



Dr. John Golfinos, chair of Neurosurgery (third from left), with three of his new recruits: Dr. Noel Perin (far left), Dr. Dimitris Placantonakis (second from left), and Dr. Chandranath Sen (far right).

## Because It *Is* Brain Surgery ...

### *The Department of Neurosurgery Adds Shining Stars to Its Already Brilliant Constellation*

"We like to think we're building the New York Yankees of neurosurgery," says John Golfinos, MD, associate professor of neurosurgery and otolaryngology and chair of the Department of Neurosurgery. "It's great to be in a department where you know that any case can be handled."

In a field with more than its share of large personalities, Dr. Golfinos is known for his down-to-earth demeanor, but his pride, in this instance, is understandable. For three consecutive years, *U.S. News & World Report's* Best Hospitals

Rankings has placed our program in neurosurgery among the top 10 in America. Now, two world-renowned neurosurgeons will join what many already consider New York City's finest department of neurosurgery.

Chandranath Sen, MD, professor of neurosurgery and director of the Division of Skull Base Surgery and Cranial Nerve Disorders, specializes in meningiomas and other mostly benign tumors at the bottom of the brain. Because they tend to wrap around main nerves and blood vessels, these

masses—often large and difficult to reach—are among the toughest tumors to operate on.

Noel Perin, MD, associate professor of neurosurgery and director of minimally invasive spinal neurosurgery in the Division of Spine Neurosurgery, has pioneered minimally invasive surgical techniques to remove spinal tumors. He is also among the few surgeons who perform thoracoscopic sympathectomies, in which sympathetic nerves are excised to alleviate hyperhidrosis (excessive sweating).

*(continued on page 7)*



Hemoglobin in the blood absorbs infrared rays, illuminating the veins so that they are visible to the scanner. The accuracy of the palm-vein reading is not affected by cuts, scars, tattoos, skin color, or aging.

## Patient-Centered Care, Right in the Palm of Your Hand

### *A Fast, Easy, Safe Registration System Makes Its Debut*

Already renowned for its state-of-the-art diagnostic imaging, NYU Langone Medical Center will soon employ scanning technology of another kind for an entirely different purpose—patient registration. Starting this spring, patients with an appointment at the Medical Center will be able to simply place their hand over a small boxlike device that will use an infrared beam to scan the unique network of veins in their palm—a pattern even more distinctive than fingerprints. This identifying palm portrait will be used to automatically register the patient and call up his or her electronic medical file for the appointment. NYU Langone is the first medical center in New York State to employ the palm-vein-scanning technology, known as PatientSecure®.

The scanners are integrated with Epic, the Medical Center's computerized medical data-management system. They are its latest technological addition since SmartChart, the secure online portal created last year for patients. PatientSecure is carefully designed to ensure strict privacy and confidentiality. Since no two palm-vein patterns are exactly alike, there's no chance of one patient's records being confused with

*(continued on page 7)*



## From the Dean & CEO

Spring is a time when things bloom and blossom: nature, people, even institutions. I'm happy to say that NYU Langone Medical Center is flourishing as never before. Our Department of Neurosurgery—the finest in New York City and one of the best in the world—recently recruited several world-class surgeons. As someone who trained in neurosurgery before shifting my career path to radiology, I'm particularly proud that, as Department Chair Dr. John Golfinos says, "We're making an extraordinary department even more extraordinary." Our Department of Surgery is also growing by leaps and bounds, adding 39 surgeons over the past five years, thanks to the tireless efforts of Department Chair Dr. Leon Pachter.

Our expansion is geographical as well. As part of a strategic plan to extend the Medical Center's reach to neighborhoods near and far, we have opened ambulatory care centers in Brooklyn, Queens, Long

Island, and the Financial and Theater Districts of Manhattan over the past three years. We also opened the Rita J. and Stanley H. Kaplan Stem Cell/Bone Marrow Transplant Center at Tisch Hospital, which will offer transplants to those who can benefit from compatible donors, another first for NYU Langone.

It's been a rough winter, but a glorious season is upon us.

Robert I. Grossman, MD



John Abbott

## NYU Langone Designated a Baby-Friendly Hospital

NYU Langone Medical Center has been designated a Baby-Friendly™ Hospital—the only academic medical center in New York City to receive this designation. The "Baby-Friendly" designation has been awarded to only 105 hospitals and birth centers nationally. The Baby-Friendly™ Hospital Initiative is a global program sponsored by the World Health Organization (WHO) and the United Nations Children's Fund to encourage and recognize hospitals and birthing centers that offer an optimal level of care for infant feeding. Studies have shown that breast-feeding can reduce infant hospitalizations and pediatric clinic visits.

Baby-Friendly hospitals and birth centers uphold the WHO International Code of Marketing of Breast-Milk Substitutes by offering education and educational materials that promote human milk rather than other infant food or drinks, and by refusing to accept or distribute free or subsidized supplies of breast milk substitutes, nipples, and other feeding devices. In addition to focusing on making breast-feeding a viable option for new mothers, Baby-Friendly care encourages mothers to be with their newborns 24 hours a day. This promotes bonding, enhances feeding and weight gain, and improves sleep for both mother and child. Studies have shown that skin-to-skin time and rooming-in increase the likelihood of breast-feeding, which has many benefits for both mother and child. The Baby-Friendly initiative at NYU Langone was supported in part by gifts from Shyamli and Robert Milam and the New York City Department of Health and Mental Hygiene.

## Division of Plastic Surgery Becomes an Academic Department

The Division of Plastic Surgery, formerly part of the Department of Surgery, has been made a separate academic department within NYU School of Medicine. Restructured as a full academic department, it will continue the five-decade legacy of the Institute of Reconstructive Plastic Surgery (IRPS), one of the largest national educational programs in plastic surgery and, treating some 3,000 patients a year, the largest plastic surgery unit in the country. As a specialty, plastic surgery will grow further in clinical treatments as well as research and educational endeavors as it continues to provide the most advanced congenital facial surgery, microsurgery, breast reconstruction, aesthetic surgery, and other advanced procedures.

The institute's clinical and research efforts have been made possible, in large part, by support from the National Foundation for Facial Reconstruction, which helped to found the IRPS and has supported it since its inception. The foundation recently provided a \$4 million grant to support the design and construction of a new state-of-the-art clinical facility.

Joseph McCarthy, MD, director of the IRPS for 30 years, is chair of the new department. Dr. McCarthy, the Lawrence D. Bell Professor of Plastic Surgery, has trained more than 120 residents and 30 fellows in craniofacial surgery, some now directors of plastic surgery units at more than 20 academic medical centers around the world. He introduced the concept of surgical reconstruction of the face as early as infancy to avoid the psychological trauma that arises during childhood and adolescence. He also pioneered craniofacial distraction, a procedure that involves strategically cutting facial bones, then

pulling them apart with a special device that's screwed into the bones and turned 1 millimeter a day for about one month. As the bones are moved apart, new bone forms in the spaces created. Dr. McCarthy is also founding chair of the Medical Advisory Board of Smile Train, an organization that has provided pro bono surgery for more than 300,000 children with cleft lip/palate worldwide.

Over the last 50 years, as a result of the growth of subspecialties and surgical advancements, medical centers have increasingly offered independent surgical departments in such specialty areas as orthopaedics, urology, cardiothoracic surgery, and otolaryngology. With this restructuring, NYU Langone Medical Center joins other prestigious medical schools and centers nationwide in offering plastic surgery services with the resources of a full department.



Joshua Bright

Dr. Joseph McCarthy, chair of the newly created Department of Plastic Surgery.

