news&views

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NYU Langone Medical Center

A Seamless Connection

New Kimmel Pavilion and Renovated Tisch Hospital Will Create Integrated Clinical Facility with One Standard of Care

The Boards of Trustees of NYU Langone Medical Center and New York University approved a sweeping plan that will turn the north end of the Medical Center campus into a fully integrated clinical facility dedicated to acute care. Bounded by First Avenue, 34th Street, and the FDR Drive, the site will be anchored by the new Helen L. and Martin S. Kimmel Pavilion at the north end and Tisch Hospital, the Medical Center's flagship clinical facility, at the south end.

"Board approval is a momentous occasion," explains Robert I. Grossman, MD, dean and CEO of NYU Langone Medical Center. "This is the first time our Board of Trustees has approved the construction of a new hospital facility since Tisch Hospital [then known as University Hospital] opened its doors in 1963. It allows us to advance the project from the planning phase to the programming and design phases, and eventually to construction of the new facility."

As part of this plan, Tisch Hospital will undergo an extensive makeover, thanks to the Tisch family's $110 million gift, made in 2008, which will enable the renovations, the first phase of which is already under way. The renovations and new facilities include a new Critical Care Unit (on 15 East and West), private rooms, expanded lobby, family resource center, clinical pharmacy, and labs.

The Kimmel Pavilion, which will be connected to Tisch on several floors, is made possible by a $150 million lead donation from Helen Kimmel. A Medical Center trustee since 1984 and a life trustee of the University, Kimmel made the gift in 2008 on behalf of herself and her late husband, Martin, also a Medical Center trustee. Construction is targeted to begin in 2013, with completion scheduled for the end of 2017.

"The goal," says Vicki Match Suna, AIA, senior vice president and vice dean for real estate development and facilities, "is to provide one standard of care and one patient experience across the Medical Center. With a lobby-level concourse creating a seamless connection between the Tisch and Kimmel buildings, you won't even notice that you're leaving one and entering the other. Based on extensive planning efforts, the plan is to build an 800,000-square-foot pavilion designed to enable patient-centered clinical care that will include 365 inpatient beds, 30 procedure rooms, and public amenities."

(continued on page 6)

Rendering of the new Helen L. and Martin S. Kimmel Pavilion, whose construction is scheduled to begin in 2013. The Kimmel Pavilion will be connected to Tisch Hospital on several floors, and a lobby-level concourse will create a seamless connection between the two buildings.

NBBJ/Polshek

Graduation 2010

After days of overcast skies, Thursday, May 13, brought glorious sunshine to New York City. At Lincoln Center, where members of NYU School of Medicine's 168th graduating class were awarded their medical degrees, the reflection off the white travertine marble was dazzling. In Avery Fisher Hall, the smiles of the Class of 2010—91 men and 85 women—shone just as brightly.

Robert I. Grossman, MD, dean of NYU School of Medicine and CEO of NYU Langone Medical Center, urged the graduates not to fear adversity. "Every time you make someone's else's life better, easier, or more comfortable," he noted, "you've hit a home run that echoes forever, whether the record books cite it or not."

The keynote speaker was financial journalist Maria Bartiromo, an alumna ('89) and trustee of New York University, host of CNBC's *Closing Bell,* and host and managing editor of the nationally syndicated TV show *Wall Street Journal Report with Maria Bartiromo*. "You're starting your journey at a critical time for our country," she told the graduates. "But I'm not worried. Responding to pressure is what America does best. You're in one of the greatest industries on the planet. This is where the innovation is coming from right now—healthcare. What area of medicine do you love? Stay true to your heart, and allow passion to lead you."

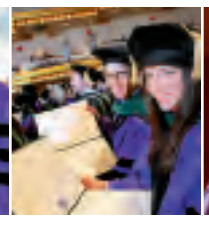
The ceremony, which was presided over by Dean Grossman, conferred 176 Doctor of Medicine and 9 Master of Science degrees on students from eight countries and 27 states. Six members of the class attained an additional degree, and 11 earned a combined MD/PhD. Almost the entire class participated in independent research, and 27 students completed a full year of research under the auspices of such prestigious programs as the National Institutes of Health. Thirty graduates will remain at NYU Langone for their residencies. Nearly 83% received appointments at the top 50 medical schools.

As the crowd spilled out onto the terrace, bouquets were presented, photos snapped, and stories swapped on a day that, like the blue skies above, seemed infinite in its possibilities.

(See more photos on page 8.)






All photos by John Abbott

From the Dean & CEO

At academic institutions everywhere, spring is a season of accolades. Graduation ceremonies like the one held by our School of Medicine (pictured in these pages) celebrate achievement and promise at the same time. Here at NYU Langone Medical Center, this spring has been an especially bountiful one.

In March, David Zagzag, MD, PhD, associate professor of pathology, was awarded New York University's highest award for teaching: the Distinguished Teaching Medal. He is the seventh member of our faculty to be so honored.

In April, we learned that Bellevue Literary Press, which operates under the auspices of our Department of Medicine, became the first small, independent press in 30 years to be awarded a Pulitzer Prize for one of its titles: *Tinkers,* a novel by Paul Harding. Launched five years ago as our second such venture (the *Bellevue Literary Review* was created a decade ago), it upholds a literary tradition at NYU School of Medicine that was forged half a century ago by one of my predecessors, the late Dr. Lewis Thomas, a renowned essayist.

I was honored—and humbled—to receive several distinctions myself this spring. In each case, they are a tribute, most of all, to the institution I am so proud to lead.

Bob

Joshua Bright

As part of the Rusk Institute's pet therapy program, volunteer Ilana Grunwald, PhD (right), clinical assistant professor of rehabilitation medicine, introduces her poodles, Freddy and Snickers, to patient Barbara Grau.

NYU Langone's All-Volunteer Army

Some of NYU Langone Medical Center's 635 volunteers donate their time because they're considering a career in healthcare and would like some firsthand experience in a medical institution. Others, because community service is part of their school's curriculum. Many are so grateful for the care a loved one received here that they feel the need to give back.

Whatever their motivation, they enrich the Medical Center in countless ways. On April 15, NYU Langone said "Thank you" with its annual recognition ceremony in the faculty dining room. More than 100 members of this caring corps, ranging in age from 19 to 90, attended the event. "Whether you work in a lab or an office or a patient unit, your efforts to help make this Medical Center special is what this day is about," said Bernard Birnbaum, MD, senior vice president and chief of hospital operations.

The afternoon's highlight was the presentation of awards for specific milestones. Topping the list were Steffi Prives, honored for 10,000 hours and 15 years of service, and Bud Dreyfus, a 20-year veteran. "I volunteer in the hospital pharmacy doing compounding," said 10-year honoree Henry Murad, a retired pharmacist. "Every time I'm here, I feel I'm working again!"

For high school senior and aspiring scientist Mirza Shabbir, spending last summer as a volunteer in the Department of Anesthesiology reaffirmed that he's on the right career track. "It was the best experience of my life," he said.

"Every day, our volunteers touch the lives of so many people," explains Jabeen Dinzy, manager of volunteer services. "For patients and their families, having someone who can hold your hand or help you get from point A to point B makes all the difference in the world."

