



Dr. Frank Ross (left), assistant professor of surgery, and Dr. Ernest Chiu, associate professor of plastic surgery, are the associate director and director, respectively, of the Helen L. and Martin S. Kimmel Hyperbaric and Advanced Wound Healing Center. NYU Langone's new chambers for hyperbaric oxygen therapy treat patients at double the atmospheric pressure of the air that surrounds us.

John Abbott

## A Breath of Fresh Air

### *For Patients with Chronic Wounds Who Undergo Treatment with Hyperbaric Oxygen Therapy, "Taking a Dive" Is Actually Good News*

Radiation therapy helped Frances Flores, 80, beat cervical cancer, but not without inflicting collateral damage. The high-energy X-rays directed at her cervix over the course of two months destroyed healthy blood vessels in the surrounding area, leaving her with vaginal bleeding so severe she barely had the energy to leave the house. "I was exhausted all the time," recalls Flores.

When the injured tissue refused to heal, her gynecologist referred her to the Helen L. and Martin S. Kimmel Hyperbaric and Advanced Wound Healing Center at NYU Langone Medical Center. Located in the Ambulatory Care Center on East 38th Street, the center is one of just two outpatient facilities in Manhattan to offer a promising treatment known as hyperbaric oxygen therapy (HBOT) for chronic wounds like the one plaguing Flores.

Like many people, Flores had never heard of HBOT, and she was initially nervous about the regimen. The therapy calls for lengthy sessions, five days a week, inside a sealed, transparent chamber that resembles a kind of futuristic hibernation pod. "I was definitely scared at first," Flores admits. "But the technicians made me feel so safe and comfortable. My anxiety just disappeared."

At sea level, the air we breathe typically contains about 21% oxygen. The pressure chamber, however, enables 100% pure oxygen to be dissolved into the patient's blood plasma, where it can circulate to oxygen-starved wounds and stimulate the growth factors and stem cells that help rebuild blood vessels. The Food and Drug Administration has cleared HBOT for 14 conditions, including soft-tissue necrosis (Flores's condition), carbon monoxide poisoning, diabetic foot ulcers, poor

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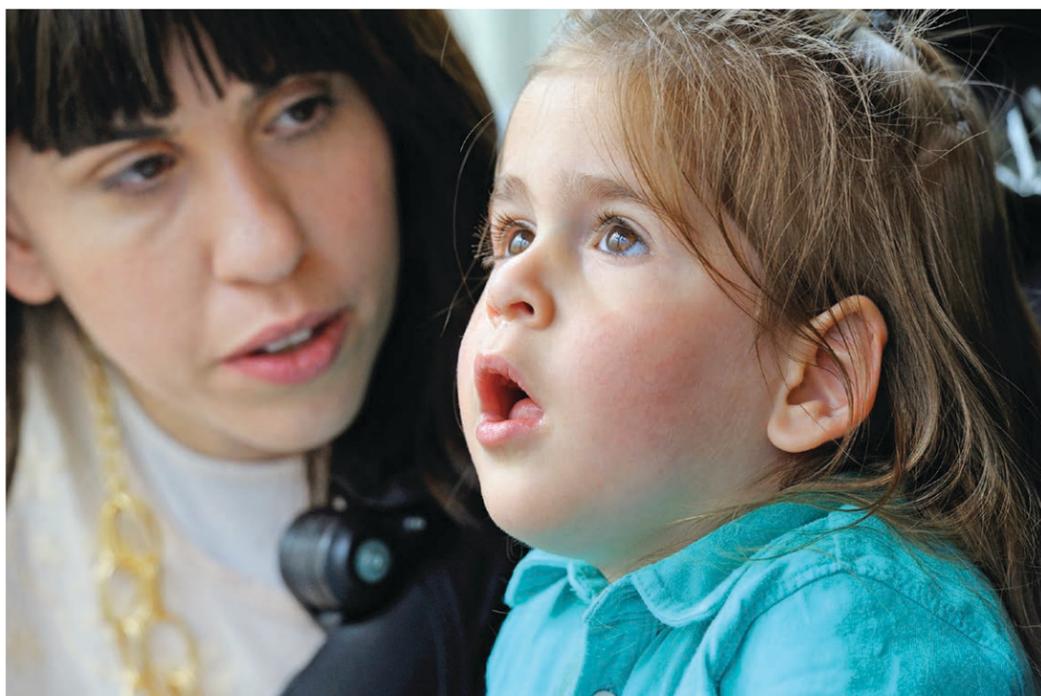
## The Deaf Boy Who Made His Parents Speechless

### *A Pioneering Surgery Performed at NYU Langone Restores Hearing and Hope*

At 28 months of age, Yoel Koenig began saying his first words, like "baba" for bottle and "beep beep" for car. Although children of that age normally have richer vocabularies, Yoel's parents were overjoyed. A year earlier, they had every reason to believe that their son would never speak or hear.

Like all newborns, Yoel was given a hearing test, which suggested that he had significant hearing loss. A more sophisticated test showed that he was profoundly deaf. Samuel and Aliza Koenig were devastated, but they held out hope that Yoel could

*(continued on page 3)*



In August, Yoel Koenig, shown with his mother, Aliza, became the first child in the US to receive an auditory brain stem implant to treat his profound hearing loss.

David Lubarsky



## From the Dean & CEO

The distinctions awarded to NYU Langone Medical Center this past year would be notable under any circumstances, but what makes them all the more impressive is that they were earned during a period when our institution was recovering from the devastating effects of Hurricane Sandy. Thanks to the dedication and determination of our community, we emerged from the worst crisis in our history stronger than ever, as I knew we would.

In 2013, NYU Langone scored number one for overall patient safety and quality among leading academic medical centers nationwide that participated in the University HealthSystem Consortium Quality and Accountability Study. Earlier this year, NYU Langone again received a Gold Seal of Approval from The Joint Commission. Also, *U.S. News & World Report* named us to its 2013–2014 Best Hospitals Honor Roll as one of the top hospitals in the country and recognized 12 specialties at NYU Langone with national rankings. We were also one of two medical centers in Manhattan to be awarded an

“A” Hospital Safety Score<sup>SM</sup> by The Leapfrog Group for the past two years for excellence in patient safety. Additionally, *whynotthebest.org* ranked NYU Langone first among the nation’s academic medical centers for surgical care.

I am deeply proud of our faculty and staff for the commitment they have made to provide the best of care. Their hard work is truly what has made these achievements possible.

Robert I. Grossman, MD



## Child Study Center Launches Weekly Educational Workshops for Parents

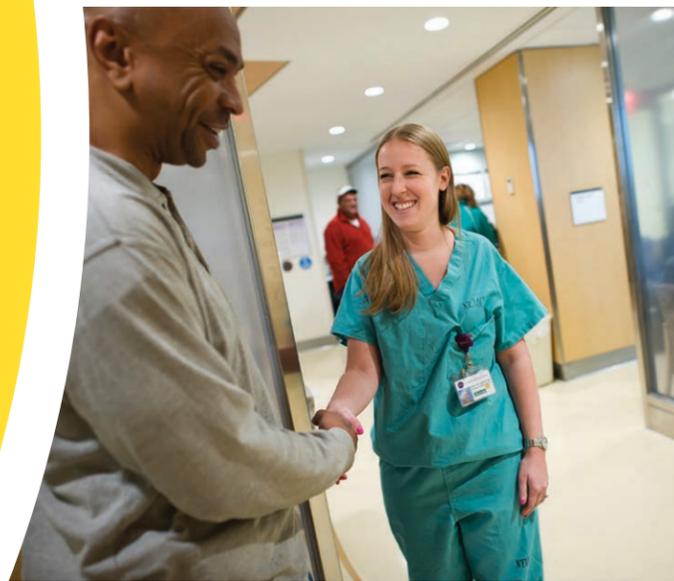
On September 26, the Child Study Center (CSC) at NYU Langone Medical Center kicked off its Educational Workshop Series. Weekly seminars on various topics related to raising healthy kids, managing behavior, and emotional health and illness will be led by experts on our faculty. The first in the series, “Advancing Kids’ Organizational Skills—Keys to Success,” addressed children with attention deficit hyperactivity disorder (ADHD), who often struggle with organizing schoolwork, managing time, and planning projects. The disorder is believed to afflict between 5 and 7% of children, with boys outnumbering girls three to one.

