

In 5 Years, Cancer Center Touches 50,000 Lives

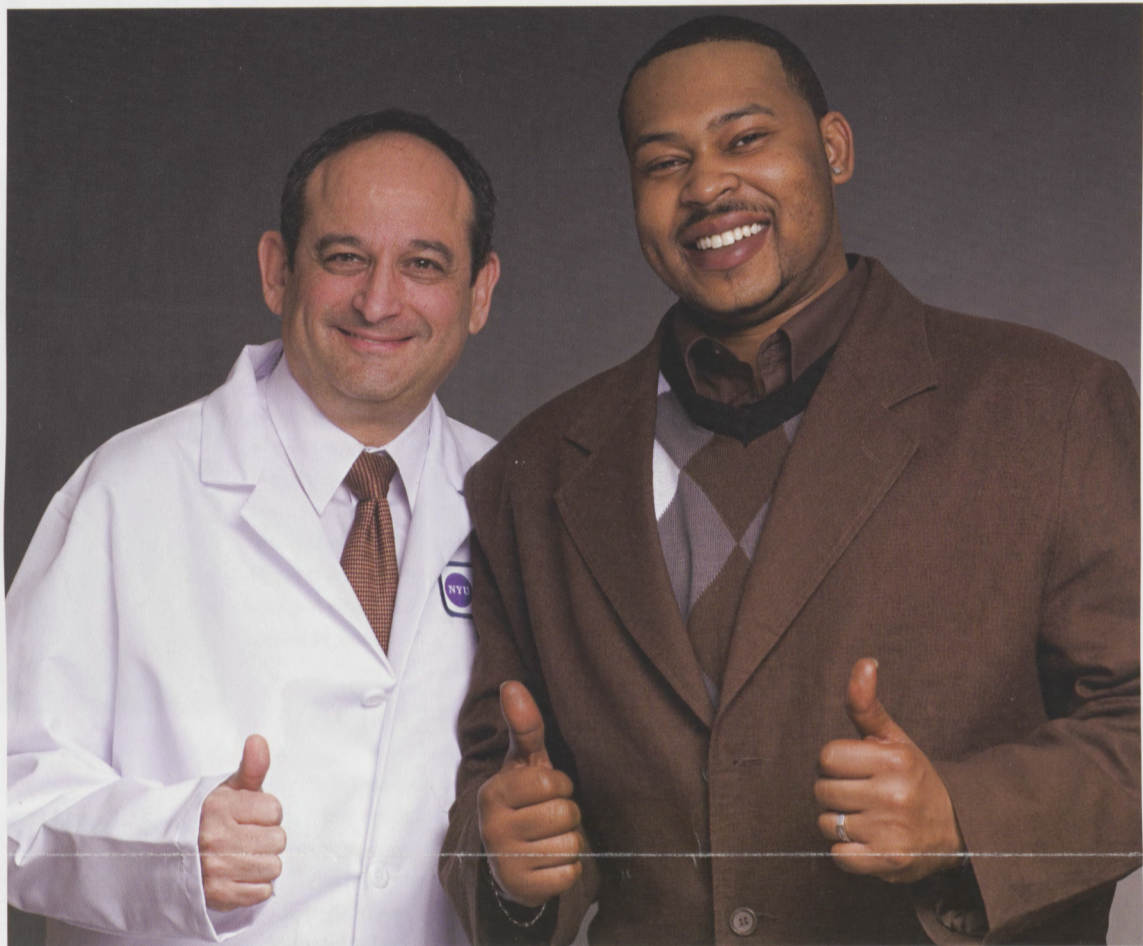
Soon after the Clinical Cancer Center opened its doors in July 2004, an intimate, informal custom took hold. Upon completing chemotherapy, some patients amble over to the nurses' station, ring a bell, and recite these words: "Ring this bell three times. Its toll will clearly say, 'My treatment's done, this course has run, and now I'm on my way.'"

A small gesture, perhaps, but for someone battling cancer, a major milestone. This July, the center itself marks a notable achievement: five years of service to more than 50,000 patients. Despite the month, there will be no fireworks, or even bells, to herald this anniversary. If there's any celebrating, it will be done quietly, privately. And it won't take place on East 34th Street, but in the hearts and minds of those who call themselves survivors.

