopkins Division of Cardiac Surgery as an associate professor in 2017. Kilic’s areas of clinical expertise include cardiac surgery with a special interest in heart transplantation and mechanical circulatory support.

Prior to joining Johns Hopkins, Kilic served as an associate professor of surgery at The Ohio State University Wexner Medical Center and was the director of the heart transplant and mechanical circulatory support programs. He was also the co-director of the advanced heart failure program as well as the vice-director of clinical and academic affairs in the division of cardiac surgery.

He completed his undergraduate degree at the Pennsylvania State University followed by his medical degree at the Medical College of Virginia. During his residency in general surgery at the University of Maryland, he took two dedicated years in the lab studying artificial organs and cardiopulmonary failure. He finished his cardiothoracic surgical training at the University of Virginia.

Although a recognized leader in the field of heart failure, Kilic’s expertise runs the spectrum
of cardiovascular surgery. As a board-certified cardiothoracic surgeon, he performs all aspects of cardiac surgery including placement of ventricular assist devices, heart transplantation, coronary artery bypass grafting, valvular procedures including transcatheter aortic valve replacements and aortic surgery.

Kilic is an invested educator, having trained and mentored numerous medical students, surgical residents and cardiac surgery fellows. He previously served as the director of education for the cardiothoracic residency program at The Ohio State University. He was nominated for the national McGoon award for teaching and was the recipient of the inaugural Thomas Williams resident teaching award in cardiothoracic surgery at the Ohio State University Wexner Medical Center.

He is an active clinical investigator in the field of heart failure and has published numerous peer-reviewed journal articles, book chapters, abstracts and presented his findings in regional, national and international forums. He is on numerous institutional and national surgical committees and is a member of cardiothoracic surgical professional organizations. He is on the editorial board and review board of numerous journals and regularly lectures on the topic of heart failure.

Selected Publications: Ahmet Kilic, M.D.


Jennifer S. Lawton, M.D.
Professor of Surgery
Chief of the Division of Cardiac Surgery
Program Director, Cardiothoracic Residency
Director, Cardiac Surgery Research Laboratory

Background
- Allegheny College (1988)
- Hahnemann University (1992)
- Medical College of Virginia General Surgery Residency (1992–1999)
- Pennsylvania State University, Milton S. Hershey Medical Center (1999–2001)
- Washington University, Professor of Surgery (2001–2016)
- The Johns Hopkins University, Richard B. Darnall Professor of Surgery (2016–present)

Clinical Interests
- Adult cardiac surgery
- Valve surgery (including minimally invasive)
- Coronary artery bypass grafting on- and off-pump, all arterial revascularization
- Surgery for aortic dissection and ascending aneurysm

Research Interests
- Cardioprotective ATP-sensitive potassium channels
- Myocardial Protection
- Women and heart disease

BIOSKETCH: Jennifer S. Lawton, M.D.

Jennifer S. Lawton, M.D., is the Richard B. Darnall Professor of Surgery, cardiac surgeon-in-charge and chief of the Division of Cardiac Surgery at Johns Hopkins. Lawton received her bachelor’s degree from Allegheny College, where she was the recipient of several academic awards. She was awarded the medical degree from Hahnemann University, being elected to the Alpha Omega Alpha honorary society at that institution.

Lawton completed a residency in general surgery at the Medical College of Virginia (Virginia Commonwealth University) and a residency in cardiothoracic surgery at Pennsylvania State University Milton S. Hershey Medical Center. She was tenured professor of surgery in the Division of Cardiothoracic Surgery at Washington University School of Medicine from 2001 to 2016. She joined the Division of Cardiac Surgery at Johns Hopkins in August 2016.

Lawton is certified by the American Board of Thoracic Surgery. Lawton’s investigative interests include intraoperative myocardial protection (specifically, the use of ATP-sensitive potassium channel openers), myocyte response to stress, heart disease in women and treatment for aortic dissection. Her clinical interests parallel her investigative interests, in that she is involved in adult cardiac surgery, including coronary revascularization (on or off cardiopulmonary bypass), valvular heart disease and the surgical treatment of type A aortic dissection.
Lawton has authored more than 100 published scientific manuscripts and has made numerous presentations at national surgical meetings. She is a member of multiple national organizations, including the American Surgical Association and the Society of Clinical Surgery, and she is a fellow of the American College of Surgeons and the American Heart Association. She serves on various committees of national organizations, including the American Association for Thoracic Surgery (Council, former membership committee chair, President and former program chair for the Cardiac Surgery Biology Club and others), the Society of Thoracic Surgeons (former chair of Looking to the Future Scholarship Committee and Taskforces), American Heart Association (chair and former vice chair of the CVSA Council, former chair of Surgery Basic Science Grant Review Study Section, and others), the Southern Thoracic Surgical Association (former co-chair of the Postgraduate Committee and council member), and former President of Women in Thoracic Surgery. She is the former vice chair of the Accreditation Council for Graduate Medical Education Residency Review Committee for Thoracic Surgery. She serves as a director of the American Board of Thoracic Surgery. She serves as deputy editor for the Annals of Thoracic Surgery, and on the editorial board of the Journal of Thoracic and Cardiovascular Surgery. She serves as a guest reviewer for multiple journals.

Lawton has reviewed grants for the American Heart Association and the National Institutes of Health. Her basic science laboratory has been funded via the Nina Starr Braunwald Career Development Award from the Thoracic Surgery Foundation for Research and Education, the American Heart Association, and the National Institutes of Health.

Selected Publications: Jennifer S. Lawton, M.D.


Barner HB, Bailey MS, Pasque MK, Moon MR, Damiano RJ, Lawton JS. Radial Artery Free and T Graft Patency over a 15 Year Period. Circulation 2012;126:S140–S144. PMID 2296594


Anastacio MM, Kanter EM, Keith AD, Schuessler RB, Nichols CG, **Lawton JS.** Inhibition of Succinate Dehydrogenase by Diazoxide is Independent of the ATP-Sensitive Potassium Channel Subunit Sulfonylurea Type 1 Receptor. *J Am Coll Surg* 2013;216:1144–1149. PMID 23535164


Juan A. Sanchez, M.D.
Associate Professor of Surgery
Faculty Proctor; Cardiac Surgery Simulation Laboratory
Associate Faculty, Armstrong Institute for Patient Safety and Quality

Background
- University of Miami, (B.S. 1980)
- University of Florida (M.D. 1984)
- Harvard University (M.P.A. 2001)
- Columbia University, Postdoctoral Research Fellowship (1989–1990)
- Yale-New Haven Hospital, Cardiothoracic Surgery Fellowship (1990–1993)
- University of Miami, Assistant Professor (1993–1995)
- University of Kentucky, Associate Professor (1995–2001)
- Bridgeport Hospital, Cardiothoracic Surgery Chief (2001–2007)
- University of Connecticut, Professor of Surgery (2007–2012)
- Saint Agnes Hospital, Director of GME and Chair of Surgery (2013–present)
- Johns Hopkins University School of Medicine, Associate Professor (2013–present)

Clinical Interests
- Adult cardiac surgery and transplantation

Research Interests
- Myocardial oxidative stress
- Patient Safety
- Health services research

BIOSKETCH: Juan A. Sanchez, M.D.

