

JOSEPH ALLEN KUHN, MD: a conversation with the editor

Joseph A. Kuhn, MD, and William C. Roberts, MD

Joseph Kuhn (*Figure 1*) was born in Ames, Iowa, on October 3, 1958, and grew up mainly in Lincoln, Nebraska, in Lawton, Oklahoma, and in Kansas City, Missouri. He is the third of six siblings. After attending public schools and after a year at the University of Missouri at Kansas City, he transferred to Texas A&M University and graduated from there with a bachelor's degree in biochemistry *summa cum laude*. He graduated with honors from the University of Texas Medical Branch at Galveston in 1984, having been awarded Alpha Omega Alpha during his senior year. His 5-year general surgery residency was at Baylor University Medical Center (BUMC); during his final year he was chief resident. After completing that program in 1989, he did a surgical oncology fellowship at the City of Hope National Medical Center in Duarte, California, finishing in 1992. Thereafter, he returned to BUMC, where he entered the private practice of general surgery and surgical oncology.

Since returning to BUMC, he has played a major role in teaching the surgical residents and has received the outstanding teaching award given by BUMC on at least five occasions. Also, while a chief resident in the BUMC surgical residency program, he received the outstanding teacher award from John Peter Smith (JPS) Hospital, where he spent 25% of his surgical residency training. Dr. Kuhn has been active in several surgical societies and has given 125 presentations at meetings of various societies. He has been extremely active in research and has been one of the leaders in getting the surgical residents at BUMC involved in research activities. He has >70 publications in peer-reviewed medical journals. His research efforts have been continuous from his last year of surgical residency to the present time. Dr. Kuhn has been a major player at BUMC for essentially 2 decades. In addition to his surgical skills, he is a wonderful human being and a great credit to BUMC. He and his wife, Mollie, are the proud parents of three children.

William Clifford Roberts, MD (hereafter, Roberts): *Dr. Kuhn, I appreciate very much your willingness to talk to me and*



Figure 1. Dr. Joseph A. Kuhn during the interview.



Figure 2. With his parents and five siblings in 1972.

therefore the readers of BUMC Proceedings. To start, could you discuss your early childhood, some of your earlier memories, and your mother, father, and siblings?

Joseph Allen Kuhn, MD (hereafter, Kuhn): My parents were both born on small farms in northeast Iowa near Elma. They attended one-room schools and helped with raising cattle and growing corn. My father went into the army just after the Korean War but served in Germany. After his service, he and my mother married. Then they went to Iowa State. He was one of the first in his family to go to college. They lived in Quonset huts at Iowa State, and that's where my two older sisters and I were born. I was number three and the oldest son. We then moved to Lincoln, Nebraska, and lived there for about 6 years. My father was in the dairy industry with Fairmont Foods, mostly in sales and marketing. My mother was a stay-at-home mom. Three more children were born in Lincoln, for a total of six: three boys and three girls (*Figure 2*). It was a good family. We then moved to Lawton, Oklahoma, and that is where I spent most of my formative years. I went from 1st through 11th grades

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there. We had a fairly standard home life with school, church, Boy Scouts, and some athletics (track).

Roberts: *What did you do in track?*

Kuhn: For a couple of years I did long-distance running—the 880-yard dash and the mile—but I injured my big toe nails time and again. I played a lot of intramural sports, from basketball to football, throughout high school, college, and medical school. My high school had about 500 students per class; it's tough to play on a competitive team when you are surrounded by so many really good athletes.

Roberts: *What was your father's name, and when was he born?*

Kuhn: Joseph Edward Kuhn. He was born in 1935 and is still living. After 25 years in the dairy industry, he bought a little hotel in East Texas and became more entrepreneurial. He was a great manager and marketer. He retired about a year ago and now lives in College Station, Texas.

Roberts: *What was your father like? Was he the dominant figure in your home?*

Kuhn: Yes. He was a man who would walk into a room, and within half an hour he would know nearly everyone and they would like him. He was a very likeable, engaging, and memorable person. He had a coronary stent and later a coronary bypass at BUMC a few years ago (Figure 3) and managed to have the same effect on hospital and office staff on every floor he happened to visit.

Roberts: *That's a nice thing to say. What did he major in at Iowa State?*

Kuhn: He had a dairy industry major.

Roberts: *What was your mother's maiden name?*

Kuhn: Charlotte Burke.

Roberts: *When was she born?*

Kuhn: She was born in 1934. She has always been the quiet, intelligent business leader behind many of the entrepreneurial efforts. My parents worked side-by-side in their businesses.

Roberts: *Where was the bed and breakfast they managed in East Texas?*

Kuhn: It was in St. Augustine. It was a small Best Western hotel. They have had, at various times, a hamburger restaurant, a truck stop, and, in the last 10 years, a 100-bed condominium unit at Port Aransas, Texas.

Roberts: *What was family life like growing up in your house in Lawton? Did all of the six siblings and your mother and father eat dinner together at night? Was that a big deal?*

Kuhn: We did eat dinner together pretty routinely. It was standard prayers and then open discussion. It was a time for everyone to share what they were involved in. I talk to my parents at least once a week by phone to see how they are doing. I probably take more after my mom in personality and mindset.

Roberts: *At the dinner table you discussed politics or local events or what you did in school?*

Kuhn: Yes. Politics was always open game, and we discussed school work. We had good evening meals and good dialogue. There was always good debate.

Roberts: *It sounds like it was a very pleasant household. Not a lot of bickering or fighting?*



Figure 3. His father, Joseph Edward Kuhn, while he was a patient at Baylor University Medical Center.

Kuhn: There was very little bickering or arguing, even in the extended family. Both my parents came from families of six, and we would have regular gatherings with enormous groups of folks.

Roberts: *Did your parents' brothers and sisters end up in Oklahoma? Or were they scattered everywhere?*

Kuhn: They mostly ended up in the North and Midwest. We were the lone family group that migrated to the South.

Roberts: *What was your house like in Lawton, Oklahoma?*

Kuhn: We lived in a three-bedroom, one-story house. The three brothers were in one bedroom, and the three girls were in another bedroom. We were not poor, but we were not by any means wealthy. We took our lunch to school every day. I remember thinking that it would be nice to buy the school lunch. Now our kids wouldn't consider buying the school lunch but insist on taking their lunch to school.