Speaking to a group of some 60 parents, Richard Gallagher, PhD, associate professor of child and adolescent psychiatry and psychiatry, and director of the Parenting Institute, reviewed techniques and best practices from the CSC’s highly successful Organizational Skills Training Program. With Howard Abikoff, PhD, the Pevaroff Cohn Professor of Child and Adolescent Psychiatry, professor of psychiatry, and director of NYU Langone’s Institute for Attention Deficit Hyperactivity and Behavior Disorders, Dr. Gallagher is coauthor of a major study, spanning 12 years of research, on improving the organizational skills of school age children with ADHD. Dr. Gallagher has found that children with ADHD do well with a one-page planner—one per day, with clearly and simply marked class times, project due dates, and a checklist of supplies required for each assignment.

For storage of papers, which kids can easily mix up or lose, Dr. Gallagher suggests buying an accordion file instead of a three-ring binder, which requires too much time and energy to maintain. For time management, kids were asked to learn to track time so that they could plan their schedules with parents. “We gave them stopwatches, and they became time detectives, eager to determine how long it took to, say, do their math homework,” says Dr. Gallagher. “Environment is crucial. Kids retain information better if they learn in multiple places,” he adds. “Music, which seems like it would be a distraction, actually helps some children—as long as it’s of the child’s choosing.”

The results? Over time, most youngsters exhibited far better organizational skills at school and at home, an improved ability to plan and manage time, and higher productivity and academic standing. The research team also found that students who employed these strategies clashed less frequently with their parents. Dr. Gallagher’s tips seemed to calm the harried parents, who busily took notes. “Best ideas for ADHD coping I’ve ever heard,” said the father of a fifth grader. “I’m buying an accordion file on the way home tonight.”

Upcoming seminars, held on Thursdays at 6:30 p.m. through next May on the seventh floor of One Park Avenue (between 32nd and 33rd Streets), will focus on a multitude of topics, ranging from moodiness to healthy eating. Workshops are free, but preregistration is required. For more information or a schedule of topics, call 212-263-6622.



Joshua Briffert

Dana Goldberg, RN, is one of four surgical liaisons who assist families of patients in Tisch Hospital’s fourth-floor surgical admitting unit.

## For Families of Surgical Patients, a Guiding Light

No sooner do patients and their families enter the surgical admitting unit on the fourth floor of NYU Langone Medical Center’s Tisch Hospital than they are greeted by two surgical liaisons, members of a newly created team of nurses who use their expert clinical knowledge and interpersonal skills to provide a reliable and comforting presence throughout the day for jittery families as their loved ones shuffle between preop, the OR, and the postanesthesia care unit (PACU).

“Their specialty is keeping people informed in a timely and comprehensible way,” says Elizabeth Uhlhorn, manager of guest services at NYU Langone. “Surgical liaisons have been a huge success for us in fostering a spirit of patient- and family-centered care.” That becomes clear as one watches surgical liaisons Dana Goldberg, NP, and Amelia McCaffrey, RN, work the crowded waiting area and PACU during a recent 12-hour shift. “The twin mayors of New York City,” as they playfully refer to themselves, move with ease and purpose among families who wear their anxieties on their sleeves.

“I have your cell number. I’ll give you a call if anything changes,” Goldberg says to a woman whose 17-year-old son is in the OR two floors above.

Later, she confirms for another woman that her husband has been moved to the PACU after surgery for a complex acoustic neuroma. Accompanying her to the PACU, Goldberg preps her on what she can expect to see. “The surgical liaison updated me at least three times,” says the woman. “Without her, I would have been completely on my own.”

The Surgical Liaison Program was created late last year by the Department of Patient-Centered Care to reinforce this message: *It’s all about the patient and their family.* The team’s four nurses (the others are Carmela Molinaro, RN, and Karen Hickey, RN) provide coverage from 7:00 a.m. to 9:00 p.m.

“We end up doing a little bit of everything,” acknowledges McCaffrey. “But we see ourselves primarily as educators. Family members may be shocked to see a loved one with a breathing tube, for example. We use our clinical experience to explain and reassure.”

Surgical liaisons answer questions and manage the daily flow of up to 50 patients and their families. Armed with clipboards, cell phones, and an open line to the PACU, they know instantly when a patient is settled in—a process that can take 30 to 45 minutes, depending on the surgery—and ready for a loved one to visit at their bedside.

“They acted as if it was their pleasure to serve us,” says a beaming Joan Keiser, who accompanied her husband for heart surgery. “Just knowing they were there for us meant so much.”

## NYU Langone Ranked Number One for Patient Safety and Quality by University HealthSystem Consortium, Earning Five-Star Overall Performance Rating

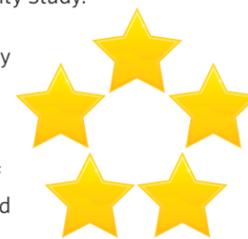
NYU Langone Medical Center scored number one for overall patient safety and quality among leading academic medical centers nationwide that participated in the University HealthSystem Consortium (UHC) 2013 Quality and Accountability Study.

In addition, NYU Langone received the UHC Quality Leadership Award for demonstrated excellence in the delivery of high-quality care, achieved five stars for its overall performance, and ranked number one in the domains of safety, effectiveness, and equity.

The UHC scorecard is a unique analysis of academic medical centers that takes into account all six quality domains of efficiency, effectiveness, equity, patient centeredness, safety, and timeliness, as defined by the Institute of Medicine in *Crossing the Quality Chasm: A New Health System for the 21st Century*. Unlike other ranking systems, it does not rely exclusively on hospital claims data, which are known to have limitations for quality and safety measurement. It also employs a robust risk adjustment system to ensure fairness for measurement of outcomes such as mortality, length of stay, and cost. Additionally, it does not rely on subjective reputation scores.

The UHC is an alliance of the nation’s leading nonprofit academic medical centers, which are focused on delivering world-class patient care. Conducted annually since 2005, UHC’s Quality and Accountability Study ranks academic medical centers for their performance across a range of key patient safety and quality indicators, including those noted above.

“UHC applies the quality and assessment measurement scheme across the entire book of business for all academic medical centers, and those recognized are truly the ‘best of the best,’” said Bernard Birnbaum, MD, senior vice president and vice dean, and chief of hospital operations, who received the award on behalf of NYU Langone at the UHC’s annual conference in October. “We are honored to be the recipient of this important designation.”



# A Tree Grows in Brooklyn—and Beyond

## Two Distinguished Medical Practices Join NYU Langone's Ever-Expanding Network of Ambulatory Care Sites

Susan Levit, MD, knows a thing or two about community service. A one-time captain in the Israeli Defense Forces, she helped train a generation of physicians at the Rambam University Teaching Hospital in Haifa. Bringing her skills and energy to the US, she opened the Susan Levit Medical Center in 1992, grooming it to become a multispecialty practice with sites in Midwood, Bensonhurst, and Canarsie, three of Brooklyn's polyglot neighborhoods.