## Just a Spoonful of Wisdom Helps the Medicine Go Down

"Is there a doctor on the plane?" pleaded the voice on the loudspeaker. Dr. Marc Bloom, seated on the Delta flight bound for Las Vegas, pressed his call button. A flight attendant led Dr. Bloom, clinical associate professor of anesthesiology, toward the rear of the plane, where a three-year-old boy, accompanied by his parents and two siblings, was unconscious and in the midst of a seizure.

Dr. Bloom checked the boy's airway and listened to his chest with a stethoscope. Suddenly, his body went flaccid—the clinical term for the state of limpness that can follow a seizure. "Everybody panicked," Dr. Bloom recalls, but he welcomed it as a sign that the immediate danger had passed.

A quick hand to the child's skin, however, revealed that he was running a very high fever. Unchecked fever can trigger seizures in children. To prevent another episode, Dr. Bloom knew he'd have to bring down the child's temperature. The parents helped Dr. Bloom remove the boy's clothing, apply cool washcloths, and aim the air-conditioning vents at his skin. His fluttering eyelids provided another hopeful sign.

At this point, Dr. Bloom wanted to check the boy's temperature and administer some Tylenol, but the airplane's medical kit contained no thermometer and no liquid children's Tylenol. "I turned to the flight attendant," Dr. Bloom recalls, "and asked, 'Do you have some metal spoons?'" The flight attendant brought fresh silverware, and Dr. Bloom placed a Tylenol tablet between the nesting bowls of two soup spoons. A quick whack with the back of a table knife pulverized the pill. He made a slurry of crushed Tylenol in apple juice, and the child, now awake, sucked it through a straw.

As the plane cruised westward, the boy became more alert and responsive, and Dr. Bloom informed the crew that an emergency landing would not be necessary. The plane was an hour outside of Las Vegas, and the child's parents promised to take him directly to a hospital.

It wasn't until Dr. Bloom was retelling the story that he remembered that a spoon had come to his aid once before. In 2008, to save the life of a woman who was choking in a New York City restaurant (see "Three Cheers for Dr. Bloom," news & views, November 2008), he inserted a spoon into her mouth to hold her clenching teeth apart while he pried a piece of rare steak from her throat. "I'm a bioengineer," he says, "so I'm always looking for the right tools. Acute emergencies are what anesthesiologists are all about."

Since the incident, Dr. Bloom has been placing phone calls to Delta because he wants to make sure no one else has to do what he did in a pinch. "I would like them to add a temperature strip and some liquid Tylenol to the medical kit," he says. "In a crisis, nobody should be expected to think of crushing Tylenol with spoons and dissolving it in apple juice."

# Thirty-Nine Steps to Greatness

## *The Department of Surgery Doubles in Size and Leaps in Stature*

"It takes all the running you can do to keep in the same place. If you want to get somewhere else, you must run at least twice as fast as that!" Quoting the Red Queen's advice to Alice in *Through the Looking-Glass*, H. Leon Pachter, MD, the George David Stewart Professor of Surgery and chair of the Department of Surgery, explains why, since taking its helm in 2006, he has recruited 39 surgeons, essentially doubling the size of the department to its current total of 64 full-time attendings.

"I don't think there's another department in the country that has recruited this many surgeons in a five-year period," he says. But the expansion, he adds, is about much more than mere numbers. "To be recognized as a top-flight surgical program," Dr. Pachter explains, "you need to maintain excellence in many areas." Five years ago, for example, Dr. Pachter hired Keith Heller, MD, a distinguished head and neck surgeon, to create a new Division of Endocrine Surgery. "He didn't need to come here, because he had a thriving practice," notes Dr. Pachter, "but he decided to join us because it was an opportunity to build a division dedicated to minimally invasive thyroid, parathyroid, and adrenal surgery where none had existed before."

*"I don't think there's another department in the country that has recruited this many surgeons in a five-year period," says Dr. Pachter. But the expansion, he adds, is about much more than mere numbers.*

"I was perfectly happy where I was, but the chance to create a new division was very appealing," agrees Dr. Heller, professor of surgery and chief of the new division. "I went to medical school and did my residency at NYU Langone, so I already had ties here. I was impressed by the vision of Dr. Pachter, whom I've known since we were medical students together." It's a vision Dr. Pachter has honed over four decades at NYU Langone.

To complement the new division's enhanced clinical capabilities, Dr. Pachter added a top surgeon-

researcher, Kepal Patel, MD, assistant professor of surgery, otolaryngology, and biochemistry, who divides his time between the operating room and the laboratory, where he studies thyroid cancer. "Dr. Patel epitomizes the surgeon of the new millennium," says Dr. Pachter. "We want to train surgeons who are equally adept at complex surgery and basic science." Next came Jennifer Ogilvie, MD, assistant professor of surgery, who heads the new endocrine surgery service at Bellevue Hospital Center.

Dr. Pachter also created a Division of Wound Healing and Regenerative Medicine, which evolved into the Helen L. and Martin S. Kimmel Wound Healing Center. The center has earned a national reputation for healing chronic wounds that other experts have given up on, and garnered a \$9.6 million grant from NIH to fund its groundbreaking research.

Nine general surgeons have also come on board, including specialists in gastrointestinal oncology, such as George Miller, MD, assistant professor of surgery and cell biology, with his cutting-edge research in pancreatic diseases, joining Elliot Newman, MD, associate professor of surgery, an expert in robotic surgery, and adding new strengths to the department.

Ronald Simon, MD, professor of surgery, was recruited in 2007 to head the Division of Trauma/Critical Care Surgery, and five other acute-care specialists have since been hired, bringing the division's total to eight. This greatly expanded group has enabled NYU Langone to field New York State's only surgical critical care unit with a board-certified attending on duty 24/7.

Three pediatric surgeons and a transplant surgeon are also among the recent recruits, and the Division of Bariatric Surgery has added five new surgeons. Five vascular surgeons have also joined the department, including Frank Veith, MD, professor of surgery, the first surgeon to repair an aneurysm using minimally invasive techniques. Another world-renowned venous surgeon, Lowell Kabnick, MD, clinical associate professor of surgery, joined the faculty in 2007 as director of NYU Langone's Vein Center in the Division of Vascular and Endovascular Surgery. Future agenda items, says Dr. Pachter, include establishing a Division of Colorectal Surgery.

With twice as many surgeons sharing the ORs of Tisch and Bellevue, maximizing their use has become a



Dr. H. Leon Pachter, chair of the Department of Surgery, observes bariatric surgery performed by Dr. Marina Kurian, one of his recruits.

top priority. A number have been totally renovated and equipped with ceiling-mounted technology to increase available floor space by 30%.

In 2007, Dr. Pachter convinced Freya Schnabel, MD, professor of surgery, to give up an endowed professorship at an Ivy League medical school to become director of breast surgery at NYU Langone. With the addition of four other outstanding surgeons, this subspecialty within the Division of Surgical Oncology is now what Dr. Pachter calls "a powerhouse." One attraction of NYU Langone, explains Dr. Schnabel, is that "Dr. Pachter has created a cohesive department. I have relationships with attending physicians and residents across every specialty. There's a feeling that we're all in this together."

**Web Extra:** for an article about Dr. Mary Ann Hopkins, a fourth-generation surgeon, see "Is There a Surgeon in the House?" at <http://newsandviews.med.nyu.edu/>.

