Dacey conferred a Royal College of Surgeons in Ireland Honorary Fellowship

February 25, 2013
By WUSM Medical Public Affairs

Ralph G. Dacey Jr.’s genealogical history with Ireland reaches back generations and his efforts as a bridge-builder between the Emerald Isle’s neurosurgeons and those at Washington University at least a decade.

Together, those relationships have forged a bond between Dacey and the country’s top medical establishment that has led to the neurosurgeon being awarded an Honorary Fellowship of the Royal College of Surgeons in Ireland — an honor previously bestowed upon Nelson Mandela, Mother Teresa, William and Charles Mayo, Louis Pasteur, and Harvey Cushing, the father of modern neurosurgery, among other luminaries.

“It is a wonderful honor,” says Dacey, MD, the Henry G. and Edith R. Schwartz Professor and chair of the Department of Neurological Surgery at Washington University and neurosurgeon-in-chief at Barnes-Jewish Hospital. “Being grouped with such amazing contributors to society and medicine is very humbling. Harvey Cushing in particular is someone whose incredible work defined my field. This is such a tremendous compliment.”

The Council of the Royal College of Surgeons in Ireland honored Dacey — accompanied by his wife, Corinne, son, Ralph Dacey III, and several current and past neurosurgery residents — in Dublin on Feb. 9. The honorary fellowship is considered the college’s most prestigious honor.

The RCSI, based in Dublin, was granted a charter in 1784 to train surgeons. It is now the largest medical school in Ireland and is a leading institution internationally in healthcare, medicine and research.

In presenting Dacey with the honorary fellowship, Ken Mealy, a member of the Council of the RCSI, touted Dacey’s connections to Ireland. He noted that Dacey was born in Boston of Irish heritage and that five of his great grandparents had emigrated to Massachusetts in the mid-1800s.

But more significantly, Dacey was instrumental in establishing a two-way resident rotation between neurosurgery in Dublin’s Beaumont Hospital — the RCSI’s principal center for medical training — and Washington University School of Medicine. Mealy said the gathering. The program, which was started in 2000, has neurosurgery residents from the United States and Ireland rotate between the respective departments.

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Dacey conferred cont.

Mealy spoke of myriad honors Dacey has received and esteemed positions he has held in his career. Among them, Dacey, currently president of the Society of Neurological Surgeons, has served as president of the American Academy of Neurological Surgery, chair of the American Board of Neurological Surgery, president of the Congress of Neurological Surgeons, chair of the Journal of Neurosurgery Editorial Board, and has been elected into the Institute of Medicine.

Mealy also spoke of Dacey’s role in more than 200 manuscripts focused on neurosurgery and cerebrovascular physiology, and lauded the surgeon for one of his — and neurosurgery’s — most significant achievements, the first reported human magnetic neurological surgery, in 1998.

Dacey’s “commitment to American, international and Irish neurosurgical practice, I am sure you will agree, makes him worthy of the highest distinction this college has to offer,” Mealy told the gathering.

Dacey said the RCSI honor is one of the greatest he’s received in his career, not only for its prestige, but because of his Irish heritage and because of the residency program he helped structure between the RCSI and Washington University.

“It’s been a wonderful interaction, and we’ve developed a great, extremely beneficial relationship,” said Dacey, who has led the Department of Neurological Surgery for 24 years. “Our residents get a huge amount of perspective and experience when they go to Ireland. When they come back, they really excel. It’s been a very nice formula for us, and it’s thrived for many years.

“In light of that relationship, my Irish history and the respect I have for the Royal College of Surgeons and the tremendous people it’s celebrated, the honorary fellowship is a great honor, one that holds deep meaning for me.”

Parliament proposes NHS support for SDR

The House of Commons in the United Kingdom met on April 18, 2012 to debate a number of issues including financial support from the National Health Service for the Selective Dorsal Rhizotomy operation. Dr. T.S. Park’s successful track record of 2,300+ SDR patients was heavily referenced in the debate, noting several UK families raised over 40,000 GBP to travel to St. Louis Children’s Hospital for the operation with Dr. Park.

“The purpose of the debate is to ask the Minister, his Department, NICE and the commissioners of procedures in the future to look at the success of SDR elsewhere in the world and help those practising it in the UK to overcome any of the remaining hurdles so that it can be performed on the NHS without problems or charge,” said Mr. Chris Heaton-Harris, Member of Parliament.

