

# news & views

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NYU Langone Medical Center



John Abbott

From left to right: Dr. Abha Kaistha, assistant professor of pediatrics (gastroenterology); Dr. Bret Rudy, associate professor of pediatrics; Dr. Catherine Manno, the Pat and John Rosenwald Professor of Pediatrics and chair of the Department of Pediatrics; Dr. Joseph Levy, professor of pediatrics (gastroenterology); Dr. Gabrielle Gold Von-Simson, assistant professor of pediatrics; Dr. Linda Granowetter, director of the Stephen D. Hassenfeld Children's Center for Cancer and Blood Disorders; Dr. Philip Kahn, assistant professor of pediatrics (rheumatology); Dr. Achiau Ludomirsky, professor of pediatrics (cardiology); Dr. Elizabeth Fiorino, assistant professor of pediatrics (pulmonology); Dr. Robert Giusti, associate professor of pediatrics (pulmonology).

## For Pediatrics, a Long History and New Chapter *An Unprecedented Expansion of Clinical Services Paves the Way for a New Children's Hospital*

In 1860, NYU Langone Medical Center (then New York Medical College) made medical history when—under the leadership of Dr. Abraham Jacobi, the father of American pediatrics—it opened the country's first clinic devoted to the care of children. Today, NYU Langone is finalizing plans for the 21st-century version of that pioneering clinic: a state-of-the-art children's hospital.

To lay the groundwork for this facility, the Medical Center is embarking on an unprecedented expansion of its children's services. In recent months, nearly a dozen pediatric specialists, some nationally and internationally renowned, have been recruited in cardiac surgery, radiology, anesthesiology, and other fields (see photo above).

"The time to start creating a culture for the new hospital is now," says Catherine Manno, MD, the Pat and John Rosenwald Professor of Pediatrics and chair of the Department of Pediatrics. "With the help of KiDS of NYU and other philanthropists, we want to build on the excellent programs we already have by strengthening our capabilities. We want to provide for the needs of any child, no matter what their short-term or long-term medical needs might be."

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## PLACEs in the Heart

*By Teaming Up First-Year Medical Students with Patients, NYU School of Medicine Adds Yet Another Humanistic Component to Their Training*

In an office at Baruch Family Health Center on Manhattan's Lower East Side, Peter (not his real name) is discussing his various health issues with Jesse Jun, a first-year medical student at NYU School of Medicine. "How is your knee pain?" asks Jun. "On a scale of 1 to 10, I'd put it at 8," says Peter. "If I take a pill, it goes down to three. Then the pill wears off, and it's back to nine. They're putting me on physical therapy to try to get me off the medication."

As the doctor-to-be sits jotting notes, it's hard to believe Jun hasn't been doing this for years. But in fact, he's a fledgling participant in an initiative called the Patient-Based Longitudinal Ambulatory Care Experience (PLACE). The innovative program, launched last fall as part of the School's Curriculum for the 21st Century, links every first-year

medical student with one or two patients, whom they follow for two years, sharing every aspect of their medical care. These encounters are logged on a confidential, encrypted website, where they're reviewed by the students' mentors.

While Jun isn't quite ready to practice medicine, he's getting plenty of firsthand experience in one of the most vital parts of a physician's job: listening to your patient. "This is a chance to help these students understand that, at times, listening may be the most therapeutic tool they have," says Rebecca Simons, MD, a physician at the Baruch Center.

(continued on page 6)

**First-year medical student Jesse Jun learns the fine art of listening to patients.**



John Abbott



## From the Dean & CEO

Throughout this issue, you'll find the faces of children, who hold a very special place in our hearts. In different ways and for different reasons, they all symbolize our commitment to offering the very best care to the young. NYU Langone Medical Center is finalizing plans for a state-of-the-art children's hospital, and to lay the groundwork for this facility, we are embarking on an unprecedented expansion of our children's services. In recent months, we have recruited nearly a dozen pediatric specialists, some nationally and internationally renowned, in cardiac surgery, radiology, anesthesiology, and other fields.

At NYU Langone, caring for infants and children is one of our oldest and proudest traditions. In 1885, the first babies' ward in the U.S. opened here. In 1969, University Hospital, as Tisch Hospital was then known, unveiled its Pediatric Intensive Care Unit. For more than a century,

NYU Langone and Bellevue Hospital, our primary teaching affiliate, have served as a prominent training ground and clinical base for leaders in pediatrics, including Abraham Jacobi, MD, the father of American pediatrics, who opened the country's first clinic devoted to the care of children in 1860 and later served as the first president of the American Academy of Pediatrics.

What greater symbol of the future could there be than a child? What dream could be worth fulfilling more than a hospital dedicated to children?

Bob



### Exiting in Style

Starting this summer, patients will be departing NYU Langone Medical Center with a stylish gift: a sleek black shoulder bag sporting the Medical Center's name and logo. The bag is designed to hold clothing and personal items while the patient is in a hospital gown, but once outside the hospital, it's versatile enough to serve any number of purposes.

The new bag is just one of the innovations that emerged from a Lean Management Rapid Improvement Event (RIE) held last summer to explore how the process for securing and tracking patient belongings could be refined, streamlined, or enhanced. Lean Management is one of the Medical Center's ongoing improvement strategies, and this RIE was convened to address several nagging issues, including the fact that during transport from one location to another, patients' belongings were sometimes misplaced. While they were most often retrieved, staff members were spending a significant amount of time tracking them down while patients were made to wait.

The RIE, conducted over several days, brought together various people involved in handling patient belongings. Representatives from Nursing, Security, Patient-Centered Care, Patient Access, and other departments began by analyzing the current system. "One thing we realized was that there was no single process for tracking belongings," says Amy Horrocks, vice president for medical services, who sponsored the RIE. "Patients enter the Medical Center at many different points, and each unit had its own tracking method. Clearly, we needed to standardize the process."

The group mapped out a new approach, in which each patient's belongings are now itemized and documented in the Medical Center's electronic records system upon admission, when valuable possessions, such as wallets, purses, and jewelry, are placed under lock and key. The nursing staff also now designates someone to transport each patient's belongings as the patient changes locations in the hospital. The electronic log follows the patient and his or her belongings throughout the hospital stay, and it serves as a final checklist of the patient's belongings at discharge.

Steps have also been taken to prevent personal items such as dentures, hearing aids, eyeglasses, and cell phones from accidentally being taken away with dirty linens or food trays. A clear plastic bedside "caddy," along with a brightly colored denture cup, is provided to hold these items.

The team is especially proud of the new bag's design and construction. Made of recycled cloth, it has sturdy handles, a zippered top, and an inner pocket. Unlike the clear plastic bag formerly used, it also affords more privacy. "They're fabulous," says Horrocks. "In fact, we hope to see people walking around New York for years to come, using them for many other purposes."