On September 17, Dr. Levit's medical banner began flying a new set of colors—violet and white—as the center formally became NYU Langone Levit Medical. Dr. Levit, its medical director, was appointed a clinical assistant professor of medicine at NYU School of Medicine. "We're truly excited about our relationship with a medical center that has the resources and reputation of NYU Langone," says Dr. Levit. "It will bring opportunities to strengthen our existing care and develop more specialized services to meet the needs of our thousands of patients."

Levit Medical touched off a matching wave of excitement at NYU Langone, where it became the newest addition to a rapidly expanding network of ambulatory care centers, a strategic expansion of the Medical Center's outreach into communities that lie beyond its main campus yet are close enough to allow patients easy access to its comprehensive services. "We need to be in the communities so that patients can get the majority of their care closer to home," says Andrew Brotman, MD, senior vice president, vice dean for clinical affairs and strategy, and chief clinical officer. "If they require more specialized services, we can provide seamless access to such expertise and resources at our main campus."

Two weeks before Levit Medical came on board, another large, established community practice, Cardiovascular Associates, with several sites in Queens and Long Island, joined the Medical Center's family. NYU Langone Cardiovascular



In September, two new group practices—NYU Langone Levit Medical in Brooklyn and NYU Langone Cardiovascular Associates in Queens—joined the Medical Center's rapidly expanding network of ambulatory care centers. Their multiple sites are shown above.

Associates maintains a staff of 13 experienced cardiologists, offering a full roster of noninvasive cardiac services, including echocardiograms, stress echocardiograms, and nuclear stress testing. Complex procedures, such as cardiac catheterization and cardiac surgery, are performed at the Medical Center's main campus.

"Joining NYU Langone gives us a new platform for building on our excellence in cardiovascular care," says the site's medical director, William Tenet, MD, clinical associate professor of medicine. "It's a chance to partner with a premier healthcare institution that is widely recognized for the quality of its medicine, nursing care, and research."

Beyond the five boroughs, NYU Langone's network has expanded to Long Island, New Jersey, and Westchester, Putnam, and Dutchess Counties. In Manhattan, it includes NYU Langone at Trinity Center in the Financial District, the Miller Practice in the Theater District, and the Joan H. Tisch Center for Women's Health on the Upper East Side.

"The future of healthcare is ambulatory care," explains Paul Pogrebinsky, senior director of ambulatory operations. "To stay in the forefront, we've made a commitment to open more and more sites so that patients can get the specialized medical services they need without going to a hospital."

"We have an intense screening process that ensures we get the very best physicians—true clinical leaders—within the communities they serve," explains Andrew Rubin, vice president for Medical Center clinical affairs and affiliates. "To qualify as a member of our network, a practice must meet stringent quality standards and share our commitment to patient-centered care."

Once the partnership is forged, NYU Langone looks to enhance the practice. Columbus Medical, located in largely Russian-speaking Rego Park, Queens, is a good example. Since becoming an NYU Langone faculty group practice in 2008, it has doubled in size to 40 specialists in 20 fields and has added a 10-chair infusion center, a satellite of The Cancer Institute at NYU Langone Medical Center, an NCI-designated facility.

With regard to Levit Medical, Rubin explains that "we plan to build on their robust patient base and excellent reputation by expanding clinical services and upgrading facilities." As is done at other ambulatory care sites, NYU Langone might bring distinguished specialists in fields such as urology, cardiology, and orthopaedics to treat patients locally. "We want Levit Medical to serve as the anchor for what will eventually become a huge ambulatory presence for us in Brooklyn," adds Rubin. "It's another step toward serving our patients by putting world-class clinical care right in their own backyards."

## The Deaf Boy Who Made His Parents Speechless *(continued from page 1)*

benefit from a cochlear implant, an electronic device that can provide reasonably good hearing to people with a damaged cochlea (the fluid-filled, snail-shaped structure in the inner ear that converts acoustical energy into electrical signals, which the brain interprets as sound). The problem, as MRI and CT scans later revealed, was Yoel's cochleas weren't damaged—they were absent. A cochlear implant wouldn't help.

The Koenigs were referred to J. Thomas Roland, Jr., MD, the Mendik Foundation Professor of Otolaryngology, chair of the Department of Otolaryngology, and professor of neurosurgery at NYU Langone Medical Center. He gave the couple one last glimmer of hope: an auditory brainstem implant (ABI). An ABI bypasses the entire auditory system (the outer, inner, and middle ear; the cochlea; and the auditory nerve), establishing a direct connection between the outside world and the brainstem.

But there was one caveat: the device was approved only for youngsters 12 and older afflicted by neurofibromatosis type 2, a disease in which tumors engulf and destroy the auditory nerves. Cases like Yoel's were so rare that there were no clinical trials to see if ABIs were safe and effective in younger children.

Despite this roadblock, and the fact that an ABI implant would require brain surgery, the Koenigs were

all for it. So too was Dr. Roland, after consulting with colleagues at NYU Langone and in Europe, where a few dozen ABIs had been safely performed in children as young as 18 months.

"At NYU Langone, our team of neurotologists, neurosurgeons, and audiologists is comfortable doing brain surgery on young children and also with implanting these devices," says Dr. Roland. "Our feeling is that the earlier a child gets auditory stimulation, the better the chances for meaningful hearing. We decided that it made good sense to offer an ABI for Yoel as an off-label use of an approved device."

Acting on the family's behalf, Dr. Roland successfully petitioned their insurance company to cover the entire procedure (costing upward of \$100,000). With the last barrier removed, the stage was set for the first pediatric ABI in the US.

Surgery was scheduled for August 28, 2012. Dr. Roland and his team began by drilling a dime-size hole into Yoel's mastoid bone, which sits behind the ear, allowing access to the auditory nerve and brainstem. Next, the neurosurgeon snaked a match-head-size electrode paddle through the hole and into a natural opening called the fourth ventricle, until it reached the cochlear nucleus, a bundle of neurons that transmit auditory signals to the brain's higher regions.

In one last step, audiologist William Shapiro, AuD, clinical associate professor of otolaryngology, tested the device, ensuring that the paddle was stimulating only the auditory nerve, not nerves that control facial movement, swallowing, and other functions. So far, so good, but the true test of the ABI was still months ahead.

In October, the Koenigs brought Yoel back so that Dr. Shapiro could activate and program the device. At first, Yoel's device was sent a series of beeps, causing him to stop playing and look around. "Then the audiologist told everyone to be quiet because they were putting in real sound," recalls Aliza. "When the audiologist made some vocal sounds, Yoel got very scared and started crying. That's when we all started crying. When he heard me say hello for the first time, he gave me this look that said, 'Wow, this is new.'"

Although ABIs usually provide only minimal hearing, Dr. Roland is optimistic that Yoel, with further programming and speech therapy, will develop normal language skills and eventually enter a mainstream school system. Only a year after his ABI was activated, Yoel's vocabulary is slowly expanding, with each new word bringing tears to his parents' eyes. "He can respond to simple questions and loves listening to music," explains Aliza. "It's an uphill climb, but he's a happy little boy."

# Skin Sense

## A Q&A about Our Body's Largest Organ with Dr. David Cohen

David Cohen, MD, the Charles C. and Dorothea E. Harris Professor of Dermatology and vice chair of clinical affairs for the Ronald O. Perelman Department of Dermatology, serves as director of Occupational and Environmental Dermatology and chief of the Allergy Section/Contact Dermatitis. An internationally known expert on allergic contact dermatitis, Dr. Cohen is working with the New York City Department of Health and Mental Hygiene to examine the prevalence of skin disease among 9/11 responders. He was also assigned to the federal commission that studied the effects of the Gulf oil spill.

### Skin problems seem to affect everyone—from newborns to teenagers to the elderly. Why is that?

The skin is the package that protects all the other organs. As a result, it's the organ most exposed to environmental stress and insult: heat, cold, stress, chemicals, and ultraviolet radiation. Internally, the skin may also take abuse from the immune system. It's the battleground for such autoimmune disorders as psoriasis and eczema.