Roberts: *Did your father and mother read a lot? Were there a lot of books around the house?*

Kuhn: No, there wasn't a lot of reading. About the only reading I did for pleasure was science fiction books. Reading was not a dominant part of the family; we spent our free time mainly with discussions, games, and interaction.

Roberts: *What kind of games did you play?*

Kuhn: We constantly were playing board games, card games, Dominos, Ping-Pong, pool, and darts. We were always about competition.

Roberts: *With your siblings?*

Kuhn: Yes, but then gradually with neighbors and friends. It was a good upbringing that instilled a love of competition.

Roberts: *How big was Lawton when you were growing up?*

Kuhn: Lawton had a population of about 50,000 people at that time and has probably grown to about 70,000 currently. It's mostly an army town with Fort Sill.

Roberts: *Where is it located in relation to Oklahoma City and Tulsa?*



Figure 4. Hunting with his brother, Mike.

Kuhn: It is about 2 hours southwest of Oklahoma City and just north of the Texas border. It is near the Wichita Wildlife Refuge. When growing up, we would camp with the Boy Scouts almost monthly in that refuge.

Roberts: *Did you see any copperheads or rattlesnakes?*

Kuhn: I don't recall seeing any.

Roberts: *Did you hunt and fish growing up?*

Kuhn: We hunted birds (Figure 4). We never hunted game. We did a lot of trap shooting and a little fishing. I played golf and tennis.

Roberts: *What is your handicap?*

Kuhn: About 16.

Roberts: *Do you still play?*

Kuhn: Yes (Figure 5).

Roberts: *Was getting together with the extended family your major vacation, or did your family take other vacations?*

Kuhn: Our major vacations almost yearly would include one or two camping trips and a trip to South Padre Island.

Roberts: *Are you a bird watcher?*

Kuhn: Only through the site of a gun!

Roberts: *How much time would your father take off a year for vacation?*

Kuhn: I'm not sure. He obviously worked hard and traveled a moderate amount initially throughout the state and at some point throughout the Midwest.

Roberts: *Who was the enthusiastic camper in the family?*

Kuhn: Both my father and my mother enjoyed being outdoors, probably as a result of their growing up on small farms. They were comfortable with animals and nature.

Roberts: *It sounds like they got along very well.*

Kuhn: Yes. They still do.

Roberts: *Were there any teachers in junior high or high school who had a particular effect on you?*

Kuhn: A science teacher, Tom Benyo, encouraged me to go into medicine. That was in the 11th grade after we had moved to Kansas City. My father had become the national sales manager for the dairy company. When I finished high school in Kansas City, I was the salutatorian and I had gotten a 1-year scholarship

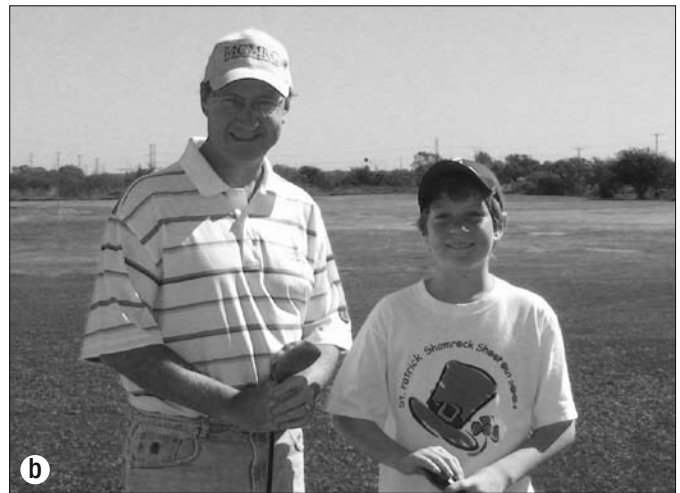


Figure 5. Playing golf with (a) his brothers and father and (b) his son, Kevin.

to the community college, the University of Missouri at Kansas City. I tried to go to the medical school there, a 6-year program. About that time, my father had left the Fairmont Company and bought the Best Western hotel in East Texas.

Roberts: *How did that science teacher influence you toward medicine?*

Kuhn: It was his enthusiasm for the subject he taught and also partly his verbal suggestion that I would be good in medicine. His suggestion was the kernel that grew in my mind, along with a passion for the science courses I took in school.

Roberts: *Was learning easy for you, or did you have to work hard at it?*

Kuhn: Learning was always easy for me. I don't remember actually having a lot of homework until medical school, when simply memorizing the material did not work. You had to learn to be selective about what you memorized in medical school.

Roberts: *Did you live at home that first year in college?*

Kuhn: I lived at Rockhurst College, located across the street from the university.

Roberts: *How did that work out? Did you enjoy it?*

Kuhn: I did enjoy it. I was on the school radio. I was the lead in one of the school plays.

Roberts: *What was the name of the play?*

Kuhn: It was *Don't Drink the Water* by Woody Allen. It was a comedy about a foreign embassy.

Roberts: *You sound like a pretty open, overt guy.*

Kuhn: I did acting through high school, mostly little drama tournaments and plays. That was helpful in terms of becoming more outgoing, but I was a shy, quiet adolescent.

Roberts: *More like your mother?*

Kuhn: Yes.

Roberts: *What activities did you have in junior high and high school, outside of school? You mentioned Boy Scouts. Did you become an Eagle Scout?*

Kuhn: Yes, I did become an Eagle Scout.

Roberts: *Were there any teachers at the University of Missouri who you were particularly fond of or who influenced you in any particular way?*

Kuhn: No. I don't recall any there. Most of my collegiate education came at Texas A&M.

Roberts: *How did it come about that you went to Texas A&M?*

Kuhn: I met a waitress, a premed, in the hotel restaurant in St. Augustine, and she suggested that my brother and I should look at A&M. My brother was 1 year younger than me. He and I bought a 34-foot trailer to live in during college to keep our rent down. We planned to sell it at the end of college. We were all set to go to Lamar University in Beaumont, Texas, which was nearby, and I was going to receive in-state tuition. About a month before school started, we drove to Texas A&M. We just signed up and moved our trailer to Bryan, Texas.

Roberts: *Did your brother start the same year you did?*

Kuhn: He started his freshman year when I started my sophomore year.