Jon Simon

## M Stands for May, Moles, and Melanoma

As a child, Dorothy Cohen didn't visit Coney Island for the Cyclone. She went for the sun. Cohen, now 84, soaked up so many rays on the iconic boardwalk that "I used to come home with blisters all over my shoulders." Six years ago, she saw an ad in the newspaper for a free skin cancer screening at NYU Langone Medical Center, held for one day in May—Skin Cancer Awareness Month. She had had skin exams before but wanted different doctors to take another look. Dermatologists at the Medical Center found a suspicious mole on Cohen's upper left arm and advised her to return for a biopsy. The diagnosis was melanoma, the deadliest form of skin cancer, which claims the lives of some 8,700 Americans each year. Cohen had the melanoma successfully removed and has returned each year for her annual skin check.

In May, the screening event marked its 25th anniversary. In 1985, NYU Langone—home of the country's largest department of dermatology—led the charge, joined by Columbia-Presbyterian Medical Center, Mount Sinai Medical Center, Memorial Sloan-Kettering Cancer Center, and New York Hospital-Cornell Medical Center. During that first-of-its-kind two-day screening, dermatologists examined 2,239 patients. They discovered that many malignant melanomas are found on areas typically covered by clothing and that the most effective assessment is a full-body exam.

Dermatologists at NYU Langone have since devised a simple set of criteria for diagnosing melanoma. The ABCDEs of detection are: A is for asymmetry, where one-half of the mole is unlike the other. B is for border, where the mole is irregular, scalloped, or poorly defined. C is for color, which varies from one area to another or has different shades of tan, brown, black, and sometimes white, red, or blue. D is for diameter, where a mole is larger than the size of a pencil eraser. E is for evolving, where a mole changes in size, shape, or color.

This year's event was coordinated by David Polsky, MD, PhD, associate professor of dermatology and pathology, who is director of the Pigmented Lesion Clinic in the Ronald O. Perelman Department of Dermatology. He explains that while comprehensive skin exams are not performed by all dermatologists, at NYU Langone, they're the norm. "Even if someone comes in for acne," says Dr. Polsky, "they're offered a full exam."

This year set a new record, with 292 patients screened—48 more than last year. Typically, about 1% of those examined are found to have an irregular mole requiring further attention, but only a small percentage turn out to be cancerous. Family history is a known risk factor for the disease, so some people come because a family member has been diagnosed with melanoma. The event also helps to advance research efforts. Some participants were recruited for an upcoming study of genetic factors that predispose people to melanoma.

Dorothy Cohen has not had any other suspicious moles, but the self-described "sunbird," who spends her winters in Florida, says she has long since changed her sun-worshipping ways. She is also passing along prevention. For the first time this year, Cohen brought her daughter, Myra, along.

## More Than 100 NYU Langone Physicians Named among "Best Doctors" in New York

In its 13th annual "Best Doctors" issue published in June, *New York* magazine recognized 122 physicians from NYU Langone Medical Center (up 15% from 106 doctors in 2009) as among New York City's finest practitioners. NYU Langone's doctors make up 11% of the list. This year's roster included several department chairs, who were noted for their expertise in rehabilitation medicine, radiation oncology, otolaryngology, urology, ophthalmology, dermatology, general surgery, orthopaedic surgery, cardiothoracic surgery, and child and adolescent psychiatry. The issue also profiles Anthony Frempong-Boadu, MD, assistant professor of neurosurgery, who describes one of his toughest cases. In all, the magazine listed 1,119 physicians in 66 specialties from all five boroughs and several surrounding counties. They were drawn from a roster of more than 6,000 practitioners featured in *Top Doctors: New York Metro Area*, an annual guidebook published by Castle Connolly Medical Ltd. For a complete list of NYU Langone physicians who were honored, visit: <http://nymag.com/bestdoctors/>.



news roundup

## An All-Star Team

### For Major Leaguers and Weekend Athletes Alike, HJD's Sports Medicine Specialists Provide Championship Care

One July afternoon in 2008, Michael Giaramita cursed the baseball gods. The 6'4" 20-year-old right-handed pitcher, a Staten Island native who had just signed a letter of intent to attend Oklahoma Baptist University, was in the ninth inning of a game when he felt "an incredible stabbing pain in my right elbow right after I heard it snap."

Four weeks and three physicians later, Giaramita met Laith Jazrawi, MD, newly appointed chief of the Division of Orthopaedic Sports Medicine at NYU Langone Medical Center's Hospital for Joint Diseases (HJD). Suddenly, he felt blessed. The division's multi-disciplinary team includes some of the top orthopaedists in the country, as well as physical therapists and other specialists who primarily treat weekend warriors. "Elite athletes make up about 5% of our patients," says Dr. Jazrawi, assistant professor of orthopaedic surgery.

"Dr. J made me feel comfortable right away," says Giaramita. "He was very confident, very straightforward. He also knew what ballplayers go through, having been one himself." Dr. Jazrawi was an all-city catcher at Brooklyn's Poly Prep in 1987 and started on the Bucknell University varsity team for two years. "I had a pretty good arm and worked well with pitchers," he recalls, "but I never hit more than .275."

During Giaramita's initial consultation, the two most important words the doctor had for his patient were "Tommy John." For the past 35 years, athletes have heard them with dread and relief. Thomas Edward John, Jr., was a left-handed pitcher for the Los Angeles Dodgers when his elbow snapped. In those days, any damage to the ulnar collateral ligament (UCL) was a career ender. But in 1974, Dr. Frank Jobe made sports

medicine history by replacing the ligament in John's pitching elbow with a tendon from his right forearm. "Tommy John" became shorthand for this pioneering procedure that gives new life to pitchers, who are most prone to this type of injury because of the abnormal stress they put on the UCL. John went on to play until 1989, winning 164 games after his surgery.

Michael Giaramita dreaded the 12 to 18 months of recovery time. But he was heartened to hear Dr. Jazrawi explain that about 85 to 90% of his patients return to close to where they were before surgery, though just about every pitcher loses one to two miles per hour from his fastball.

"Not me," declares Giaramita. "I intend to do better with improved mechanics. Ten days after surgery, he flew back to school with a list of rehab protocols. "I didn't throw for four months, and I approached rehab like a nine-to-five job. I did conditioning, weight, and martial arts training six days a week. Sunday was my only day off."

Giaramita's ultimate goal is to reach the majors. There is still one major obstacle, however, that must be overcome before such fantasies can be entertained: a 10-inch-high dirt mound about 18 feet in diameter, located 60'6" from home plate on a practice field in Shawnee, Oklahoma.

As Michael Giaramita toes the rubber on a pitching mound for the first time since the injury, his elbow feels fine. Though he's only facing the junior varsity squad in a fall scrimmage, his stomach is filled with butterflies. His first pitch is a fastball, right down the middle. The good news: no pain. The bad: a screaming line drive into left field for a double.



James Petrozello

Pitcher Michael Giaramita shows off his newly repaired elbow with his surgeon, Dr. Laith Jazrawi, a former varsity catcher.

All athletes learn to make adjustments, and Giaramita does just that, not giving up another hit for the rest of the game. When he walks off the mound after recording the final out, he tips his cap to the applause of his coaches and teammates. And to the baseball gods? "Well, yeah, and to my trainer and therapist. But mostly to my surgeon, Dr. J, who made this day possible."