At Your Service

Weary from the long vigil at her husband's bedside in Tisch Hospital's Critical Care Unit, the woman approached NYU Langone Medical Center's new Hospitality Services desk with a simple but urgent need: to find a place where she and her sister could have a quiet dinner in a relaxing atmosphere. "We're tired of eating at delis," she told hospitality coordinator Michelle Flick. "Can you recommend an Italian restaurant in the neighborhood?" Pulling out a folder of menus, Flick quickly found two prospects, both within a short walk from the Medical Center.

Another woman, whose son was critically ill, inquired about a hotel room. Flick's fellow coordinator, Linda McFie, helped her make a reservation at a neighborhood hotel that offers special rates for NYU Langone's patients and their loved ones.

As part of a pilot program, such hospitality services are offered under the auspices of the Patient-Centered Care Department. Located in the waiting area near Patient Access, on the way to Tisch Hospital, the Hospitality Services desk is becoming a popular destination for those with general questions or specific needs. McFie and Flick, sporting black suits and ever-present smiles, have manned the desk since March 15. To help spread the word about this new service, which is available Monday through Friday from 9:00 a.m. to 6:00 p.m. and on Saturday from 10:00 a.m. to 6:00 p.m., cards are placed in patient rooms, along with a brochure listing a host of available amenities.

"The idea is to provide the kinds of services one might find in a hotel," says Joan Dauhajre, director of the Patient-Centered Care Department. Need a document faxed or notarized? McFie or Flick will take care of it for you. Want a snack or your favorite magazine? They'll bring it to your hospital room. Whether the services you seek are within the hospital or in the New York City area, assistance for patients and their families is only a phone call away.

"Being away from home can be stressful under any circumstances," notes McFie, a former director of guest relations for Manhattan's Soho Grand Hotel. "People should feel that every aspect of their stay is being taken care of."

"I've always loved helping people," adds Flick, who until recently manned the reception desk in the Department of Human Resources. "This job takes that service to a whole new level."

Hospitality coordinators Michelle Flick (left) and Linda McFie (center) provide a host of services for patients and their families.

John Abbott

For the New York City Free Clinic, Laughter Is the Best Medicine

Medicine is no laughing matter, unless you happened to be at Caroline's on Broadway in Times Square on the evening of April 21, where 230 connoisseurs of comedy—mostly students, professors, and even a couple of deans from NYU School of Medicine—gathered to whoop it up for a good cause. They weathered a rush-hour rain to attend the fifth annual Stand-Up for Healthcare Access, a fundraiser for the New York City Free Clinic (NYCFC), the city's only free, comprehensive healthcare clinic for the nearly 25% of New Yorkers who are uninsured.

Joshua Bright

Comedy night co-chairs Nicole Learned and Hayley Wolfgruber, both second-year medical students.

Six professional comedians volunteered to break a leg for the occasion, firing off irreverent but good-natured jokes and one-liners, many aimed at the current and future physicians in the audience. Holding their breath just offstage were medical students Nicole Learned ('12) and Hayley Wolfgruber ('12), co-chairs of the event. Both have logged stints as volunteers at the NYCFC, a partnership between NYU School of Medicine and the Institute for Family Health (IFH). IFH donates all clinic space, associated maintenance, and medical supplies, and one of its physicians serves as the clinic's medical director each Saturday. NYU Langone Medical Center donates all laboratory services and X-rays. The clinic, located at 16 East 16th Street, offers a full range of health services, including primary and specialty care, at no cost to patients. It's run on an all-volunteer basis, with students there every Saturday for five-month tours of duty.

Learned and Wolfgruber spent eight months planning the fundraiser, teaming up with 10 other medical students to arrange every last detail. They recruited the talent, solicited the sponsors, printed the programs and posters, and booked the venue—a comedy club for the first time. The charity event was literally a howling success, earning $43,000 in donations (nearly twice as much as last year). Every penny will be devoted to patient care.

When Nicole Learned was at the clinic one Saturday last spring, she met a woman in her early 20s who came in for a physical. As it turned out, the patient had attended Learned's undergraduate school. Recently, the woman had lost her job in finance and, with it, her health insurance. "Here's my own classmate, unemployed and uninsured in New York City," Learned laments. "It can happen to anyone, and it really brought home why we need this clinic."

"Even in the Dark, You Can See Their Eyes Light Up"

Dr. David Zagzag Honored with the University's Distinguished Teaching Medal

Twenty years ago, David Zagzag, MD, PhD, associate professor of pathology, was a first-year fellow in neuropathology at NYU Langone Medical Center when he was asked by his division chief to lecture second-year medical students on vascular diseases of the central nervous system. "I had only four weeks to prepare for this sprawling topic," he recalls, "and it was a major stress." Some of Dr. Zagzag's senior colleagues offered to help, providing him with slides of common pathophysiological conditions. "I remember seeing an example of atrial myxoma, a cause of cerebral embolus. I still use it in my lectures because of its straightforward yet descriptive nature."

That first encounter with the minds of medical students began to shape Dr. Zagzag's teaching philosophy. When it comes to conveying complex concepts in a way that's meaningful and memorable, he learned, a picture really is worth a thousand words. To this day, he says, he can vividly recall a lecture he attended as a medical student at Lariboisière St-Louis School of Medicine in Paris because the professor explained the intricacies of the cardiovascular system by using an ingeniously simple metaphor: plumbing.

"In France, where I grew up," Dr. Zagzag explains, "they practice something called gavage, meaning 'to gorge.' By force-feeding ducks or geese, you fatten their livers to produce foie gras. Force-feeding facts to medical students is not productive. You must draw them into a lecture with an appealing, comprehensible presentation. With the abundance of online learning tools, they don't have to attend lectures any longer. You have to make them want to be there. I use images—lots of them—with almost no text projected on the screen. Even in the dark, you can see their eyes light up. And when I can't read their faces, I can tell that I've connected with them by the questions they ask after the lecture."

In recognition of Dr. Zagzag's passion and prowess, in April, New York University conferred upon him its highest award for teaching: the Distinguished Teaching Medal. He is the seventh member of our faculty to be so honored. The University awards the medal annually to faculty members who have demonstrated their excellence as educators over a sustained period of time and who have contributed significantly to the intellectual life of the University through their teaching. The news came as a surprise to Dr. Zagzag, but not to his students and colleagues. Over the past decade, his students have twice hailed him with a Teacher of the Year Award.

"You cannot help but develop an interest in neuropathology when you spend any amount of time around a microscope with Dr. Zagzag," says Kia Newman, MD, a fellow in neuropathology. "You will not find an empty chair when he teaches."

David Roth, MD, PhD, the Irene Diamond Professor of Immunology and chairman of the Department of Pathology, adds, "David is that oft-mentioned but rarely seen breed—a 'triple threat.' He's an NIH-funded investigator, an internationally recognized clinician, and an award-winning educator."

Dr. Zagzag came to NYU School of Medicine in 1988 for a residency in anatomic pathology, followed by a fellowship in neuropathology. He joined the faculty as an instructor of pathology in 1990. He had earned his PhD in neurology and neurosurgery at McGill University in Canada, where he wrote his dissertation on the role of angiogenesis in brain tumors. As chairman of the Professional Advisory Board for the Children's Brain Tumor Foundation, he educated patients with brain and spinal cord tumors, as well as the parents of afflicted children.