### What's your best advice for how we can protect our skin?

Avoid the strongest rays of the sun, between 10:00 a.m. and 3:00 p.m. When you're out in the sun, cover yourself with clothing and use sunscreen. We also tend to shower with hot water frequently, which weakens the skin. Take brief showers with gentle soap. If your skin is prone to dryness or if you live in a dry region, use a fragrance-free moisturizer.

### Information about sunscreens can be pretty confusing. What do people really need to know?

My opinion is that a 30 sunscreen may not work that much better than a 15. But the problem is that those numbers are determined in the laboratory, and people don't apply sunscreen the same way it's tested. So my recommendation is to use higher numbers like 30 or 50 because I don't believe people are getting the same level of protection listed on the bottle.

### Do you enjoy the sun?

I do. I'm not against the beach. In fact, my family and I love sunny locations. But I stay under the umbrella—I don't bake in the sun. I use sunblock and wear protective clothing.

### What are the most common skin allergies?

In the US, poison ivy, oak, and sumac. Another common allergy is metal, particularly nickel. Many people will find that they're intolerant to costume jewelry or belt buckles.

### Eczema has risen 40% in the last four decades. What's going on?

It's a problem that occurs in as many as one in five American children and also in adults. Like acne, it is a multifactorial disease related to environmental stressors like allergens, irritants, and genetics. It's inextricably linked to other allergic genetic disorders, particularly asthma, which is also on the rise. There is a connection between asthma and the increased amount of particulates and irritants in the air, like smog and dust.

### There are a vast number of skincare products on the market. Which kinds are worthwhile, and which are a waste of money?

This is a very tricky question. Price is often used as a guide for cosmetic products, but there are fine products that are expensive and fine products that are inexpen-

sive. So it's hard for me to say. Generally, I recommend using a good fragrance-free moisturizer that agrees with the skin.

### Any exciting studies under way in your department?

Ours is the largest academic department of dermatology in the country. This was the birthplace of diagnostic testing for skin allergies. The cells responsible for the most key elements of skin allergy were discovered here. It's a very dynamic area of medicine. What people reacted to 50 years ago is not the same as today. There is an ever-evolving repertoire of chemicals that humans get exposed to. Our researchers continue to be at the forefront of studying and monitoring the causes of allergic disease.

### What does your most recent work focus on?

My research has been looking at the association between skin allergy and foods. For decades, patients have been indicating that certain foods trigger eczema. Researchers at NYU Langone were the first to demonstrate that chemicals commonly found in fragrances occur naturally in foods like tomatoes. This tells us that certain patients might benefit from dietary changes.

### Are wrinkles inevitable?

To some degree. With aging, there is increasing skin laxity and a redistribution of the skin's infrastructure, mainly the fat. Forty years of exposure to the sun and the elements has a rather wearing effect on the skin. The more you can do to prevent that exposure, the more you can do to prevent wrinkles.

### What makes you marvel the most about our skin?

Its ability to do so many things so gracefully and so effortlessly. It keeps our body temperature constant. It keeps dangerous things from getting in. It is our first line of defense against infections. It metabolizes drugs. It often defines the beauty of a person. It protects us from the minute we're born to the day we leave this earth.

## Cultivating Tomorrow's Leaders

*Leaders Aren't Born, Goes the Conventional Wisdom—They're Made. So NYU Langone Is Setting Out to Groom Some of Its Own.*



"There is no great organization that doesn't have a great leadership program," Robert I. Grossman, MD, dean and CEO of NYU Langone Medical Center, told a group assembled in September. "The great companies of the world have been investing in leadership development for 75 years. Healthcare is actually the last field to start doing this."

Around the room, the 24 men and women, members of NYU Langone's new Intensive Leadership Development Program (ILDLP), listened carefully. This was the program's orientation session, and the two dozen participants—chosen through a rigorous selection process—are a virtual *Who's Who* of Medical Center talent. Sitting side by side were renowned researchers, distinguished physicians and surgeons, award-winning educators, and accomplished administrators. Each one is a star in their own right, with extensive managerial experience and expertise. Yet they were all there for the same reason: to improve their leadership skills even further so that the performance of the Medical Center could be enhanced.

To accomplish this, Organizational Development and Learning (ODL) has designed a curriculum that

will expose them to a wide range of leadership concepts. In a series of day-long sessions over the next eight months, they will hear presentations from various experts, study theories of strategic planning and execution, receive in-depth instruction on team building, and explore the psychological barriers to change. They'll also plow through a list of required reading on effective leadership and receive one-on-one mentoring from personal coaches. Just as important, they'll learn about NYU Langone's own strategic approach from its senior leadership team, including Dean Grossman himself.

"In selecting this very impressive group, we wanted to accomplish three goals," explains Nancy Sanchez, vice dean for human resources and organizational development and learning. "One is to enable those currently in critical roles to be very successful in these roles. The second is to bring together outstanding individuals from across the institution. And the third goal is to build NYU Langone's bench strength by ensuring that the skill sets of our leaders get stronger and stronger as the institution grows."

This group is the first in what will become an ongoing program. By developing homegrown leadership—

something companies like General Electric have done for decades—NYU Langone hopes to create a pipeline of future leaders who are intimately familiar with the Medical Center and ideally positioned to chart the best course for the institution for years to come. "Traditionally, medical centers have recruited new leadership from the outside," notes Kenneth Broadhurst, interim senior director for ODL, who designed and is overseeing the implementation of ILDP. "We want to change that paradigm."

For its participants, the program is a chance to immerse themselves in a subject most have never formally studied. "Many of us are trained in scientific inquiry, but few of us have learned the tools for innovating on a broader scale, such as honing strategies and developing effective teams. Yet these are things I've been devoting more and more time to in recent years," says Daniel Sodickson, MD, PhD, professor of radiology, neuroscience, and physiology; vice chair of research for the Department of Radiology; and director of the Bernard and Irene Schwartz Center for Biomedical Imaging. "I feel this program will let me do this more effectively and bring out the best in my teams. It's also a wonderful opportunity to get to know my colleagues."

# On the Trail of a Killer

## NIH Awards a \$12.7 Million Grant to HIV Researchers to Bolster Their Quest for a Vaccine

Like the human immunodeficiency virus (HIV) she has devoted her career to vanquishing, Susan Zolla-Pazner, PhD, professor of pathology, has earned a reputation for uncommon resiliency. She has been researching HIV since 1981, when a “strange pneumonia” began sweeping through the gay communities of San Francisco and New York City. At the time, Dr. Zolla-Pazner was pregnant with her first child and running the clinical immunology laboratory at the Manhattan Veterans Affairs Medical Center (VA), an affiliate of NYU Langone Medical Center, where blood samples were sent for analysis.

“We had no idea what was causing the disease,” recalls Dr. Zolla-Pazner, who now serves as director of the AIDS Research Center at the VA. “But we weren’t afraid. We knew how to handle blood safely.”

In 1984, after researchers had traced the mysterious illnesses to HIV, Dr. Zolla-Pazner and other scientists resolved to develop a vaccine. Emboldened by the rapid pace of their research, some scientists believed the work could be done in as little as two years. “Things were moving very fast,” says Dr. Zolla-Pazner. “Every week we were learning something new. But obviously no one could begin to appreciate what a tough job we had in front of us.”

Three decades later, as World AIDS Day is celebrated on December 1, an estimated 34 million people now live with HIV. More than 30 experimental vaccines have failed, but one has shown partial success. Dr. Zolla-Pazner, however, remains hopeful that an effective vaccine can be developed. Today, she and Xiang-Peng Kong, PhD, associate professor of biochemistry and molecular pharmacology, head an international team of researchers that is finally gaining ground on the elusive HIV vaccine, bringing within reach the long-sought dream of eradicating a disease that claims 1.7 million lives annually worldwide.