# The Pain Trust

## *When the Suffering Just Won't Cease, It's a Case for the Roundtable of Last Resort*

Just when Larry Usilaner thought it couldn't get any worse, it did. After suffering from debilitating leg and back pain for years, he was told by his doctor that there was nothing more that could be done for him. Usilaner, then 32, had just undergone back surgery to relieve nerve compression. The operation not only failed to ease his agony, but left him with intense burning pain, skin sensitivity, and swelling in his leg—by-products of a rare, poorly understood condition known as complex regional pain syndrome. Using crutches to walk, Usilaner could sit or stand for only 15 minutes at a time. On disability from his job in marketing, he was overwrought with anxiety and completely isolated at home.

Usilaner found his way to Michel Dubois, MD, the Dr. Joyce H. Lowinson Professor of Pain Medicine and Palliative Care. As a member of the Center for the Study



Dr. Michel Dubois discusses a case with colleagues from various disciplines.

and Treatment of Pain at NYU Langone Medical Center, Dr. Dubois works with a multidisciplinary team of specialists to treat patients with the most intractable pain. "He was very confident that he'd be able to help me," recalls Usilaner, now 43. "Finally having a doctor who wasn't giving up on me gave me hope." But the case was daunting, even for Dr. Dubois' group. "He had to lie on the floor during the entire visit," recalls Dr. Dubois of his first meeting with Usilaner 11 years ago. "There was absolutely no way his case could have been handled by anything other than an interdisciplinary group."

Every Wednesday morning at 8:00 a.m., a brain trust of 15 to 20 specialists—among them, psychopharmacologists, spine surgeons, orofacial surgeons, pain medicine experts, psychologists, rheumatologists, anesthesiologists, neurologists, and physiatrists—gathers to discuss a handful of cases chosen for the formidable challenges they pose. "In people with chronic pain, there is much more than pain to deal with," says Dr. Dubois. "They suffer so much, and their lives are highly disrupted." Their care, he explains, is often fragmented. Patients get one treatment, maybe a drug or surgery, and the psychological factors are never addressed. The goal of his collaborative group, formed 12 years ago, is to provide patients with truly coordinated, comprehensive care.

As each case is addressed, a diagnosis is discussed. "Often there are layers of problems, and sometimes two or three diagnoses," says Dr. Dubois. "A patient may have back pain, depression, drug abuse, and headaches from the pain medications." In nearly every

case, there is a psychological component, such as a fear of reinjury. Such factors can affect the patient's level of pain, quality of life, and response to treatment. The group creates a stepped plan, typically several treatments in various disciplines. A case may be revisited many times—in Usilaner's case, more than 100.

To help get Usilaner moving again, Dr. Dubois implanted a pump to deliver low-dose painkillers directly into the cerebrospinal fluid. The group recommended physical therapy and, perhaps most important, psychotherapy to help Usilaner deal with emotional issues. "The psychologist helped me to change how I saw myself," he explains, "from identifying myself as a disabled person to a person who has a back problem. He also encouraged me to try online dating." Usilaner learned how to distract himself from the pain and control his anxiety, which had been making it worse.

Physical therapy, the most effective way for him to reduce his pain, was itself painful, so Usilaner resisted. But Dr. Dubois challenged him to push himself harder. It was a turning point. Usilaner ramped up his physical therapy and bought an exercise bike for his home. It took several years, but he began to walk without crutches, then without a cane. Eventually, he was off painkillers completely. Usilaner started going out with friends. He even met a woman online, and just last year, they tied the knot. "It's not a miracle story where I'm 100% better," Usilaner concedes, "but I have a life now." And not only did he get married, but he walked down the aisle on his own two feet.



## A String of Off-Off-Campus Hits

*Through an Expanding Network of Ambulatory Care Centers, NYU Langone Is Bringing Patient-Centered Care to Neighborhoods Near and Far*

Internationally renowned for its expertise in medicine and surgery and its advances in research, and well on its way to becoming a world-class institution, NYU Langone Medical Center is mastering the art of thinking globally but acting locally. Over the past three years, our distinctive violet-and-white logo has gone up on ambulatory care centers in Brooklyn, Queens, Long Island, and the Financial and Theater Districts of Manhattan (*see map*).

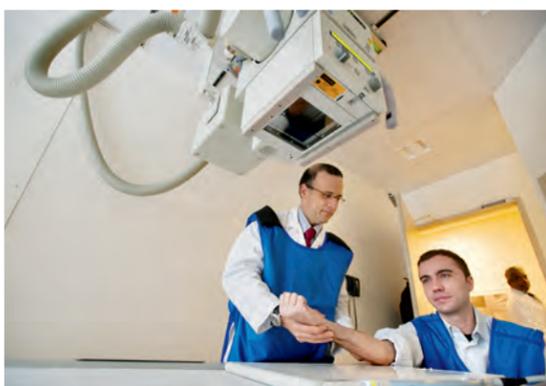
For all their neighborliness, however, these satellite facilities provide the same high level of expertise and care that patients have come to expect from staff at the Medical Center. In addition to first-rate primary care physicians, these centers field a wide range of NYU Langone specialists under one roof. Several, in fact, offer

advanced imaging technology, office-based gastrointestinal procedures, and cardiac diagnostic testing. “We want to be a one-stop shop,” explains Isabel Souffront, MD, clinical instructor of medicine and a family care physician at NYU Langone at Internal Medicine Associates—The Miller Practice, which joined the network in 2010 and is located on West 52nd Street in Manhattan.

These multispecialty centers represent a strategic expansion of the Medical Center’s outreach efforts. All are located in communities that lie well beyond the main campus yet are close enough to allow easy access for patients who require services there. “We believe that bringing high-quality care out into our patients’ communities is going to be increasingly important,” says

Andrew Rubin, vice president for Medical Center clinical affairs and affiliates. “These centers give people local access to the world-class expertise in specialties NYU Langone is known for. Meanwhile, if a patient needs advanced care, their physician can refer them directly to NYU Langone’s Tisch Hospital, Rusk Institute of Rehabilitation Medicine, or Hospital for Joint Diseases.”

Two of the six multispecialty sites—NYU Langone at Trinity Center, in the Financial District, and NYU Langone’s Center for Women’s Health, due to open this summer on Manhattan’s Upper East Side—are totally new. The others were established when NYU Langone merged with existing practices known for delivering superb medical care. NYU Langone at Williamsburg,



**INTERNAL MEDICINE ASSOCIATES—THE MILLER PRACTICE** Housed in a seventh-floor suite overlooking Manhattan’s Theater District, this internal medicine practice joined NYU Langone’s network in 2010. Since the merger, its offices have been fully renovated, and 3 exam rooms have been added for a total of 16. The practice has also added a fifth primary care physician, along with a gynecologist, cardiologist, gastroenterologist, and neurosurgeon. Echocardiogram and image-reading services are also available onsite. Phone 646-778-5555.



**WILLIAMSBURG** Most of this center’s patients are drawn from Williamsburg’s large Orthodox Jewish community, a population Dr. Jacob Walfish, its medical director, knows well, having served the neighborhood for three decades. After joining NYU Langone in 2009, Dr. Walfish moved his primary care/GI practice into a newly constructed building, where he now shares space with six specialists, including a gynecologist, orthopaedist, and pediatric cardiologist. Currently the smallest multispecialty practice, the Williamsburg center continues to add patients from the local non-Jewish population but remains closely attuned to its Orthodox patients’ needs, maintaining a staff conversant in English and Yiddish and offering office hours every other Sunday. Phone 718-384-5179.

**TRINITY CENTER** Occupying the second floor of a 19th-century landmark building in the heart of Manhattan’s Financial District, NYU Langone at Trinity Center opened in 2008 with the mission of providing comprehensive healthcare to Wall Street’s workforce as well as the neighborhood’s growing residential population. Our second-largest ambulatory care center, it has physicians in 10 specialties, including cardiology, dermatology, facial plastic surgery, gastroenterology, gynecology, internal medicine, orthopaedics, otolaryngology, podiatry, and pulmonary medicine. Services include cardiopulmonary diagnostics, imaging services, corporate wellness, two endoscopy suites, a full range of cosmetic treatments, and a light box for treating psoriasis. Phone 212-263-9700.