"The best physicians and surgeons understand pathology," Dr. Zagzag insists. "But whatever the doctor's background, there's no better feeling than when I get a call from someone who thinks they're dealing with a brain tumor, and I can say: 'It's not a tumor.' "

John Abbott

Dr. David Zagzag is the seventh faculty member of NYU School of Medicine to be honored with New York University's Distinguished Teaching Medal.

For a Woman Who Could Only Whisper, Something to Cheer About

At NYU Langone's Voice Center, Patients Regain Much More Than Their Ability to Speak

After beating cancer of the larynx in 1980, life only got tougher for Josephine Tranchina. The cancer was successfully carved out of her left vocal cord, but the surgery left the 27-year-old mother of two virtually mute. At the time, Teflon was used to treat paralyzed vocal cords because it was easy to inject through a fine needle and thought to be well tolerated in the body, like silicone. For five years, Tranchina received injections of Teflon and cortisone, but her voice never rose above a hoarse whisper.

Cab dispatchers hung up on Tranchina because they thought she was a crank caller. Her children, too young to understand, kept saying "What?" when she tried to talk to them, if they answered at all. She hated weddings and dreaded going to stores without her husband. Because Tranchina was straining so hard to produce a mere whisper, she would get dizzy just stringing a sentence together. For nearly 20 years, she continued to consult doctors, but to no avail.

Smoking is the primary risk factor for laryngeal cancer, which is diagnosed in some 12,300 Americans every year, according to the American Cancer Society. But Tranchina never smoked, putting her in the 5% of nonsmokers who develop this cancer for unknown reasons.

While Tranchina's mother was in the hospital in February 2007, a nurse asked her about her faint voice. The nurse scribbled down the name of a doctor who, she thought, could help.

John Abbott

"Dr. Amin gave me my life back," says Josephine Tranchina, shown with Dr. Milan Amin, director of NYU Langone's Voice Center.

Tranchina politely took the number but told the nurse, "No one can do anything. It's a lost cause."

Tranchina found her way to Milan Amin, MD, director of NYU Langone Medical Center's Voice Center and chief of the Division of Laryngology. The center offers the latest treatment for a wide range of problems, from hoarseness and voice loss to swallowing and airway disorders, serving more than 600 new patients each year.

At first, Dr. Amin, assistant professor of otolaryngology, didn't think he could do much for Tranchina. "I looked at her vocal chords and said, 'Oh, boy,' " he recalls. While Teflon can yield great results initially, over time the body reacts adversely to it, turning scar tissue rock-hard. Not only were Tranchina's vocal cords still paralyzed, but they were a scarred mass. Working from the outside in, Dr. Amin carved out the scar tissue and Teflon in April 2008. Three months later, he went in again. Without the scar tissue, however, there was too much space between the vocal cords, so Dr. Amin used fat from the abdomen to build them up. Then he turned to the so-called false vocal cords—floppy tissue above the true vocal cords. Although they don't offer the same range as true vocal cords, Dr. Amin knew they would help make Tranchina's voice significantly louder.

The trio of surgeries made her a new woman. "Oh, she's a talker," Dr. Amin says, smiling. "It's pretty remarkable."

The person who used to sit in the corner at parties with her arms folded now relishes simple things like family gatherings and grocery shopping. "It was better than winning the lottery," she gushes. "Dr. Amin gave me my life back."

For more information or to make an appointment, call 212-263-3705.

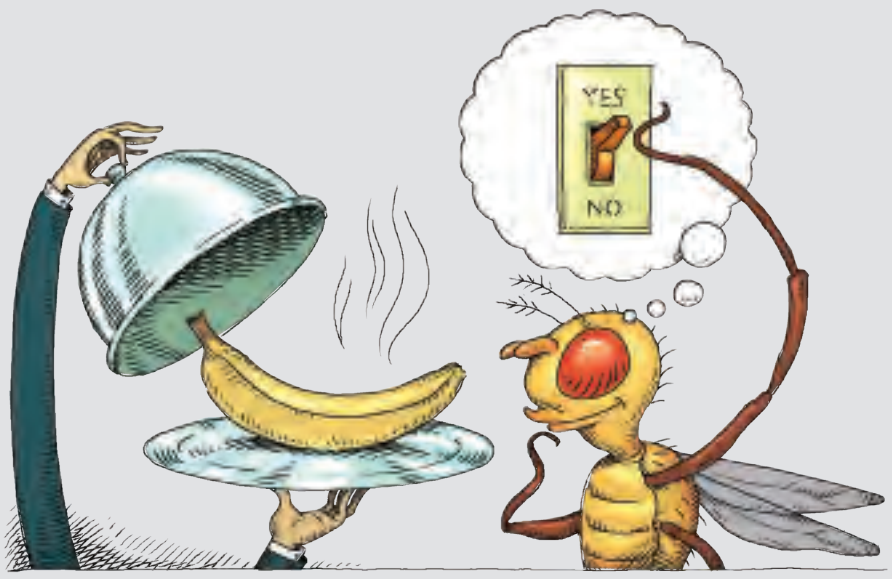
The Case of the Finicky Fruit Flies

Why is it that the aroma of a favorite food can be intoxicating before the first bite but repulsive after the umpteenth? Greg Suh, PhD, assistant professor of cell biology, thinks he may have discovered the answer. Dr. Suh's research suggests that feeling full flips a switch in the brain, making foods that normally smell delicious seem anything but.

After identifying the set of olfactory neurons responsible for fruit flies' aversion to a repulsive odor, Dr. Suh turned his attention to scents the insects might like. He picked bananas, positioning a piece of banana-dipped filter paper in one arm of a T maze, an experimental setup that allows animals to choose between turning left or right. In the other arm of the maze, Dr. Suh placed filter paper dipped in water. When the flies were released into the maze, their choice was clear: they swarmed away from the banana odor.

"It didn't make sense to me," he says. "The fruit flies in my kitchen always hover on the bananas." Then, he had a flash of insight. Maybe the flies in his kitchen went for the bananas not because they were indulging in a favorite food, but because they were just starving. So he ran the experiment again, this time with flies that hadn't been fed recently. Suddenly, the insects couldn't get enough of the banana scent. The internal state of the flies, Dr. Suh concluded, was drastically influencing how their brains interpreted odors.