Although the decision to provide financial support for SDR is undecided at this time, local commissioners will have an opportunity to “approve funding for treatments, based on proper consideration of the clinical evidence and the patient’s individual circumstances.”

The full debate can be found here.
William Coxe, Washington U, neurosurgeon dies at 86

August 4, 2012
By Blythe Bernhard
St. Louis Post-Dispatch

Dr. Coxe was born in Roanoke, Va., and studied medicine at Johns Hopkins University in Baltimore. There, he completed a surgical internship under the guidance of famed heart surgeon Denton Cooley.

Dr. Coxe moved to St. Louis in 1957 where he initially worked at St. Louis City, Homer G. Phillips and the St. Louis County hospitals. He soon became the busiest neurosurgeon for children in the area.

In the 1960s, Dr. Coxe spent time helping a hospital in India develop its neurosurgery program. It was an inspiring experience, said his wife of 28 years, Mary “Polly” Park Coxe: “He was totally involved in medicine, totally involved all his life,” she said.

The couple lived just three blocks from Barnes-Jewish Hospital, so the doctor could be there in minutes when he was needed.

Dr. Coxe’s scant free time was filled with opera and symphony music. After his retirement, Dr. Coxe and his wife traveled to New York City for performances. They were also dedicated patrons of the St. Louis Symphony and Opera Theatre of St. Louis.

Describing her husband as a Southern gentleman who dedicated much of his life to his patients and students, Mary Coxe said: “It was hard to share time with a man like that, but he was a great husband.”

Dr. Coxe was awarded the distinguished service award from Washington University in 2002.

A memorial service will be held later. Dr. Coxe donated his body to medical research at Washington University.

In addition to his wife, among the survivors are several nieces and nephews. He was preceded in death by a brother, Dr. Joseph Coxe of Richmond, Va., who was also a surgeon.
Pediatric program for brain injuries saves lives, reduces disabilities

December 12, 2012
By Elizabethe Holland Durando
WUSTL Newsroom

Children with traumatic brain injuries are more likely to survive and avoid long-term disabilities when treated aggressively as part of a designated neurocritical care program that brings together neurologists, neurosurgeons, trauma and other critical-care specialists, according to a new study at Washington University School of Medicine in St. Louis.

The investigators tracked the results of such a program at St. Louis Children’s Hospital. They studied the outcome of 123 cases before and after the hospital launched a pediatric neurocritical care program (PNCP) in September 2005.

“We were amazed by the results,” says Jose A. Pineda, MD, assistant professor of pediatrics and neurology, and director of the program at St. Louis Children’s. “We analyzed the data rigorously, and we found that our new program of care resulted in a striking improvement in outcome for children with severe traumatic brain injury. Mortality for these children was dramatically reduced, and we also noted a meaningful improvement in outcomes for survivors. We know that children who suffer traumatic brain injuries have long lives ahead and must reintegrate into society and be independent. That’s where we set the bar.”

The researchers’ findings are available online in the journal *The Lancet Neurology*. The study was led by Pineda, neurosurgeon Jeffrey R. Leonard, MD, and pediatric intensivist Allan Doctor, MD, who is chief of pediatric critical care at St. Louis Children’s.

“The study is the first to show benefits of a pediatric neurocritical care program,” Doctor says. “It is rewarding to see what a multidisciplinary team can accomplish when aggressively treating critically ill children with severe traumatic brain injury.”

St. Louis Children’s was one of the first U.S. hospitals to implement a PNCP, which it did with support from the St. Louis Children’s Hospital Foundation and the Sean Glanvill Foundation. Only six U.S. hospitals are believed to have one now, Pineda says. The closest to St. Louis Children’s is in Chicago.

The researchers examined the cases of 123 pediatric patients, ages 3 to 18, admitted with severe traumatic brain injuries to the intensive-care unit at St. Louis Children’s from July 1999 through January 2012.

After the hospital implemented its pediatric neuro-intensive care program, children had markedly better outcomes. Seven patients in this high-risk group (11 percent) died in the six years before the program was put in place, compared with two deaths (3 percent) in the six years after it was created.

Before the program, 33 of 63 patients (52 percent) either died or were admitted to a long-term care facility after being discharged from the hospital. But after the program was instituted, 20 of 60 patients (33 percent) had such an outcome.

The program’s aggressive approach to treating head injuries suffered in car, bicycle, sports-related and other such accidents targets secondary damage, especially damage provoked by dangerous increases in intracranial pressure. Among complications the team pays close attention to is brain swelling, which increases pressure inside a child’s skull, limiting blood flow to the brain. Because that blood flow is necessary to deliver oxygen and nutrients to the brain, the PNCP protocol calls for intracranial pressure monitoring and aggressive therapies that reduce such increases in pressure.