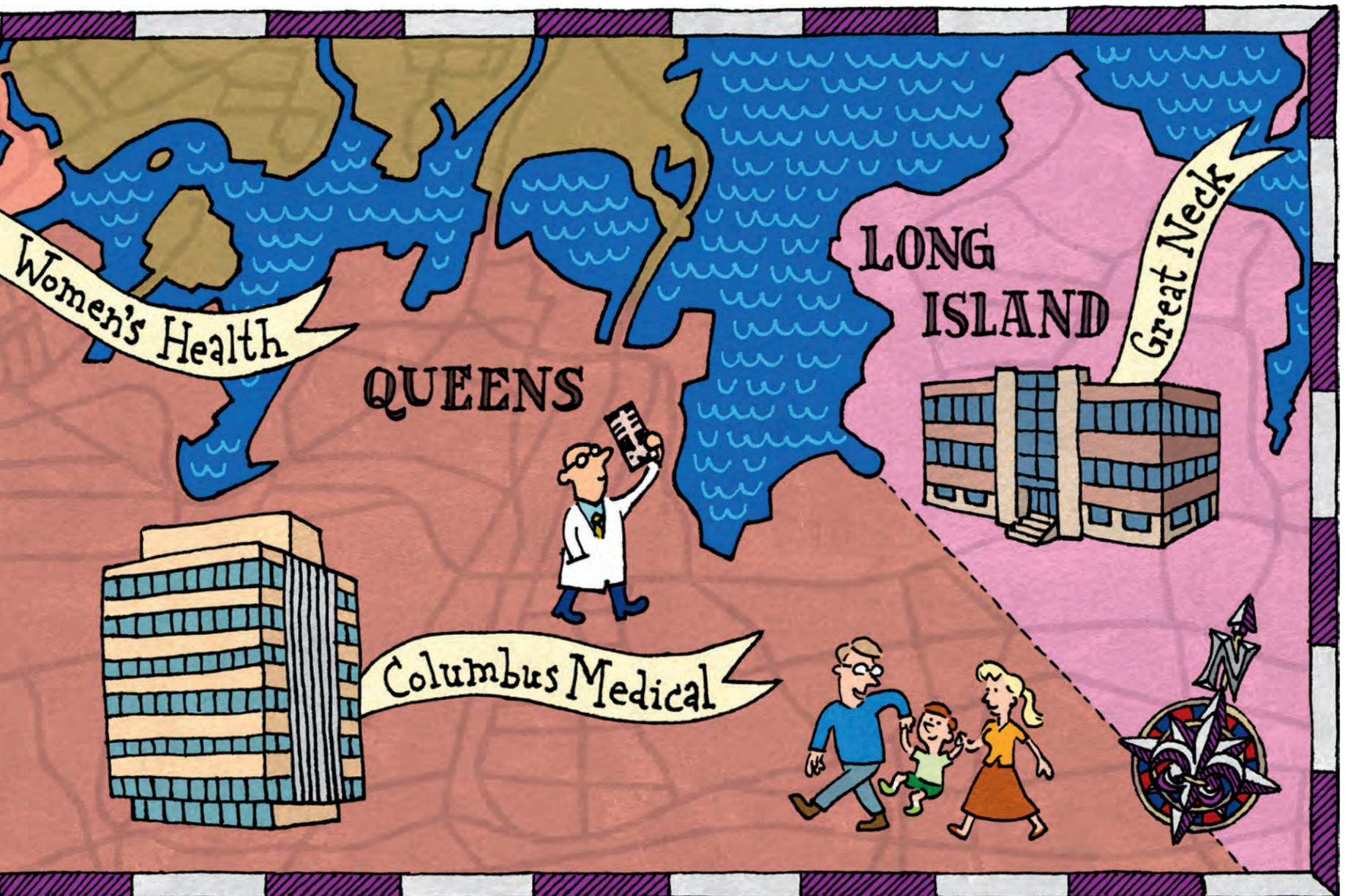


Illustration by Andy Rash

for example, was established at the request of the local Orthodox Jewish community by partnering with Jacob Walfish, MD, clinical assistant professor of medicine, an internist and gastroenterologist who has practiced in the community for nearly 30 years and speaks fluent Yiddish.

*For all their neighborliness, these satellite facilities provide the same high level of expertise and care that patients have come to expect from staff at the Medical Center.*

Plans are under way to establish 5 to 10 additional ambulatory care centers in the New York metropolitan area. “We carefully select the practices we want to partner with,” explains Paul Pogrebinsky, director of ambulatory operations. “It’s a long analytical process. We evaluate all aspects of the practice, including quality standards, to ensure that it’s in line

with NYU Langone’s commitment to patient-centered care, as well as the community’s needs.” With the addition of the Medical Center’s support services and specialists, these centers are flourishing. Since joining the network, for example, NYU Langone at Columbus Medical in Rego Park, Queens, the largest and busiest of the sites, has doubled its physician staff to 40, spanning 20 different specialties, and has added a six-chair infusion center.

Steven Kobren, MD, clinical assistant professor of medicine, medical director of our Great Neck practice, a location the Medical Center plans to use as a hub for future Long Island-based services, says, “Our patients are thrilled that we now share NYU Langone’s name—it’s a brand that sells itself.” After leading a thriving four-physician practice in cardiology, endocrinology, and primary care medicine for over two decades, Dr. Kobren agreed to join the network last fall. He was attracted, he says, by NYU Langone’s collaborative approach. “They’ve been very understanding,” he says, “and encouraged us to keep doing what we love to do.”

He also likes having enhanced access to the Medical Center, which he knows well from having referred cardiology patients there for more than 20 years.

“If Dr. Kobren hadn’t joined NYU Langone, I might not be here,” says Marie Gordon, one of his patients. In October 2010, shortly after the Great Neck practice came on board, an MRI scan showed that Gordon’s aortic aneurysm—diagnosed several years earlier—had ballooned dangerously. “I could have died at any moment.”

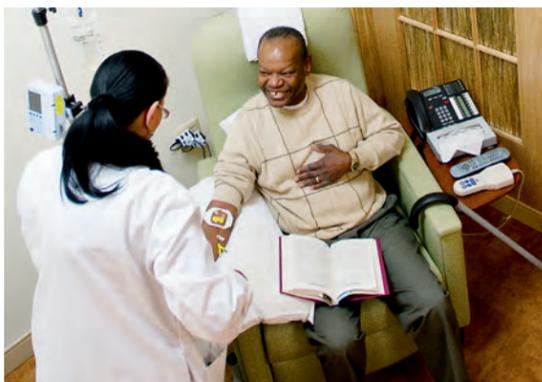
Worried about the effects of open-heart surgery on his 74-year-old patient, Dr. Kobren used his new affiliation to secure a fast-track appointment with Aubrey Galloway, MD, the Seymour Cohn Professor of Cardiothoracic Surgery and chair of the Department of Cardiothoracic Surgery. Within days, Dr. Galloway performed a minimally invasive procedure that repaired the aneurysm and allowed Gordon to recuperate swiftly. “The NYU Langone connection is why I was able to get operated on so quickly,” Gordon says. “It was a great team success story.”