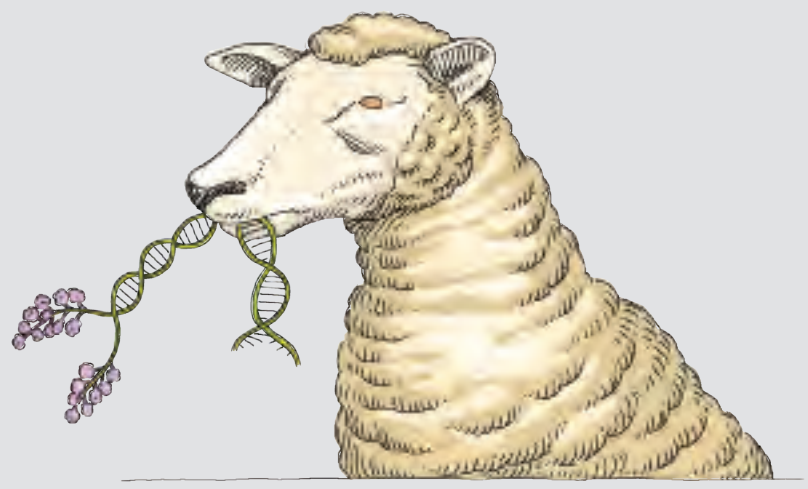
The finding suggests that the brain of the fly has an olfactory switch, a neural circuit that can change the preference for certain odors. This switch, activated by fullness, seems specific to food-related odors; starved and sated flies alike respond identically to other kinds of smells. It remains unclear exactly how feeling sated



Wesley Bedrosian

can change the perception of an odor from appetizing to disgusting. Dr. Suh, whose research is funded by the Whitehall and the Hilda and Preston Davis Foundations, is exploring his theory that a specific neural circuit may be triggered by one or more of the physiological changes that follow eating—perhaps a distended stomach or a spike in insulin.

"Many signaling pathways are conserved from flies to humans," he explains. "Once you understand the basic mechanism in fruit flies, it's easy to apply it to us." Eventually, says Dr. Suh, it may be possible to develop drugs that mimic the effects of feeling full, convincing the brain that those freshly baked brownies actually smell terrible. "The drive to eat is the first step in feeding behavior. If you can figure out how to block that first step, you can help a person not to engage with food." And not to engorge on it.



Wesley Bedrosian

Nothing Sheepish about New Study on Gastric and Esophageal Cancers

When Idaho ranchers began noticing in the late 1940s that some of their sheep were producing offspring with one eye in the center of their foreheads, little did they know that they were also witnessing the birth of a promising new cancer drug. It took two decades for scientists to figure out that the birth defects were caused by a toxin in the corn lily flower, which the sheep ate in periods of drought. It took another 25 years to realize that the toxin—dubbed "cyclopamine" because the deformity it produced was reminiscent of the one-eyed Cyclops in ancient mythology—also had the potential to fight cancer.

Today, 60 years later, Deirdre Cohen, MD, assistant professor of medicine, is directing a nationwide study of a semisynthetic compound that targets the same signaling pathway inhibited by cyclopamine. The study will investigate the compound's effect on advanced gastric and esophageal cancers, among a half-dozen virulent cancers that cyclopamine-derived drugs appear to target.

Cyclopamine works by inhibiting what's known as the hedgehog pathway. Normally, this pathway is vital to the growth and differentiation of cells during embryonic development and to the division of adult stem cells. But certain mutations or an overexpression of the pathway make it go haywire, leading to uncontrolled growth of malignant tumor cells. Pathway mutations have been discovered in such deadly cancers as aggressive basal cell carcinoma and medullablastoma (a type of brain cancer), while overexpression of the pathway is thought to play a role in multiple malignancies including pancreatic, colon, and prostate cancer. Drugs like the one being tested at NYU Langone Medical Center are believed to inhibit these abnormally overactive variations in much the same way cyclopamine inhibits the normal hedgehog pathway—only in this case, producing beneficial rather than harmful results.

Cyclopamine first stirred excitement in the early 2000s, when it was shown to kill cancer cells in animals in its natural form. In the past few years, as safer synthetic versions of the toxin have become available, a spate of human trials have been launched across the U.S. Already, there's evidence that these drugs are able to rein in the hedgehog pathway in a number of cancers, sometimes temporarily halting or even reversing tumor growth. Dr. Cohen's study is a Phase II trial of a semisynthetic cyclopamine analogue called GDC-0449. "In hedgehog, we've found a novel pathway that is possibly the driving force for metastatic gastric cancer and many other types of tumors," she notes.

The multicenter trial at NYU Langone is the first to investigate the drug's effectiveness against metastatic gastric and esophageal cancers. All 116 patients in the trial will be given a chemotherapy agent. Half will receive the cyclopamine analogue as well, while the other half will get placebos. They will then be followed for two to three years to see what difference the hedgehog pathway inhibitor makes. For patients with incurable cancer, the new drug could offer hope where virtually none existed before. "While there are scattered remissions in these cancers, it's highly unusual to save lives," says Dr. Cohen. "Our goal is to extend the lives of patients by keeping the disease from advancing for as long as possible."

Drug Allergies: When the Hero Turns Villain—Then Hero Again

In the world of medicine, it's perhaps the ultimate catch-22: the very drug that can save your life may also kill you. Adverse drug reactions can be life threatening both in and out of a hospital setting. One man's treatment is another man's poison, and a wide array of medications can heal or harm, depending on the patient's unique and unpredictable immune system. A new program at NYU Langone Medical Center has been created to tackle this daunting dilemma.

For some patients, the solution may be a treatment known as acute drug desensitization, says Bernard Feigenbaum, MD, director of NYU Langone's Adverse Drug Reaction and Desensitization Program. Among the drugs that can turn from hero to villain—then hero again—are penicillin and other antibiotics, aspirin and NSAIDs (nonsteroidal anti-inflammatory drugs), blood thinners, local anesthetics, and chemotherapy agents. "In general, it's easier to desensitize a patient who suffers an adverse reaction within 24 hours," he explains. "A severe delayed reaction—one that occurs after 48 hours or so—may call for a different plan of action, such as the use of alternative drugs."

Recently, an ophthalmologist at a local hospital referred a patient who was allergic to penicillin—the very drug she needed for a severe neurological infection that was destroying her vision by the day. Within 24 hours, she was admitted to NYU Langone, desensitized to penicillin, and placed on full treatment. Two weeks later, the ophthalmologist called Dr. Feigenbaum to thank him for a treatment that, in her opinion, saved the patient's eyesight.

Though drug desensitization has been practiced for decades, it remains underutilized. "It's very common for doctors to be unaware of all the drugs to which patients could potentially be desensitized," says Dr. Feigenbaum. That's because, in part, allergists don't have much of a presence in hospitals, he says.

Despite the effectiveness of this therapeutic approach, medical science is at a loss to explain its precise mechanism of action. "It's thought to work by preventing mast cells from releasing histamine and other reactive chemicals that cause immediate allergic reactions," explains Dr. Feigenbaum, clinical assistant professor of medicine and otolaryngology. "There are lots of different types of drug reactions, some very serious, and there are lots of rules and exceptions to the rules. That challenge is one of the reasons I was drawn to this subspecialty."

Wesley Bedrosian

Recently, Dr. Feigenbaum desensitized a patient to the cancer drug oxaliplatin and made it possible for another patient with multiple cardiovascular risk factors to take the daily aspirin tablet her doctor had prescribed.

The process typically requires a single eight-hour outpatient visit to the hospital. Dr. Feigenbaum orders precisely calibrated doses of the drug and gradually administers them—orally or intravenously—in increasingly larger doses, starting with as little as 1/10,000 of the therapeutic amount. Most patients spend the time relaxing while being monitored. A similar approach to desensitization is currently in clinical trials for patients who suffer from severe food allergies.