In 2012, Dr. Zolla-Pazner and Dr. Kong were awarded a \$12.7 million grant from the National Institute of Allergy and Infectious Diseases to focus their efforts on portions of HIV known as the “variable loops,” five constantly changing regions on a protein called gp120 studding the surface of HIV.

For Dr. Zolla-Pazner and Dr. Kong, these variable regions represent critically important targets because they allow HIV to bind to and infect white blood cells. Block the variable regions appropriately, and you block infection. Their team’s strategy, then, is to build a vaccine that will stimulate antibodies to home in on the second variable region (V2) and the neighboring V3 region, neutralizing the virus before infection takes hold.

But the hypothesis hasn’t been widely embraced. The more logical strategy, many researchers have ar-



Amid posters from an exhibit titled “Graphic Alert: AIDS Posters from Around the World,” held in the gallery of the Medical Sciences Building in September, Dr. Susan Zolla-Pazner, professor of pathology, is joined by Dr. Xiang-Peng Kong, associate professor of biochemistry and molecular pharmacology. For nearly a decade, they have been collaborating to develop a vaccine for HIV.

gued, would be to target the larger regions of the viral shell that never change, the so-called constant regions. Better to shoot at a fixed target, the thinking went. “It’s been an uphill battle because our idea is counterintuitive,” says Dr. Zolla-Pazner. “But our data kept bringing us back to the variable regions.”

Moreover, constant regions are often hidden by tangles of sugar molecules. The variable regions, by contrast, stick up from the shell of HIV like loose nails in a floorboard, making it easier for antibodies to reach them. The amino acids in those sequences may change,

*More than 30 experimental vaccines have failed, but one has shown partial success. Dr. Zolla-Pazner remains hopeful, however, that an effective vaccine can be developed.*

but Dr. Zolla-Pazner believes common structures lie within them. “You can look at the faces of a penguin, monkey, and dolphin and see the obvious differences, but you can also see commonalities,” she explains. “They all have two eyes, a nose, a mouth, and so on.”

Thanks to an \$8.4 million grant from the Bill & Melinda Gates Foundation in 2006, Dr. Zolla-Pazner and Dr. Kong discovered such fixed structures within the V3 region. Their team even built a vaccine to elicit antibodies against them, and experiments in rabbits showed limited success.

Then came the RV144 study in Thailand in 2009, and their prospects brightened. The largest HIV vaccine trial ever, with 16,402 volunteers, RV144 tested a vaccine composed of HIV genes and proteins engineered in the lab. Results showed that people who received the vaccine

were 31% less likely to contract the virus than those who didn’t receive it. Though modest, these findings represented a watershed moment in HIV research, because they meant something in the vaccine was working.

In a massive, international follow-up effort to figure out what that something was, labs around the world received blood samples and began testing different hypotheses. Out of some 150 tests performed worldwide, only Dr. Zolla-Pazner’s proved significant, showing incontrovertibly that V2 antibodies correlated with a reduced risk of infection. “I was utterly astonished,” recalls Dr. Zolla-Pazner. “The news really gave us a shot of adrenaline.”

Regrettably, her lab would need it. On October 29, 2012, superstorm Sandy battered New York City and flooded NYU Langone’s main campus with more than 15 million gallons of water from the East River. When the VA lost power, Dr. Zolla-Pazner rounded up post-docs and friends, grabbed some flashlights, and climbed 18 flights of stairs to their lab to save what they could.

Over the next two days, the researchers packed 25 years’ worth of HIV and tuberculosis specimens into containers of dry ice and liquid nitrogen, racing the packages down the dark stairwell as fast as they could to keep the samples from melting. They loaded everything onto an 18-wheeler to be whisked away to a biostorage facility in Indianapolis until their lab could be restored.

“It was absolutely crazy,” says Dr. Kong, who came with his lab members to help. Recalling the frantic rescue effort, he adds: “My back was sore for weeks.”

While Dr. Zolla-Pazner has not yet returned to her labs, Dr. Kong returned to his in September, nearly a year later, delayed but not defeated. “Since Sandy, we’ve had three manuscripts accepted for publication, and one more is under review,” Dr. Kong reports. “What we’ve been able to accomplish under the circumstances has been tremendous.”

## A Breath of Fresh Air *(continued from page 1)*

circulation, crush injuries, and other ailments in which oxygen deprivation plays a role. “The oxygen has a drug-like effect in the body,” says Frank Ross, MD, assistant professor of surgery, the center’s associate director.

The center’s director, Ernest Chiu, MD, associate professor of plastic surgery, believes hyperbaric oxygen therapy can be a powerful option for treating wounds that just won’t heal. “It’s one of many advanced tools at our disposal,” says Dr. Chiu, who completed his plastic surgery residency at NYU Langone and previously served as the William Henderson Chair of Plastic Surgery at Tulane University School of Medicine. He performs various surgical graft and flap procedures to accelerate the wound-healing process.

HBOT was originally developed to treat decompression sickness among divers. Ascending too quickly to the ocean’s surface creates a sudden pressure change that causes painful nitrogen bubbles to form in the bloodstream. HBOT can safely eliminate those bubbles. Dr. Ross, in fact, encountered the therapy about 20 years

ago while training to become a certified diver. Today, he is one of some 600 physicians nationwide board-certified in undersea and hyperbaric medicine.

“Wound-care centers with HBOT are springing up around the country,” notes Dr. Ross, who explains that the rapidly growing burden of chronic wounds in the US reflects an aging population and epidemics of obesity and diabetes. The medical uses of HBOT are expanding, as well. For example, Dr. Chiu and Dr. Ross are collaborating with physicians at NYU Langone’s Concussion Center to explore HBOT’s value in treating traumatic brain injuries, including concussions. The hope is that oxygenating the blood and tissue of patients shortly after a head injury can help reduce symptoms.

HBOT isn’t for everyone. Patients who are pregnant or claustrophobic should avoid the therapy, which is no quick fix. Up to 60 daily two-hour sessions may be required for benefits to be reaped.

At the start of each session, the patient dons a cotton hospital gown, taking care to remove anything that

can potentially spark and ignite oxygen, including all makeup and nail polish. Lying on a hydraulic gurney, the patient is rolled inside one of two single-person chambers. After air locks seal off the outside air, the technician “descends” the patient, gradually increasing pressure inside the chamber until it reaches two atmospheres, or the equivalent of being submerged 33 feet below sea level.

“Patients might experience a slight popping in their ears just as they would on an airplane,” says Dr. Ross. “We recommend that they open and close their jaw to release the pressure while they acclimate.”

For some patients, the solitude of the chamber offers a welcome respite. Patients can listen to music or watch television through the transparent casing. After 20 sessions, Flores reports that her bleeding has stopped and her energy has rebounded—an outcome Dr. Ross considers one of the most dramatic improvements he has ever witnessed.

“I sleep better at night and think more clearly during the day,” Flores says. “I just feel more relaxed and stronger overall.”