Roberts: *Did all the siblings have to pay their way through college?*

Kuhn: No, but we all had to work and contribute.

Roberts: *Did you have jobs during school or summertime? Were you always earning money somewhere?*

Kuhn: I did from the age of 12. I had two paper routes and mowed lawns. I was a cook in a restaurant at 16. I always worked pretty regularly.

Roberts: *You said one of the high school science teachers said you'd make a good physician. You were injured in track and therefore you must have had some contact with physicians a bit. Did that have any impact on you?*

Kuhn: I cannot think of any physician who had an impact on me when growing up. In Kansas City I volunteered as an aide in a local hospital, and that experience did have an impact on me. I was a hands-on nurses' helper. I did that for about 2 years.

Roberts: *You did that so you could see medicine firsthand and decide for sure that that was what you wanted to do.*

Kuhn: Correct.

Roberts: *You and your brother roomed together in a trailer at College Station when you went to Texas A&M.*

Kuhn: That lasted 1 year. Thereafter, he and I and two other roommates shared an apartment.

Roberts: *Was he premed too?*

Kuhn: No. He became an industrial engineer.

Roberts: *What was the experience at Texas A&M like? How did this waitress at your father's hotel have such an impact on your college selection?*

Kuhn: It was the fact that she was premed and had spoken so highly of her experience there. She also thought A&M was financially good, and she knew my brother was interested in engineering. It wasn't as though we had sat down with our parents and mapped out a strategic educational plan. We made the decisions on our own, largely driven by economics.

Roberts: *The tuition was right, the living expenses were right.*

Kuhn: At \$3.00 a credit hour, which was in-state tuition at that time, the tuition was only \$60 a semester. We had to cover mostly books and living expenses.

Roberts: *You were still working?*

Kuhn: We worked during the summers at the hotel, either as maintenance men, cooks, or waiters.

Roberts: *That brought you enough money for the next year?*

Kuhn: Yes.

Roberts: *How did you like Texas A&M?*

Kuhn: It was a great school in terms of spirit. It was consistent with my conservative nature.

Roberts: *What does that mean?*

Kuhn: It's a school that emphasizes positive school spirit and good values. It is not a party school or what you would call "liberal-leaning." That was similar to the way I was at that time.

Roberts: *How many students were at Texas A&M then?*

Kuhn: From 1977 to 1980, the enrollment was about 20,000 students.

Roberts: *You had about 5000 in your class?*

Kuhn: Yes.

Roberts: *You had a lot of people to get to know. Did you like the bigness of it?*

Kuhn: I did. I liked the large classrooms, the theater teaching, and the ability to study and do well.

Roberts: *How did you come out in class standing after those 3 years?*

Kuhn: I had a 3.98 grade-point average, so I was summa cum laude.

Roberts: *Did you work while at college?*

Kuhn: No, only during the summers.

Roberts: *It sounds like you became relatively independent at an early age.*

Kuhn: I think so.

Roberts: *Your family was quite religious, I gather?*

Kuhn: We were raised in a Catholic family. All the boys were altar servers. We went to church for midweek religious education as well as on Sunday. We never missed Mass, whether we were traveling or camping. We would find a church somewhere.

Roberts: *Did your father smoke?*

Kuhn: Yes, he did until his first heart attack.

Roberts: *How old was he at that time?*

Kuhn: He was probably 65.

Roberts: *Was there alcohol in the home?*

Kuhn: There was typically wine or beer.

Roberts: *Did your father have a drink when he came home at night?*

Kuhn: Yes. He would have a drink most nights when he came home.

Roberts: *But it wasn't a big deal in your house?*

Kuhn: Correct.

Roberts: *Were there any courses at Texas A&M that you were thrilled with?*

Kuhn: Probably the most beneficial course was a technical writing course by Dr. Claude Gibson. He is probably the only professor I can remember by name. He crystallized practical technical writing, whether it was a business letter or an abstract. He wanted a certain flow or rhythm, and it seemed to connect with my own internal thoughts on writing.

Roberts: *Were you in any activities in college outside of your studies?*

Kuhn: Only intramural athletic teams: flag football and tennis.

Roberts: *Does Texas A&M have fraternities and sororities?*

Kuhn: Yes, but it is a minor component of the school, and I was not involved.

Roberts: *When it came time to pick a medical school, what was your thought process?*

Kuhn: I applied exclusively to Texas schools. I ranked Galveston number 1 because of its relaxed nature and the emphasis on patient interaction skills.

Roberts: *And you got your first choice?*

Kuhn: Yes.

Roberts: *Did you work during medical school, or how did the finances work out there?*

Kuhn: I borrowed money and worked only during the summers.

Roberts: *When you finished medical school you were in debt? How high?*

Kuhn: My debt was about \$20,000.

Roberts: *That wasn't too bad in 1984. When you first went to medical school, did you have any major surprises?*

Kuhn: I was a biochemistry major at A&M. I was surprised that they covered everything I knew about biochemistry in the first month of medical school. I thought I would have a leg up, but I barely made an A in that class.

Roberts: *How many students were in your medical school class?*

Kuhn: 200.

Roberts: *Did most of them finish?*

Kuhn: The school had a saying: "Every one of you will become doctors, and even the last in the class will still be an MD." It was so emphasized that students just established their pace and accomplished what they wanted. When I became Alpha Omega Alpha, I frankly had no idea what it was or what it meant, since there was no emphasis at that time on competing among classmates. I studied and tried to get good grades because I wanted to learn the material, not with the foreknowledge of trying to graduate with honors.

Roberts: *Did you find that these nearly 200 other classmates were a speck above your classmates in college?*

Kuhn: They did not seem to be that different from my collegiate friends. Maybe that is a characteristic of Galveston.

Roberts: *Did you enjoy Galveston?*

Kuhn: Yes.

Roberts: *What was the population of Galveston at the time?*

Kuhn: Probably around 50,000.

Roberts: *And 1000 of those were medical students.*

Kuhn: The medical school dominates that community, both in terms of students and employees.

Roberts: *I read the book about the 1900 flooding of Galveston, which virtually wiped that city off the map.*

Kuhn: The school emphasizes to the students that it is one of the oldest medical schools and the first one in Texas. It is suffering a bit now because fewer patients are coming into the facility. Galveston does not have a growing urban population.