For more information about the Adverse Drug Reaction and Desensitization Program, call the Division of Infectious Diseases and Immunology at 212-263-6400.

A Day in the Life of . . .
Physical Therapist Clara Gaspari

Clara Gaspari, PT, a senior physical therapist at NYU Langone Medical Center's Rusk Institute of Rehabilitation Medicine, works with some of the most challenging cases: amputees. She is often at their side, physically and mentally, as they strive to rise from their wheelchairs, their prosthetic limbs beneath them, and walk again—however shaky those first steps may be. "Clara bubbles with personality and warmth," says Kate Parkin, PT, senior director of therapy services. "In this area of clinical expertise, she's one of our best."

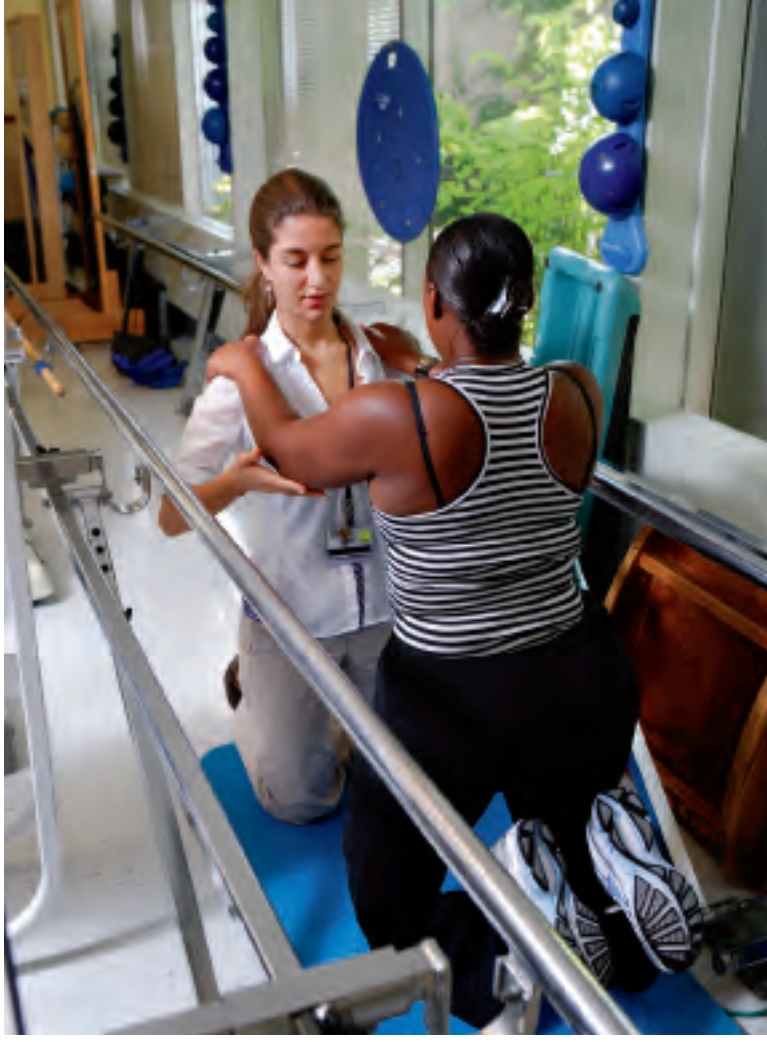
9:30 a.m. Like all of Rusk's 60 or so physical therapists, Clara spends most of her day in the physical therapy gym, where patients move from one station to another, using treadmills, free weights, Nautilus machines, and parallel bars in their individualized sessions. Nicole Jones enters the gym in a motorized wheelchair, smiling broadly. She is a double amputee, with two prosthetic legs made of titanium that bend at the knee and ankle. Upon seeing Clara, her eyes widen with excitement. "Clara, this weekend, I cleaned both of my bathrooms by myself!" she proclaims. "You would have been so proud." Careful not to offer too much praise this early in the session—motivation must be measured—Clara turns to humor: "Oh, yeah? Can you come clean mine this weekend?" They both chuckle as Jones rises from her wheelchair, putting weight on her prosthetics. Her first task is to walk halfway across the room and back with the assistance of a walker—a long haul.

9:40 a.m. With an under-the-arms bear hug from another therapist, a nearby patient is transferred from his wheelchair to the parallel bars just a few feet away. He takes three tiny steps before returning to his chair in exhaustion. Clara reminds Jones that she was at this stage just a few months ago, shortly after the car accident that claimed her legs. Her injuries were so severe, in fact, that she was pronounced dead on arrival at the hospital. "We've come a long way," Jones admits. "That reminds me, Clara. I got you something. It's a little elephant that says, 'You lift me up to higher grounds.' "

9:50 a.m. Two exercises later, Jones is standing at the base of four steps—a ministaircase—her prosthetic feet encased in a pair of Asics running shoes. "This is the hardest part of my day," she sighs. Jones grabs hold of the rails and attempts to deposit her mostly mechanical right leg on the first step. After she hoists the rest of her body to this new elevation, she lifts her left leg to the next step. All the while, Clara is behind her to ensure that she's stable. By the fourth step, Jones is perspiring and breathless. "Just walking with prosthetics requires about 300% more energy," Clara tells Jones as she hands her a cup of water. The session winds down, with another scheduled for three days later. One of Nicole Jones' goals is to walk up the stairs of her own home. Clara's goal is to see her do it.

10:30 a.m. Clara, a native of Brazil, explains during a break that she has worked at Rusk for five years. She became interested in amputees after visiting a region of Cambodia where land mines had cost many people their limbs. "Many of them had very heavy wooden prosthetics with almost no padding, but it was enough to change their lives," she says. "Some of the prosthetic limbs used here are equipped with computer chips, and sometimes you can barely tell a patient has a prosthetic."

2:00 p.m. Clara greets a new patient—not an amputee, but a woman with Parkinson's disease. To test the patient's balance, she asks her to rise from her chair with her eyes closed. The woman is visibly nervous. "Don't worry," says Clara. "I'll catch you if you fall."



John Abbott

Physical therapist Clara Gaspari (left) with patient Nicole Jones.

John Abbott

Medical students Adeolu Olasunkanmi ('10), Sarah Schaeffer ('11), and Benjamin Maring ('11).

Students Who Have Much to Teach

At NYU School of Medicine, Aspiration and Inspiration Both Wear White

When Adeolu Olasunkanmi ('10) was a child in his native Nigeria, his father developed a spinal tumor that threatened permanent paralysis. Fortunately, a young neurosurgeon trained in the U.S. was able to operate successfully. "I ended up spending time with the surgeon afterward," recalls Olasunkanmi. "Ever since then, I've been interested in medicine and neurology." After college, Olasunkanmi emigrated to the U.S. and applied to medical schools here. "I looked at many," he says, "and fell in love with NYU."

Today, Olasunkanmi is planning a career that combines neurosurgery and neuroscience research. He's already taken a one-year sabbatical to investigate surgical approaches to tuberous sclerosis complex, in which children suffer seizures caused by benign brain tumors. "Understanding the causes of brain disease is the first step in curing it," he says.