Juan Sanchez, M.D., is an associate professor of surgery at Johns Hopkins and associate faculty at the Armstrong Institute for Patient Safety and Quality.

He has authored over 100 peer-reviewed articles, books and book chapters, and serves on a number of national panels and study groups.

His research has revolved around the understanding of molecular mechanisms that protect the myocardium against oxidative stress and on preconditioning strategies, for which he holds several patents. Sanchez also has a strong interest in quality and patient safety in health care.

He is a former Malcolm Baldrige Quality Award Examiner and a Six Sigma Black Belt in quality improvement. He co-authored the scientific statement published by the American Heart Association on patient safety in the cardiac operating room. He has edited the patient safety issue of the Surgical Clinics of North America and is a contributing author on the American College of Surgeons’ Quality and Safety Manual. He is a founding member of the Patient Safety Committee for the National Board of Medical Examiners and is an instructor in the Patient Safety Course for second-year Johns Hopkins medical and nursing students.
Selected Publications: Juan A. Sanchez, M.D.


Stefano Schena, M.D., Ph.D.
Assistant Professor of Surgery

Background
- Liceo Scientifico Statale “E. Fermi” (B.S. 1989)
- University of Bari Medical School (M.D. 1996)
- University of Bari Medical School (Ph.D. 2005)
- University of Bari Medical School, Intern, Cardiovascular Surgery (1996-1997)
- University of Bari Medical School, Resident, Cardiovascular Surgery (1997-2001)
- University of Illinois, Resident, Surgery (2002-2006)
- Washington University/Barnes-Jewish Hospital, Fellow, Cardiothoracic Surgery (2006-2008)
- Washington University School of Medicine (2011-2017)
- Johns Hopkins University Division of Cardiac Surgery (2017-present)

Clinical Interests
- Adult cardiac surgery
- Endovascular treatment of thoracic aortic disease
- Surgical treatment of atrial arrhythmias
- Transcatheter valve therapy (TAVR, TMVR, etc)
- Total arterial myocardial revascularization

Research Interests
- Long-term outcome and quality of life following cardiac surgery in elderly patients
- Secondary effects following first and repeated exposure to heparin in cardiac surgery
- Novel technologies in structural heart valve therapy

BIOSKETCH: Stefano Schena, M.D., Ph.D.

Stefano Schena, M.D., Ph.D, joined the Johns Hopkins Division of Cardiac Surgery as an assistant professor of surgery in November 2017. Schena’s areas of clinical expertise include all aspects of adult cardiac, thoracic and vascular surgery. Additionally, his clinical interests include surgical treatment of atrial arrhythmias and transcatheter valve therapy (TAVR, TMVR, etc).

Prior to joining Johns Hopkins, Schena served as assistant professor of Surgery and Cardiothoracic surgery at Washington University. He earned his bachelor of science degree at Liceo Scientifico Statale “E. Fermi” in Bari, Italy. He received his medical degree from the University
of Bari Medical School, where he also obtained his doctor of philosophy degree. Schena completed a cardiovascular surgery residency at the University of Bari and a general surgery residency at the University of Illinois at Chicago. He completed his fellowship in cardiothoracic surgery at Washington University/Barnes-Jewish Hospital in St. Louis.

Schena is a member of various organizations, including the American Heart Association, the American Society of Transplantation, the American College of Surgeons, the American College of Cardiology, the International Society of Minimally Invasive Cardiothoracic Surgery and the Society of Thoracic Surgeons.

Schena’s research interests include long-term outcome and quality of life following cardiac surgery in elderly patients, secondary effects following first and repeated exposure of patients to heparin in cardiac surgery, and novel technologies in structural heart valve therapy.

Selected Publications: Stefano Schena, M.D., Ph.D.


Marc S. Sussman, M.D.
Assistant Professor of Surgery
Intensivist, Cardiac Surgical Intensive Care Unit
CVSICU Fellowship Program Director

Background
- Massachusetts Institute of Technology (1979)
- Johns Hopkins University School of Medicine (M.D. 1984)
- NYU Medical Center, General Surgery Residency (1984–1991)
- NYU Medical Center, Cardiothoracic Surgery Fellowship (1991–1993)
- Johns Hopkins University Division of Cardiac Surgery (1993–2004)
- Johns Hopkins University Division of Thoracic Surgery (2004–2013)
- Johns Hopkins Hospital Cardiovascular Surgical ICU (2013–present)

Clinical Interests
- Cardiovascular intensive care

Research Interests
- Residency education
- Intensive care quality and outcomes

BIOSKETCH: Marc S. Sussman, M.D.

Marc Sussman, M.D., has been on staff at Johns Hopkins since 1993. He was born and raised in the suburbs of New York City. His undergraduate degree is from the Massachusetts Institute of Technology. He received his M.D. from the Johns Hopkins University School of Medicine in 1984. Sussman did both his general surgery and thoracic surgery training at NYU Medical Center. During his training, he spent two years in the laboratory of Gregory Bulkley at Johns Hopkins.

In 1993, Sussman joined the Johns Hopkins Division of Cardiac Surgery. In 2004, his clinical practice was located at Johns Hopkins Bayview Medical Center in general thoracic surgery. His research interests include geriatric oncology, surgery and outcomes research.

In 2013, Sussman joined the cardiovascular surgical intensivist team. In 2014, he became the director of the CVSICU fellowship program, where he oversees the curriculum of the cardiac critical care fellowship and leads the recruitment of new fellows and trainees. He has a deep commitment to education of residents, medical students, advanced care practitioners and nurses. His professional, caring and courteous manner serve as an example for us all.
Selected Publications: Marc S. Sussman, M.D.


Meguid RA; Hooker CM; Harris J; Xu Li; Westra WH; Sherwood JT; Sussman M; Cattaneo SM; Shin J; Cox S; Christensen J; Prints Y; Yuan N; Zhang J; Yang SC; Brock MV. Long-term survival outcomes by smoking status in surgical and nonsurgical patients with non-small cell lung cancer: comparing never smokers and current smokers. *Chest*. 2010;138(3):500–9.
Glenn J.R. Whitman, M.D.
Director, Cardiac Surgical Intensive Care Unit
Professor of Surgery

Background
- Harvard College (B.A. 1974)
- Lionel DeJersey Harvard Scholar, Cambridge University, England (1975)
- University of Pennsylvania School of Medicine (M.D. 1979)
- University of Colorado Health Science Center, General And Cardiac Surgery (1984–1988)
- University of Colorado Health Science Center, Cardiothoracic Surgery Chief, Denver VAH (1988–1990)
- The Medical College of Pennsylvania Hospital, Cardiac Surgery Chief (1990–1998)
- University of Maryland School of Medicine, Cardiac Surgery Chief (1998–2000)
- Temple University School of Medicine, Associate Hospital Director (2002–2007)
- Thomas Jefferson University Jefferson College of Medicine, CSICU Director (2007–2009)
- Johns Hopkins University Division of Cardiac Surgery, CSICU Director (2009–present)
- The Johns Hopkins Hospital, Director of Adult Heart Transplant Program (2011–2016)

Clinical Interests
- Critical care in cardiac surgery
- Quality improvement

BIOSKETCH: Glenn J.R. Whitman, M.D.