About 85 to 90 percent of cancer care is now delivered in an outpatient setting. The Clinical Cancer Center, supported by more than 300 employees, is designed to serve as a kind of "home base." The center is arranged by type of cancer, and each patient has his or her own care team drawn from many disciplines, including medical oncology, radiation oncology, surgery, radiology, nursing, genetic counseling, pain management, psychiatry, nutrition, and social work. Members of the team work side by side, which enhances care and makes visits more convenient.

"Our patients get virtually all the care they need under one roof," says William L. Carroll, M.D., the Julie and Edward J. Minskoff Professor of Pediatrics and director of NYU Langone Medical Center's Cancer Institute. Outpatient services for children are provided at the nearby Stephen D. Hassenfeld Children's Center for Cancer and Blood Disorders.

The Clinical Cancer Center operates within NYU Langone Medical Center's Cancer Institute, which was made possible, in part, by early funding from Rita J. and Stanley H. Kaplan, whose generous gifts enabled the Medical Center to centralize its clinical cancer care and research. As a National Cancer Institute (NCI)-designated cancer center, the Cancer Institute is among an elite group of institutions focused on cancer research and more



John Abbott

FIVE LIVES — AND THE DOCTORS WHO HELPED SAVE THEM Aaron Martin and his physician Bruce Raphael, M.D., clinical professor of medicine (hematology), are one of five doctor-patient partnerships chosen to represent the first five years of NYU Langone Medical Center's Clinical Cancer Center. The others appear on page 5.

"Perhaps our greatest achievement is that we're a true community focused on one thing: helping people with cancer."

effective approaches to prevention, diagnosis, and treatment. "The NCI looks for a total institutional commitment to cancer, which they clearly found here," says James Speyer, M.D., professor of medicine (oncology), medical director of the Clinical Cancer Center, and associate director of clinical and hospital operations for the Cancer Institute.

That commitment becomes obvious the moment you enter the front door. "I'm a designer," says Magda Kristoff, a recent patient, "and I tell you — they thought of everything when they designed this building. After my first treatment, I went home and told my family and friends that it's like a health spa

(continued on page 5)

New Department Brings Patient-Centered Care to a Higher Level



Rene Perez

Joan Dauhajre, director of the new Department of Patient-Centered Care, with Medical Center volunteers Connie Yu and Syed Hasan.

If our patients feel like the center of attention these days, they're right. Committed to making comfort, convenience, and respect as much a part of the patient experience as quality medical care, NYU Langone Medical Center has created a new Department of Patient-Centered Care to underscore an all-important message: *It's all about the patient.*

"Bringing all our patient-centered programs under one umbrella will enable everyone to focus on improving the experience of patients and their families," says Bernard Birnbaum, M.D., chief of hospital operations. "The goal is to make the entire system work better."

The department, headed by Joan Dauhajre, formerly the longtime director of care management, social work, and volunteer services at NYU Langone Medical Center's Hospital for Joint Diseases (HJD), consolidates a number of programs formerly housed

in separate departments — Patient Representatives, Patient Satisfaction, Patient and Family Education, Community Outreach, Pastoral Care, Integrative Medicine, and Volunteers. Its goal is to enhance the patient experience by engaging patients and their families in every step of care, to ensure that they are treated with dignity and respect, and to empower them through education.

The department's headquarters will be located in a central area, just a few yards from Tisch Hospital's gift shop. Once the lobby is renovated as part of the planned refurbishment of Tisch Hospital, this area will also contain a Family Resource Center and new bank of elevators reserved for patients and their families.

The new department is the brainchild of
(continued on page 5)

Graduation 2009

NYU School of Medicine

See page 6





From the Dean & CEO

As you can see, we've reinvigorated the design of news & views, a change that signals our determination to look at things with a fresh eye. There is evidence of that determination across our entire Medical Center: researchers applying the perspectives of different disciplines to reveal new answers; educators creating a new curriculum by reexamining what needs teaching and how it can best be taught; corporate service teams revamping processes to make them more responsive, more user-friendly, and more effective in business terms; and clinicians taking a concerted approach to improving the patient experience.

Looking at the familiar with new eyes is a powerful source of innovation, often because the answers are "hiding in plain sight." As you'll see in these pages, we are making demonstrable progress by

analyzing patient needs from the standpoint of the whole person — in terms of comfort, reassurance, and convenience, as well as the quality and safety of care.

You'll also see a salute to the Clinical Cancer Center, which, having led the way in structuring services around what patients really need, celebrates its fifth anniversary in July. The success of the Clinical Cancer Center represents a huge achievement, and everyone who is part of it deserves to feel extremely proud.