Olasunkanmi's passion for medicine reflects a level of commitment that seems to be the rule rather than the exception at NYU School of Medicine. "There's a very strong sense of altruism in today's medical students," says Lynn Buckvar-Keltz, MD, associate dean for student affairs. Dr. Buckvar-Keltz notes that NYU School of Medicine has a long tradition of attracting idealistic medical students. "We attract a high number of students who want to change the world for the better," she says. "One big reason for this is Bellevue." Training at the nation's oldest public hospital, she explains, brings students in contact with an unparalleled diversity of patients, from newly arrived immigrants to U.N. officials to the city's police officers and firefighters. "At the same time, our students also have Tisch Hospital, the Manhattan VA Medical Center, and the Hospital for Joint Diseases," she adds. "It's a unique mix of public and private state-of-the-art healthcare institutions, all within walking distance from each other."

For its own part, the school favors applicants who are intent on contributing to society. "We're looking for future leaders, whether in community service, clinical care, research, teaching, or government," says Nancy Genieser, MD, associate dean for admissions and financial aid. Diversity is also emphasized: the school's 747 students are evenly divided between men and women, including 11% from underrepresented minority groups.

They're shaping their medical environment as much as they're being shaped by it. Student-launched initiatives include the MiniMeds program, in which medical students hold workshops for local high school students to encourage them to pursue careers in medicine, and New York City's only free community medical clinic. Some 70 student clubs sponsor a host of activities, holding seminars, raising funds for research, participating in public-health projects, and mentoring fellow students.

"Everyone here is incredibly active," says Sarah Schaeffer ('11). "They're smart and motivated, but also relate well to others—the kind of people who make good doctors." Schaeffer, a Hispanic who grew up in El Paso, Texas, and has a master's in public health, was first drawn to medicine by a lecture on the physiology of the human heartbeat. An early MiniMeds participant, she's also helped organize seminars on lesbian, gay, bisexual, and transgender (LGBT) health issues and HIV prevalence in New York City in her role as co-president of the LGBT student group.

For Benjamin Maring ('11), who grew up in the San Francisco Bay area, the path to medical school led through the kitchens of some of New York's finest restaurants and caterers, where he worked as a chef before attending med school. "I love nurturing with food, but in the restaurant kitchen, I felt isolated from the people I was cooking for," he says. At the School of Medicine, he started a nutritional seminar series for his fellow students, in which they cook meals while learning about the health implications of various foods. He's leaning toward becoming a primary care physician "because I like the idea of being part of a patient's life." But whatever he does, says Maring, "it will combine medicine and food in some way."

"We have phenomenal students who are constantly reenergizing our faculty," says Dr. Buckvar-Keltz. "Each class is slightly different, and we learn from all of them."

Web Extra: for an article about the educational reforms NYU Langone is pioneering to train "the complete surgeon," see "The Making of a Surgeon" at http://newsandviews.med.nyu.edu/.

The Little Publisher That Could

Department of Medicine's Bellevue Literary Press Garners Pulitzer Prize for Fiction

As book publishing enterprises go, you can't get much smaller than Bellevue Literary Press (BLP): one room, one desk, one window, two staffers. But good things, as they say, come in small packages. That was clearly the lesson learned in April, when *Tinkers,* an equally minimalist novel by first-time author Paul Harding, published in 2009 by BLP, was awarded the coveted Pulitzer Prize for fiction—the first time in 30 years that a title issued by a small, independent press has done so.

Tucked away on the sixth floor of Old Bellevue, its office is within the headquarters of the Department of Medicine, whose chairman, Martin Blaser, MD, the Frederick H. King Professor of Medicine, is the founder and publisher of the *Bellevue Literary Review,* the journal that paved the way for BLP's existence. Half a century ago, the celebrated essayist Lewis Thomas, MD, served as dean of NYU School of Medicine, laying the foundation for a tradition of literary humanism at NYU Langone Medical Center. Today, our faculty includes several distinguished authors, among them Gerald Weissmann, MD, professor of medicine (a BLP author); Perri Klass, MD, professor of pediatrics and journalism; and Jerome Lowenstein, MD, professor of medicine, BLP's founder and publisher.

As the only trade book literary press in the country that's housed within an academic medical center, BLP is unique within the worlds of publishing and medicine. From the start, NYU Langone Medical Center has provided the press with space, services, and in-kind support, and recently, both NYU School of Medicine and New York University have made generous contributions. Its operations, however, are primarily financed by foundation grants, private donors to NYU Langone Medical Center, and revenues from book sales.

Jon Simon

Topped by the Pulitzer Prize–winning novel *Tinkers*, the 21 titles published so far by Bellevue Literary Press are displayed by editorial director Erika Goldman, publisher Dr. Jerome Lowenstein (left), and assistant editor Leslie Hodgkins (right).

News of the award reached Erika Goldman, BLP's editorial director, only minutes before the announcement was posted on the Pulitzer Prize website, when a reporter from the Associated Press, who got word in advance, called her for comment.

The manuscript had been passed along to Goldman, a veteran editor who has worked at Scribner and Simon & Schuster, by a colleague at another small press who felt that it wasn't quite right for his imprint. "It sang out to me," she recalls. "For the first time in my career, a submission brought me to tears within a few pages. I knew right away I wanted to publish it." In October 2007, she called Harding, then an instructor of creative writing at Harvard, to accept it.

" 'I want to make sure I've read the book you felt you wrote,' " Harding recalls Goldman saying to him before she described it in detail. "She got it exactly right. From then on, I was putty in her hands." The process, Goldman says, was "a conversation, a creative dialogue." Says Harding: "She asked me all the right questions, never prescribed anything. I trusted her."

In its citation, the Pulitzer Prize fiction committee called the novel—a meditation of sorts about an elderly clock repairman dying of cancer who, in hallucinations, reconnects with his deceased father—"a powerful celebration of life." As one reviewer explained: "*Tinkers* is not just a novel, though it is a brilliant novel. It's an instruction manual on how to look at nearly everything. Harding takes the back off to show you the miraculous ticking of the natural world, the world of clocks, generations of family, an epileptic brain, the human soul. Harding shows us how enormous fiction can be, and how economical."

Life will never be the same for Harding, who joins the ranks of such previous recipients as Ernest Hemingway, William Faulkner, John Updike, and Norman Mailer. Ditto for BLP. The Pulitzer Prize places both author and publisher squarely on the map. Random House plans to publish two new works by Harding with a six-figure advance, and the John Simon Guggenheim Memorial Foundation has granted him a prestigious fellowship. Meanwhile, BLP will go back on press for at least another 80,000 copies of *Tinkers* to join the 15,000 already in print.

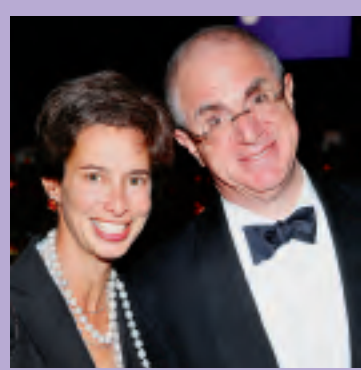
"It all has a certain Cinderella quality," notes Dr. Blaser.