Glenn Whitman, M.D., joined the Johns Hopkins Division of Cardiac Surgery in 2009 as associate professor of surgery. His training began at the University of Pennsylvania, where he was a resident in surgery from 1979 to 1984. At that time, he followed Alden Harken to the University of Colorado, where he finished his general surgery training and then completed his training as a cardiothoracic surgeon. Thereafter, Whitman became an assistant professor at the University of Colorado and chief of cardiothoracic surgery at the Denver Veteran’s Administration Hospital, where he remained for two years. In 1990, he returned to his home city of Philadelphia, where he became chief of cardiac surgery at the Medical College of Pennsylvania, formerly Women’s Medical College, the first medical school in the United States to accept women. Whitman remained there for eight years before moving to the University of Maryland as chief of cardiac surgery. Unfortunately, in 2000, he had to withdraw from the active practice of cardiothoracic surgery due to arthritis. Since that time, Whitman has had a variety of roles in health care.

He has served as the director of transplantation and United Network for Organ Sharing representative at Temple University Hospital in Philadelphia, as well as its director of perioperative
services, managing preadmission testing, the operating room and the post-anesthesia care unit. In 2007, he left Temple for Thomas Jefferson Hospital to join Charles Yeo, taking over the responsibilities of running the cardiac surgery intensive care unit. In summer 2009, he was recruited by Duke Cameron to return to Baltimore to run the cardiac surgery intensive care unit and oversee the performance improvement/quality assurance program for cardiac surgery at Johns Hopkins.

Whitman’s initial research interests were in cardiac ischemia reperfusion injury and P31 nuclear magnetic resonance of cardiac bioenergetics, for which he received both National Institutes of Health and Department of Veterans Affairs funding. He has since become involved with quality outcomes, and has presented at the American College of Surgeons and the Society of Thoracic Surgeons on the difficulties associated with performance improvement and quality assurance in the field of health care, particularly in the ICU.

Selected Publications: Glenn J.R. Whitman, M.D.


Stephen C. Yang, M.D., F.A.C.S., F.C.C.P.
The Arthur B. and Patricia B. Modell Professor of Thoracic Surgery
Professor of Surgery and Oncology
Division of Thoracic Surgery
Associate Vice Chair, Faculty Education
Director, Thoracic Oncology Program

Background
• Duke University (B.A. Chemistry 1980)
• Medical College of Virginia (M.D., 1984)
• University of Texas Health Science Center at Houston, General Surgery Residency (1984–1987, 1990–1992)
• University of Texas MD Anderson Cancer Center, Thoracic Surgical Oncology Research Fellowship (1987–1990)
• Medical College of Virginia, Cardiothoracic Surgical Residency (1992–1994)
• Johns Hopkins University Division of Thoracic Surgery (1994–present)

Clinical Interests
• Lung cancer
• Esophageal cancer
• Mesothelioma
• Robotic thymectomy
• Video-assisted thoracic surgery/robotics
• Lung volume reduction surgery

Research Interests
• Development of molecular markers for lung cancer
• Molecular biology of mesothelioma
• Surgical education
• Esophageal Cancer Survivorship

BIOSKETCH: Stephen C. Yang, M.D., F.A.C.S., F.C.C.P.

Stephen Yang, M.D. received his BA from Duke University and MD from the Medical College of Virginia. His training included a general surgical at the University of Texas Health Science in Houston, a thoracic surgical research fellowship at the M. D. Anderson Cancer Center, and a cardiothoracic surgical fellowship at the Medical College of Virginia. In 1994, he joined the faculty at Johns Hopkins and currently is Professor of Surgery and of Medical Oncology. In 2001, he was installed as the first Arthur B. and Patricia B. Modell Endowed Chair in Thoracic Surgery.

He currently serves as Vice-Chair of Faculty Development and Education for the Department of Surgery, and Associate Director of the Cardiothoracic Surgery Residency. He was the former Director of the adult and pediatric lung transplant program, and Surgery Clerkship Director. Among his numerous teaching, research and clinical service awards, he received the 1996 William
F. Rienhoff Award for teaching and research at Johns Hopkins, the 1997 AATS Andrew Morrow Research Scholar, the 2004 Medical College of Virginia Outstanding Alumnus Award, the 2006 Thoracic Surgery Directors Association research mentor award, the 2006 Society of Thoracic Surgeons J. Maxwell Chamberlain Award, the 2008 Johns Hopkins Dean’s Award as Clinical Teacher of the Year in the School of Medicine, the 2017 Southern Thoracic Surgical Association Urschel-Mavroudis Spirit Award, and the 2018 Medical School Graduation Marshall and recently elected into The Distinguished Teaching Society in the Johns Hopkins School of Medicine.

At Johns Hopkins, he currently serves on the Dean’s Committees for Postgraduate Affairs, Medical School Admissions, Senior Faculty Development, and the Institute for Educational Excellence. He holds a number of national committee leadership positions in the American Association of Thoracic Surgeons, American College of Surgeons, Association for Surgical Education, General Thoracic Surgical Club, Society of Thoracic Surgeons, and Southern Thoracic Surgical Association. His clinical interests include all aspects of general thoracic surgery, with specific emphases in lung and esophageal cancer biology/survivorship, and robotics surgery; and he also researches in the areas of patient safety/outcomes, geriatric thoracic surgery and enhancing the educational paradigm for medical students, residents and junior faculty. He had developed novel lung transplantation techniques with cadaveric lobar transplantation, and robotic thymectomy approaches.

He was the former President of the International Chinese Society of Thoracic Surgeons (ICSTS), a constituency of over 800 members. In addition to his leadership role with the ICSTS, he is working with Johns Hopkins leadership in enhancing surgical education and training in Mainland China. Congruous with this project, he is involved with medical mission and medical tourism activities, bringing cancer screening programs to the underserved and those seeking health care in the U.S. In 2015, he was elected to the Board of Directors for the American Board of Thoracic Surgeons (the first Asian American in its 70 year history), and serves as Chair of the Maintenance of Certification Committee and Editor-in-Chief for the next edition of SESATS XIII. He was Vice-Chair of the Committee to develop the cardiothoracic surgery Milestones for the ACGME, and currently the 2018 Program Chair in Thoracic Surgery for the upcoming American Association of Thoracic Surgeons. He was named Chair for the Faculty Development Committee for the Thoracic Surgery Directors Association, and Chair-Elect for the Medical Student Education Committee for the American College of Surgeons.

He serves as editor of the textbooks *Current Therapy in Thoracic and Cardiovascular Surgery* (currently in preparation for the 2nd edition), *The Johns Hopkins Manual of Cardiothoracic Surgery*, *The Early Diagnosis of Cancer book series*, *Practical Reviews of Chest Medicine*, and formerly the *eJournal Current Surgery Reports*. He also serves on many journal review boards, and the current education section editor for the Journal of Thoracic and Cardiovascular Surgery. In 2001, he and his lung transplant team were featured in the ABC series “24/7” and his team followed in the 2008 sequel “Hopkins” to that series focusing in on resident life and medical student teaching. This series as well as other experiences (such as the care of esophageal cancer) are still shown on the Discovery Channel and the BBC. His CV consists of over 160 peer reviewed articles and 50 book chapters.