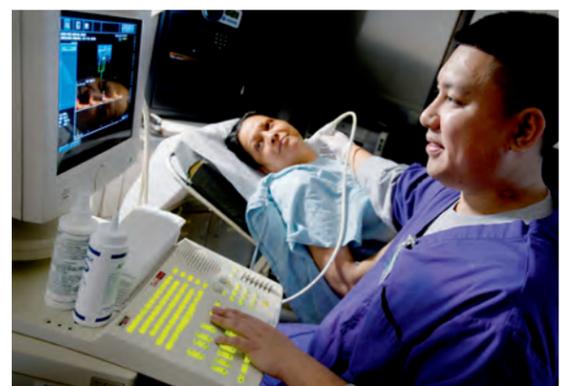
Integrated Design Group

**CENTER FOR WOMEN'S HEALTH** Opening this summer at 84th Street and Third Avenue in Manhattan, this newest member of the NYU Langone network will be staffed with full-time specialists in primary care, cardiology, gastroenterology, endocrinology, and gynecology. Patients will also have access to physicians in a dozen other women’s health specialties, as well as mammography and ultrasound scans, endoscopy and colonoscopy procedures, bone-density tests, noninvasive cardiac testing, and vascular and pulmonary function testing.

**COLUMBUS MEDICAL** When it joined NYU Langone in 2008, this center on Queens Boulevard immediately became the Medical Center’s largest ambulatory site. Since then, its number of affiliated physicians has doubled. Located in largely Russian-speaking Rego Park, the office’s bilingual staff testifies to its close community ties. The practice’s 40 physicians in 20 specialties treat 400 patients per day, utilizing separate reception areas. Additional services include endoscopy, chiropractic, an infusion center, and an imaging suite with MRI, PET, and CT scans and mammography. Phone 718-261-9100.



Joshua Bright



Joshua Bright

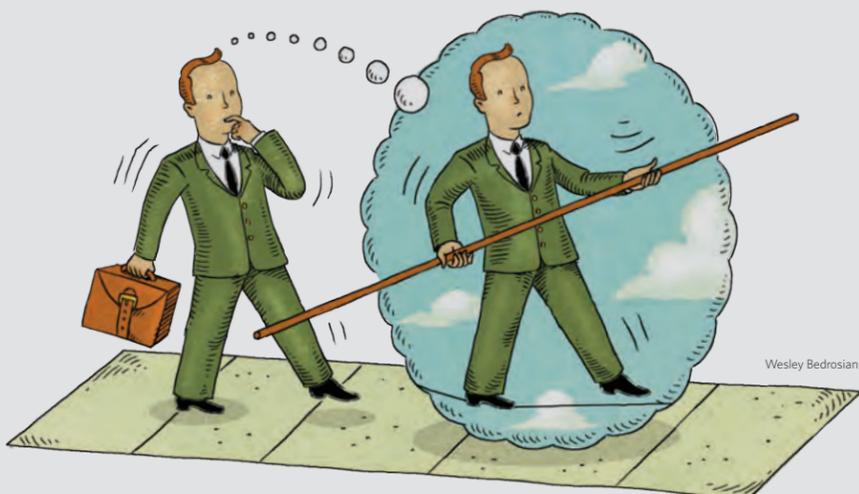
**GREAT NECK** When the Great Neck Medical Group joined the NYU Langone network last fall, the Medical Center gained a multispecialty practice known for superior patient-centered care. “If you call us and need an appointment that day, we’ll find time for you,” says Dr. Steven Kobren, its medical director, a cardiologist who’s also board certified in critical care medicine. The four-physician office, located in a semiresidential neighborhood near the Queens-Nassau County border, specializes in internal medicine, noninvasive cardiology (including echocardiograms and nuclear stress tests), neurology, neurosurgery, and endocrinology. Phone 516-482-6747.

## Tales from “the Dizzy Clinic”

Doctors were puzzled. Anita Rubinstein’s symptoms struck suddenly. She vomited incessantly. Her eyes fluttered when she moved her head. Yet, her temperature was normal and her vital signs strong. To Rubinstein, 71, a retired public school administrator, the malady felt like a stomach flu on a stormy sea. The best she could do was stare across the room. A neurologist recognized the signs of a vestibular system disorder, labyrinthitis, an inflammation of her inner ear, which regulates balance. Rubinstein’s inflamed ear, whose cause was unknown, sent false signals to her central nervous system, detecting motion when there was none and resulting in extreme vertigo.

Medication stabilized Rubinstein and stopped the vomiting, but it was physical therapy that trained her brain to compensate. At the Vestibular Rehabilitation Unit of NYU Langone Medical Center’s Rusk Institute of Rehabilitation Medicine, new patients have their balance assessed in a closet-size machine developed to reorient astronauts to the gravity of earth. “My first time on that crazy machine, I couldn’t do anything,” says Rubinstein. “The walls moved. The floors moved. I was like a baby again.”

More than 30% of the population suffers from vertigo or other inner ear dysfunctions during their lifetime, but the vestibular system receives scant attention in medical school. Curiosity about these life-altering disorders keeps medical residents flowing into “the dizzy clinic.” Established 20 years ago as the New York metropolitan area’s only facility dedicated to treating problems of balance, vertigo, and dizziness, the unit remains a leader in its growing field.



“We get patients who have suffered for years without a diagnosis,” says Lea Mermelstein, PT, the unit’s supervisor. “Fortunately, most vestibular problems are treatable with therapy.” The most common vestibular problem is benign paroxysmal positional vertigo. Microscopic calcium carbonate crystals called otoconia get dislodged and migrate into one of the vestibular system’s three fluid-filled canals. The result, as Chris Kapov, 51, a vice president in retail, learned last year, is that the room spun for 30 seconds or so after he turned his head in bed. Kapov’s physician sent him to Rusk for the canalith repositioning treatment, a maneuver with an 80% success rate of returning the crystals to their proper place. “The treatment took about three minutes,” says Kapov. “The physical therapist holds your head and flips your body over. I said, ‘How can this be a real treatment, it’s so simple?’ But after four visits, I was cured.”

Recovery was not so easy for Rubinstein, who sustained permanent damage to her right inner ear from her bout with labyrinthitis. Static and dynamic exercises strengthened her vestibular system and helped her maximize use of her visual and sensory systems. “I could see progress within a few weeks,” she says. “I’m not 100%—I’m very cautious and very slow—but I live my life. I take my piano lessons and walk the dog. Whenever I see people on the street who are not walking straight, I think to myself, ‘I know what you have!’ ”

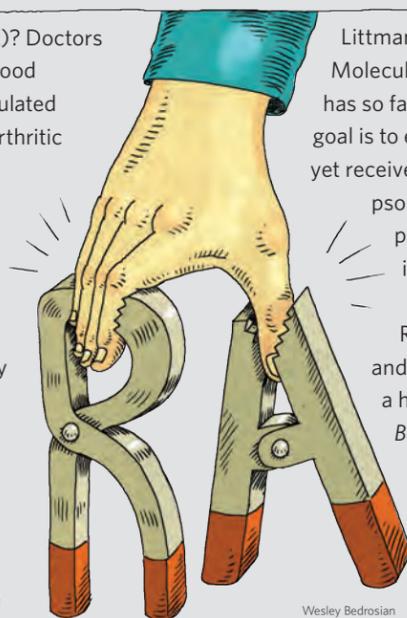
## Researchers Studying Rheumatoid Arthritis Take a New Look at an Old Theory

Can bacteria in the mouth or intestine trigger rheumatoid arthritis (RA)? Doctors believed so a century ago, hypothesizing that bacteria breaking down food stuck between teeth or rotting in the intestine released toxins that circulated through the body and inflamed joints. As a result, they often advised arthritic patients with reddened gums to have their teeth pulled and those with constipation to drink fermented milk and take laxatives.