Bob

Joshua Carlson, M.D. ('09), with a bundle of joy in one hand and some joyful news in the other. Carlson matched in ophthalmology at Wake Forest University, with preliminary medicine at the University of California Medical Center at Irvine.

Make Me a Match

Just as they have every third Thursday in March since 1952, graduating medical students around the country joined their classmates on March 19 — Match Day — to learn where they'll spend the next three to seven years of residency training. At NYU School of Medicine, members of the Class of '09 started gathering outside Farkas Auditorium at about 11:30 a.m. When the clock struck 12 noon, the envelopes were handed out, and emotions tumbled out. While some students hugged and cried, others texted their family and friends with the news. According to the National Resident Matching Program (NRMP), this was the largest match in the organization's history, with 29,890 applicants, believed to be the result of nationwide medical school expansion in anticipation of a future shortage of physicians. NRMP uses a computer algorithm to produce favorable results for applicants, aligning their preferences with those of residency programs. Of this year's graduates from NYU School of Medicine, nearly 75 percent matched to schools and hospitals ranked in the top 50 by *U.S. News & World Report*. The most popular specialties were internal medicine (39), pediatrics (17), diagnostic radiology (14), anesthesiology (12), and emergency medicine (11). Thirty-two students will remain at NYU Langone for their residencies.



Department of Medicine Research Day



Amid posters of research projects by medical and graduate students, residents, fellows, and junior faculty are **Martin Blaser, M.D., the Frederick H. King Professor of Internal Medicine, chair of the Department of Medicine, and professor of microbiology, and Bruce Cronstein, M.D., the Dr. Paul R. Esserman Professor of Medicine, professor of pathology and pharmacology, director of the Division of Clinical Pharmacology, and associate chair for research.**

In recognition of its members' outstanding contributions to scientific research, the Department of Medicine held its eighth annual Research Day on May 6, featuring the entire range of its translational research. A record 146 abstracts were presented, the strongest of which were honored. Awards were also given for the best presentations. These awards are named to honor several eminent faculty who "embody the department's mission of service and discovery": Peter Elsbach, M.D., Ph.D., professor emeritus of medicine; Rochelle Hirschhorn, M.D., professor emerita of medicine, cell biology, and pediatrics; Alan Charney, M.D., clinical professor of medicine; and Gerald Weissmann, professor emeritus of medicine. The event began with the Arthur DeGraff Lecture, delivered by Steven Goldring, M.D., chief scientific officer of the Hospital for Special Surgery.

MiniMed participants Isaiah Holston (left) and Donte Henry (right) get a primer in blood pressure from medical student Anna Adongo ('12).



All photos by Joshua Bright

One Million Visitors a Month... and Counting

NYU Langone Medical Center's website reached a major milestone in March, when monthly visits topped the 1 million mark. The tally confirms that the site is succeeding in its mission to link the Medical Center with the consumers, physicians, medical students, researchers, and prospective employees who make up its core constituencies.

"The site is coming of age," says Michael Mainiero, director of web and digital media services and one of the site's principal architects. "Monthly visits are just one of many metrics we track, but 1 million is a significant number. It's very encouraging." It's not the only encouraging number. Recent data suggests that the site, which launched on January 27, 1997, has three times more traffic than comparable ones, says Mainiero.

Why the surge in traffic? Strategies to increase the use of "search engine optimization," along with a more professional content-management system, have made the site more "visible" to search engines. Mainiero also credits the ever-increasing breadth and robustness of the content: hundreds of internal sites consisting of a total of hundreds of thousands of pages of text and video, with hundreds more added every month. This torrent of information comes from faculty and staff in the countless departments, centers, and institutes that make up the Medical Center.

Cultivating Tomorrow's Caregivers

"What do you remember about the digestive system from last semester?" The question sounds like one posed to a group of medical students, but in this case, it's a medical student, Ariel Marciscano ('11), who's doing the asking. "It's really, really long," responds one youngster. It's a beautiful Saturday morning in March, when most high school boys would rather be outside kicking around a ball. But these dozen 9th and 10th graders from the all-boys Eagle Academy Charter School in the Bronx have chosen to sit in a Coles Lecture Hall, listening to medical students describe the wonders of the human body.