Behind every busy man there is a loving and supportive family. Though an empty nester now that his three children have flown the coop (but still on the payroll), he lives with Marivic his wife of 34 year in Hunt Valley, MD, and enjoys playing lounge piano music, country club tennis, “Chopped” cooking, taking care of his grandpuppy Parker, and ballroom dancing, having won the 2017 *Dancing with the Hopkins Stars* competition for both top fundraiser for the United Way and best dance routine.
Selected Publications: Stephen C. Yang, M.D., F.A.C.S., F.C.C.P.

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JOHNS HOPKINS Heart and Vascular Institute

For generations, patients with the most complex heart problems have turned to Johns Hopkins physicians for help. Recognized worldwide, Johns Hopkins cardiologists and cardiac surgeons provide comprehensive care of the highest quality, ensuring that patients receive the most advanced treatments known to medicine.

The Johns Hopkins Heart and Vascular Institute is in the cardiovascular and critical care tower, which seamlessly integrates state-of-the-art diagnostic and therapeutic services. In this facility, patients experience personalized medical care in a high-tech environment while having the advantage of the research and education assets unique to Johns Hopkins. Specialists in every branch of cardiac care—cardiology, cardiac surgery, vascular medicine, radiology, pathology and critical care anesthesia—work collaboratively in a hospital setting designed to foster innovative treatments and accelerate the science of medicine.

At the Johns Hopkins Heart and Vascular Institute, cardiac specialists have the ability to swiftly translate laboratory discoveries into new treatments, with the ultimate goal of reducing morbidity and mortality due to heart disease, the leading cause of death in the United States and most developed countries.
One of the historical milestones of congenital cardiac surgery took place at The Johns Hopkins Hospital on Nov. 29, 1944. Up to that day, most infants and children with congenital heart disease (then called blue babies) had no hope for cure and died of their heart condition.

Dr. Alfred Blalock and the pediatric cardiac team at The Johns Hopkins Hospital first offered to these children the possibility of survival by creating what would be called the Blalock-Taussig shunt. After that first successful operation, hundreds of children traveled to Baltimore for the procedure. Over the ensuing decades, many more underwent ever more complex operations to correct anomalies that affect neonates to adults.

The Johns Hopkins tradition of surgical intervention for patients with congenital heart disease now spans over six decades and has evolved into a premier team that is capable of addressing all forms of congenital heart disease. The service performs over 250 congenital cardiac procedures per year in the greater context of a cardiac team that performs over 1,000 open-heart surgeries per year on patients referred by local, national and international physician networks.
These operations navigate the full spectrum of cardiac malformations, from premature patients to adults with congenital heart disease. The pediatric cardiac center at The Johns Hopkins Hospital has unparalleled experience in valve-sparing aortic root replacement in pediatric patients with Marfan syndrome. Complex operations addressing malformations, such as hypoplastic left heart syndrome, transposition of the great arteries and other extreme forms of neonatal pathology, are carried out in the setting of an academic facility committed to the care of the pediatric patient, the Johns Hopkins Children's Center. This collaborates with the adult cardiac surgical service so that older patients with heart disease benefit from the expertise of adult pathologists, pediatric cardiologists and cardiac surgeons who are well-rounded in the complicated field of congenital heart disease. It is anticipated that over the next decade, most pediatric cardiac units will see a proportion of at least 50 percent of their practice devoted to adults with congenital cardiac pathology. With additional expertise in implantable ventricular assist devices, extracorporeal membrane oxygenation and cardiopulmonary transplantation, the structure of the pediatric cardiac service at The Johns Hopkins Hospital is ideally structured to meet the challenge of this constantly growing patient population.

An experienced, multidisciplinary team of physicians and health care specialists completes the pediatric cardiac team at The Johns Hopkins Hospital. Pediatric cardiac surgeons and pediatric cardiologists work closely together in the preoperative evaluation of pediatric and adult cardiac patients with congenital heart disease. During the intra- and immediately postoperative phase, patients are carefully managed by surgeons, cardiologists, anesthesiologists and a world-class pediatric intensive care team, with expertise in patients with heart malformations. Being Johns Hopkins, a leading center in the training of future generations of cardiothoracic surgeons, residents are also deeply involved in the care of children with congenital heart disease, assisting in complex operative procedures and following these complex patients during the postoperative recovery phase.

The Pediatric Cardiac Service at The Johns Hopkins Hospital is integrated within the Johns Hopkins Heart and Vascular Institute and the Johns Hopkins Children's Center. The Johns Hopkins Children's Center is located in the state-of-the-art Charlotte R. Bloomberg Children's Center building, a tower devoted to the care of children has a dedicated ICU space, operating rooms and state-of-the-art equipment exclusively available to patients with congenital heart disease.
Transcatheter Valve Program

The Transcatheter Valve program at Johns Hopkins began in July 2011. The program has just surpassed the 1,000th TAVR procedure. The program is jointly run by those in cardiology and cardiac surgery. The medical director of the program is Dr. Jon Resar.

The program currently implants the commercially available Medtronic CoreValve TAVR and the Edwards Sapien TAVR, and continues to participate in a variety of clinical trials as new technology for the aortic and mitral valve is developed. The program uses iliofemoral, subclavian, direct aortic and apical approaches to implant the devices. Patients are evaluated jointly by both teams and discussed at a weekly TAVR conference. The technical aspects of each procedure are jointly performed, with cardiology and surgery rotating between the various implanting positions.

The Dana and Albert “Cubby” Broccoli Center for Aortic Diseases

The Dana and Albert “Cubby” Broccoli Center for Aortic Diseases is world-renowned for its expertise and medical resources. It offers a unique multidisciplinary approach. As one of the few centers in the world that truly focuses on diseases of the aorta, the Broccoli Center brings together leading physicians and scientists in clinical and laboratory research at the nation’s best hospital. Outstanding collaboration and cooperation with internationally renowned expert Dr. Hal Dietz is a cornerstone of this center. This cohesive program provides a continuing opportunity to make key advances in the field of aortic diseases while offering the highest level of care and treatment available anywhere in the world.

The Broccoli Center treats a large number of patients with aortic diseases, from newborns to the elderly. With a Marfan clinic established in 1950 by Dr. Victor McKusick, The Johns Hopkins Hospital has the world’s longest experience with surgery for Marfan aortic disease. Our surgical teams include specialists in cardiac surgery, vascular surgery, radiology, anesthesia and neurological monitoring, assuring the best possible surgical outcomes and minimizing the risk of complications.
Johns Hopkins Comprehensive Marfan Center

The Johns Hopkins Comprehensive Marfan Center is an internationally recognized center for surgical management of patients with Marfan and non-Marfan disease.

It offers a collaborative approach for treatment of all clinical manifestations of Marfan syndrome, with expertise in genetics, ophthalmology, orthopedics, vascular and cardiac operations.