Roberts: *It sounds like medical school went smoothly for you. Were there any professors in medical school who had a particular impact on you?*

Kuhn: It was the surgical residents on my rotations who influenced me to go into surgery. I was convinced I was going into cardiology until my surgical rotation. That shows the impact that a fellow student or a very young physician can have on the rest of one's life. I connected with a third-year resident, Danny Beauchamp. During my third-year rotation, a fourth-year resident pulled me aside at the end of the rotation and told me that I had done well, that she was going to give me an A, but she urged me not to go into surgery. She gave me an example: of 10 people standing in a line, there was one that didn't have the personality for surgery, and that one was me. I had to respectfully disagree with her because I don't think that modern surgery dictates a certain personality. All physicians have to love what they do and love people to be successful.

Roberts: *When you started in medical school, you were pretty open minded about the different specialties?*

Kuhn: Yes. I was completely open minded when I began. I got good grades in each rotation, but I never really felt like I connected until surgery.

Roberts: *How did you finish in medical school? Were you ranked?*

Kuhn: I don't recall a ranking. Alpha Omega Alpha represented the top 10% of the class.

Roberts: *How did you decide in medical school where you wanted to do a surgical internship? How did you end up at BUMC in Dallas?*

Kuhn: I had initially heard about BUMC in terms of its internal medicine and cardiology programs. After the surgical rotation, I still wanted to investigate BUMC from a surgery standpoint. I spent a month here as a senior medical student and really saw the dramatic benefits of a private program over what I was familiar with at the University of Texas at Galveston. The quality of the surgery, the quality of the teaching, and the attitude and satisfaction of the residents were enormously better than what I experienced at Galveston. When I interviewed at other surgical residency programs, I still never saw anything that came close to the quality of teaching and involvement of the residents at BUMC. Even today as I interact with other staff

and colleagues, I still firmly believe that the residency program at BUMC is one of the top few in the country in terms of the quality of the residents that are turned out. When I talk to colleagues where our residents have gone for fellowship programs, they reinforce that feeling. I am extremely thankful that I ended up getting trained at BUMC.

Roberts: *Just like you investigated hospitals doing nursing assistant work when in college, you also investigated your training programs before making a decision. When did you get married?*

Kuhn: I got married in 1982, right after Mollie graduated from college. Mollie and I met at Texas A&M when she was a freshman and I was a junior. She was 2 years behind me.

Roberts: *What is Mollie's maiden name?*

Kuhn: Mollie Bloodworth.

Roberts: *How did you meet?*

Kuhn: One roommate in the first apartment I lived in happened to go to school with Mollie and invited her over to meet his roommates. It was pretty close to love at first sight.

Roberts: *Where is she from?*

Kuhn: She was born and raised in Houston.

Roberts: *What were her characteristics that attracted you to her?*

Kuhn: She was strong, independent, and the complete opposite of superficial. In some ways I probably realized that in my career I did not want a spouse who was going to be a burden; I wanted someone who would be an equal partner with me. Seeing the equal partnership that my parents expressed in their businesses and in their marriage probably subconsciously provided a similar goal for me.

Roberts: *Your parents were teammates? And that's the way you and Mollie were?*

Kuhn: Absolutely.

Roberts: *You were separated for 2 years before you got married. How far is College Station from Galveston?*

Kuhn: About 3 hours. I would go there probably every other weekend.

Roberts: *It's not easy keeping a long-distance relationship going.*

Kuhn: We were engaged during that time and, of course, distance makes the heart grow fonder.

Roberts: *How did it work out at BUMC? That was your first choice, but you had applied to some other places, I presume?*

Kuhn: I had applied to other places, but BUMC was far and away my first choice. It would have been a significant disappointment to have gone elsewhere.

Roberts: *How did it work out? You had 5 years of general surgical training?*

Kuhn: Yes. It was interesting looking back at my first year: my technical skills were so poor that there were times that it was almost uncomfortable for me to be in the operating room. It was also the time that the program went from six to four residents. There was an automatic cut after about the third month of the second year. Our particular year had a very strong group of six, and we all knew that two of us were going to be fired. Every case, every interaction, every rounding in the morning had unavoidable significance. It honed my alertness and my

study habits in a pretty powerful way. Fortunately, I was one of the four who stayed. The two residents who were cut found other programs and completed their surgical training. Since that time surgical education has changed, and the automatic cut has been abolished.

Roberts: *What was it like being an intern and resident at BUMC? That was from 1984 to 1989. As an intern, for example, what time did you get to the hospital?*

Kuhn: We routinely got to the hospital by 6:00 AM, often 5:30 because we had conferences almost every day at 6:30 AM. It was expected that we would see all our patients before the conference and then be ready to go to the operating room at 7:30 AM. It was common that patients, even for a groin hernia, would come in the night before and often stay for a couple of days. The inpatient census was large. Each intern might have 20 patients on his or her service, ranging from a preoperative patient to one who was hospitalized 6 days after a gallbladder excision. Nowadays, much of the surgery is done on an outpatient basis. Techniques are also much improved. It was great training in terms of technical tissue handling.

I had no laparoscopic training in my residency. I finished in 1989, and laparoscopy became available in 1990. It was during my surgical oncology fellowship in California that I learned about laparoscopic procedures. When I came back on the BUMC staff in 1992, I started doing laparoscopic gallbladder surgery for the first time.

Roberts: *When you were an intern, did you get to do many operations yourself?*

Kuhn: A strength of the BUMC residency program has always been the amount of early hands-on experience. I did 80 cases myself as an intern, minor procedures like abscess drainages, but still cases where I felt that I had participated in a significant portion of the case. I probably assisted on another 300 cases. By the second year, I had probably recorded 200 cases as the primary participant surgeon. I finished with over 1600 cases. It was a very good technical experience.

Roberts: *You spent some time at JPS Hospital in Fort Worth?*

Kuhn: Yes. JPS Hospital is the county hospital partner of our training program, and there we really have a chance to fly on our own. It has always been the testing ground or maturing ground. It's a little bit like flying a jumbo jet with an experienced copilot at BUMC, but out at JPS the residents are in a plane by themselves. Making that transition intermittently throughout those 5 years was a great proving ground in terms of internal confidence and technical expertise.

Roberts: *How much of the surgical residency was spent at JPS?*

Kuhn: Probably about one fourth of our time.