For more information or to make an appointment, call 212-598-6784.

## Heart to Heart

### Identical Twins Leon and Leron Share Everything, Including the Same Heart Defect and the Same Cardiac Surgeon



Jon Simon

As their mom, Khadine, looks on, Leon and Leron Phillip check the heart of their surgeon, Dr. Ralph Mosca.

Though rambunctious as any two-year-olds, Leon and Leron Phillip always seemed to their mother, Khadine, to have dark circles under their eyes. Asthma had brought the identical twins in and out of hospitals more than 40 times, but doctors could never pinpoint the cause of their tired eyes. They were followed since the age of three months for subaortic stenosis, a congenital heart defect in which the area below the left aortic valve becomes narrowed, making it difficult for the heart to pump blood throughout the body. Subaortic stenosis accounts for just under 1% of the approximately 35,000 congenital heart defects that afflict children in the U.S. annually. The boys had

been asymptomatic until Leon developed breathing difficulty, sometimes a sign of the condition.

The condition progressed rapidly, and by the time Leon and Leron were one year old, the need for surgery had become apparent. The Brooklyn-born twins were ultimately referred to Ralph Mosca, MD, professor of cardiothoracic surgery and pediatrics, and chief of the Division of Pediatric and Adult Congenital Cardiac Surgery. Dr. Mosca is no stranger to fixing tiny hearts. In the past year alone, he has performed more than 200 cardiac surgeries, mostly on newborns and children. When Khadine Phillip met Dr. Mosca for the first time, she felt so at ease with him that she

asked him to operate on both boys on the same day. "I liked him straightaway," she says. "He was trying to work with me and look out for my best interest, which means he has confidence in himself and his skills, so I had confidence in him."

Dr. Mosca has corrected thousands of congenital heart defects, including one in a set of triplets, but he had never performed back-to-back surgeries on twins. Nevertheless, to ease the stress on Khadine Phillip and her family, he was happy to grant her request. The procedures were scheduled for May 4. Such back-to-back operations pose particular challenges, Dr. Mosca explains. Cardiac surgical teams always need to be extremely prepared, but consecutive surgeries on twins call for an even higher level of vigilance. Only one letter distinguishes the boys from each other by name, so it was imperative that everyone involved was careful to tell the toddlers apart.

Leon happily slipped into a hospital gown to go first because, as his mother explains, he gets fidgety when he hasn't eaten. Dr. Mosca made a small incision in Leon's chest to access the heart, which was put on bypass as he carefully cut the tissue that was blocking blood flow. A few hours later, Leron underwent the same bypass surgery. Before long, the boys were in Tisch Hospital's pediatrics unit, wearing matching pajamas and wrestling over Thomas the Tank Engine toys. With the exception of a few tears over who got which train, Leon and Leron wore big smiles. That weekend, they got to go home, just in time for Mother's Day.

Khadine Phillip is comforted to see her sons back to playing, tussling, and napping together—and to no longer see those dark circles under their eyes. Dr. Mosca says that with the improved blood flow through their hearts, even their asthma may improve. "Dr. Mosca gets an A-plus-plus-plus," Mom gushes.

**Web Extra:** for a Q&A on congenital heart defects with Dr. Achiau Ludomirsky, chief of the Division of Pediatric Cardiology, see "Broken Hearts" at <http://newsandviews.med.nyu.edu/>.

## For Women Who Face a Mastectomy, a Gentler Option

When Donna Watson, 51, was diagnosed with ductal carcinoma in situ (DCIS) in October 2009, the finding was as good as such news can get. It meant that the cancer was still confined to the breast ducts and had not yet spread to the surrounding tissue. But when word came back that an initial operation hadn't removed all of the cancerous tissue, Watson struggled with what to do next.

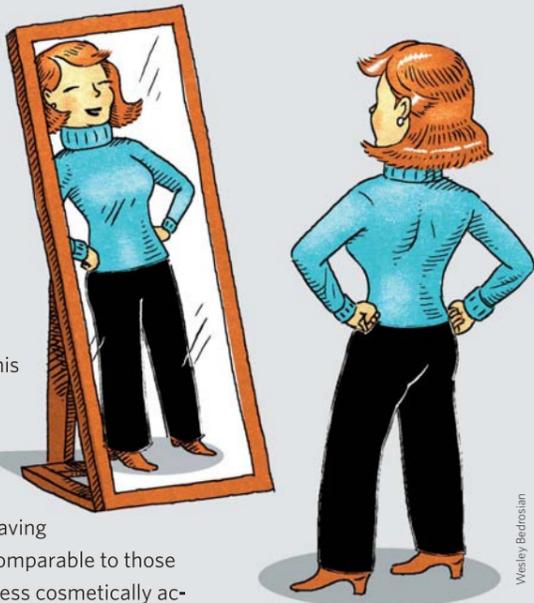
"If I had a lumpectomy or a single mastectomy, I would still have to deal with five years of tamoxifen, more scarring, the possibility of developing cancer in my other breast, and a continuing fear of recurrence," she says. "I just couldn't face the psychological burden of all that testing and the drugs."

So Watson started investigating the possibility of having a bilateral mastectomy. Nolan Karp, MD, associate professor of plastic surgery, director of the breast plastic surgery service at NYU Langone Medical Center, told her that she would be an excellent candidate for a groundbreaking surgical procedure: a nipple-sparing mastectomy. In a traditional mastectomy, all of the breast tissue is removed, and the breast is reconstructed using soft tissue from elsewhere, such as the abdomen and hips. More recently, breast surgeons have been performing skin-sparing mastectomies, in which they remove the cancerous tissue through a small incision, usually around the nipple's areola. Most of the breast skin is left intact, creating a natural pocket that can be filled either with an implant or with the patient's own tissue.

But this procedure still leaves the patient without a nipple. Although plastic surgeons can make realistic-looking nipples with tattooing or by folding skin on the new breast, it isn't the same—and women know it. Over the past year, Dr. Karp and breast surgeon Richard Shapiro, MD, associate professor of surgery, have partnered to perform about 25 total skin and nipple-areola-sparing mastectomies. "About three-quarters of these patients are having totally prophylactic mastectomies—for example, if they have a greatly increased risk of developing breast cancer due to a significant family history of breast cancer, or if they carry a deleterious genetic mutation, such as BRCA 1 or 2," explains Dr. Shapiro. "Other patients are women like Donna Watson who have cancers that are technically candidates for lumpectomies, but who opted for mastectomies." The two procedures—the mastectomy and the reconstruction—are done on the same day.

Not everyone is a candidate for a nipple-areola-sparing mastectomy. Patients with larger tumors or with smaller tumors too close to the nipple are cautioned against it, as well as patients with extensive DCIS. The concern, of course, is leaving behind tissue that may contain cancer cells. "We don't have long-term studies comparing this surgery to other forms of mastectomy," notes Dr. Shapiro. "But the recurrence rates for women undergoing skin-sparing mastectomy (but not saving the nipple and/or areola) are comparable to those treated by more conventional, less cosmetically acceptable, total or modified radical mastectomies. Since we're already routinely saving substantial portions of the skin, leaving the nipple and a potentially very small amount of tissue beneath it may not add an appreciable risk."