## NYU Langone Becomes First Medical Center in US to Employ 330-Degree View for Colonoscopy

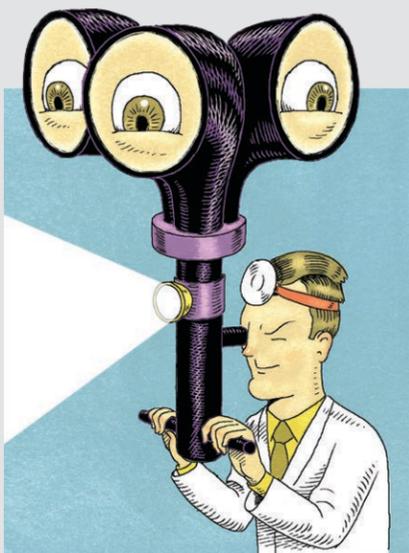
Measuring five feet long and three inches wide, on average, the colon is one of the easiest organs in the body to explore from the outside in. With an endoscope—a lighted camera mounted to a flexible tube—physicians can examine its entire length, spotting and removing potentially precancerous growths, or polyps. Thanks to this and other screening techniques, colon cancer is one of the few malignancies that can not only be detected early but also can often be prevented.

Yet some polyps are more difficult to detect than others. “A colonoscopy is the gold standard for screening, but no test is perfect and some polyps can be missed,” explains Seth Gross, MD, assistant professor of medicine. Particularly challenging to spot are polyps that lay tucked behind the folds in the colon. “The colon is not an entirely smooth tube,” notes Dr. Gross. “This is why new colonoscopy technology and innovation is so important.”

For Dr. Gross and his colleagues in the Division of Gastroenterology, many of whom perform colonoscopies in a state-of-the-art facility at NYU Langone Medical Center’s new Ambulatory Care Center, one new technology may make it easier to detect these hard-to-see polyps. NYU Langone Medical Center is the first medical center in the US to acquire a new breed of endoscope, called Fuse™, or Full Spectrum Endoscopy™. With two side cameras, in addition to a camera on its tip, Fuse, which is offered to patients on a selective basis, expands the field of vision from the standard 170 degrees of a traditional colonoscopy to 330 degrees. “It’s like having side mirrors on your car,” says Dr. Gross.

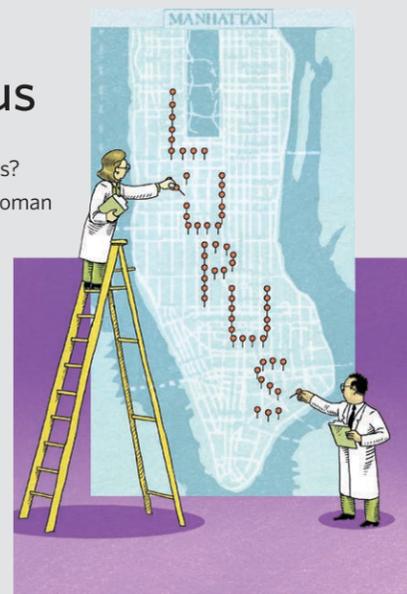
Light-emitting diodes, or LEDs, complement the trio of cameras, casting crisp, white light onto the walls of the bowel. Water jets, meanwhile, occasionally spritz the camera lenses to clear away debris. Unlike traditional scopes, which feed imagery to a single computer screen, Fuse uses three screens, one for each camera. The result is a panoramic view of the colon that leaves little room for polyps to hide.

Colorectal cancer is the second-leading cause of cancer death in the US after lung cancer. Last year, more than 130,000 Americans were diagnosed with the disease, and about 50,000 of them died from it. Physicians recommend regular screening for men and women, starting at age 50, although people with a family history of colorectal cancer or who suffer from inflammatory bowel disease should talk with their doctor about starting screening at a younger age. The benefits of colonoscopy are hard to deny. In one study following patients over two decades, researchers found that the screening tool reduced the death rate from colorectal cancer by 53%. The hope is this impressive rate will only improve as screening techniques continue to advance.



## On the Trail of Lupus

How do you treat a disease without a diagnosis? Consider the case of a 33-year-old Hispanic woman from Manhattan who develops chronic headaches. She finds herself bone tired, her joints ache, and her hands and feet have swollen up like balloons. She gets better, only to have her symptoms return months later. She finally visits the doctor, but a diagnosis isn’t so simple. She learns that her symptoms could be the result of any number of serious diseases. Her real problem, finally revealed through a battery of blood tests, is a poorly understood, often misdiagnosed autoimmune disease called systemic lupus erythematosus, or lupus. It’s known as “the great imitator” because its symptoms mimic those of many other diseases.



Women represent 90% of lupus cases, and current research indicates the disease strikes African American women disproportionately. But that’s where the certainty ends. Diagnosing lupus, a disease in which the immune system attacks the skin, joints, and organs, has proven to be an inexact science, and prevalence estimates vary widely. “With lupus, there is no gold standard for diagnosis like cancer biopsies or cultures, just a constellation of lab results and symptoms,” explains Peter Izmirly, MD, assistant professor of medicine and co-principal investigator of the Manhattan Lupus Surveillance Program (MLSP), a collaborative study between NYU Langone Medical Center and New York City’s Department of Health and Mental Hygiene (DOH).

With \$4 million in funding from the Centers for Disease Control and Prevention, the MLSP team is now sifting through the medical records of hospitals and private rheumatologists across the borough, carefully cross-referencing noted symptoms with clinical criteria for lupus. By 2015, when the study ends, the team hopes to have in hand a more accurate estimate of Manhattan’s true number of lupus cases, especially among minorities. New York is one of five sites funded by the CDC. The result from the first two sites, in Georgia and Michigan, will be published later this year.

“Because past studies have tended to focus more on white populations, there’s very little epidemiologic data out there about Hispanics and Asians,” explains Dr. Izmirly, who is also director of Inpatient Rheumatology at Bellevue Hospital Center and one of seven physician-researchers at NYU Langone working on the study. “Manhattan’s high concentration of these two demographics made us a perfect fit for this study.”

Knowing who gets lupus and why will help more people find better care faster. “Once the basic epidemiology of the disease is established, it can be shared with policymakers,” says Hilary Parton, director of new research initiatives for the DOH, and co-principal investigator of the study. “That can help facilitate better access to care for patients, as well as help fund expanded research into lupus.”

To date some 4,000 charts have been abstracted toward developing a comprehensive lupus registry for Manhattan, but investigators emphasize that much work remains. “It’s been a challenge,” acknowledges Dr. Izmirly, “but thanks to the extraordinary cooperation we’ve received from rheumatologists, who are providing the bulk of our information, we’re drawing ever closer to a good epidemiologic picture of the disease.”

## With Shingles on the Rise, Vaccination for People Age 50 and Over, Says a Leading Advocate, Is a Very Wise Investment

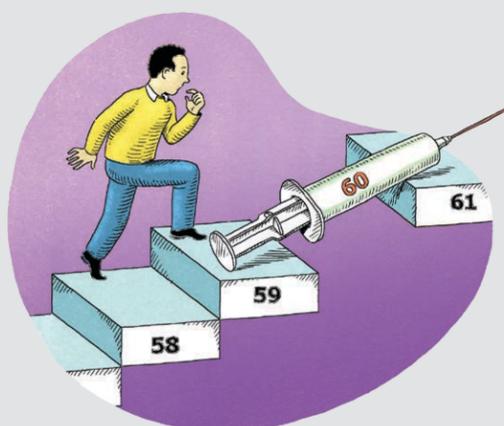
At first, the only symptom was a band of pain that ran from beneath Patty Newburger’s right breast to her upper back. “It felt like my skin was being simultaneously jabbed with a knife and zapped with electricity,” recalls the media executive, who is in her mid-50s. Five days later, when a cluster of red bumps erupted on her torso, she was surprised to discover she had shingles. Like many people, she’d thought of the disease as an affliction of the elderly.

Newburger began taking Valtrex, an oral antiviral drug, but that weekend her right foot started to feel numb. She called a physician at NYU Langone Medical Center, who referred her to the Emergency Department. There, doctors diagnosed her with transverse myelitis, an inflammation of the spinal cord—sometimes brought on by shingles—that can lead to paralysis. She was immediately admitted to NYU Langone’s Tisch Hospital, where she was given IV antivirals.