Aortic Valve Repair

Aortic valve repair is a treatment option for preservation of the native valve in patients with aortic insufficiency. This technique is particularly useful in young patients with bicuspid valve disease and connective tissue disorders. This approach could avoid the drawbacks of tissue and mechanical valve prosthesis in patients with a longer life expectancy. Surgical techniques include aortic valve-sparing root replacement, subcommissural annuloplasty and leaflet reconstruction.
Thoracic Endovascular Aortic Repair
Endovascular therapy is becoming an increasingly attractive option to treat higher-risk patients with various aortic pathologies. Hybrid open and endovascular procedures are expanding the scope of patients who can be treated. Currently, aneurysm, dissection and trauma can all be treated using endovascular options. This program has close collaboration with vascular surgery. The endovascular skill set will be critical to the cardiac surgeon of the future.

Cardiomyopathy and Heart Failure Program
The Johns Hopkins Cardiomyopathy and Heart Failure Program uses a multidisciplinary approach to the evaluation and management of patients with heart failure due to any cause. Important components of this team approach include social work, dietary counseling, physical rehabilitation, educational programs and support groups. Our goal is to empower patients to better care for themselves by improving compliance, patient understanding and family support. The keystone to this program remains cutting-edge, individualized patient diagnosis and treatment provided by faculty members in conjunction with our nurse practitioners. Our patients range from those who are asymptomatic to those in desperate need of cardiac transplantation.

Mechanical Circulatory Support Program
The Johns Hopkins Hospital Mechanical Circulatory Support Program began in 1986 with success in improving the survival of many patients. The program offers a variety of ventricular assist devices. Each one is designed to address specific patient conditions. These devices are also used as destination therapy, a means of improving quality of life for end-stage heart failure patients who do not qualify for a heart transplant.

The team consists of highly trained and committed clinicians who are dedicated to providing patients with the best care available. The team includes cardiologists, cardiac surgeons, operating room clinicians, the cardiovascular surgical intensive care unit team, the cardiovascular progressive care unit team, physical therapists, occupational therapists, nurses, social workers, transport personnel and coordinators.

Our approach to caring for a patient with a ventricular assist device implant is different in many areas. We fully believe in developing a relationship with the patients and their families so that they may have a comfortable and trusting group of caregivers around them at all times. We remain active throughout the preoperative evaluation phase, during the surgery, while recovering from surgery in the hospital and after discharge while patients adjust to a new life at home with the new device.
Comprehensive Transplant Center

Heart Transplant Program

Established in 1983, the Johns Hopkins Heart Transplant Program developed an approach to treating congestive heart failure while reducing hospital admissions, improving the quality of life for patients and lowering mortality rates. Besides an aggressive medical approach, the program stresses intensive education and lifestyle counseling. Johns Hopkins is proactive in maintaining or stabilizing patients awaiting heart transplants and following them through the post-transplant process. Johns Hopkins surgeon Vincent Gott performed the first heart transplant in Maryland in 1968.

Lung Transplant Program

Since the time of its inception, the Johns Hopkins Lung Transplant Program has been the most active and aggressive program in the state, performing over 450 lung transplants. The program uses a team approach that includes surgeons, pulmonologists, immunogeneticists, advance practice nurses, pharmacists, physical therapy, respiratory therapists, social workers, nutritionists and psychologists. In addition to our clinical program, we have an active research program. Our mission is to improve the quality of life and outcomes in our lung transplant patients.

Cardiac Surgery: A Leader in Excellence and Innovation

Johns Hopkins Highlights

The Johns Hopkins Hospital ranked #3 in the 2019–20 U.S. News and World Report Best Hospitals list.
• Performed the first successful “blue baby” operation in the world to correct congenital heart defects.
• Performed the world’s first human implantation of the automatic implantable defibrillator.
• Has world’s longest experience with surgery for Marfan aortic disease.
• Performed the first domino heart transplant procedure in the United States.

Johns Hopkins Firsts

The Johns Hopkins Hospital has been the first hospital in Maryland to perform the following specialized operations:
• Heart transplantation
• Heterotopic heart transplantation
• Heart-lung transplantation
• Bilateral lung transplantation
• Pediatric lung transplantation
• Lobar lung transplantation
• Ventricular assist device implantation
• Ventricular assist device implantation as destination therapy
• Adult extracorporeal membrane oxygenator implantation
• Robot-assisted cardiac operation
• Robotic thymectomy
• Robotic lobectomy
• Robotic partial AV canal defect repair
• Percutaneous valve replacement
History of Cardiac Surgery Research

Cardiac surgical research at The Johns Hopkins Hospital has a long and productive history. Since its inception in 1942 by Alfred Blalock and Vivien Thomas, investigators in the Cardiac Surgery Research Laboratory have set the standard for surgical research today. Areas of research include:

• Solutions to congenital cardiac defects, i.e., tetralogy of Fallot (blue baby)
• Early advances in cardiopulmonary bypass using the heart-lung machine to facilitate open-heart surgery
• Early prosthetic valve development with related coating and bonding studies
• Early development of the intra-aortic balloon pump
• Comparisons of anti-rejection medications in heart and heart-lung transplantation
• Heart and lung organ preservation techniques
• Effects of leukocyte filtration on cardiopulmonary bypass
• Techniques for safely extending hypothermic circulatory arrest and minimizing neurological injury
• Preventing spinal cord injury during aortic surgery
• Investigating the use of gene therapy to preserve the life of vein grafts
• Robotic cardiac surgery
• Surgical approaches to connective tissue disorders in Marfan syndrome and Loeys-Dietz syndrome
• Multicenter clinical trials of ventricular assist devices for bridge-to-transplant and bridge-to-destination therapy
• Understanding and improving the cardiac surgical care of elderly patients

Active Cardiac Surgery Clinical Research

2019

• Impact of Extubation in the Operating Room and Time to Extubation on Postoperative Outcomes
• Blood Utilization: Tale of Two Metrics - Improvement and Variability
• Effects Of Systemic Complications Outweigh Device Related Complications For Left Ventricular Assist Device (LVAD) Patients Bridged To Transplantation
• Early Outcomes Following HeartMate 3 Left Ventricular Assist Device As A Bridge To Transplantation
• Impact Of Traumatically Brain-Injured Donors On Outcomes After Heart Transplantation
• Nutrition Support for Patients on ECMO
• Management of Upper Extremity DVT following Cardiac Surgery
• Playing Matchmaker: Phenotypic Matching in Open Heart Transplantation
• Utilization of ECMO as a bridge to bridge versus bridge to transplantation
• Racial disparities in patients bridged to heart transplantation with VAD
• Predictors of Operative Mortality in Cardiac Surgery Patients with Prolonged Ventilation
• Government Based Insurance is Associated with Fewer Arterial conduits in CABG
• Validation of Risk Model of Operative Mortality in the Presence of Severe Acidosis and Malperfusion with Acute Type A Aortic Dissection
• Regional Variation and Outcomes of Thoracic Organ Transplantation from Drug Overdose
• Predictors of Airway Dehiscence in Lung Transplantation
• Increased Use of Multiorgan Transplantation in Heart Transplantation
• Duration of Inadequate Oxygen Delivery During Cardiopulmonary Bypass Predicts Postoperative Acute Kidney Injury
• Variation in Platelet Transfusion Practices During Cardiac Operations
• Current Practice and Use of Postoperative PPIs Following Cardiac Surgery
• Effect of antiplatelet therapy on outcomes in non-CABG patients
• Identifying risk factors for readmission and bounceback to the ICU
• Modified frailty as a predictor for hospital readmission after cardiac surgery
• Disseminated Intravascular Coagulation in an HIV-infected Heart Transplant Recipient
• Perforated Duodenal Ulcer Following Coronary Artery Bypass Grafting: Unintended Consequences of Postoperative Antacid Avoidance
• Repair Of A Syphilitic Aneurysm Of The Non-coronary Sinus: A Case Report
• Quantifying Outpatient Opioid Prescribing and New Persistent Opioid Use After Coronary Artery Bypass Grafting
• Effects of Perioperative Glucose Variability and Preoperative Hemoglobin A1c on Postoperative Isolated CAB Outcomes
• Delayed Operative Management of Type A Intramural Hematoma is Not Associated with Worse Outcomes