“Our data shows that intracranial pressure monitoring was implemented earlier and sustained longer after implementation of the PNCP,” Pineda says. “More importantly, the PNCP also resulted in increased intensity of therapies targeting intracranial pressure in the first three days of the patient’s treatment. That is one of the explanations for improved outcomes for children after our program was put in place.”

Now that there is proof that PNCPs do make a significant difference, Pineda and his fellow researchers have two key goals: to sustain the outcomes they’ve seen since the program was created at Children’s, and to spur other institutions to implement their own such programs.

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National & International Presentations

Trans-Pacific Workshop on Stroke, New Orleans, LA 10/12


Jeff Gidday
McDonnell Center for Cellular & Molecular Neurobiology
07/01/12 – 06/30/13

Matt Reynolds
NREF
“Examining the role of heparin sulfate proteoglycans in the amyloid-beta-induced cerebrovascular dysfunction of Alzheimer’s disease”
04/01/12 – 03/31/13

Chad Washington
Brain Aneurysm Foundation
“The EFFECT OF MINOCYCLINE ON CEREBRAL VASOSPASM AFTER ANEURYSMAL SUBARACHNOID HEMORRHAGE”
09/01/12 – 08/31/13

Hiroko Yano
NIH K08
““Polycomb-mediated epigenetic mechanisms in neurodegeneration and aging brain”
12/15/12 – 03/31/14

Albert Kim
NIH K08
“MECHANISMS OF DENDRITE MORPHOGENESIS BY THE ANAPHASE-PROMOTING COMPLEX”
09/01/12 – 08/30/17

Greg Zipfel
Pfizer
“EFFECT OF PONEZUMAB ON CEREBROVASCULAR DYSFUNCTION IN YOUNG AND OLD TG2576 MICE”
07/17/12 – 01/17/13

Jeff Leonard
CHILDREN’S SURGICAL SCIENCES RESEARCH INSTITUTE
07/01/12 – 06/30/12

Hiroko Yano
NARSAD
“EPIGENETIC REGULATION OF GENE EXPRESSION IN NEURODEGENERATION AND NEUROPSYCHIATRIC DISORDERS”
07/01/12 – 12/31/13

Jeff Gidday
Grace Nelson Lacy Glaucoma Research Fund
07/01/12 – 06/30/13

Eric Leuthardt (student Yizheng He)
AANS
2012 MEDICAL STUDENT SUMMER RESEARCH FELLOW
08/01/12 – 12/31/12

Source: Toni Kozemski (Awards by PI)
Publications (July - December 2012)


Sutton Marie Yarbrough was born on July 17, 2012. 
Parents: Chester and Courtney Yarbrough

Cormac Murphy (left) was born on August 5, 2012 
(Charlie-right). 
Parents: Martin and Hilary Murphy

Matt Reynolds and Lauren Strnad were married on September 12, 2012 
at Chaumette Winery, St. Genevieve, Missouri.
“Other health-care professionals are going to read this paper and say, ‘I knew this was possible, but now there is evidence that this aggressive, careful approach to patients with brain injury actually can make a difference,’ and they’re going to try to do it,” Pineda says. “Our next task is to work with other Washington University specialists to develop a formula for implementing a program like this at other institutions.”

Pineda credits the success of the program in large part to a close partnership with colleagues in neurosurgery, neurology, trauma surgery and radiology. The program also boasts a full-time clinical nurse coordinator, data manager and research specialist, and its team members undergo frequent and comprehensive training, he says.

“In particular, we couldn’t have achieved these results without the leadership of Dr. Jeff Leonard, the PNCP co-director and senior neurosurgeon on the team,” Pineda says. “We were also fortunate to work with Jeff Gill, a skilled biostatistician who developed the powerful model illustrating the program’s impact on outcomes across the full spectrum of injury severities.

“We developed this collaborative, highly choreographed clinical pathway after first forging a partnership in caring for individual cases together. It’s incredibly rewarding to see synergy emerge after bringing our teams together to form the PNCP.”

A commentary about the study in The Lancet Neurology praises Pineda and his colleagues and says the research shows that “rational, protocol-driven neurocritical care, meticulously applied, can deliver outcome improvements.”

Jeffrey R. Leonard and Jose A. Pineda, lead authors of The Lancet Neurology