Roberts: *You would drive over there and drive back, or did you stay over? Were you on call every other night? How did it work?*

Kuhn: We were there every third night and stayed in the call rooms that night, and then we drove back to Dallas the next day. Mollie and I lived near BUMC, and it was a 35-minute drive to JPS.

Roberts: *At BUMC during your residency, did you operate much in the afternoon, or how did that work?*

Kuhn: I don't recall operating much after 3:00 PM. The afternoons largely consisted of postoperative rounds and seeing new "admits" for the next day's operations. We would commonly work until 7:00 PM when we weren't on call.

Roberts: *After standing up and moving around a good bit of that day, were you pretty weary by the time you got home?*

Kuhn: I don't recall being that fatigued. I was young and enthusiastic. What was stressful was the newness of learning to operate and the pressure of knowing that there was a mandatory cut in residency positions. I can remember being much relieved after I was assured of my spot.

Roberts: *You worked every other night at that time?*

Kuhn: The call, during my first year, was about every fourth or fifth night, depending on the rotation. Dr. Jesse Thompson was the chairman when I arrived. Dr. Shields Livingston became acting chairman. Dr. J. Patrick O'Leary was the program director until Dr. Ron Jones came during my fourth year. The significant change in leadership during those 5 years really had little impact on my day-to-day training. I don't recall there being any sense of political or administrative strife during that time. When on call during those first few years, commonly it would be a fifth year on home-call, so there might be an intern and third-year resident covering the entire hospital. There was no designated trauma staff, so in many instances the trauma cases would initially be triaged and managed by fairly junior residents. Yet we still seemed to take care of the patients properly. Now, most of the surgical call is managed by a group of four or five residents.

Roberts: *Who among the surgery staff had a particular impact on you during those 5 years of training?*

Kuhn: John Preskitt had a big impact on me in terms of operative approach, patient interaction, technical skills, and even towards a career in surgical oncology and where I did the fellowship. Zeck Lieberman had an influence on me regarding the art of being a doctor and his dedication and skill. He remains that way today. His constant thirst for knowledge and his detail and care for his patients are inspiring. But all the attendings, now my colleagues, had an important role in honing my surgical skills.

Roberts: *To summarize, you were enormously pleased with your residency training?*

Kuhn: I really was. It was a great experience.

Roberts: *How did you decide to do an oncology fellowship in California?*

Kuhn: I was influenced mostly by the challenging complex nature of the cases, the fact that cancer was more complex than general surgery, and my exposure to surgeons like Preskitt, Lieberman, and John O'Brien. I chose the City of Hope after interviewing at all the programs, partly because at that time it was one of the top four surgical oncology programs along with M. D. Anderson, Memorial Sloan-Kettering, and Roswell Park. All were 3-year programs.

Roberts: *What impressed you about the City of Hope?*

Kuhn: I wasn't as influenced by technical opportunities. It was clear that the fellows did the operating at the City of Hope. The research was personalized and more readily facilitated at the City of Hope. It was a friendly, encouraging environment with a strong mentorship concept, something more consistent with how I had chosen medical school and residency. I felt that was the optimal learning environment for me.

Roberts: *A 3-year fellowship is a long fellowship. By that time, you had gotten interested in research. How did you get interested in trying to come up with new information?*

Kuhn: Even as a resident I was interested in trying to do things better—trying to improve on a single stitch, for example. How do we make things more efficient? One book I read as a youth was *Cheaper by the Dozen*. The father in that book was an industrial engineer who was an efficiency expert, and he would imagine more efficient ways to brush his teeth or get to work. I seemed to constantly have that mental picture of how to do things a little better, how to improve on every aspect of the day in surgery. Surgical technique and skills are perfectly amenable to that. That was the core of my quest for improvement.

Roberts: *Your first publication was right at the end of your surgical residency?*

Kuhn: When I was a resident, the research infrastructure at BUMC was not very strong. There was encouragement if you came up with an idea, but there was no facilitated program where residents could participate in ongoing research efforts. Instead, surgical residents concentrated on learning surgery. Resident thoughts aren't focused on how to write a manuscript. During my fellowship, a number of research programs were in progress, and they were easy to get involved with. When I came back to BUMC, I wanted to develop residency research further. With the help of research nurses and departmental support, we developed ongoing programs involving residents. We tend to make it easy for them to get involved in projects and to stimulate their interest in looking for better ways to do things.

Roberts: *When you went for the oncology fellowship in California, were you assured of a position at BUMC when you returned?*

Kuhn: No. In fact, I mistakenly let my Texas license lapse because I thought there were too many surgical oncologists at BUMC. I didn't think I could break in. It seemed too expensive to keep my license active, since I did not think I was coming back to Texas. As I was nearing the completion of my fellowship, I began to investigate opportunities in the Southeast and in California. Although I was offered an opportunity to stay on the staff at the City of Hope, I wanted to live closer to my family, which was mostly in Texas. Texas had greater appeal because by that time I had two young kids. It was desirable to be closer to the grandparents, aunts, and uncles. In looking around there was really no other program—university or private—that offered quite the opportunity to operate, do research, and teach residents. It became clear that BUMC was my absolute first choice of where I wanted to be.

Roberts: *How did you enjoy your oncology fellowship?*

Kuhn: The oncology fellowship was very enjoyable. The first 2 years were research, working with monoclonal antibodies, mice, and cell culture. The third year was all operating.

Roberts: *You didn't do any operating the first 2 years?*

Kuhn: Correct. I don't think I learned anything new technically in the fellowship. In fact, the staff there did not use self-retaining retractors. They had a couple of medical students who would hold the abdominal wall back, and as a fellow, I virtually insisted on or at least encouraged using some of the retractors used by the gynecologists to hold the wound open. Even at that level, it began to be clear that my technical training at BUMC had been at a high level. Their program had gone through some administrative problems. There was a new chairman, Larry Wagman, and they had lost their top two surgeons in the political strife. It was extremely busy during that clinical year. It was a great training and research environment.