"Taking away the nipple is a big part of the emotional impact of a mastectomy," explains Dr. Karp. "It's probably everyone's fear—how you will look," says Watson. "But when I see myself naked, I don't see any scars. It's just incredible."



## A High-Tech Solution for Patients with Stubbornly High LDL

NYU Langone Medical Center's newest treatment for preventing heart attacks includes a reclining chair, a flat-screen television, and the patient's favorite reading material. It's not that our physicians are endorsing a couch potato lifestyle—quite the opposite. The Medical Center's preventive cardiologists focus on every aspect of cardiovascular health—including diet, exercise, and medication to reduce dangerous low-density lipoprotein (LDL) cholesterol. But even with drastic lifestyle changes and aggressive drug therapy, not all patients can reach optimal LDL levels.

That's where LDL apheresis comes in. Similar to dialysis, this novel, FDA-approved treatment involves routing the patient's blood through a filtering machine for four hours—hence the recliner and TV. As blood passes through the device, antibodies attach to its LDL particles, preventing them from reentering the body.

A single session reduces LDL levels by about 70%. Because this reduction is only temporary, however, the process must be repeated every few weeks, at a cost of several thousand dollars per treatment, which is covered by Medicare and many health insurance plans. For some patients, the technology may be a lifesaver.

"Apheresis was originally used to treat a rare genetic disorder called familial hypercholesterolemia that causes LDL levels to rise to 600 milligrams per deciliter, or four times normal," says Edward Fisher, MD, PhD, the Leon H. Charney Professor of Cardiovascular Medicine, and director of the Preventive Cardiology Center of the Leon H. Charney Division of Cardiology. "Now that we know people at risk for heart attacks need to get their LDL levels much lower than previously thought—under 70 if you've had a previous heart attack—we're realizing that many others could benefit from apheresis as well."



## At HJD, Young Women with Disabilities Reach for the Stars

On 9/11, Kimberly Trenard was 11 years old, an elementary school student in lower Manhattan. Born with spina bifida, a neural defect that occurs during the first month of pregnancy when the spinal column doesn't close completely, she had been moved that morning, as usual, from her wheelchair into a classroom seat by her personal assistant. But the woman had a son who worked at the Pentagon, and when news of the attack reached her, she immediately ran from the room. The principal took Trenard across the street to the police precinct, where her mother came to meet her. They didn't make it home to Harlem until late in the evening, arriving by police car.

"That's when my panic attacks started," she explains. Throughout middle and high school, the slightest commotion could trigger one—even just fellow students acting rowdy. She still fears falling, and for good reason: leaving her ground-floor apartment requires someone to carry her and her heavy motorized chair down four front steps.

Trenard, now 20, has worked hard to overcome her fears ever since, and for the past year, she has found comfort and support at the Young Women's Program, an outgrowth of the Initiative for Women with Disabilities Elly and Steve Hammerman Health and Wellness Center (IWD), which provides gynecological, medical, and wellness services for women and adolescent girls with physical disabilities. The center is housed at NYU Langone Medical Center's Hospital for Joint Diseases.

The only program of its kind in the tristate area, the Young Women's Program is for girls 14 to 21. "We entice them to go beyond their reach, go beyond what mainstream society thinks they should or should not do," says Judith Goldberg, director of the IWD. Trenard and about 30 other girls participate in fitness/exercise, expressive arts, and wellness classes, as well as discussion groups. The program encourages independence through use of the MTA's ParaTransit. But that service is curbside only, so Trenard must rely on a brother-in-law who lives nearby. She has also learned which neighbors to trust, and arranges her comings and goings around their schedules. That challenge hasn't stopped her from trying many things for the first time this year: she has joined friends at crowded city parades, for example. "These are things I never thought about doing," she says. "Just because I'm in a chair doesn't mean I'm not going to have fun."

Trenard has also set her professional goals high. A fan of R&B and an aspiring writer, she dreams of working in the music industry. Having graduated from high school on an Individualized Education Program, she now needs a graduate equivalency diploma to attend college, where she plans to major in English. After recently viewing a documentary about a young woman who lives her life to the fullest despite her disability, Trenard showed it to her family. "I was like, 'The car she's driving is the one I want!'" she recalls telling her parents. "Before, I was scared to do a lot of things, but now I just want to do it all."

For more information about the Young Women's Program, call 212-598-6479.

The most likely candidates are patients with elevated cholesterol (over 200 with coronary artery disease, and over 300 without) who can't reach desired LDL levels despite taking the maximum dose of statins, as well as those unable to tolerate high-dose statins due to their side effects. "About 25% of high-risk patients can't reach their target levels with medication alone," notes Michael Schloss, MD, clinical

*NYU Langone is currently the only academic medical center in New York City that offers apheresis.*

associate professor of medicine, who is helping to implement the new program. "For this group, apheresis combined with statins could make a real difference."

NYU Langone is currently the only academic medical center in New York City that offers apheresis, which is administered at the Medical Center's infusion center. Because each session requires constant monitoring by a nurse plus several hours to prepare the equipment, at present only a dozen or so patients can undergo therapy. But that could change, notes Dr. Fisher, given that millions stand to benefit from it. "There's a potentially large demand for this," he says, as treatment goals for high-risk patients become more ambitious. "What's most important, though, is that we're now able to provide the most aggressive cholesterol-lowering treatment in existence. Having this capability puts NYU Langone on the map as New York City's center for preventive cardiac care."

For more information, call 212-263-4196.

## It Takes a Family

### Tisch Hospital Opens a New Women's Pavilion, Made Possible By a Gift From One of Our Physicians and Her Husband

"Today is a story about families—about mothers and fathers and children," said Robert I. Grossman, MD, dean and CEO of NYU Langone Medical Center. As if to underscore his words, a five-month-old baby boy cooed amid the crowd gathered on the 13th floor of NYU Langone Medical Center's Tisch Hospital. The infant, Hugo, had recently spent his first days of life on the opposite end of the floor, in the Mother-Baby Unit. He was returning this April afternoon, along with his extended family and many others, for the dedication of the Yung Hsia Women's Pavilion. The new facility was made possible by a \$5 million gift from the Lui and Wan Foundation, established by Hugo's grandparents: Livia Wan, MD, professor of obstetrics and gynecology, and director of the Division of Family Planning, and her recently deceased husband, Francis Lui.

The new wing, named for Dr. Wan's and her husband's mothers, will provide care for women undergoing gynecological, bariatric, and other surgical procedures, as well as women with other medical problems. "The health issues treated on this floor represent life-changing events," notes Marge Lilienthal, RN, senior director of nursing for women's and children's services. "In the west wing, women are welcoming new babies. In this unit, 13 East, women are going through total body-image changes as a result of weight loss, breast cancer, or gynecologic surgery."