By the mid-20th century, however, scientists had abandoned this hypothesis, stymied largely by the lack of tools to investigate the idea. Today, doctors consider RA—an often disfiguring and crippling condition that afflicts 2 million Americans—an autoimmune disease in which the body’s defensive antibodies attack its own tissues. Why they do so is a mystery, but genes, hormones, and infections are thought to be contributing factors.

So, too, now are bacteria. The once popular notion is under renewed scrutiny by NYU Langone Medical Center researchers, thanks to advances in DNA sequencing technology that permit rapid identification of bacteria. “We’re now able to test an old hypothesis with 21st-century technology,” explains Jose Scher, MD, who heads the new Microbiome Center for Rheumatology and Autoimmunity at NYU Langone’s Hospital for Joint Diseases. “It’s enabled us to tackle some of the basic questions we couldn’t address with the old laborious, time-consuming techniques. We’re now engaged in a study to catalog all species of oral and intestinal flora that reside in healthy people and people with RA, and to see if there’s a significant difference.”

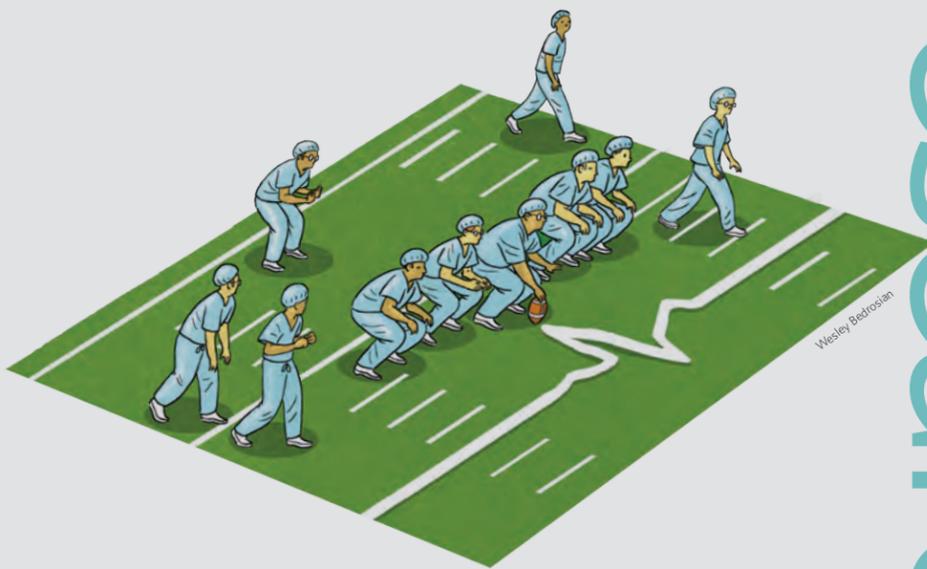
The study—led by Dr. Scher; Steven Abramson, MD, vice dean for education, faculty, and academic affairs and professor of medicine and pathology; and Dan



Littman, MD, PhD, the Helen L. and Martin S. Kimmel Professor of Molecular Immunology and professor of pathology and microbiology—has so far examined mouth and stool samples from 100 people (the goal is to enroll 150): 35 people with newly diagnosed RA who had not yet received treatment, 35 with established and treated RA, 15 with psoriatic arthritis, and 15 without disease. The preliminary findings, particularly those concerning patients with new-onset RA, are intriguing, says Dr. Scher.

“We’re seeing their RA in a purer state compared with RA patients who have been treated with immunosuppressants and drugs with antibiotic properties. New-onset RA patients show a higher intestinal concentration of microbes belonging to the *Bacteroidetes* family than do people with treated RA, and a much higher concentration than do healthy people. But in terms of RA, we can’t say what this means exactly. Do the high concentrations of these bacteria actually cause RA? Or are they a marker simply associated with the disease? Are they the product of some common dietary habit? We have more questions than answers at this point.”

The next step in the study is to give antibiotics to RA patients to document changes in the intestinal bacterial community and see if they weaken the immune system’s attack on joints. “We know this works in mice that develop RA-like symptoms,” explains Dr. Abramson, “and preliminary findings support this hypothesis in people.” Still, patients shouldn’t expect new treatments to alter the gut’s microbes anytime soon, Dr. Scher stresses. “The idea is attractive, but nothing is certain yet.”



## Teaming Up for Patient Safety in the Cardiac OR

Could learning the first names of everyone on the operating room team, or making sure that all caregivers are on the same page when a patient is transferred from the OR to postoperative care affect how well cardiac surgery patients fare? Some think so, and through a new initiative at NYU Langone Medical Center, researchers hope to find out.

Thanks to advances in technology and surgical techniques, the success rate for procedures like coronary artery bypass operations, which once carried a significant mortality risk, is now approaching 98%, and postoperative infections and other serious complications occur very infrequently. But FOCUS—Flawless Operative Cardiovascular Unified Systems—aims to make such complications rarer still by standardizing certain processes before, during, and after surgery.

“We’ve marched down the whole football field,” says Marc Kanchuger, MD, associate professor of anesthesiology and vice chairman for quality, the principal investigator on the project. “Now we have a chance to go that last five yards.”

NYU Langone will join 17 other US medical centers in a three-year study funded by a \$4 million grant from the Agency for Healthcare Research and Quality and overseen by a team from the Johns Hopkins University School of Medicine and representatives of the Society of Thoracic Surgeons and the Society of Cardiovascular Anesthesiologists. The participating medical centers will implement new protocols that could lower the risks associated with cardiac surgery even further.

Before each operation, the entire surgical team (typically numbering 10) will “huddle” to talk as a team on a first-name basis—a basic but unprecedented step—and review details of the procedure. Caregivers involved in placing the monitoring lines—catheters inserted in the patient’s peripheral artery and neck vein prior to surgery to administer medication and monitor cardiac function—will employ a uniform procedure to help reduce the risk of bacterial infection. During the operation, communications will be standardized. Team members will also follow certain rules of communication, such as repeating information to avoid misunderstandings and speaking up if they spot anything amiss. When handing off patients to the postprocedure cardiac critical care unit, caregivers will employ a standardized checklist, ensuring that all key medical issues are communicated and risks are anticipated. Use of ventilators with postoperative patients will be guided by protocols and a checklist designed to shorten the time on the ventilator and reduce pneumonia risk.

“Right now, these processes are done differently from one center to the next,” explains Dr. Kanchuger. “Our goal is to develop an optimal, standardized approach that can be used by cardiac surgery centers everywhere—just like a pilot’s flight check.” The study will track the impact of these protocols on rates of infection from central lines and at surgical sites, ventilator-related pneumonia, the 30-day risk of all complications, and the average length of hospital stay.



**Richard Tsien, DPhil,** a member of the Institute of Medicine and National Academy of Sciences, has been named the first director of the Neuroscience Institute and the Druckenmiller

Professor of Neuroscience. He will oversee the development of an institute created in 2009 with a \$100 million gift from Medical Center trustee Fiona Druckenmiller and her husband, Stanley, through the couple's Druckenmiller Foundation. Dr. Tsien joins our faculty from Stanford University, where he has been the George D. Smith Professor of Molecular and Genetic Medicine. There, he founded and served as the inaugural chair of the Department of Molecular and Cellular Physiology and helped establish the Stanford Brain Research Center, serving as its co-director from 2000 through 2005. He also served a 10-year term as the director and principal investigator at Stanford's Silvio Conte Center for Neuroscience Research. A leading expert on calcium channels and neurotransmission, Dr. Tsien investigates how

synapses contribute to neuronal computation and network function in both healthy and diseased brains. His research has contributed to understanding how neurotransmitters, drugs, and molecular alterations regulate calcium channels, and it has implications for such diverse clinical areas as pain and autism. Born in China, Dr. Tsien came to the US as a child. He earned undergraduate and graduate degrees in electrical engineering from the Massachusetts Institute of Technology. He was then named a Rhodes Scholar, graduating with his doctorate in biophysics from Oxford University, England. He joined the faculty at Yale University School of Medicine, serving for nearly two decades before being recruited to Stanford. Dr. Tsien begins his tenure at NYU Langone next January.