The hour-long review of last semester's class is part of NYU Langone Medical Center's MiniMed Program, launched in 2008 to cultivate an interest in medicine among underrepresented youngsters and encourage them to pursue a career in the field. The syllabus parallels the first- and second-year medical school curriculum, and the 12-hour course culminates with the students presenting to a panel of faculty. "We are reaching out to kids who have no exposure to medicine as a career option," says Mekbib Gameda, assistant dean for diversity and community affairs. "We're planting seeds."

news roundup

It's Not Easy Being Green

To Conserve Energy, NYU Langone Taps into the Power of Its People

Mention energy efficiency to Paul Schwabacher, senior vice president for facilities management, and his eyes light up. "In this area, our environmental and financial interests are directly aligned," he says. "NYU Langone Medical Center spends \$30 million annually on electricity and steam and generates nearly 80,000 tons of carbon dioxide. By becoming more energy efficient, we have a huge opportunity to reduce greenhouse gas emissions and save money."

Hospitals rank among America's biggest energy consumers, but lately, the healthcare industry has joined others in making efficiency a high priority. On several fronts, NYU Langone is leading the way. An early member of the Environmental Protection Agency's Energy Star Health Partnership, which compiles hospitals' energy profiles in a national database, it was the first medical center in the city to join Mayor Michael Bloomberg's PlaNYC, whose participants pledge to reduce greenhouse emissions 30 percent by 2018.

The task of meeting this goal falls largely to John Bartlik, associate director of energy services, whose job is to analyze the Medical Center's energy use and identify potential savings. Bartlik knows the system well, thanks to a previous stint here in the 1990s. Sitting in his office,



NYU Langone's Green Team: Darren Rubbo, associate director of engineering; Michael Giannotti, control shop foreman; Patrick Dunne, refrigeration engineering foreman; and John Bartlik, associate director of energy services.

he points to an onscreen diagram of an air-handling unit — one of 180 that work day and night to keep the Medical Center's buildings supplied with fresh, temperature-controlled air. "With the aid of 20,000 sensors throughout the Medical Center, this display tells us how much air is flowing through each unit, as well as the air pressure, temperature, and humidity at various points," he explains. "We can also check temperature and air pressure in specific rooms."

Bartlik's first project was to maximize this system's efficiency by repairing components, ensuring that measuring devices were calibrated correctly, and optimizing the system's control logic. "The design of our traditional heating, ventilation, and air-conditioning systems," he explains, "requires us to cool all of our ventilation air

in one of our three big chiller plants to meet the needs of the warmest spaces, then reheat the rest of the air, where needed, to maintain comfort levels. Minimizing this wasteful reheating is a key to saving energy." After a year of tweaking, Bartlik and his team reduced annual energy expenditures by \$2.5 million. Among other recent conservation measures, a more efficient chiller plant was installed in Tisch Hospital, and the Medical Center's 14 miles of air-conditioning pipes were reconfigured to cool more efficiently.

Getting a good return on investment is an important factor when planning efficiency projects, particularly the cogeneration plant NYU Langone hopes to build adjacent to the FDR Drive. This proposed plant would employ a natural gas-fired turbine to fulfill two-thirds of the Medical Center's daily electricity needs, while heat from the process would be used to generate needed steam. Since most electric power plants don't harness the heat they produce, about two-thirds of the energy burned for fuel goes up the smokestack as heated air. Cogeneration is about 83 percent efficient because it captures this otherwise lost heat. This reduced waste — and the resulting savings on steam, which is currently purchased — would cut energy expenditures by an estimated \$10 million annually. Various cogeneration options are under study.

Still, as Richard Cohen, vice president for facilities management, notes, some of the most important energy investments involve people rather than equipment. "One of the keys to improving efficiency is consistency and persistence," he says. "For that, you need committed individuals. For example, John Bartlik's experience, superb engineering skills, and ability to communicate made him the perfect candidate to run our energy and sustainability portfolio. The dedication that he and others bring to the task is what will make our energy program a success."

Trials and Tribulations

Two Leading Cardiologists Provide the Lowdown on Statins

Despite the increasingly widespread use of statin drugs, which aim to prevent heart attacks and strokes by lowering blood levels of plaque-forming cholesterol, cardiovascular disease remains America's leading cause of death. Within the medical community, there's a continuing debate about what role these drugs should play in an overall prevention program. news & views recently asked two distinguished clinicians-researchers — Edward Fisher, M.D., Ph.D., the Leon H. Charney Professor of Cardiovascular Medicine, and professor of pediatrics and cell biology, and Howard Weintraub, M.D., clinical associate professor of medicine — for their insights.