Roberts: *Did you enjoy research? Was that the first time you were really able to focus on research?*

Kuhn: It was an entirely new language for me—developing simple research projects with mice. The clarity and precision by which you could formulate a scientific question and answer it were very pleasant, in contrast to most clinical research, which can be both prospective and retrospective. There are a lot of soft edges and imprecision in clinical investigations. Patients don't act like a nude mouse does. It was a great research experience. There was a lot of mentorship in terms of writing abstracts and putting the data in a form that was acceptable. It was not uncommon to have 10 or more redrafts of a simple abstract, which would be bounced around to three or four different attendings. That experience taught me the value of group effort in projects.

Roberts: *What happened after returning to BUMC in 1992?*

Kuhn: I was in an expense-sharing arrangement with John Preskitt and was virtually in solo practice with my own employees and a separate phone number. I supported the practice early by assisting in liver transplants with Dr. Göran Klintmalm, and that helped to keep the practice solvent the first 2 years. Gradually, I got busy.

I have been located in Sammons Tower since 1992. A former surgical resident who had completed his surgical oncology fellowship also at the City of Hope, Todd McCarty, joined the practice in 1997. He introduced laparoscopic bypass to the practice at the request of an internal medicine colleague. As the laparoscopic equipment improved, beginning in about 2000, we began doing numerous laparoscopic gastric bypasses. Gastric bypass now represents about 50% of my operations.

Roberts: *What is your professional life like now? For example, what time do you wake up in the morning?*

Kuhn: It varies. Usually from 5:00 to 6:00 AM.

Roberts: *Let's say it's the day you are operating. What time do you get to the hospital?*

Kuhn: Right now I begin operating at 6:00 AM 2 days of the week—Monday and Thursday. Usually, I finish operating by 4:00 PM.

Roberts: *You operate roughly 10 hours a day those 2 days?*

Kuhn: Roughly.

Roberts: *How long does it take BUMC to "turn over" an operating room?*

Kuhn: Baylor is pretty good about turnover. A lot of it depends on the nurses. Generally, it takes 30 to 40 minutes to turn over a room.

Roberts: *Can you go from room to room, or do you have to wait around?*

Kuhn: On days that I can be sure the cases are short, <1 hour, I can go from room to room. That allows great efficiency.

Roberts: *On Monday and Thursday, how many cases do you do as a rule?*

Kuhn: Typically, about eight per day.

Roberts: *How long does it take you to do a laparoscopic gastric bypass?*

Kuhn: Typically, it takes just under an hour.

Roberts: *When did you do your first laparoscopic gastric bypass?*

Kuhn: In 2000.

Roberts: *Your practice has altered a great deal in recent years?*

Kuhn: It really has. I am one of the national leaders in terms of volume and outcome of weight loss procedures. Nevertheless, I still do a variety of innovative cancer cases. We are one of about 20 sites doing intraperitoneal chemotherapy, which involves radical debulking and heated chemotherapy during the abdominal operation. My practice still includes a fairly large volume of melanoma cases, liver tumor cases, some breast tumor cases, and then standard general surgery, such as hernias and gallbladders.

Roberts: *How long does it take you to excise a lobe of the liver?*

Kuhn: About 2 to 2½ hours.

Roberts: *You finish on those surgery days around 4:00 PM. Then what happens?*

Kuhn: I make rounds on the postoperative patients and see new patients. Typically I will go home around 7:00 PM.

Roberts: *When you get home, do you have a drink? Or sit down to dinner?*

Kuhn: I eat and have a glass of wine on nights when I'm not on call. We tend to have dinner as a family more at restaurants, probably 3 days a week.

Roberts: *What happens on Tuesdays, Wednesdays, and Fridays?*

Kuhn: I leave Tuesday morning open for research and administration. I see patients the remainder of the morning and all afternoon and all day Wednesday. I will typically operate on Friday.

Roberts: *How long do you operate on Fridays?*

Kuhn: Typically from 7:30 AM to 3:00 PM.

Roberts: *Your operative procedures, at least 50% of them, are quite varied. What is your favorite operation? If you had to do just one, which one would you like?*

Kuhn: That's a tough question. I like different things about different operations. I like the variety in my practice, from gastric bypass to melanoma management. The latter surgery is also

variable—all over the body. At BUMC we have dendritic cell protocols and some gene therapy protocols. The procedures are relatively low risk and are rewarding.

Roberts: *Do you still do a good bit of head and neck surgery?*

Kuhn: I do a lot of thyroid gland surgery. I am very active in office-based ultrasound for thyroid conditions. I have written some articles about the role of the surgeon in doing ultrasound in thyroid, parathyroid, and salivary gland procedures. I also use ultrasound extensively in the abdomen. Thyroid gland surgery is challenging because of the potential risks but rewarding because of the usual good outcome.

Roberts: *You have received numerous awards for your outstanding teaching at BUMC. You've received more teaching awards than anybody I've ever heard of actually. Does most of your teaching come in the operating room?*

Kuhn: Yes, most of it comes in the operating room. Using the analogy of a car, I try to encourage residents to move from the backseat, as casual passengers, to driving and planning the route—explaining both what we are going to do and why we are going to do it. If they are not actively planning the next move, then I will verbally challenge them as to why they are not being more active. I emphasize to residents the value of coming to the office to watch me or Preskitt or Lieberman or any one of the staff when talking to a patient about an operation—not just getting consent for the surgery but learning the art of communication with a patient. I emphasize a culture of being independent and of stepping ahead of what I am telling them to do. I think that connects with them.

Roberts: *It sounds to me that the surgery residents at BUMC vie for the opportunity to operate with you.*

Kuhn: I think they do. I usually get the appropriate-year resident for certain cases. For an advanced laparoscopic case, I typically get a chief resident. For putting in a Port-a-Cath, I typically operate with an intern. I try to challenge the resident at each level in terms of what he or she can do during the gastric bypass, for example. There is one point where both the resident and I will put a stitch for reinforcement in a gastric bypass case, and for the last couple of years that has been an ongoing challenge. Can they beat me with the technical prowess of that particular stitch? A few residents have beaten me on that particular stitch, but generally it's a steep curve.