Shingles—or herpes zoster, as it’s formally known—is caused by the same virus that causes chickenpox, and occurs only in people who’ve had that childhood illness (as 99% of people over 40 have, even if they don’t know it). After the symptoms of chickenpox subside, the varicella-zoster virus goes into hiding, lying dormant in nerve cells. Shingles occurs when a lapse in the immune system allows the virus to reactivate, travel down nerve fibers, and attack a patch of skin. Transverse myelitis isn’t the only potential complication. In older patients, debilitating postherpetic

neuralgia can persist for years. When shingles involves the trigeminal nerve of the forehead, it can lead to eye damage. Shingles also increases a patient’s risk of stroke. Medication doesn’t prevent such problems.

As the immune system weakens with age, the risk of contracting shingles increases. Of the 1 million Americans afflicted by the disease each year, half are 60 or older. Among people who live to 85, 50% will suffer the illness during their lifetime. But other factors that compromise the immune system can trigger an outbreak at any age—and 50-somethings are distinctly vulnerable. “There are more shingles cases among the 50-to-59 age group than any other,” explains Elisabeth Cohen, MD, professor of ophthalmology, whose research into the disease took a personal turn when she endured it herself several years ago.



Herpes zoster seems to be growing more prevalent among all age groups. According to the Centers for Disease Control and Prevention (CDC), the incidence in the US rose from 1.7 to 4.4 cases per thousand people from 1993 to 2006; other studies suggest the upsurge is global. “The truth is,” notes Dr. Cohen, “no one knows why this is happening.”

Dr. Cohen urges people in their 50s to be vaccinated against herpes zoster. Available since 2006, the shingles vaccine reduces overall risk by 50% (and by almost 70% in 50- to 59-year-olds) and lessens the severity of symptoms in those who do get sick. The CDC recommends that people over 60 with a healthy immune system be vaccinated, and the Food and Drug Administration approves the vaccine for those over 50. Yet only 15% of those over 60 receive the shot, and even fewer 50-somethings do.

Dr. Cohen helped institute a program that allows anyone with a prescription to be vaccinated at Tisch Hospital’s outpatient pharmacy. Many health insurance plans don’t cover the \$250 shot for people under 60, but Dr. Cohen, whose vision was permanently impaired when the varicella-zoster virus spread into her right eye, believes the potential benefit greatly outweighs the cost.

Patty Newburger spent two days in the hospital before the danger of paralysis passed, and her pain still hasn’t disappeared completely. “I wish I’d gotten the vaccine,” she says. “It might have saved me from an extremely unpleasant experience.”



**Dr. Neal Cayne, assistant professor of surgery, displays the shield presented to him in October, when he was made an honorary police surgeon in recognition of his skill and service to the NYPD. The elite corps of some 350 top medical specialists includes 38 physicians and surgeons from NYU Langone Medical Center.**

toward the heart through one-way valves). The surgically crafted vein would function as an artery, replacing the section destroyed by a bullet.

The bypass operation was a success. Infection subsided, and swelling reduced dramatically over the next few days. It was a procedure Dr. Cayne performs frequently on elderly smokers and patients with diabetes. "I don't usually do bypasses on patients in their 20s," he says.

Upon arriving at NYU Langone, Ramirez' mood was dismal. Not only did he think he'd lose his leg, but he thought he'd lost his identity. "I loved my job. I loved working the streets," he says. "I was scared. I was afraid those bullets had taken everything away from me."

On Thanksgiving Day, Commissioner Kelly quietly visited Ramirez at Tisch Hospital. As Ramirez recovered from additional skin-grafting surgeries and completed a long period of rehabilitation, dozens of his brethren dropped by.

In all, Ramirez underwent 13 surgeries—8 at the hospital in Brooklyn and 5 more at NYU Langone. "I had to learn to walk again, go up a set of stairs, get into a car," says Ramirez, now 32. "It still hurts to walk, but I have my leg, and I'm back on the job."

Ramirez was promoted to detective and transferred to the 10th Precinct in the Chelsea section of Manhattan, where he spends more time than he'd like behind a desk. His spirits are high, however, and he barely relies on a cane to walk.

In recognition of Dr. Cayne's skill and service, the NYPD appointed him an honorary police surgeon. In October, he was inducted into an elite corps of some 350 top medical specialists, including 38 from NYU Langone. Available for phone or in-person consultations 24/7, they stand ready to help whenever an officer is injured or ill, whether at home or abroad.

On the day he was discharged, Ramirez walked out of the Medical Center on crutches, greeted by scores of cheering fellow officers and the celebratory sound of bagpipes. "Dr. Cayne was amazing," Ramirez recalls a few months later, right after he and his wife welcomed their first child. "He not only saved my leg, but my life."

## His Life and Limb on the Line, One of New York's Finest Is Saved by One of NYU Langone's Best

Bad things had been happening on the streets of East New York, Brooklyn, in 2010, especially in the 75th Precinct, where more than 30 homicides were investigated that year. On the night of October 17, Officer Ricky Ramirez, a 29-year-old patrolman from Long Island with five years on the force, was on duty with two other plainclothes officers. On Bradford Street, they encountered a male suspect, but as they approached him, he ran into a nearby building. On a landing inside, the 17-year-old suspect suddenly turned and fired a .32-caliber pistol eight times. Ramirez, hit twice in his right leg, tumbled down a flight of stairs.

One bullet had blown up the femoral artery, and another had damaged muscles and nerves lower down. Two and a half liters of blood spurting out until one of Ramirez' partners, both of whom were unscathed, used his police belt as a tourniquet. Rushed to a nearby hospital in Brooklyn, Ramirez, screaming in agony all the way, prepared himself to die.

Surgeons performed an eight-hour operation, saving Ramirez' life. The fate of his right leg, however,

remained uncertain. The Dacron graft clotted, and the leg wasn't getting enough blood. Then, a nasty staph infection set in. Ramirez developed respiratory and kidney problems. As the injured leg swelled up beyond recognition, doctors even considered amputation.

Eli Kleinman, MD, supervising chief surgeon of the New York City Police Department (NYPD), heard of Ramirez' plight and called Police Commissioner Raymond Kelly. Once the patient's lung and kidney issues were resolved, they arranged for the stricken officer to be transferred to NYU Langone Medical Center, where a vascular surgeon, Neal Cayne, MD, assistant professor of surgery, took over his care.

For Ramirez' leg to be saved, Dr. Cayne knew, the femoral artery was going to have to be rebuilt. Dr. Cayne's plan was to remove a healthy, less crucial vein from his left leg—"half a leg's worth" in length, he says—flip it around, and transfer it to the other leg. The vein would be "flipped" so that blood could flow in the proper direction. (Arteries transport blood away from the heart and don't have valves, while veins carry blood

## NYU CANCER INSTITUTE GALA

NYU Langone Medical Center raised \$1.7 million at its annual NYU Cancer Institute Gala on October 11 at The Plaza Hotel. Richard Shapiro, MD, associate professor of surgery, was honored by more than 400 guests and celebrated by three patient speakers, including Robert Friedman, MD, clinical professor of dermatology. The event was hosted by NYU Cancer Institute Advisory Board Chair and NYU Langone Medical Center Trustee Lori Fink and William L. Carroll, MD, the Julie and Edward J. Minskoff Professor of Pediatrics, professor of pathology, and director of the NYU Cancer Institute, and chaired by the entire NYU Cancer Institute Advisory Board.