You're both known for a "customized" approach to cardiac prevention. Why is that?

Dr. Fisher: Broad guidelines are geared toward lowering risk across large populations. With a patient, you're concerned about that individual's risk. Let me add, though, that if current guidelines were enforced, we'd be a lot better off. Right now, less than 35 percent of people with cardiovascular risk factors are getting treated optimally.

Why did the recent JUPITER (Justification for the Use of Statins in Prevention: an Intervention Trial Evaluating Rosuvastatin) study make headlines?

Dr. Weintraub: This study looked at 18,000 people with relatively "low" LDL cholesterol and elevated C-reactive protein (CRP), a measure of inflammation that appears to be a marker for cardiovascular disease. Treatment with 20 milligrams of rosuvastatin [Crestor] reduced heart attack and stroke risk so dramatically in this group that the study was stopped prematurely. While JUPITER focused on CRP, many of us feel that its real message is that many things other than LDL increase cardiovascular risk. This group was told that, on the basis of their LDLs, their risk for heart attack and stroke was low. Yet 40 percent had metabolic syndrome, meaning that they're essentially diabetics in training. Many had high triglycerides and/or family history of heart disease. Most were overweight. Their average blood pressure was in the mid-130s. Yet their primary care physicians looked at the guidelines and said, "Your blood pressure isn't over 140, your LDL is below 130, your blood sugar is under 100, so you're okay." Meanwhile, many were en route to becoming cardiac catastrophes. When they received a statin that effectively lowered LDL and triglycerides, their incidence of fatal and nonfatal cardiovascular events was markedly reduced. Of

course, if they'd also lost weight and lowered their blood pressure, the results would have been spectacular.

Are you suggesting that primary care physicians aren't treating cardiovascular risk effectively?

Dr. Fisher: As prevention specialists, we address all treatable risk factors and keep abreast of the latest research on how to do this. It's difficult for primary care physicians seeing 50 patients a day to keep up with the emerging data. They're also less likely to do multiple-risk-factor intervention.

Dr. Weintraub: The problem is that with so much information out there, many physicians find it challenging to take a thoughtful, aggressive approach to each risk factor. Adherence is important, too. Studies show that many people stop taking their medications and following lifestyle recommendations within the first year of treatment. This doesn't happen when the patient gets the right kind of understanding treatment and knowledgeable explanations.

Dr. Fisher: Which is what they'll get here.

Are some statins better than others?

Dr. Weintraub: Some statins do everything well, while others just do some things well. There may be benefits to the two remaining branded statins versus generics. Ideally, I want the drug that lowers LDL and also lowers triglycerides, raises HDL, and is an anti-inflammatory.