Cardiac Surgery Clinical Registries

• Society of Thoracic Surgeons Adult Cardiac Surgery Database
• Society of Thoracic Surgeons Congenital Heart Surgery Database
• INTERMACS—Interagency Registry for Mechanically Assisted Circulatory Support
• PEDIMACS—Pediatric Registry for Mechanical Assisted Circulatory Support
• Extracorporeal Life Support Organization Registry
• Pediatric Cardiac Critical Care Consortium (PC4)
• Pediatric Heart Transplant Study (PHTS)
• Neurocritical Database for ECMO patients
• Database for Nutrition after Cardiothoracic Surgery

Active Cardiac Surgery Clinical Trials

• MC Randomized Sham Controlled Double Blind Study of Extracorporeal MSC in Subjects with AKI on CRRT
• VAD Destination Therapy Post Approval Study
• Urinary Biomarkers of Renal Injury During Bypass
• Prospective Evaluation of Adequacy of Outpatient Opioid Prescribing In Cardiac Surgery Patients
• Modeling the Marfan Ascending Aorta from CT/MRI Data
• PROACT Xa
• Bivalirudin vs Heparin in Patients Requiring Extracorporeal Membrane Oxygenator (ECMO) Support
• Evaluation of Changes in Blood Flow Patterns of Patients with Bicuspid Aortic Valve Stenosis With and Without Associated Aortopathy Undergoing Transcatheter Aortic Valve Replacement
• Prospective Randomized On-X Valve Anticoagulation Clinical Trial (PROACT)
• Aortic Valve Operative Outcomes in Marfan Patients
• Use of Contegra Pulmonary Valved Conduit Designated as Humanitarian Use Device
• Allogenic Human Mesenchymal Stem Cell injection in patients with HLHS (ELPIS)
• L-citrulline utility for prevention of acute lung injury during CPB in Pediatric heart surgery
• Randomized Trial of the Neochord DS1000 System versus open Surgical Repair (ReChord Trial) - NCT02803957
• Steroids to Reduce Systemic Inflammation after neonatal heart surgery: Trial within a Registry (STRESS Trial)
• CHSS Congenital Heart Surgeons Society Studies in Congenital Heart Disease
• A Clinical Trial To Evaluate the Heartware Ventricular Assist System (ENDURANCE Trial)
• International Trial to Evaluate Safety and Efficacy of Portable Organ Care System Lung System
for Recruiting, Preserving, and Assessed Expanded Criteria for Lung Tx (EXPAND II Trial)
• Inhaled Vasodilators in Critical Care Settings
• COCAD Study—Longitudinal Study of Cognitive Outcomes in Patient with Coronary Artery Disease
• Continuous Cerebral Autoregulation Monitoring to Reduce Brain Injury from Cardiac Surgery
• Distinct forms of Hypoperfusion and Risk of Stroke in Cardiac Surgery Patients
• Pilot Study of the Feasibility of Multicenter NIRS Data Collection and Interventions for Desaturation in Cardiac Surgery
• An Intervention to Reduce Delirium After Cardiac Surgery
• Monitoring and Stratifying Patient Recovery after Cardiac Surgery Using Activity and Cerebral Autoregulation Monitoring

**Cardiac Surgery Basic Science Research**

• Canine Deep Hypothermic Circulatory Arrest Model
• Porcine Global Myocardial Ischemia Model
• Porcine Cardiac Arrest Model - Brain Protection
• Porcine Model: ECMO and ECPR
• Porcine Model of Cerebral Blood Flow

**Cardiac Surgery Research Labs Active Research**

The scientific environment at The Johns Hopkins University is an extremely diverse and rich community. More than 50 state-of-the-art Core facilities are within walking distance of the Johns Hopkins University School of Medicine campus. The Cardiac Surgery Laboratory is located on the 12th floor of the Alfred Blalock Building of The Johns Hopkins Hospital. Johns Hopkins offers a rich and well-established environment that fosters development of clinician-researchers. There are innumerable opportunities for multidisciplinary intellectual interactions with other scientists on a daily basis.

**Canine Model of Hypothermic Circulatory Arrest**

• We are investigating the novel application of nanoparticle-conjugated therapies to treat neurocognitive dysfunction following hypothermic circulatory arrest. We have demonstrated the ability of intravenously administered dendrimer nanoparticles to traverse the blood-brain barrier and localize to areas of injury within the brain. We will continue our experiments utilizing n-acetylcysteine and valproic acid to target the inflammatory and excitotoxic pathways.
Mitochondria Isolation, Genetically Altered Mouse Models: Myocyte Volume and Contractility, Langendorff, LAD Occlusion and Porcine Cardiopulmonary Bypass Model

- Jennifer Lawton's laboratory focuses on the mechanism of action and location of action of the cardioprotective adenosine triphosphate-sensitive potassium channel and its exploitation for use in cardiac surgery. Multiple models facilitate these experiments.

Cerebral Blood Flow, Cerebrovascular Autoregulation, and Neurologic Outcomes in a Swine Model of Extracorporeal Cardiopulmonary Resuscitation (ECPR)

- Chun (Dan) W. Choi’s study focuses on autoregulation of cerebral blood flow in porcine ECMO models to better understand the impact of cardiac arrest patients who are resuscitated with ECMO. Autoregulation in small animals have been shown to be a strong prognostic indicator of function neurologic outcomes. Currently, there is a paucity of knowledge in understanding neuro-autoregulation under non-pulsatile conditions as rendered by ECMO support and its impact on autoregulation itself and clinical outcomes.
Innovation and Discovery
Johns Hopkins Heart and Vascular Institute

Project: The Hopkins Heart

Mission:
The mission of the Hopkins Heart Initiative is to develop a replacement heart that can improve the function of, promote the regeneration of and, if necessary, completely replace a diseased heart.

• This artificial heart will generate blood flow that is continuously coordinated with the patient’s physiological demands, operate in harmony with the circulatory system without inciting dot-inducing or other disruptions in the bloodstream, provide power through an energy source without infection-prone tethering lines, and be fully implantable with an individualized geometry and configuration.