Roberts: *You are doing about 25 cases a week. And of those 25, how many do you do the entire operation versus guiding the resident?*

Kuhn: Letting a resident do a part of a procedure is an interesting experience. It's probably not written about very often because it would be disquieting in some respects to some patients. In most of surgery, it would be like a master pilot having a junior pilot take control of the plane after taking off, but the master pilot takes control again to land the plane. There are many parts of a procedure where the resident can place a stitch or fire the stapler, and there is virtually nothing that is dangerous to the patient. During the key elements, for example, like landing a plane, the primary surgeon has to be in full control. That may be the critical dissection of the pancreas off the vein, or it may be a critical series of sutures placed on a blood vessel. In terms of flying the

plane while it is in the air, I try to have the resident do most of that flying. I want the resident not simply to fly the plane but to anticipate what some pitfalls could be. Resident education is a good balance between patient safety and training young surgeons to learn to do the procedures by themselves.

Roberts: *Could you do 25 cases a week if you didn't have good resident help?*

Kuhn: No. It would be impossible.

Roberts: *Suppose you had two physician assistants and you operated with one of them on each case. Would your cases go quicker?*

Kuhn: Yes. I could do the cases by myself 25% quicker and more efficiently.

Roberts: *Your whole career has been spent with residents—teaching them and operating with them. Have you come across a resident who doesn't have the technical skills to do good surgery? If so, how do you handle that situation?*

Kuhn: Our program is unique in terms of the amount of technical experience and the amount of direct coaching residents get. At BUMC, I cannot think of a surgeon who did not have excellent technical skills. There is a self-selection. A resident may be technically good at a hernia, breast biopsy, or mastectomy but may not feel that comfortable doing a liver resection or a major vascular case. Similarly in carpentry, one might be a master carpenter on a fancy cabinet but another might stick to bookcases. I firmly believe that much of surgery is about judgment, the freedom to keep your mind open during a case so that you are constantly aware and able to make adjustments based on what you find. Having an open, creative, and cautious mind is essential. I'd rather see a cautious, careful, and technically slower resident at the third- or fourth-year level than an overconfident, cocky third- or fourth-year resident who felt like he or she knew everything.

Roberts: *Who are you in practice with now?*

Kuhn: A new doctor started with me, Colleen Kennedy. She was the medical director at Oschner in New Orleans and did trauma, general surgery, and bariatric surgery there. She will be able to step in and help with the load of cases that I now see.

Roberts: *Are you called back much when you are on call?*

Kuhn: Infrequently, maybe one phone call every other night.

Roberts: *What about weekends?*

Kuhn: I usually get five or six phone calls during a weekend.

Roberts: *How long does it take you to make rounds on Saturday and Sunday?*

Kuhn: Usually about 2 hours on each of those days.

Roberts: *How have you been able to carry out your research at BUMC?*

Kuhn: Good research takes good ideas, which have to be formulated into a fashion that can be approved by an institutional review board (IRB). It is like planting a garden. An idea is initiated; a good research nurse helps with the database. Once the garden grows and the data are accumulating, then it is easier to find a resident or student who wants to step in and be a gardener. The resident has a chance to fertilize, harvest, and come up with some preliminary thoughts to help mold it together. The resident must contribute to the thinking of the project, write the abstract. Otherwise, there wouldn't be any



Figure 6. With Mollie during a ski trip.



Figure 7. As assistant scoutmaster for his son's Boy Scout troop.

future growth. The residents and research nurses each play key roles in the process of research.

Roberts: *You have only Tuesday mornings to fully devote to your research?*

Kuhn: Yes, but I continue communication in between patients and on weekends and evenings, so there is a constant flow of communication.

Roberts: *Joe, do you take off any time during the year for family vacations? How do you work your time off?*

Kuhn: I really feel that I am a great father to my kids. We regularly visit their grandparents, aunts, and uncles. We take at least a couple of trips each year (Figure 6). This year we took a family cruise around Italy. Last year, I went to Alaska with my daughter and her Venture group. I go with my son on five or six campouts each year (Figure 7).

Roberts: *Not counting medical meetings, how much time are you gone a year?*

Kuhn: Probably about 3 weeks a year.

Roberts: *How many medical meetings do you attend each year?*

Kuhn: About four. I have found them to be the best source of the newest material. The meetings are a great source of new ideas and innovations.

Roberts: *You have presented a lot at medical meetings. The number of abstracts you have written is extensive. Do you enjoy the speaking?*

Kuhn: I have gradually gotten more and more comfortable speaking. There were times when I was quite nervous standing in front of a group.

Roberts: *Dr. Ron Jones is not going to be able to be chief of surgery forever. Dr. Lieberman is not getting any younger. Would you be interested in the chiefship at BUMC?*

Kuhn: I don't really have the administrative skills that that would require. I see myself more as a technical surgeon. I enjoy doing cases too much. I like resident education, hands-on teaching, and hands-on research, but I don't see myself as a chairman of a program. I think someone from the outside would be ideal.

Roberts: *You would worry about losing some of your skills?*

Kuhn: Yes.

Roberts: *What is your age?*

Kuhn: 49.

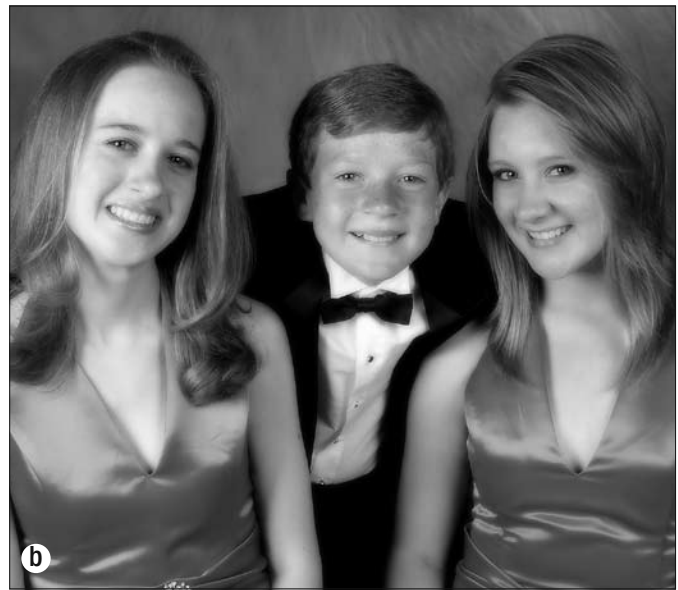


Figure 8. His children, Kristin, Courtney, and Kevin in (a) 1997 and (b) 2007.