Awash in greens and teals, and illuminated by a recessed-lighting system, the pavilion has 33 beds, which includes six designated for mother-baby patients. There are five private rooms and two four-bed step-



Fiona Lui Martin, granddaughter of Dr. Livia Wan and Francis Lui, joins her father, Lawrence Lui, at the dedication of Tisch Hospital's Yung Hsia Women's Pavilion.

down units. The nursing station has low counters and a central meeting area to encourage interaction between patients and staff and among the multidisciplinary care team. A large, airy room serves as a lounge and meeting area for patient education and support groups.

For Dr. Wan, who has blazed trails as both a female physician and women's health advocate—she was the first woman to perform laparoscopic surgery at NYU Langone—the Women's Pavilion is the culmination of a long-held dream. "I've always wanted to be able to make a space like this available to our patients in the Department of Obstetrics and Gynecology, as well as to other women patients," she explains. "For my husband and myself, this was also a way to honor our mothers."

Dr. Wan's desire to become a physician dates back to a childhood tragedy in China, watching her brother die as the result of inadequate medical care during World War II. After graduating from medical

school in Taiwan, she emigrated in 1958 to the U.S., where she became one of the country's first female residents in obstetrics/gynecology prior to joining the faculty of NYU School of Medicine in 1969.

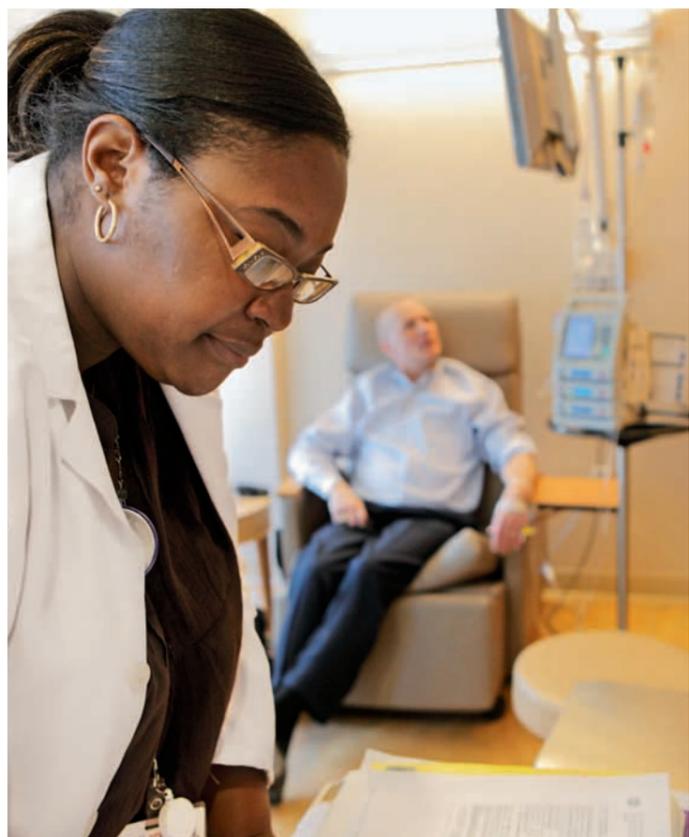
Her husband, who came to the U.S. in 1954, was a successful engineer before retiring in 1989 to pursue a financial career. In 2001, the couple established the Lui and Wan Foundation, which supports education, medical services, and research. Among other charitable efforts, they funded the Wen-Hsian Medical Building, named after their fathers, at Jiao Tung University in China.

Today, though, was a day for mothers. As the official segment of the dedication ceremony drew to a close, a drape was pulled away to unveil an inscription commemorating Kuei-Yung Ku Lui and Yen-Hsia Hsu Wan. Dr. Wan and her husband stood beside it as their two children and three grandchildren gathered around. A special place for women had been created, and it was a family that made it happen.

## A Day in the Life of . . .

### Oncology Nurse Kimberly Griffith, RN

*The fifth and sixth floors of NYU Langone Medical Center's Clinical Cancer Center are known officially as "the Infusion Floors/Treatment Center." Every weekday, more than 100 patients with a diagnosis of cancer come here for their dose of hope. As they receive chemotherapy and other infusion treatments, oncology nurses such as Kimberly Griffith, RN—she's one of more than 75 on staff—provide a tonic all their own. "She's got this caring personality," says Joan Scagliola, RN, the center's associate director. "She devotes her full attention to the patient."*



Kimberly Griffith, RN, is one of more than 75 oncology nurses at NYU Langone.

**9:32 a.m.** "Whenever you want, Kimmie," says Joseph Kurp, signaling that he's as ready as he's going to be for his infusion of a new experimental drug, a monoclonal antibody, that should target melanoma tumor cells more directly than standard chemotherapy. He's been getting weekly treatments for three months. Trying to insert an IV, she misses the vein. "Sorry," says Griffith, who's been at NYU Langone for seven years. "Did it hurt?" "Yeah," he teases. "Honestly, how are you doing?" she says softly. "No complaints," Kurp responds. But then he confides that he's upset about losing his hair—not so much because he's self-conscious, but because he can no longer hide his condition. "Now, people ask, 'What happened?'" "So what do you tell them, Joe?" Griffith listens to him as she inserts the IV. "The tough thing is dealing with emotions," he says. Scagliola notes that it's challenging for the nurses, as well. "You spend a lot of time with patients," she says. "They can open up—possibly about their whole life." Kurp recognizes the empathy and appreciates it. "These nurses are wonderful," he says. "I'm a senior executive in customer service for an automobile company, and I wish I had them all working for me."

**9:58 a.m.** Griffith, who is training to become a family nurse practitioner, is the charge nurse on duty today. Phoning the in-house pharmacy, she inquires: "Do you have Mr. Kurp's drug? I approved the order. So it's coming down soon?" She washes her hands.

"I hear a patient beeping," she says, asking one of her staff to check. There are 25 rooms. Patients come and go. Phones keep ringing, and Griffith often juggles two calls at once. As she sits at the computer or walks the hallways—getting water for one patient, setting up an infusion for another—Griffith is trailed by staff. She chose to specialize in oncology, she explains, because as a student nurse "it was my first clinical experience, and it spoke to me."

**10:20 a.m.** "Looks like my juice is here," says Kurp, as Griffith walks in with an IV bag. "May I have your name and date of birth?" she asks, following protocol. "I have CR011-vcMMAE, 82 milligrams," she announces. "We're good," she declares as the drip begins. "Kim is wonderful," says Kurp. "She's always cheerful, respectful. This is not an easy job." For an hour and a half, Griffith is ever vigilant—checking Kurp's vital signs (especially blood pressure) every 30 minutes, keeping meticulous notes for researchers, and flushing the IV with a special solution to purge the drug from the tubing. This is done to ensure that the patient has received all of the experimental drug.

**10:40 a.m.** When Griffith steps into Kurp's room, he's talking business on his cell phone. She does an immediate about-face, explaining, "I need to leave him alone." Sometimes she helps the patient by "being there for them," she says, and sometimes by just giving them space.

