Resident #1

From time to time, we have been able to read here about the careers of a few of those residents who have preceded us.

But, we can’t hear directly from the first graduate of the training program because Larry Knopp died prematurely in 1984.

His was an interesting if truncated life, and his surgical career included just about every form of practice possible in Seattle. Larry was an excellent surgeon, a humanist with his patients, and a faithful colleague.

He was also extremely literate. He once told me that if he saw a book he thought he might want to read someday, he bought it, but then forgave himself if he didn’t. As a consequence, all the shelves, tables, cupboards, closets, halls and landings in his Denny Blane house overflowed with books (mostly read).

In 1957, after four years as a resident, he was the first to graduate from our training program. He stayed briefly on the faculty, and then went into practice downtown. In 1967, he left private practice at Swedish to join Group Health, where he stayed for the rest of his life.

Larry was raised by his poverty stricken mother and her sister in the South after his father had fallen down an elevator shaft and died when his only son was just a few months old.

Reared by two not surprisingly anxious women in Memphis, an odd place for Jewish people to begin with, Larry left to attend college at what was then called Southwestern University (now Rhoades College).

WWII interrupted his undergraduate years, and he became an Army tank commander before returning to finish college on the GI Bill.

* Continued on page 5 . . .
NFL Commissioner Roger Goodell announced recently that Drs. Ellenbogen and Hunt Batjer (Chairman of Neurosurgery at Northwestern University Feinberg School of Medicine) have been named the new co-chairs of the NFL Head, Neck and Spine (HNS) Medical Committee. Commissioner Goodell also noted that former UW faculty member Mitchell Berger, now Chairman of the Department of Neurological Surgery at the University of California-San Francisco School of Medicine, has also agreed to serve on the committee. Drs. Ellenbogen and Batjer will be responsible for appointing further members.

Following the announcement Commissioner Goodell said, “In the NFL’s ongoing commitment to the health, safety and well-being of our players, [we] conducted an extensive search to find the new leaders of our committee and are extremely pleased that Dr. Batjer and Dr. Ellenbogen have agreed to lead the team.”

Rich Ellenbogen is a long-term stakeholder in the Brain Injury Association of Washington (BIAWA). In November 2009, he was the Honorary Co-Chair of their Gala, in part recognizing his role as a key ally to BIA-WA President Richard H. Adler, who spearheaded a broad range of community, business, sports, and health care professionals to enact the “Zackery Lystedt Law.”

This is the first-in-the-nation legislation requiring medical clearance before a young athlete who has suffered a concussion may return to play. With Dr. Ellenbogen’s help, other key partners, including Harborview Medical Center, University of Washington Medical Center, and Seattle Children’s Hospital, joined BIAWA’s successful legislative advocacy coalition.

When the Lystedt Law passed, Mr. Adler praised Dr. Ellenbogen for his work in helping to prevent vulnerable young athletes from further brain injury. “His extensive knowledge, commitment and leadership will be a valuable asset to the NFL as they move forward with this important committee development.”

The NFL HNS Committee is charged with this mission:

- Ensure that NFL team medical staffs have access to the best technology and research on the prevention and treatment of head, neck and spine injuries.

- Study injury data and equipment research to assist the NFL, its teams and its players in providing the safest environment for minimizing injuries to the head, neck and spine.

- Examine the latest treatment strategies and recommend to club medical staffs and players the best practices regarding treatment of injuries to the head, neck and spine.

- Join with the NFL Alumni Association to expand on existing programs and support additional research on the long term impact of concussions and related injuries.

- Encourage and support research and education to increase public awareness about head, neck and spine injuries, their prevention and treatment.
The Leksell Gamma Knife® Perfexion™ Stereotactic radiosurgery system at Harborview dramatically streamlines workflow and expands the treatable volume through an automated, multi-source collimator.

System benefits include faster set-up and treatment delivery to one or more tumors in a single session, and the potential to treat lesions in the paranasal sinuses, orbits and upper cervical spine — even paraspinal metastases and laryngeal tumors.

It allows treatment of a wider range of targets faster and more efficiently than before.

The radiosurgery system’s unique collimator is a permanent device divided into moveable sectors, ensuring superior conformity, accuracy and dosimetry while reducing residual dose to unintended areas.

Integrated and intuitive treatment planning software facilitates creation of even the most complex plans (e.g., a donut-shaped dose distribution) by configuring composite shots that avoid overexposure to critical structures.

The Perfexion™ system is fine-tuned to the task, resulting in fast, and efficient treatments for patients.

The Gamma Knife® Perfexion™ system provides:

- **Reliability:** All shot shaping and dose planning are fully automated via integrated control system, eliminating time-consuming manual steps.
- **Precision:** Advanced localization and fixation ensure comfort, flexibility, repeatability, and, when necessary, zero movement.
- **Versatility:** Extend™ program includes relocatable frame and support for fractionated, non-invasive treatments.
- **Safety:** Radiation protection for patients is high enough to enable window installation in the treatment room.
- **Proven:** The latest in the family of products that invented the field of stereotactic radiosurgery.

Over 500,000 people have had Gamma Knife® Surgery, resulting in 2,500 papers in peer-reviewed journals.