**Nirav Shah, MD, MPH,** formerly assistant professor of medicine, has been appointed commissioner of the New York State Department of Health. He is the first Indian-American and, at 38, the

youngest person ever named to the post. In this role, Dr. Shah oversees the state's system of hospitals, as well as the Medicaid program. Serving nearly 5 million people at the cost of almost \$1 billion a week, the New York Medicaid program is the largest in the nation. An expert in the use of systems-based methods to improve patient outcomes, Dr. Shah has been a leading researcher in the use of large-scale clinical laboratories and electronic health records to improve the effectiveness and efficiency of care. Previously an attending physician at Bellevue Hospital Center and associate director of research for the Department of Medicine's Division of General Internal Medicine, he is a nationally recognized leader in the methods needed to transition to lower-cost, patient-centered healthcare for the 21st century. A native of Buffalo, Dr. Shah is an honors graduate of Harvard College. He received his MD and MPH from the Yale School of Medicine. He was a Robert Wood Johnson Clinical Scholar at the University of California at Los Angeles, conducting research in epidemiology, and a National Research Service Award Fellow at NYU Langone Medical Center.

## Because It Is Brain Surgery . . . *(continued from page 1)*

Both surgeons, notes Dr. Golfinos, left leadership positions at other major medical centers in New York City to come here. "This is not a small move for them, and for the Medical Center, it's a huge acquisition of first-rate talent."

For Dr. Sen, who was chair of Neurosurgery at another Manhattan institution prior to joining NYU Langone Medical Center, the move was driven by his desire to concentrate solely on surgery. "Operating on a tumor underneath the brain typically takes 8 to 10 hours," he explains. "It requires keeping your focus for a long time, and to stay good at it, you need to operate often." Dr. Sen chose to join NYU Langone largely because of what he terms its "mission-oriented" approach. "Dr. Golfinos wants to build the best neurosurgery department in the nation," he says. "I'm coming here at a good time to contribute to that effort. The momentum is here—I can feel it."

Dr. Perin and Dr. Sen can both handle virtually any case in their subspecialties, explains Dr. Golfinos,

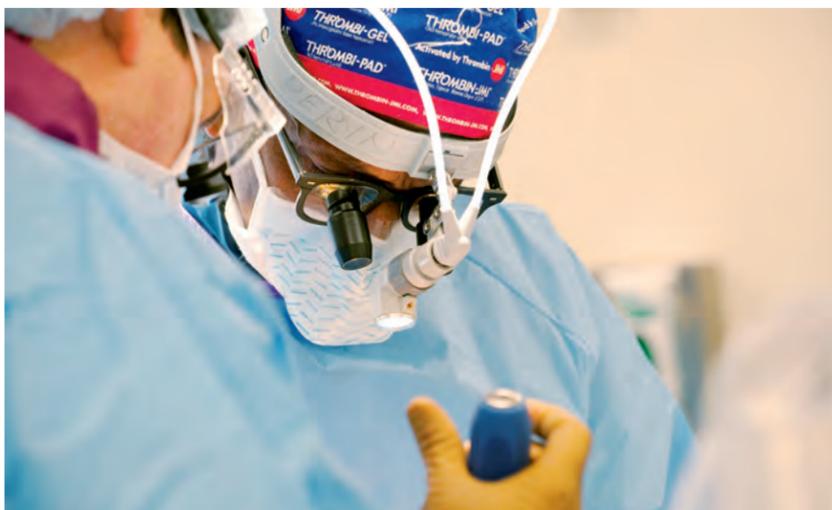
and Dr. Sen is known for tackling cases that other surgeons find too challenging—a skill that complements Dr. Golfinos's own expertise in skull-base procedures, particularly acoustic neuromas. "Between Dr. Sen and myself," he says, "we've become New York City's premier center for skull-base surgery."

NYU Langone now has about 20 neurosurgeons serving patients at Tisch Hospital, Bellevue Hospital Center, and the Manhattan VA Medical Center, including such master surgeons as Jafar Jafar, MD, professor of neurosurgery and director of the Division of Cerebrovascular Surgery; Jeffrey Wisoff, MD, associate professor of neurosurgery and pediatrics, and director of the Division of Pediatric Neurosurgery; and Anthony Frempong-Boadu, MD, assistant professor of neurosurgery. The Department of Neurosurgery has a long-standing reputation for excellence that encompasses surgery for brain tumors, brain aneurysms and vascular malformations, spine ailments, epileptic seizures, deep brain stimulation for Parkinson's disease

(an area Dr. Golfinos hopes to augment), and a range of other conditions.

The department's research efforts also continue to expand, bolstered by the recent addition of two physician-researchers: Dimitris Placantonakis, MD, PhD, assistant professor of neurosurgery, and physiology and neuroscience, and Hae-Ri Song, MD, assistant professor of neurosurgery. Dr. Placantonakis will divide his time between performing neurosurgery procedures at Tisch and Bellevue and investigating the role of microRNA molecules in motor neuron diseases and glioblastomas (a type of brain tumor). Dr. Song is studying the molecular mechanisms of a gene called nuclear factor I on the development of central nervous system tumors.

"We're making an extraordinary department even more extraordinary," says Dr. Golfinos. "Our goal is to be the place that other neurosurgery centers refer their really difficult cases to because we can get it done."



Dr. Noel Perin



Dr. Chandranath Sen

## Patient-Centered Care, Right in the Palm of Your Hand *(continued from page 1)*

someone else's. "Once you're in the system," explains Kathryn McClellan, vice president for Epic design and implementation, "you won't have to give your social security number or other detailed personal information, such as your address and phone number, every time you come to the Medical Center. You'll be asked for your birth date, but that's just to help the computer locate your medical file more quickly."

Palm-vein scanning is a form of biometrics, a field that uses unique physical characteristics to identify people. The Medical Center has been considering improvements to its patient registration process. After rejecting such options as fingerprinting and retinal scans, the ideal solution emerged: palm-vein scanning. In addition to being

safe, noninvasive, and easy to use, the technology has proven effective at a half-dozen other medical centers around the country. It's so secure, in fact, that in Japan, palm-vein scans are now used instead of personal identification numbers at ATMs. One major benefit of the new device, adds McClellan, is that in an emergency, a patient's palm can speak for them. "If a patient is unconscious or unable to communicate, with PatientSecure, we can still identify them."

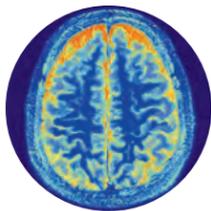
PatientSecure will be rolled out at the Medical Center and physician offices over the coming months, but patients will have the opportunity to preregister. This process involves scanning and recording the patient's palm profile, making sure that all essential personal

information is entered into the Epic system along with the scan, and having a photo taken as an additional identifying feature. By preregistering, future visits will be facilitated.

"We're very excited about this new system," says Bernard Birnbaum, MD, vice dean and chief of hospital operations. "It will greatly accelerate the registration process, ensure that the right person gets the right treatment every time, and serve to eliminate duplicate medical records while also helping to prevent medical identity theft and insurance fraud. It's one more example of NYU Langone being at the forefront of patient-centered care."