**11:30 a.m.** Griffith swings past Daneil, a medical assistant, and squeezes her neck gently as she whispers some quick instructions into her ear. Kurp's machine beeps and flashes "Air." "That means I'm done," he says. "Just a little flush," Griffith reminds him. "You're a star!" he says. "Superstar," she corrects him. His blood pressure is 118 over 76. "Kim and Daneil," he adds, "are very calming."

# Caring for Patients—from the Inside Out

## Q&A with Dr. Michael Recht, the Louis Marx Professor and Chairman of the Department of Radiology

**Journalist Thomas Friedman suggests that radiology is one specialty field that's in danger of becoming a commodity. Do you agree?**

Because technology can eliminate geographical limitations, you can transmit images and reports anywhere in the world within seconds. But radiology is much more than just interpreting images. It's being the doctor's doctor. We help the physician decide which test is the right one, and work with him or her to make sure the image is optimized and customized. That ability to tailor tests for each individual patient can't be "commoditized." A radiologist is an integral part of the patient care team, not just someone sitting in a room reading images.

**What drew you to this field, and to NYU Langone Medical Center?**

I like solving puzzles, especially challenging ones, and I think reading and understanding images is very much like solving a puzzle. Like many radiologists, I'm very visual, and I enjoy the process of using images to find and put together all the clues. A good radiologist is at the center of patient care and can work with other physicians to figure out the best treatment. It's also personally gratifying to be able to help many patients in just one day. I was attracted to NYU Langone because we're one of the few academic medical centers in the world with the ability to change the way radiology is practiced because of the translational research being done here. We have scientists who are building the MRIs of the future and finding ways to incorporate this new technology into everyday clinical radiology practice, and we have a chance to develop new models for how radiology is taught. Every day is exciting.

**What makes our Department of Radiology uniquely positioned to pioneer and to redefine the role of such departments at academic medical centers?**

We have a unique and incredible mix of clinical and research excellence, and the ability to integrate them. We collaborate not only with other departments within the Medical Center, but within the wider New York University community. For example, our basic science

and clinical researchers are working with scientists in the Department of Chemistry at Washington Square on novel techniques to evaluate early cartilage degeneration. This is the kind of collaboration that will enable us to transform the field.

**NYU Langone is rapidly increasing the scope and scale of its translational research and integrating its research and clinical faculty. What does that mean for your department?**

We've developed 50-50 positions—faculty who spend 50% of their time on basic science and 50% on clinical research. Their job is to work with basic scientists to translate what we've developed into clinical use. We're planning to bring the clinical and research areas closer together by moving several offices and reading rooms into the Center for Biomedical Imaging so that we're mingling as we work.

**Has the Medical Center recently acquired any state-of-the-art imaging equipment?**

We're really excited about high-field and ultra-high-field MRI, introduced to NYU Langone by Dean Grossman when he was chairman of the Department of Radiology. We have one of the few 7-Tesla magnets in the world. Siemens' newest magnet, which has the potential to further change how we perform MR imaging, will soon arrive. Our hope is to make MR imaging as fast as CT scanning. Dr. Daniel Sodickson, our vice chair for research, is working on

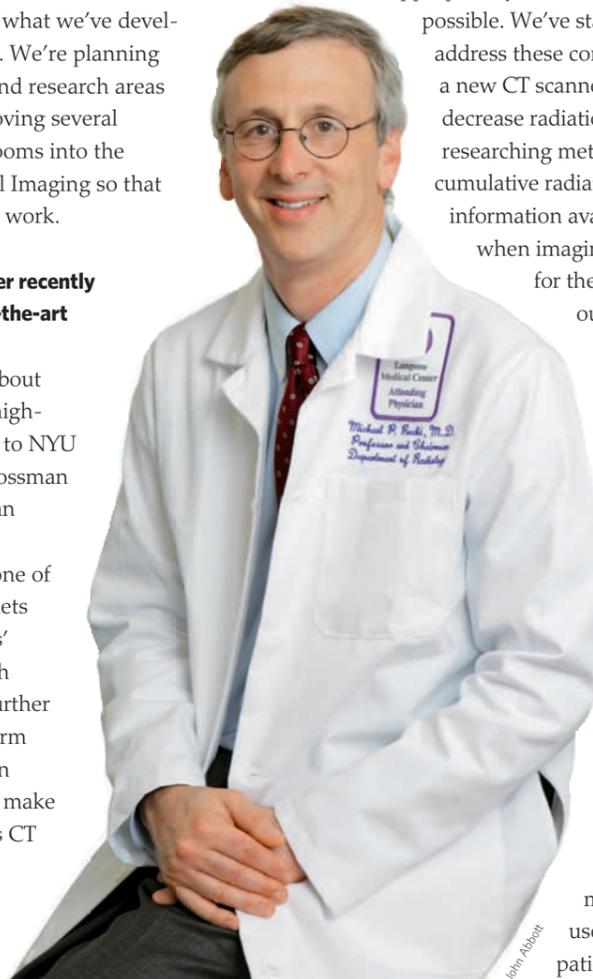
a cardiac MRI that could be completed in five breath holds. We're not there yet, but he's working on it. We've just acquired one of the first newest-generation dual-energy CT scanners. A few years ago, we got the first dual-energy CT scanner in the country. Now, we have an improved version that enables us to look at new tissue characteristics using the least amount of radiation necessary.

**As imaging becomes increasingly routine, how do you reassure patients concerned about the risks of radiation?**

We need to make sure that we use imaging appropriately and that we use the lowest dose possible. We've started many initiatives to address these concerns, and we've just acquired a new CT scanner that allows us to significantly decrease radiation doses. We're also researching methods to keep track of patients' cumulative radiation doses and make this information available to them. Remember: when imaging is done appropriately and for the right reasons, the benefit far outweighs any potential risks.

**How does all this translate into improved care and better outcomes for patients?**

By detecting disease earlier and less invasively, we can start treatment earlier. But of course, not everyone can or should get advanced imaging. We have incredible tools, but the challenge is to use them intelligently. If you use a great tool wrongly or indiscriminately, you negate its value. The future is about making the most of how and when we use diagnostic tools to enhance patient care.



## Pediatrics

(continued from page 1)

Dr. Manno emphasizes that NYU Langone is not aiming to become a general pediatrician's practice. "New York has many excellent pediatricians, and we're not trying to duplicate what they do," she says. "Our goal is to provide a place where their patients can be treated for conditions that can't be handled in their offices, including in specialty areas that haven't existed here before."

In addition to specialists in pediatric cardiology, a program that the Medical Center has rapidly developed into one of the nation's finest, new specialists in gastroenterology, hematology/oncology, pulmonary medicine, and general surgery have come on board. Plans call for additional specialists in pediatric orthopaedics, endocrinology, intensive care, otolaryngology, nephrology, and emergency medicine. These specialists join NYU Langone's preeminent programs in epilepsy, neurosurgery, craniofacial surgery, and neonatology.