"The prize will make a big difference for us," acknowledges Dr. Lowenstein, who says he now expects more of everything—submissions, titles published, and financial support. Beyond that, adds Goldman, "I hope it means that when we publish a book, people will take a closer look."

The VIOLET BALL

NYU Langone Medical Center held its annual Violet Ball at Cipriani Wall Street on April 26, raising more than $4 million. The gala drew over 800 guests, who honored benefactress Helen L. Kimmel, a Medical Center trustee since 1984 and a life trustee of the University. Dean and CEO Robert I. Grossman, MD, an event co-chair, unveiled a rendering of the future Helen L. and Martin S. Kimmel Pavilion and presented it to Mrs. Kimmel.

All photos by Jay Brady



Clockwise from top left: Dean and CEO Robert I. Grossman, MD; Robert Berne, PhD, New York University's executive vice president for health; and NYU President John Sexton. Mrs. Helen Kimmel (right) and her daughter, Betsy Karel. Medical Center trustees Alice and Thomas Tisch. Ruth Lehmann, PhD, director of the Skirball Institute of Biomolecular Medicine, home of the Helen L. and Martin S. Kimmel Center for Biology and Medicine.

New Kimmel Pavilion *(continued from page 1)*

A variety of features will make the Kimmel Pavilion and Tisch Hospital truly integrated. Through clear signage and careful design, navigation will be simple and intuitive, with distinct pathways for patients, staff, and materials. Not only will each building have its own set of elevator banks, but large new elevators will be designated for different groups—patients, visitors, staff, and service—to enhance privacy and facilitate flow.

The Kimmel Pavilion's use of public spaces will redefine the healthcare environment as we know it. The first floor, for example, will have dining facilities, concierge services, and a family resource center. On patient floors, families will benefit from consultation rooms, respite areas, and accommodations for in-room overnight stays. The building will be "green" in every sense. On the seventh floor, a landscaped roof garden overlooking the East River will afford spectacular 360-degree views of the city.

The keystone of the plan, explains Match Suna, is that both Kimmel and Tisch will eventually contain only private rooms. While the Medical Center's total bed count will remain relatively constant, its overall capacity will increase significantly because of gains in efficiency. Private rooms will not only eliminate gender-related issues, but also make it easier to manage infection control. Reflecting the growing trend toward outpatient care, so-called "noninpatient beds" will accommodate postprocedure and observation stays up to 30 hours long. Patient rooms—like the new building's procedure rooms and ORs—will all be standardized, yet adaptable for use as acute care, intensive care, or step-down units.

The Kimmel Pavilion will also improve logistical support for the entire campus by housing a new central Sterile Processing Department, loading docks, and a materials management system. Its imaging and procedure floors will be unified with those in Tisch, and in both buildings, pneumatic tubes for specimens and chutes for trash and linens will be interconnected.

"I am not sure that we could have a more complicated construction site," explains Match Suna. "NBBJ/Polshek Partnership Architects is uniquely qualified for this project, and they've been working together with us very well. We chose just the right people for the job."

John Abbott

Dr. Keith Siller (left), director of NYU Langone's Comprehensive Stroke Care Center, and Dr. Tibor Becske, an interventional neuroradiologist, lead the team that employs clot-busting treatments and advanced microcatheter techniques for acute stroke patients.

A Race against Time

Q&A with Dr. Keith Siller, Director of NYU Langone's Comprehensive Stroke Care Center

May is National Stroke Awareness Month. Sometimes called "brain attacks," strokes are the leading cause of disability in adults and the third-leading cause of death, claiming the lives of some 150,000 Americans each year. These attacks are most often caused by a blocked artery supplying blood to the brain (ischemic stroke) and less commonly from a leaking blood vessel (hemorrhagic stroke). To help minimize brain cell death after the ischemic type, the clot-busting drug tPA (tissue plasminogen activator) can be administered intravenously to acute stroke victims brought to the Emergency Department (ED) within 4½ hours of the onset of symptoms. Keith Siller, MD, assistant professor of neurology and psychiatry, is director of NYU Langone Medical Center's Comprehensive Stroke Care Center, which in 2005 was named Manhattan's first primary stroke center. This designation, awarded to hospitals trained and equipped to provide patients with the swiftest possible treatment, means that New York City's Emergency Medical Service is mandated to bring suspected stroke victims within a 20-minute drive to NYU Langone's ED. Dr. Siller recently discussed the role of his center with news & views.

Has NYU Langone's designation as a primary stroke center had an impact?
More than 200 patients were admitted to our Neurology Service last year with stroke-related diagnoses. Paramedics now know that our stroke team provides expedited care to the patients they bring to us. Once a patient arrives, the clock also starts ticking for us, as the stroke team tries its best to evaluate the patient for possible tPA treatment if he or she arrives in time and meets other certain criteria.

How many stroke victims make it here in time?
Unfortunately, in most parts of the country, only about 5% of patients show up in time to even be considered for IV tPA. They may know something's wrong but don't recognize or understand what a stroke is. Patients often wait hours before they get to the hospital, thinking their symptoms will just go away. Common symptoms include sudden numbness and/or weakness on one side of the body, difficulty speaking or understanding, abrupt loss of vision, dizziness with impaired balance, or a sudden severe headache. Of those who do reach us in time (about 40%), we've been able to treat at a much higher percentage (about 50%) compared to the national average because we have a well-organized system of care, starting in the ED and continuing to our new Acute Stroke Unit on 12 East in Tisch Hospital.

What happens when a stroke patient arrives?
After being stabilized in the ED, a suspected stroke patient must have an immediate CT scan to rule out a brain hemorrhage, since this type of stroke can't be treated with a clot-busting agent. To determine whether the patient is still within the treatment window, we try to establish the timing of the stroke's onset. If the patient meets certain criteria and doesn't have any other major contraindications, we administer IV tPA as soon as possible, sometimes even while the patient is still in the scanner to save time.

Why isn't IV tPA used after 4½ hours?
After 4½ hours, tPA has not been shown to improve patient outcomes. It also increases the risk of changing an ischemic stroke into a hemorrhagic one, potentially making the damage worse. For that reason, treating patients who fall within that borderline area is a tough call that requires some real soul-searching. On those rare occasions when a patient shows up very quickly and extra time remains on the clock, we still treat as soon as possible because patients treated with tPA sooner tend to do better, giving rise to the slogan "Time is brain!"

Is there hope for patients who show up after that window has closed?
Yes. We are fortunate to have Dr. Tibor Becske, an interventional neuroradiologist, on our team. Using microcatheters, Dr. Becske and his colleagues can attempt more advanced clot-busting techniques, such as giving tPA directly into a brain artery, extracting the clot mechanically, or inserting a stent. These procedures may be performed up to six hours after the stroke, but they're less established and riskier to the patient. Before considering these options, we use advanced CT perfusion scans to better visualize the area of decreased blood flow, as well as CT angiography to find the blocked artery causing it.

You seem very passionate about your work.
Having completed all my training here since medical school, I recall many stroke patients we could offer very little to except rehabilitation services and medications to help reduce the chance of a future attack. Now, when I see a patient show up in time and respond to tPA or one of our other treatments, it leaves a profound impression and a sense of satisfaction that we can actually improve their outcome. Successful treatment can mean the difference between transfer to a nursing home versus going home, with a chance to resume a normal life.