Roberts: *Tell me about your children.*

Kuhn: My oldest is Kristin, born on July 26, 1989. She is now a freshman at the Massachusetts Institute of Technology (MIT) (Figure 8).

Roberts: *What does she plan to do?*

Kuhn: She is interested in math, engineering, theater, and fencing. She is a bright girl.

Roberts: *Does she like Boston?*

Kuhn: Yes.

Roberts: *How many women are at MIT?*

Kuhn: It's about 45% women.

Roberts: *Really!*

Kuhn: MIT is now led by a woman president, its first.

Roberts: *Who is your second child?*

Kuhn: Courtney was born on January 31, 1992. She is a sophomore at Ursuline Academy. She is also into theater, band, and choir.

Roberts: *Do you play a musical instrument?*

Kuhn: I do not. I always wished I could.

Roberts: *And your third child?*

Kuhn: Kevin was born on January 25, 1994. He is involved in Boy Scouts, basketball, and video games. He is in the eighth grade at St. Monica. He is our family negotiator—a future salesman.

Roberts: *What does Mollie do?*

Kuhn: Mollie got a degree in accounting and became a certified public accountant. She worked throughout my training and got her master's of business administration at Southern Methodist University during my residency. She was critical in building the administrative aspects of my practice in terms of staffing, computer systems, phone systems, etc. It was a great resource to have her skills. In September 2007, she started law school at Southern Methodist University.

Roberts: *You have a very busy home. That's why I gather that you may eat out three times a week. Where do you eat out?*

Kuhn: We typically eat at a local Mexican, Italian, or movie-and-a-meal-type restaurant. These aren't fancy restaurants. Most are family restaurants. My kids are mostly independent and pretty self-sufficient.

Roberts: *What is your home like?*

Kuhn: It is fairly new and uncluttered. I was never a big antique fan.

Roberts: *Are there a lot of books around the house? What do you do in your "spare time"?*

Kuhn: In my spare time, I read science fiction or religious books, play video games, or play tennis.

Roberts: *Do you go to Mass every week?*

Kuhn: Yes.

Roberts: *Do all of your kids attend?*

Kuhn: Yes.

Roberts: *You continue to have a religious home? Do you say a blessing before every meal?*

Kuhn: Yes, even if we are out at a restaurant.

Roberts: *You never smoked cigarettes?*

Kuhn: I never have. My mother quit about 2 months ago.

Roberts: *Mark Twain said it was one of the easiest things in the world to quit smoking. He did it 1000 times. Is there any other topic or item you would like to bring up?*

Kuhn: One thing important to me is to instill in the residents and my kids membership and participation in various organizations. It might be volunteerism at school or church. I do some volunteer work. I am the president-elect of the North Texas Chapter of the American College of Surgeons. I find it hard to get the residents involved in societies. For me, that's an important part of who I am and what I try to accomplish. An additional passion is organized research. I have been involved in three different IRBs. That has been not just an interest but almost a kind of hobby, helping projects, seeing them get molded and finalized. I'm the chairman of the Mary Crowley Medical Research Center IRB. I am involved with those projects sometimes as an investigator, sometimes as a participant surgeon, and sometimes at an organizational level. That's been a real reward.

Roberts: *You have made it a reward. Some people don't want to be involved at all. You've played a major role in surgery at BUMC for many areas. Is anybody in surgery at BUMC doing more research than you are?*



Figure 9. Mollie and Joe Kuhn with Jane and Ron Jones.

Kuhn: Göran Klintmalm and the transplant group are doing more research than I am. Probably nobody, however, is doing the breadth of research—with many different projects and different disease entities.

Roberts: *It's very unselfish of you to get so many residents involved in one project or another. You could do them quicker on your own with a research nurse, I suspect?*

Kuhn: We always try to have the resident be the first author and try to have them assume a responsible position, whether it be writing, initiating the abstract, initiating some of the conceptual changes, or even writing the manuscript. Obviously, it takes a lot of editorial changes.

Roberts: *How much sleep do you need at night to feel good the next day?*

Kuhn: About 7 hours.

Roberts: *What time do you go to bed?*

Kuhn: I'm usually in bed by 10:15 PM. I don't tend to watch the television news, and other than read the sports section, I don't read the rest of the newspaper very much.

Roberts: *Do you go to sports events very often?*

Kuhn: Each year I go to a couple of professional basketball games, to a professional football game, and to an A&M football game.

Roberts: *When you are out of town, your new partner covers for you?*

Kuhn: Correct.

Roberts: *How did you get somebody from Oschner? How did you find out that this person was available?*

Kuhn: It was good fortune. The environment in New Orleans is still difficult, and she was looking for a practice that was private but also research and resident related. This opportunity came up at the perfect time for her.

Roberts: *Do you plan to take off more time in the future than you have in the past?*

Kuhn: Yes, I do.

Roberts: *And you are going to be able to do that with your new partner?*

Kuhn: Yes, but I envision another surgeon joining next year. It's my intent to grow the practice.

Roberts: *What's the future of surgery?*

Kuhn: The future is as bright as it has ever been in terms of laparoscopic noninvasive surgery. That has made general surgery far more interesting and attractive. With the newer biologic and molecular approaches, the role of the surgical oncologist is increasing in terms of debulking and tissue harvest. It's a new era of cancer therapy when we start targeting the molecular mutations. Most of that is effective at a minimal tumor burden. It is going to be exciting.

Roberts: *Is there anything else you would like to discuss?*

Kuhn: You have covered a lot of ground. I would like to emphasize that I feel fortunate to have a servant heart of trying to help people. In medicine, you can't be successful unless you truly love people and care about each individual patient. I'm fortunate that I enjoy what I do. I am grateful that I am practicing at BUMC and that I was trained at BUMC. It's a great opportunity to train residents. One person who has definitely influenced my career is Dr. Ron Jones (*Figure 9*). He has been an incredible influence at BUMC in terms of his skills as administrator and his support of my research efforts. He reviews all abstracts that come out of the department, critiques them, and advises us. He had the vision to help acquire the research nurses, and he has the passion for resident teaching. He has been a mentor in helping me through the ladder of organized surgery. He has had an amazing influence on my professional career. I would like to thank Dr. Jones.

Roberts: *Thank you for your openness and for your major contributions to BUMC and its patients.*

Kuhn: Thank you, Bill, for this opportunity.

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