"We've always been strong in pediatric surgery—including general surgery, neurosurgery, plastic surgery, and urology—and that area is continuing to grow," notes Howard Ginsburg, MD, associate professor of surgery and pediatrics, and chief of pediatric surgery. With Dr. Manno, he heads the Children's Services Council, a multidisciplinary group devoted to enhancing our pediatric program. "We also have a superb team of pediatric anesthesiologists and radiologists, nurses and nurse practitioners, child-life and social workers, and office staff. So we're building on a very strong foundation. Now, with the expansion of these other specialties, we're extending our leadership to every aspect of pediatric care."

By creating what some think of as a "virtual" children's hospital, explains Dr. Ginsburg, NYU Langone will be poised to hit the ground running when the actual children's hospital, which is dependent on philanthropy to become a reality, is completed. To minimize any trauma to young patients, the children's hospital will be designed to provide care in a setting that is separate from adult facilities. It will include its own distinctive entrance and elevator bank, a dedicated area for pediatrics within the new Emergency Department, 70 private rooms, surgical and diagnostic facilities, and spaces for recreational activities.

"We're all excited," says Dr. Ginsburg. "We'll be the hospital that takes care of the children of this city—and that's going to make ours a very special place."

## PLACEs in the Heart

(continued from page 1)

As Peter's primary care physician and the PLACE mentor for Jun (as well as three other students), she's the one who suggested they team up. "I love having the opportunity to help students become comfortable talking with patients in the years before they get overwhelmed with all the clinical concepts they're trying to master. Jesse is good at it, but some find it difficult. I encourage them to start by getting to know the patient a bit. The medical history can come later."

PLACE is part of NYU Langone Medical Center's ongoing effort to provide students with greater exposure to clinical medicine during their first two years of medical school, which traditionally have been devoted to classroom study. "This gives students a chance to see the whole spectrum of medical care through a patient's eyes, at a very early point in their careers," says Jennifer Adams, MD, clinical instructor of medicine, who oversees the program. "So far, the feedback has been overwhelmingly positive."

"Medical education used to be an apprenticeship, where students worked closely with a physician to care for patients," notes Fritz Francois, MD, assistant professor of medicine and assistant dean for academic affairs and diversity, who helped design the program and is a PLACE mentor. "For various reasons, we've moved away from this toward more of a classroom model. With PLACE, as students learn about topics like hypertension and diabetes in the classroom, they're learning the patient's story as well." Since the program is centered in public health facilities like Bellevue Hospital, Baruch Family Health Center, Gouverneur Healthcare Services, and the Charles B. Wang Community Health Center, adds Dr. Francois, it will also expose students to a diverse patient population in a range of community settings.

For Jesse Jun, partnering with Peter has meant learning of the divorced man's eagerness to spend more time with his children and sharing his joy at signing an apartment lease after months without a home. "One thing I've learned is just how complicated it is to be a patient," says Jun. "He knows more about me than I do myself," says Peter with a smile, throwing his arm around Jun's shoulders. "We're like Siamese twins!"

# The Seven-Day-a-Week Hospital

## Medical Center Expands Weekend Services for Patients

When Marie Paliotta became pregnant, she and her husband, James, decided that they'd wait to find out if it was a boy or a girl. "We were a little old-fashioned and wanted to be surprised," she says. When it came to their delivery date, however, the Paliottas embraced modern medicine. Taking advantage of one of NYU Langone Medical Center's newest services, they scheduled a Caesarian section on a Saturday.

"The idea really appealed to us," says Marie. "It made it easier for family members to be there and also allowed an even flow of visitors, instead of having everyone show up at the end of the workday." As a bonus, she adds, the Saturday morning drive into Manhattan from their home in Staten Island was a breeze.

With Caesarian births steadily increasing—they now account for one-third of all deliveries in the U.S.—Saturday C-sections are sure to become popular. But the convenience of scheduling medical procedures on the weekends to accommodate the patient isn't limited to expectant mothers. Over the next year, numerous diagnostic and clinical services will become available to the Medical Center's patients during off-peak hours. Since last fall, noninvasive cardiac screenings, such as echocardiograms and stress tests, have been offered on Saturday, and recently, nuclear cardiology and cardiac catheterization services have been added as a Sunday option. Similarly, NYU Langone's Clinical Cancer Center is now providing screening mammograms, PET/CT scans, and chemotherapy and other infusion services on Saturdays, with radiologists on duty to interpret studies, and radiation treatments on Sundays. In addition, surgeons are performing elective cardiothoracic procedures on both Saturdays and Sundays.

While NYU Langone's caregivers have always been on call 24/7 for emergency procedures, the expansion of nonemergency care marks an important step toward becoming a true seven-day-a-week hospital, with the entire Medical Center humming along at full capacity day in, day out.

"We're studying virtually every aspect of our clinical services to see what can be made available on weekends," reports Kevin Hannifan, senior vice president for hospital operations. "Our ultimate goal is to provide the same range of high-quality medical care on Saturdays that we do on weekdays, so that, for example, patients will be able to have elective surgery without taking time off from work." As the Medical Center's patient volume continues to rise—cardiac surgeries are up nearly 50% over last year, and other areas are also seeing increased patient flow—these weekend services are likely to expand even further.

Because medical care relies on numerous people working in concert, the new schedule will require many of the Medical Center's ancillary services to be up and running on weekends. NYU Langone's Tisch Hospital recently began offering MRI scans on a 24/7 basis, as needed, along with seven-day-a-week radiology interpretation. Patient advocates are now on site on Saturdays, while social workers and care management specialists are available on weekends at both Tisch and the Rusk Institute of Rehabilitation Medicine. For the Clinical Cancer Center, opening its doors on weekends means bringing in not just nurses, pharmacists, technicians, phlebotomists, and medical assistants, but also security, engineering, housekeeping staff, and receptionists. "To enable this to happen,"



Dr. Gary Markoff delivered Gianna Marie Paliotta at Tisch Hospital on a Saturday, which parents James and Marie chose for an elective C-section.

explains Hannifan, "we're working with our staff to create more flexible schedules, including increased opportunities for overtime in some cases, and are also recruiting new personnel. Overall, employees will have more options to accommodate their hectic lifestyles."

"For many of our patients, weekends are the most effective time for a given treatment," notes William Carroll, MD, the Julie and Edward J. Minskoff Professor of Pediatrics and director of NYU Langone's Cancer Institute. "If a patient develops a problem over the weekend, now they can come to us instead of the Emergency Department. Being open seven days a week is not only going to help us deliver more convenient care to our patients, but better care."

For Marie and James, whose baby girl arrived just after 9:00 a.m. on Saturday, April 24, it also helped deliver Gianna Marie Paliotta.

## A Fond Farewell

### In the Final Days of Gross Anatomy Class, Students Pay Tribute to Their First Patients and True Teachers

Becoming a doctor means learning to understand human beings—their bodies, their souls, the lives they lead. On May 27, NYU School of Medicine's class of 2013 gathered in a darkened Farkas Auditorium to honor a group of people they've come to know intimately but never met in life. The event, Anatomy Ceremony: a Service of Gratitude, commemorated those men and women who have made the most generous of gifts—the donation of their own bodies—so that doctors-in-training can learn the intricacies of human anatomy.

This year, for the first time, family members and friends of the donors were invited to attend. One by one, students, faculty, and loved ones rose to offer spoken and musical tributes.