A Season of Accolades

At Home and Abroad, Dean Grossman Is Lauded

Transforming NYU Langone Medical Center into a world-class institution has been the overarching goal of Robert I. Grossman, MD, since he took the helm as dean and CEO in 2007. This spring, the Medical Center received the kind of international recognition that brings us one step closer to that stature. As the champion of NYU Langone's quest for uncompromising excellence, Dean Grossman was honored with several distinguished awards, both at home and abroad.

On May 3 in Stockholm, Sweden, the International Society for Magnetic Resonance in Medicine (ISMRM) awarded Dean Grossman its Gold Medal, the highest honor in its field, "for pioneering scientific contributions to magnetic resonance in medicine and biology." The society is an international nonprofit scientific association with a membership of over 6,000 clinicians, physicists, engineers, biochemists, and technologists. In 2006, the award was given to Daniel Sodickson, MD, PhD, associate professor of radiology, and physiology and neuroscience, and director of NYU Langone's Center for Biomedical Imaging.

On May 14, the University of Pennsylvania School of Medicine lauded Dean Grossman with its 2010 Distinguished Graduate Award, conferred on "highly accomplished alumni for their outstanding service to society and to the profession of medicine, and for their notable accomplishments in either biomedical research, clinical practice or medical education." The award, the highest honor given by the school to its alumni, was presented to Dean Grossman at the school's annual Medical Alumni Weekend.

On June 4, the University of Bordeaux in France awarded Dean Grossman a doctorate honoris causa. His fellow honorees were 2001 Nobel Prize winner Timothy Hunt, MD, and Neil Theise, MD, professor of pathology and medicine at the Beth Israel Medical Center of Albert Einstein College of Medicine. The university, founded under King Henry VI of England in 1441, is renowned for its excellence in science and technology.

Dr. Grossman joined the faculty of NYU School of Medicine in 2001 as the Louis Marx Professor of Radiology, chairman of the Department of Radiology, and professor of neurology, neurosurgery, and physiology and neuroscience. As a neuroradiologist, he is internationally recognized for his role in developing imaging techniques that have led to important new insights into multiple sclerosis (MS) and other diseases of the brain. For his research on MS, he was awarded the Javits Neuroscience Investigator Award by the National Institutes of Health in 1999. Dr. Grossman is past president of the American Society of Neuroradiology and has authored over 300 publications and four books, including *Neuroradiology: the Requisites,* a standard textbook in its field. Dr. Grossman has trained over 100 fellows, many of whom occupy prominent positions worldwide.

Grant Martin

At the ISMRM's annual meeting in Stockholm, Dean Grossman receives his award from Her Majesty Queen Silvia of Sweden.

Inside This Issue

Even in the Dark, You Can See Their Eyes Light Up Dr. David Zagzag, a neuropathologist, does some of his best work in the dark, where students focus on vivid images projected on a screen. His approach is not only enlightening, but enlightened, earning him the University's highest honor for teaching.
page 3

For a Woman Who Could Only Whisper, Something to Cheer About For 20 years after surgery for cancer of the larynx, Josephine Tranchina couldn't speak any louder than a hoarse whisper. Then she came to NYU Langone's Voice Center. She not only found her voice, but regained her life.
page 3

Students Who Have Much to Teach "We attract a high number of students who want to change the world for the better," says Dr. Lynn Buckvar-Keltz, associate dean for students. Inside, you'll meet three of them, and they represent a student body that is as inspirational as it is aspirational.
page 5

The Little Publisher That Could Bellevue Literary Press, the only trade book literary press in the country that's housed within an academic medical center, now has another claim to fame. One of its titles, the novel *Tinkers* by Paul Harding, has won the Pulitzer Prize for fiction.
page 6

A Race against Time When someone suffers a stroke, every minute counts. If the patient is within a 20-minute drive of NYU Langone, EMS will bring the person to our Comprehensive Stroke Care Center, the first of its kind in Manhattan. Its director, Dr. Keith Siller, discusses the center's role.
page 7

news & views

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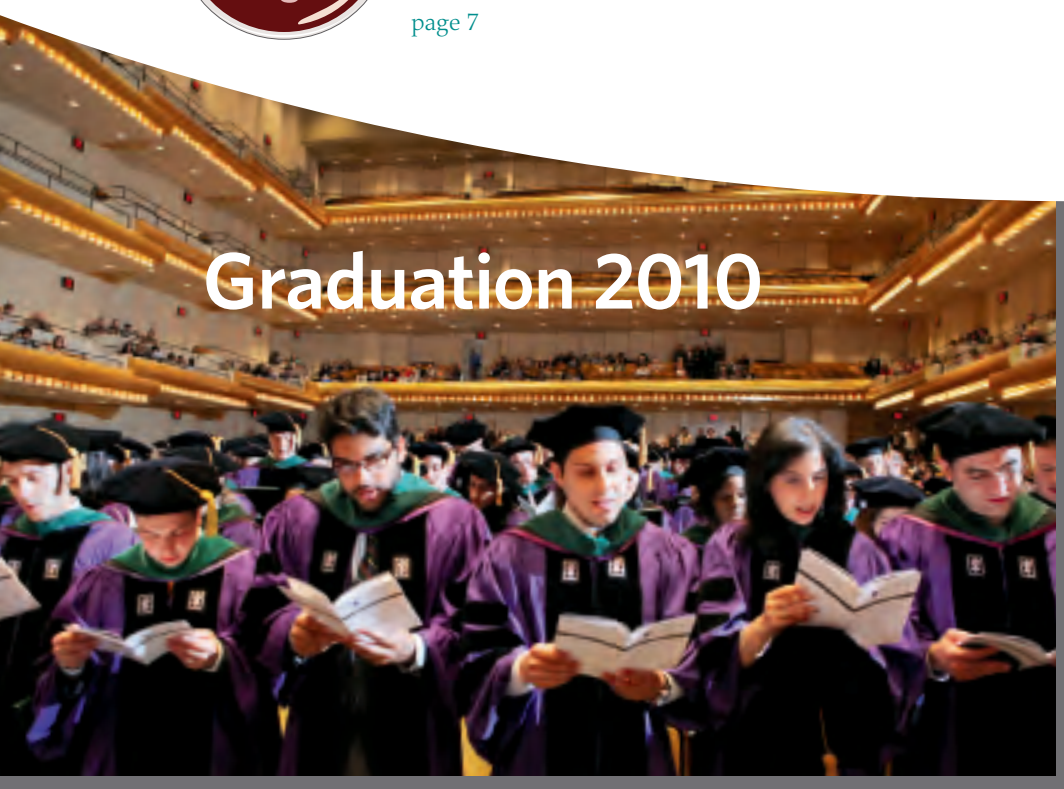

Vice Dean for Education, Faculty, and Academic Affairs Steven Abramson, MD; Keynote Speaker Maria Bartiromo; Medical Center Board Chairman Kenneth G. Langone; and Dean and CEO Robert I. Grossman, MD.

All photos by John Abbott