Last year, the Gamma Knife Center at Harborview treated 94 patients with metastases, 22 with gliomas, 16 meningiomas, 14 who suffered from trigeminal neuralgia, 12 pituitary tumors, 11 AVMs, 11 adenoid cystic cancers, 9 acoustic neuromas, 9 medulloblastomas, and 10 other abnormalities.
Neurosurgical Intensive Care Unit

The inpatient volume of neurosurgery patients at Harborview Medical Center has grown steadily since the inception of the residency program 57 years ago. In 2009, responding to expanded demand for highly specialized neuroscience services in both the local and national community, HMC leadership increased the NICU capacity from 10 to 30 beds. Locating these patients geographically on one unit in the medical center, rather than across several ICUs, more efficiently meets patient and staff needs.

Beginning in the spring of 2007 and continuing over the next two years, nearly 100 new nurses were hired for the expanded NICU. Starting with a dedicated staff of 38, the team grew by transfers from HMC's five other ICUs and with guidance by our clinical education department.

Success depended upon insuring expansion that built effective communication and a unified vision. To help us do this, we used a model based on the eight steps to transforming organizations promoted by retired Harvard Business School Professor John Kotter. His research in changing structures has been validated over time and continues to provide us with a useful framework.

Throughout our expansion, we monitored key quality indicators such as nursing satisfaction, nurse retention, and turnover. Nursing satisfaction scores improved during this period, and nurse retention remained stable with loss of <2%, versus a national average of 9%.

Today, the Neuroscience ICU is a 30 bed unit with 118 nurses, 12 hospital assistants, and one therapy dog! Really: a dog comes to visit!

The leadership team consists of a nurse manager and seven assistant nurse managers who cover all shifts every day.

The NICU serves as a focal point of care in the WWAMI Region for a population of patients suffering from a variety of neurological diseases and injuries.

In December of 2009, the NICU staff was honored by the American Association of Critical Care Nurses Beacon Award for Excellence. Through that application process, and by other new quality and safety initiatives, we continue to strive to provide the best possible care for patients with neurosurgical illnesses throughout the region and the nation.
New Faculty: Manuel Ferreira, Jr.

We welcome Manuel Ferreira, Jr., MD, PhD to our faculty. After graduate and medical school both at Georgetown, Manny trained at Children’s Hospital and MGH in Boston. A rising star in the neurosurgical world, he was such an outstanding Cerebrovascular Fellow this past year, we simply couldn’t let him get away. Already an author of 20 referred papers and two book chapters, Manny did his PhD on nicotine acetylcholine receptors in rat brainstem. In addition, he has assembled an impressive list of 8 honors and awards, including RO1 support. His research focuses on the genetic analysis of skull base tumors with an aim to identify the pathways involved in the development and progression of disease, and with an emphasis on their subsequent resistance to current conventional therapy.

He is also working to understand the genetics of sporadic cerebral aneurysm formation, hoping to identify novel genetic alterations and pathways involved in the onset and progression this disease, as well as responses to current therapies.

Manny’s previous research has focused on the study of malignant pediatric brain tumors (medulloblastomas and ATRTs) examining the mechanisms of response and resistance to treatment. This fits well into our strategy of translational research with work already underway in the department. He is a simply splendid surgeon, teacher and colleague.

Resident #1 Continued . . .

Larry Knopp found his way back to New York then, intent on a career as a cabaret singer! Apparently he was pretty good, too. But he met a dancer (Pat was originally from Montana), got married, had a child, and discovered it was tough to support a family from a nightclub stage.

So, he lowered his horizons, went to medical school at the University of Tennessee and then interned at Chicago’s Cook County Hospital. Although someone else had started the program ahead of him (but soon quit), Larry was the first resident to finish training in neurosurgery at the University of Washington.

While he was on the faculty, his office was physically located between Dr. Ward’s and the third attending, a difficult man named Eldon Foltz. Ward apparently began avoiding Dr. Foltz, and Larry’s job was to sit in his office and keep them apart. Finally weary of that duty, Larry went into private practice downtown for several years before he was attracted to the Group Health system. He died of an MI far too young in 1984. He was a very good surgeon and a wonderful man.

Larry’s wife Pat is still living, and their eldest son Doug is a primary care doctor at Group Health. Matt, the middle son, is an attorney in Seattle. Lawrence M. Knopp, Jr. is Professor and Director of Interdisciplinary Arts and Sciences at the University of Washington Tacoma.

Girls: 6, Boys: 1!

It’s a boy—at last. Ali Ravanpay, just finishing PGY 1, and his wife Ellie Tabaraie are the happy parents of Cyrus who was born on March 25. Cyrus is the first male child produced by faculty and residents after 6 straight girls. Statistics or estrogen?
What’s This?

The perpetrators who hung this vile hoax on the wall of the department office at UH are still at large. Those of you who look carefully will be able to identify past residents, as well as current and past faculty members pasted into the picture.

Who are they, and what criminals made the photograph?

The editor hopes that our readership will continue to expand, and that the newsletter will become a vehicle for reporting on the activities of our colleagues. For those who practice in the UW Medicine system, as well as others throughout the WWAMI Region, I remain anxious to publish stories, photos, and ideas about what all of us do in caring for sick people.

Please contact me. Let me know the memories of your time here, what you are up to now, and ways in which you think we might find further common ground. Please contact us at the addresses below.

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