• An intense collaboration of specialists devoted to this project will bring together a spectrum of disciplines spanning cardiology and cardiac surgery, hemo- and fluid dynamics, biomedical engineering, physics, control theory and materials science.

• Rigorous principles of systems design and development will enable and guide the discovery processes of the team to produce synergistic and goal-oriented innovations.

• The Johns Hopkins University will draw upon its unparalleled capacity for transdisciplinary research between engineering and medicine, complex systems development, and patient-centered clinical care to ensure success in this revolutionary mission.

Vision:
The Hopkins Heart Initiative will:

• Lead the team through an inclusive approach that draws from a spectrum of expertise in clinical, biological and engineering sciences.

• Systematically enable an inspired, radical discovery process.

• Unify the efforts of the diverse research participants by instilling a patient-centered mindset.

• Promote transdisciplinary collaboration by leveraging the Johns Hopkins tradition of excellence, integrity, respect and collegiality.

• Educate and engage the next generation of scientists and engineers in this medical and technological endeavor.

This is a 10-year program to develop a replacement organ to treat heart failure. The team was organized in April 2013, and a $100 million development campaign is underway.

The first Hopkins Heart Symposium was held on Feb. 8, 2014, featuring William DeVries as the keynote speaker.
Active Thoracic Surgery
Clinical and Translational Research Programs

2019

1. Lung Bioengineering (Ex vivo donor lung perfusion at outside facility)
2. Robotic sympathectomy for recurrent ventricular arrhythmias
3. Evaluating Weekend Effect in Lung Transplantation
4. Nutritional Risk Index: A Predictive Metric for Mortality Following Lung Transplant
5. Geographic Differences in Dissemination of Minimally Invasive Pulmonary Lobectomy
6. Variability in Institutional LOS post-Lung Transplantation
7. Pneumonectomy outcomes
8. Educational research and training innovation in cardiothoracic surgery: A year in review

Institutional Trials

1. J06115 - Early Detection and Predicting Recurrence in Non Small Cell Lung Cancer PI: Malcolm Brock; Department of Surgery – Active
2. J1414 - Neoadjuvant Anti-PD-1 Antibody, Nivolumab, in Resectable Non-Small Cell Lung Cancer PI: Patrick Forde; Department of Oncology – Active
3. J17137 – Analysis of protein signature of tumor tissue for the early detection of cancers PI: Qing Kay Li; Department of Pathology – Surgical Pathology – Active
4. J0672 - Molecular Basis of Barrett’s-Associated Carcinogenesis PI: Stephen Meltzer; Department of Medicine – Gastroenterology & Hepatology – Active
5. J15172 – LUNG CancerREgistry: An Open Registry to Measure the Impact of Adding RNA Expression Testing (myPlan Lung Cancer) on Referral Decisions and to Assess Disease-free Survival with Long-term Follow-up in Newly Diagnosed Early Stage Lung Adenocarcinoma Patients PI: Malcolm Brock; Department of Surgery - Active
6. J1668 – A Randomized, Multicenter, Double Blind, Phase III Study of Nivolumab or Placebo in Subjects with Resected Lower Esophageal, or Gastroesophageal Junction Cancer (CheckMate 577: CHECKpoint pathway and nivolumab clinical Trial Evaluation 577) PI: Ronan Kelly; Department of Oncology – Active
7. J1714 – Phase IB trial of induction nivolumab/ipilimumab prior to concurrent chemoradiation plus nivolumab in patients with operable stage II/III esophageal/gastroesophageal junction cancer PI: Ronan Kelly; Department of Oncology – Active
8. J1758 – Pharmacy-Driven Smoking Cessation Pilot Program within a Multidisciplinary Cancer Clinic for Thoracic Malignancies PI: Catherine Burdalski; Bayview Department of Oncology – Active
9. J1826 – Studying the Pathologic and Immunologic Response after Ablative Radiation in Stage I Non-Small Cell Lung Cancers (SPARC) PI: Khinh Ranh Voong; Department of Radiation Oncology & Molecular Radiation Science – Active
10. Z1762 – Investigational Optical Imaging of Gastrointestinal Tissue PI: Richard Battafarano; Department of Surgery – Active
11. J1668 – A Randomized, Multicenter, Double Blind, Phase III Study of Nivolumab or Placebo in Subjects with Resected Lower Esophageal, or Gastroesophageal Junction Cancer (CheckMate 577: CHECKpoint pathway and nivolumab clinical Trial Evaluation 577) PI: Ronan Kelly; Department of Oncology – Active
12. J1772 – Neoadjuvant Immunoradiation for Stage IIIA Resectable Non-Small Cell Lung
National Trials
1. Resectable small cell ca (proposed ACOSOG)
2. Geriatrics database (proposed ACOSOG/ECOG)
3. ACOSOG Sublobar resection with brachytherapy
4. ACOSOG RFA for lung tumors
5. Adjuvant epigenetic therapy in early non-small lung cancer (SPORE/Stand Up 2 Cancer)
6. Validation of epigenetic biomarkers of lung cancer recurrence (ACOSOG correlative study to Z0040, CALGB)
7. Testing epigenetic biomarkers of chemosensitivity in esophageal cancer (ACOSOG correlative study to Z4051)

International Trials
1. TOP Registry: The Organ Care System (OCS™) Lung Thoracic Organ Perfusion (TOP) Post Approval Study (PAS) Registry
2. Increasing Lung Transplant Availability Using Normothermic Ex Vivo Lung Perfusion (EVLP) at a Dedicated EVLP Facility
3. Validation of epigenetic biomarkers of lung cancer recurrence in Israel (FAMRI Israel-New York-Hopkins Collaborative)
4. Validation of epigenetic biomarkers of esophageal cancer recurrence in Japan
Brock Lab

Collaborations - Multiple collaborations with Departments of Oncology, Biostatistics, Pathology, Medicine, and Molecular and Comparative Pathobiology.

Research Programs

A. Oncology
1. Biomarkers – active program in evaluating molecular predictors of early detection of lung cancer and disease recurrence. Particularly interested in combining these molecular predictors with “omics” and big data to exploit patterns and changes in radiological images and pathological specimens that have profound impact on clinical outcome but are invisible to the naked eye of a clinician.
2. Epigenetic Therapy – active program to evaluate the use of epigenetic therapy as an adjuvant treatment to decrease the likelihood of cancer recurrence after surgery.
4. Lung Cancer and Disaster Medicine – joint grant program with the Department of Molecular and Comparative Pathobiology to investigate the impact of stress on lung cancer tumorigenesis.

B. Non-Oncology
1. Thoracic Dysautonomia – funded study to evaluate the genetic basis of hyperhidrosis.
2. Clinical Trial – funded to investigate the use of supplements and off label uses of medications for symptoms of dysautonomia in thoracic patients.
Department of Surgery Research Facilities

The Cardiac Surgery Research Laboratory is located in the Children’s Medical and Surgical Center at The Johns Hopkins Hospital in Baltimore, Maryland. The lab consists of two surgical suites—one for sterile, chronic procedures, and another for acute studies. The labs are equipped to do cardiopulmonary bypass procedures with continuous intensive care monitoring and data collection. The labs provide regularly scheduled wet labs for hands-on teaching by faculty members to residents.