"Over the past year, we all had a moment when we had to acknowledge that on that table was a person with a story, a family," Edward DelSole ('13) told the assemblage. "That was the moment the doctor in all of us was born. These men and women have taught us more than anatomy. They've taught us that amid death, we could find every possibility for life."

"It's just a wonderful thing," added Alice Klugherz, a close friend of one of the donors, "that at the beginning of your career, you're taking time—when you really don't have any time—to honor your first patients."

"My mother was a nurse," said John Harris. "Many years ago, she told me, 'When I die, I want to donate my body. I can still be of service in death.' Having heard these students today, I think she would be very happy to know—and I think she does know—that she made a very good decision."

In the early 1980s, students began to show their gratitude to donors by organizing a memorial service at the end of the course, just before the bodies are returned to their families. Forming a circle in the anatomy lab, they would take turns paying tribute—reading a poem, singing a song, lighting a candle, or placing a flower or handwritten note on top of the body. The gross anatomy course is a legendary rite of passage, as groups of six

students share the work of gradually dissecting each body. "It's almost a supernatural experience," explains Johanna DiNado ('13). "To be in the lab, seeing things you never imagined you'd see, is a complete privilege. You really feel connected with that person."

The body of a donor must meet certain criteria, explains Bruce Bogart, PhD, professor of cell biology, who has taught anatomy here since 1966 and has served as course director since 1978. It must be fully intact, and the cause of death cannot be an infectious disease. "To understand the abnormal," he notes, "you have to know the normal."

"Once students understand that they are dealing with the bodies of primarily elderly people who want to

be there," says Dr. Bogart, "they develop a tremendous sense of reverence. Some students feel so indebted that they wonder if they're expected to donate their own bodies to science. I tell them that their only obligation is to use the body to its fullest advantage and learn from it. These ceremonies are a way for students to come full circle at the end of the course. They've always been student led, and they're beautiful. The music and poetry take your breath away."

This year's ceremony was coordinated by Class President Ilina Datkhaeva ('13), who thought of inviting the donors' loved ones. Among them was Anthony, whose wife, Candy, would have celebrated her 54th birthday on the day of the ceremony. "It brought a lot of closure that I thought was already there," said Anthony, tears streaming down his face as he stood beside his son, Paul. "As one of the students said, my wife is a hero."



On the last day of class, first-year medical students visit the anatomy lab to pay their respects to their first patients.

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## Inside This Issue



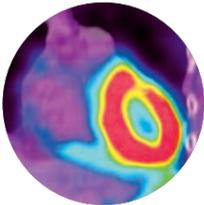
**PLACEs in the Heart** While first-year students aren't quite ready to practice medicine, thanks to NYU School of Medicine's new PLACE program, they're getting plenty of first-hand experience in one of the most vital parts of a physician's job: listening to the patient.  
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**An All-Star Team** As a catcher at Brooklyn's Poly Prep, Dr. Laith Jazrawi recalls that he "had a pretty good arm and worked well with pitchers." Both are still true. Using a procedure introduced in 1974, he recently repaired the elbow of a varsity pitcher with his sights set on the majors.  
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**Heart to Heart** Khadine Phillip had a simple request. If surgery had to be performed on the hearts of her twins, she asked that both operations be done on the same day. Dr. Ralph Mosca was happy to oblige. The boys, who share everything, shared the same successful outcome.  
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**Caring for Patients—from the Inside Out** Is radiology in danger of becoming a commodity? Not a chance, says Dr. Michael Recht, chairman of the Department of Radiology. "A radiologist is an integral part of the patient care team," he explains, "not just someone sitting in a room reading images."  
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**The Seven-Day-a-Week Hospital** With numerous diagnostic and clinical services soon to be available during off-peak hours, NYU Langone is becoming a true seven-day-a-week hospital, with the entire Medical Center humming along at full capacity day in, day out.  
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# news & views

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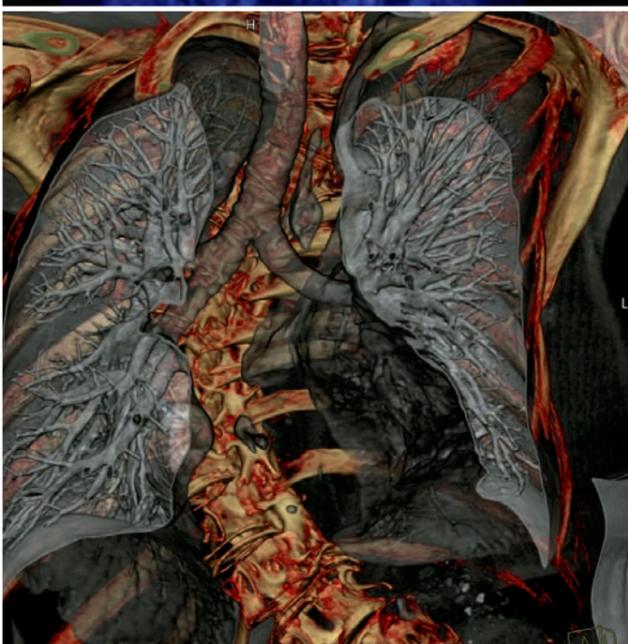
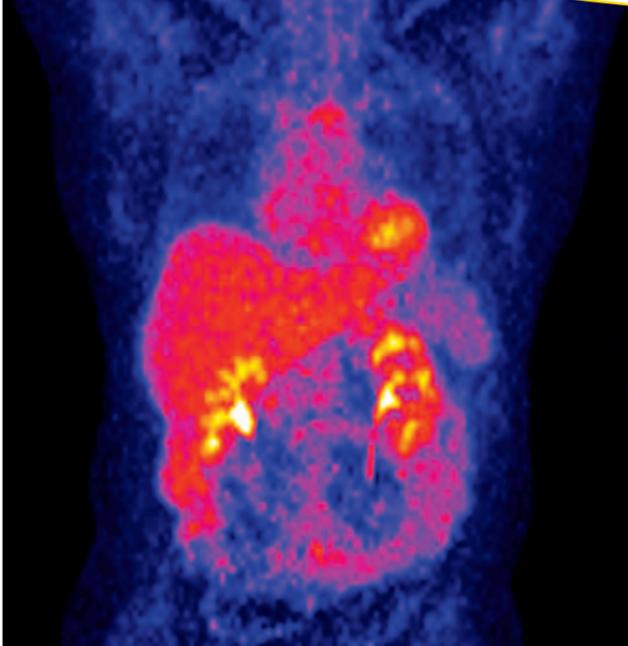
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Some of the world's most advanced imaging technology is used at NYU Langone, and the images produced are often as dazzling as they are diagnostic. Top, left to right: PET/CT whole body scan, 3-D CT peripheral runoff, CT coronary angiogram. Bottom, left to right: 3-D CT of trachea and lungs, SPECT/CT of heart, MRI diffusion tensor imaging-fiber tractography.



Caring for Patients—from the Inside Out See Q&A with Dr. Michael Recht on page 6.