PatientSecure is a registered trademark for HT Systems, LLC.

## Inside This Issue



Chris Gallagher / Photo Researchers, Inc.

**Because It Is Brain Surgery . . .** “We’re making an extraordinary department even more extraordinary,” says Dr. John Golfinos, chair of Neurosurgery. Pride is not out of order. He’s recruited three world-renowned neurosurgeons to what many already consider New York City’s finest department of neurosurgery. [page 1](#)



**Patient-Centered Care, Right in the Palm of Your Hand** Starting this spring, thanks to high technology and a deep commitment to patient-centered care, an appointment at NYU Langone Medical Center’s Tisch Hospital and dozens of our doctors’ offices, both on and off campus, will no longer mean filling out lengthy medical forms again and again. [page 1](#)



**Thirty-Nine Steps to Greatness** Fulfilling the long-held vision of its chair, Dr. H. Leon Pachter, who took the helm in 2006 after four decades at NYU Langone, the Department of Surgery has recruited 39 surgeons, essentially doubling its size to 64 full-time attendings. More important, though, it has taken a leap in stature. [page 3](#)



**A String of Off-Off-Campus Hits** Over the past three years, our distinctive violet-and-white logo has gone up on ambulatory care centers in Brooklyn, Queens, Long Island, and the Financial and Theater Districts of Manhattan. These multispecialty centers represent a strategic expansion of NYU Langone’s outreach efforts. [page 4](#)



**The Richest Harvest of All** For more than a decade, NYU Langone has offered autologous stem cell transplants to patients with lymphoma and multiple myeloma. Now, the NYU Cancer Institute is also able to offer allogeneic stem cell transplants, in which patients receive stem cells from compatible donors. [page 8](#)

# NEWS & VIEWS

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## The Richest Harvest of All

### New Stem Cell/Bone Marrow Transplant Center Offers Expanded Options to Patients

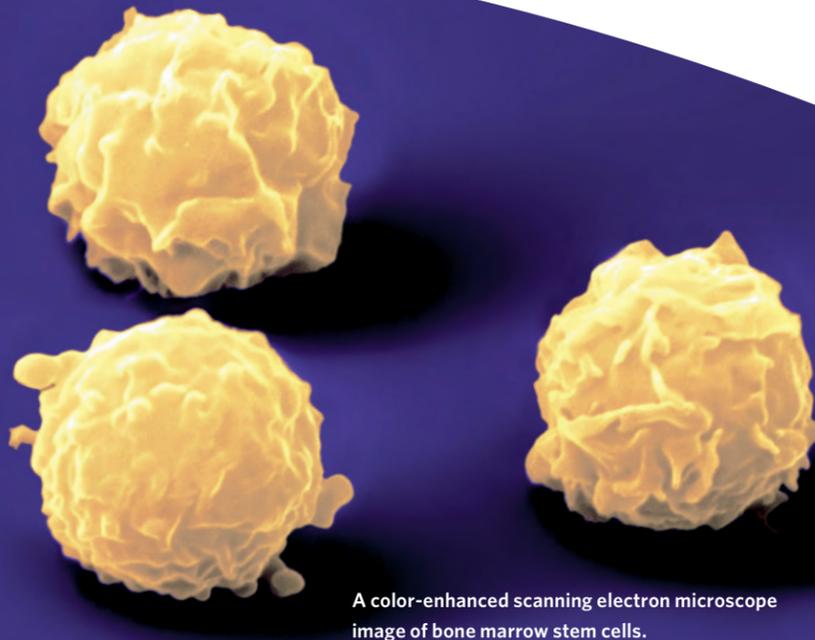
For more than a decade, The Cancer Institute at NYU Langone Medical Center has offered autologous stem cell transplants, in which cells from the patient’s own peripheral blood (that circulating in the body) or marrow are harvested and frozen until they’re ready to be returned to the patient following completion of treatment. This kind of transplant is offered to patients with lymphoma and multiple myeloma.

Now, the institute, an NCI-designated facility, is also able to offer allogeneic stem cell transplants, in which patients receive stem cells from donors with the same tissue type to help ensure that their bodies don’t reject transplanted stem cells. Sources of these stem cells include peripheral blood or bone marrow from a matched sibling, a matched unrelated donor, or umbilical cord blood, which is collected after labor and poses no risk to the donors (mother and newborn). With the opening of the Rita J. and Stanley H. Kaplan Stem Cell/Bone Marrow Transplant Center, The Cancer Institute now provides comprehensive treatment and care for adult and pediatric patients with hematologic cancers. Blood cancers such as leukemia, lymphoma, myeloma, and myelodysplastic syndromes strike a total of some 137,000 Americans annually. Between 8 and 10 allogeneic transplants are expected to be performed at the Kaplan Center this year.

In stem cell transplantation, a procedure similar to a blood transfusion, healthy bone marrow stem cells are infused into a patient to replace deficient or destroyed bone marrow. “A transplant,” explains Jasmine Zain, MD, assistant professor of medicine and the Kaplan Center’s director, “is the only curative option for patients with certain types of blood cancers, like leukemia, lymphoma, multiple myeloma, and certain noncancerous illnesses that cause bone marrow to become deficient.”

“The Kaplan Center places The Cancer Institute at the forefront of stem cell transplantation, providing the most advanced and comprehensive care and catapulting our expertise to the next level,” notes the institute’s director, William Carroll, MD, the Julie and Edward J. Minskoff Professor of Pediatrics and professor of pathology. “We are dedicated to rapidly translating knowledge from our research programs in stem cell biology and immunology directly to stem cell transplantation to improve patient outcomes.”

The center was established in February with a \$4.2 million donation from the Rita J. Kaplan and Stanley H. Kaplan Family Foundation, which has made several generous gifts to NYU Langone. The late Stanley Kaplan, a former trustee of the Medical Center, was a dedicated philanthropist, as is his wife, Rita. Today, Rita and their daughters, Nancy Kaplan Belsky and Susan Kaplan, continue the tradition of the Kaplan Family Foundation. The Kaplan Center is staffed by some of the country’s leading experts in stem cell transplantation. Integrated care is provided by a dedicated team of nurses, nurse practitioners, social workers, nutritionists, physical therapists, and recreational and child-life specialists.



A color-enhanced scanning electron microscope image of bone marrow stem cells.

Located on 16 East in Tisch Hospital, the 3,600-square-foot facility houses six spacious private patient rooms specially designed for immune-compromised patients undergoing an extended stay (typically three to four weeks). Infection control is a top priority. An anteroom between the hallway and the patient’s room enables hospital personnel and visitors, per facility requirements, to wash their hands with antiseptic soap and don mask, gown, and gloves just before entering the patient’s room. In each room, a positive-pressure ventilation system expels air outward, with 12 full air changes per hour. High efficiency particulate air (HEPA) filters prevent the spread of airborne contaminants. A unique feature of the center is its outpatient after-care area, where closely managing side effects will serve to reduce hospital readmissions.

Patients undergoing stem cell transplantation require a great deal of support during their hospitalization and afterward, so doctors encourage at least one family member or loved one to stay with the patient. To accommodate caretakers, patient rooms are equipped with a chair that unfolds into a bed, as well as a separate rest and shower area.

The Kaplan Center will be closely linked with NYU Langone’s research of the science behind drug development, stem cell biology, and immunology. “If we can get patients into remission with novel drug platforms prior to transplant, they can have better outcomes,” explains Owen O’Connor, MD, PhD, professor of medicine and pharmacology, chief of the Division of Hematologic Malignancies and Medical Oncology. “We’ll also closely track the care and outcomes of our patients with long-term follow-up studies.”