Johns Hopkins’ Department of Surgery has opened a training laboratory for today’s surgeons to learn and perfect the minimally invasive techniques of tomorrow.
The Cardiac Surgery Skills Laboratory

The Cardiac Surgical Skills Laboratory was established in 2009 under the direction of our former chief of cardiac surgery, William Baumgartner, for the purpose of skills training for incoming and current cardiothoracic residents. It is adjacent to the Cardiac Surgery Research Laboratory. The lab incorporates state-of-the-art surgical models by the Chamberlain Group Inc., as well as porcine hearts and vein grafts for training on coronary artery anastamoses and aortic and venous cannulation. What is truly unique about the lab is Baumgartner, who generously dedicates time to training residents in the lab, giving trainees access to a master cardiac surgeon for instruction on basic and essential cardiac surgical techniques in a low-stress environment.
Minimally Invasive Surgical Training Center

The Johns Hopkins Minimally Invasive Surgery Training and Innovation Center (MISTIC) is a cutting-edge simulation center that strives to improve patient care through collaboration with a group of highly trained physicians, surgeons and technicians. The Center's learner-centered approach to medical education coupled with traditional teaching styles, enables experiential learning for students, physicians and community populations.

The facility, formerly the lab space of Dr. Alfred Blalock and Vivien Thomas, L.L.D. in The Johns Hopkins Hospital, has remained a surgical training and laboratory space for decades. In 2002, the space was renovated and re-dedicated as the Minimally Invasive Surgery Training and Innovation Center. The space is over 8900 square feet and provides numerous resources for surgery and other specialties.

Included in MISTIC's simulation rooms are over 12 state-of-the-art robotic surgery systems. These robots allow physicians to simulate advanced procedures and learn how to perform them under real life conditions. This simulation facility at The Johns Hopkins Hospital is unique as this training is offered at few hospitals around the country.
Baltimore History

The Johns Hopkins Hospital is located in historical Baltimore, Maryland. Baltimore was settled in 1661. By 1729, the town was founded and named for the barons Baltimore, the British founders of the Maryland Colony. During the Revolutionary War, the Continental Congress met in Baltimore in 1777 while the British occupied Philadelphia. A significant battle in the War of 1812 was fought at Fort McHenry. Despite heavy shelling, the fort held, and the British evacuated the port. This inspired Francis Scott Key to write the “Star-Spangled Banner,” later to become the national anthem. In 1827, the B&O (Baltimore and Ohio) Railroad became America’s first railroad. The city was occupied by Union troops during the Civil War. A large fire in 1904 destroyed much of the downtown section. There was much industrial growth during the first half of the 20th century. During the second half of the 20th century, urban development led to revitalizing the downtown and Inner Harbor areas. Harbor East, 12 square blocks of harbor-side restaurants, hotels, and boutiques is the new and evolving Baltimore neighborhood that is described as “redefining city life and expanding the notion of the urban experience”. Baltimore’s economy is also dependent on research and development, especially in the areas of aquaculture, pharmaceuticals, medical supplies and services. There are numerous federal research laboratories in the area.
Baltimore

Located in northern Maryland, this city is the major urban area in Maryland and its largest city. It is located less than 50 miles from Washington, D.C. It is also 100 miles from Philadelphia and 200 miles from New York City. The city’s size is 81 square miles, and according to the last confirmed census number, the population in 2018 was 602,495 people. It is the 30th largest city in the U.S.A. The metro area is much larger as it includes nearby Washington, D.C. It is serviced by three major airports—Baltimore Washington/International Thurgood Marshall Airport, Dulles International Airport and Reagan National Airport. The major routes that go through Baltimore include I-70, I-83 and I-95.
Living in Baltimore

Baltimore is also fondly referred to as the Clipper City and Charm City. It is renowned for its soft-shell crabs. It is divided into numerous sections around the Inner Harbor. These include Federal Hill, Fell’s Point, Little Italy and Canton. All areas have restaurants and various nightlife activities. The city has over 4,000 acres dedicated to parks. There are many universities in the area. Museums include the Baltimore Museum of Art, the National Aquarium, the B&O Railroad Museum, the Baltimore Museum of Industry and the Maryland Science Center.

Baltimore Sports and Recreation

Baltimore is the perfect place for a sports fan. From world-champion professional players to top-notch college teams, Baltimore has an assortment of legends and teams to learn about, root for and watch. Take in an exciting game at one of the area’s leading universities; visit one of the incredible, state-of-the-art stadiums; or learn about hometown favorites, like Cal Ripkin, Babe Ruth and Johnny Unitas.

And for those interested in more than a spectatorship, you can golf, climb, jog, walk, skate and, of course, sail your way through Baltimore. Discover traditions such as jousting (Maryland’s official state sport) or duckpin bowling. Spring, summer, fall or winter, there is always a season for fun in Baltimore.

Baltimore Weather

Much like the rest of the mid-Atlantic region, Baltimore weather enjoys all four seasons. Average temperatures in the spring and fall are a mild 50 to 60 degrees. In winter, temperatures aren’t known to drop much lower than 30 degrees, but occasional snow is usual in January and February. What seems like a “big” snowstorm hits once every few years. Baltimore summers tend to be hot and humid, with average temperatures in the 80s and 90s. Because of Baltimore’s proximity to the Chesapeake Bay, its weather can change frequently. The city receives 43 inches of rain per year. Baltimore offers a “continental climate” with a “maritime influence.”
Summary of the CARDIOTHORACIC SURGERY Residency Program

WE CARE

- Excellent operative experience
- Commitment to education and training
- Opportunities for elective rotation based on resident interest
- Mentoring and sponsorship from world-renowned faculty members
- Excellent exposure to perioperative and postoperative decision-making
- Excellent exposure to quality initiatives and outcomes assessments
- Collegial atmosphere
- Outstanding preparation for a successful academic career
- Excellent tradition in medical and surgical training
- Dedication to innovation and surgical excellence
Useful Websites

**Johns Hopkins Hospital**
Department of Surgery
http://www.hopkinsmedicine.org/surgery

**Johns Hopkins Hospital**
Division of Cardiac Surgery
http://www.hopkinsmedicine.org/heart/cardiac-surgery

**Johns Hopkins Hospital**
Heart and Vascular Institute
http://www.hopkinsmedicine.org/heart

**Johns Hopkins Hospital**
Division of Thoracic Surgery
http://www.hopkinsmedicine.org/surgery/div/thoracic.html

**Johns Hopkins Hospital**
Comprehensive Transplant Center
http://www.hopkinsmedicine.org/transplant

**Johns Hopkins Kimmel Cancer Center**
http://www.hopkinsmedicine.org/kimmel_cancer_center/

**Johns Hopkins Medicine**
http://www.hopkinsmedicine.org

**The Johns Hopkins Hospital**
http://www.hopkinsmedicine.org/the_johns_hopkins_hospital/index.html

**City of Baltimore**
http://www.baltimorecity.gov

Resources

We participate in the National Resident Matching Program:
http://www.nrmp.org

For more information on our residency program, please contact:
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