**NYU Cancer Institute Advisory Board members Josh Samuelson and Kenan Turnacioglu.**



**Larry Fink, Lori Fink, and Dean and CEO Robert I. Grossman, MD.**



**Dr. Richard Shapiro (center) with patient speakers Suzanne Mednick and Dr. Robert Friedman.**

## THE MUSCULOSKELETAL BALL



NYU Langone Medical Center hosted its annual Musculoskeletal Ball on November 12, raising more than \$2 million to support research, education, and patient care at NYU Langone's Hospital for Joint Diseases, Center for Musculoskeletal Care, and Rusk Rehabilitation. Frank Schwab, MD, clinical professor of orthopaedic surgery and chief of the spinal deformities service, and Barbara Novick, vice chair at the investment firm BlackRock, were this year's honorees. Guest speaker Isabella Rossellini, the filmmaker, actress, and model, spoke movingly of the care she received from Dr. Schwab and his team, while Novick explained the difference NYU Langone has made in her quality of life.

Over 650 guests gathered for the event, held in the Hall of Ocean Life at the American Museum of Natural History. The gala was chaired by Medical Center Trustee and Musculoskeletal Advisory Board Chair Gary Cohn and physician cochairs Robert I. Grossman, MD, the Saul J. Farber Dean and CEO; Steven Abramson, MD, senior vice president and vice dean for education, faculty, and academic affairs, the Frederick H. King Professor of Internal Medicine, chair of the Department of Medicine, and professor of medicine and pathology; Steven Flanagan, MD, the Howard A. Rusk Professor of Rehabilitation Medicine and chair of the Department of Rehabilitation Medicine; Andrew Rosenberg, MD, interim chair of the Department of Anesthesiology; and Joseph Zuckerman, MD, the Walter A. L. Thompson Professor of Orthopaedic Surgery and chair of the Department of Orthopaedic Surgery. Richie Prager, a managing director at BlackRock, presided as journal chair.

**Clockwise from top left:**

**Honoree Barbara Novick and Journal Chair Richie Prager.**

**Guest speaker Isabella Rossellini and honoree Dr. Frank Schwab.**

**Dr. Andrew Rosenberg; Dean and CEO Robert I. Grossman, MD; Dr. Steven Flanagan; Dr. Steven Abramson; Medical Center Trustee and Musculoskeletal Advisory Board Chair Gary Cohn; Dr. Joseph Zuckerman; and Medical Center Board Chair Kenneth G. Langone.**

# NEWS & VIEWS

## Inside This Issue



**A Breath of Fresh Air** For patients who undergo hyperbaric oxygen therapy (HBOT), “taking a dive” is actually good news. The FDA has cleared HBOT for 14 conditions, including carbon monoxide poisoning, diabetic foot ulcers, poor circulation, crush injuries, and other ailments in which oxygen deprivation plays a role. [page 1](#)



**A Tree Grows in Brooklyn—and Beyond** Two distinguished medical practices—NYU Langone Levit Medical in Brooklyn and NYU Langone Cardiovascular Associates in Queens and Long Island—join the Medical Center’s ever-expanding network of ambulatory care sites. [page 3](#)



**Skin Sense** The skin is the organ that protects all the others, so it’s most exposed to environmental stress and insult: heat, cold, stress, chemicals, and ultraviolet radiation. Dr. David Cohen, the Charles C. and Dorothea E. Harris Professor of Dermatology, fields a wide-ranging series of questions about our largest organ—and how to protect it. [page 4](#)



**On the Trail of a Killer** Like the human immunodeficiency virus (HIV) she has devoted her career to vanquishing, Dr. Susan Zolla-Pazner has earned a reputation for uncommon resiliency. For nearly a decade, she and her colleague Dr. Xiang-Peng Kong have been collaborating to develop a vaccine for HIV. [page 5](#)

news & views is published bimonthly for NYU Langone Medical Center by the Office of Communications and Public Affairs. Readers are invited to submit letters to the editor, comments, and story ideas to [thomas.ranieri@nyumc.org](mailto:thomas.ranieri@nyumc.org).

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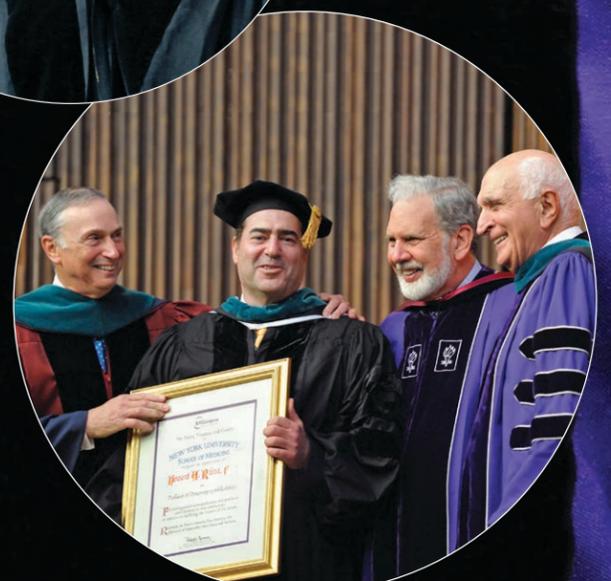
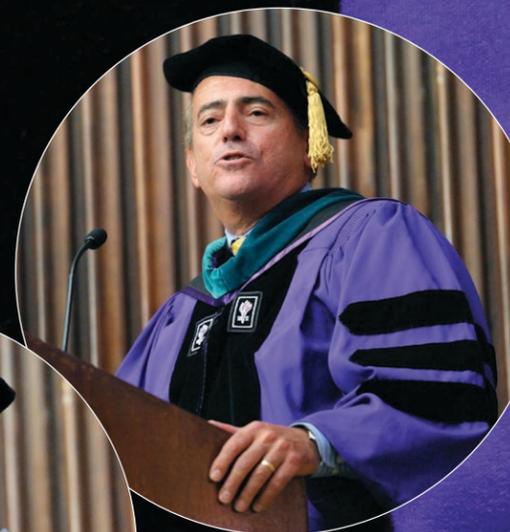
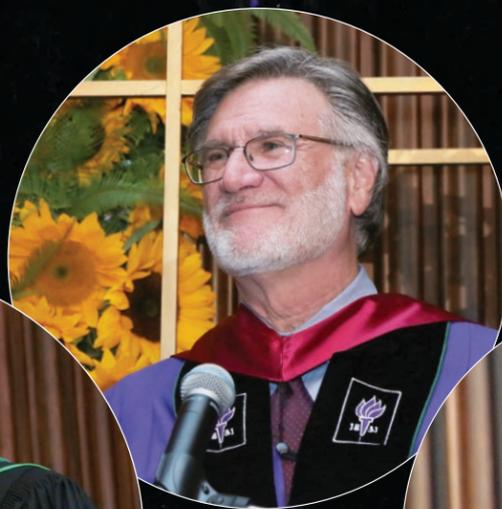
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## Dean’s Honors Day 2013



Top left to right: Medical Center Trustee Alice Tisch, recipient of the Valentine Mott Founders Award. Dr. Joseph Zuckerman, the Walter A. L. Thompson Professor of Orthopaedic Surgery and chair of the Department of Orthopaedic Surgery, recipient of the Master Educator Award. Dr. Steven Abramson, senior vice president and vice dean for education, faculty, and academic affairs; the Frederick H. King Professor of Internal Medicine; chair of the Department of Medicine; and professor of medicine and pathology. Dr. Evgeny Nudler, the Julie Wilson Anderson Professor of Biochemistry, recipient of the Master Scientist Award. Dr. Larry Chinitz, the Alvin Benjamin and Kenneth Coyle, Sr., Family Professor of Medicine and Cardiac Electrophysiology, recipient of the Master Clinician Award.

Bottom right: the Saul J. Farber Dean and CEO Robert I. Grossman, MD; Dr. Howard Riina, professor of neurosurgery and radiology; NYU President John Sexton; and Medical Center Board Chair Kenneth G. Langone.