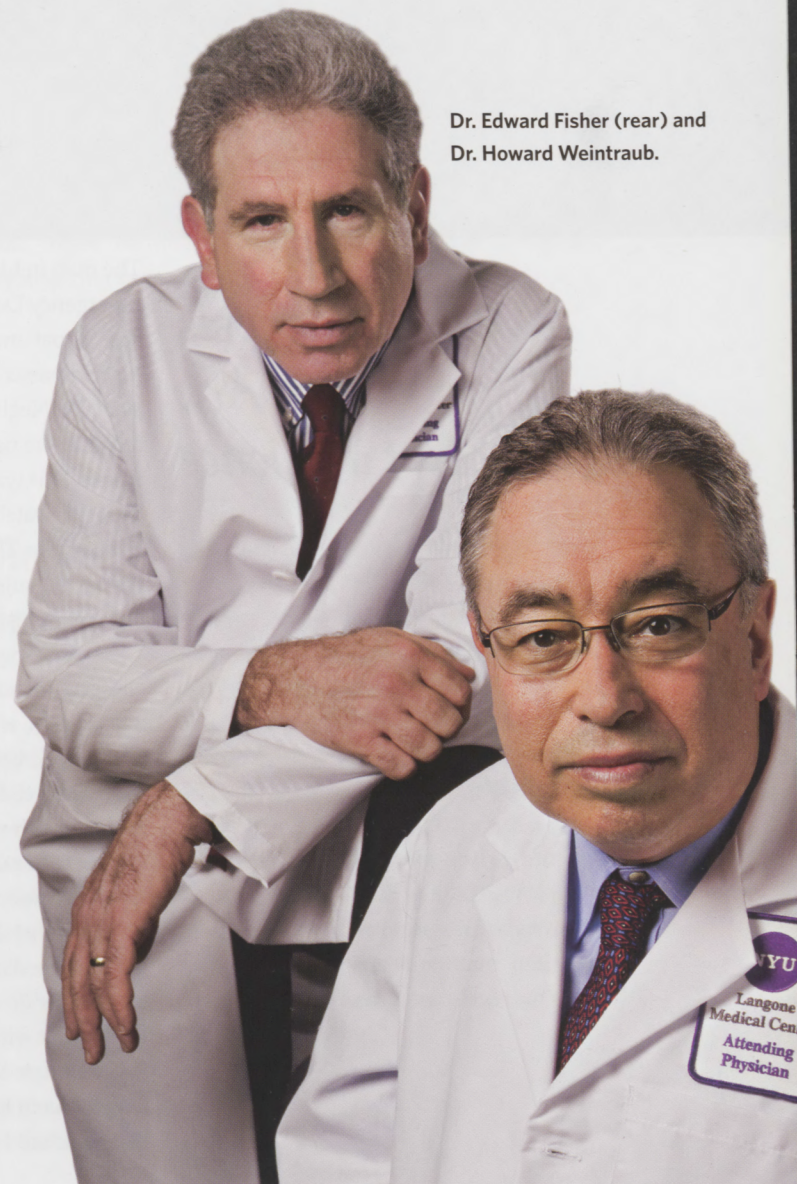
Dr. Fisher: There's still a lot we don't know. Only 50 percent of heart attacks are explained by known risk factors. But if you lower LDLs enough with statins, you'll starve the plaque of its supply of what eventually becomes inflammatory and causes heart attacks.

How well does your approach work?

Dr. Weintraub: We can't make plaques go away yet, but

we can stop them from growing. In our unit, most of us can't remember the last time one of our patients had a heart attack.

Dr. Fisher: I don't want to jinx them, but I have patients who've had quadruple bypasses and haven't had a recurrent heart attack. In my primary prevention group — people with no prior events or interventions — I've never had a patient have a heart attack. As for making plaques go away, that's the focus of my research program. We can do this in mice — people are next!



Dr. Edward Fisher (rear) and Dr. Howard Weintraub.

Rene Perez

"This Is My Spine"

A Portrait of the Artist as a Strong Woman

"This is my spine," says Laura Ferguson, pointing to a graceful figure that curves like a river in one of her luminous paintings. Ferguson, the Master Scholars Program's first artist-in-residence, has created a unique portfolio that depicts how severe scoliosis has shaped her body and the way she lives in it. Her artistic journey is chronicled in the Visible Skeleton Series, which toured nationwide and was exhibited last spring in the Smilow Research Center Gallery.

Ever since she had spinal fusion surgery at 13, Ferguson has had the desire to visualize her rotational deformity in its full dimensions. She first learned anatomy by drawing from a human skeleton, then began to study her own X-rays. In 2000, with the help of Andrew Litt, M.D., associate professor of radiology, and now executive vice president of the Medical Center, she used her own 3-D spiral CT scan to create interior images of her spine. "I spent so many years wondering what it looked like," she recalls, "and there was my whole torso. It was an amazing moment."

The paintings and drawings form a kind of visual memoir. From the inside out, Ferguson expresses how her body feels and how she's managed to keep her

asymmetrical spine in balance. "Scoliosis is a flawed model of the beautifully designed human musculoskeletal system," she says, "but I wanted to portray it as having its own complex beauty, one that viewed deformity as differentness, and differentness as individuality."

The artist works on richly textured paper, creating several layers of color and pattern before sketching. In a process similar to printmaking, she floats oil paints in water, forming designs, which she then transfers onto sheets of paper. For each sheet, she might repeat the process 20 or 30 times, building up translucent layers of color. These organic forms, which suggest bones and veins and blood, become the underlayers upon which the figurative image is drawn.

Ferguson's work elicits strong responses, particularly from those who have disabilities or unusual anatomies. A woman whose arm and leg were amputated told the artist that she helped her to feel beautiful. In many of the pieces, a man's hands are visible, holding her. To recognize that "the body is sensual even when it's deformed," she says, is critical.

"Creating images of my body that are anatomically accurate, but also

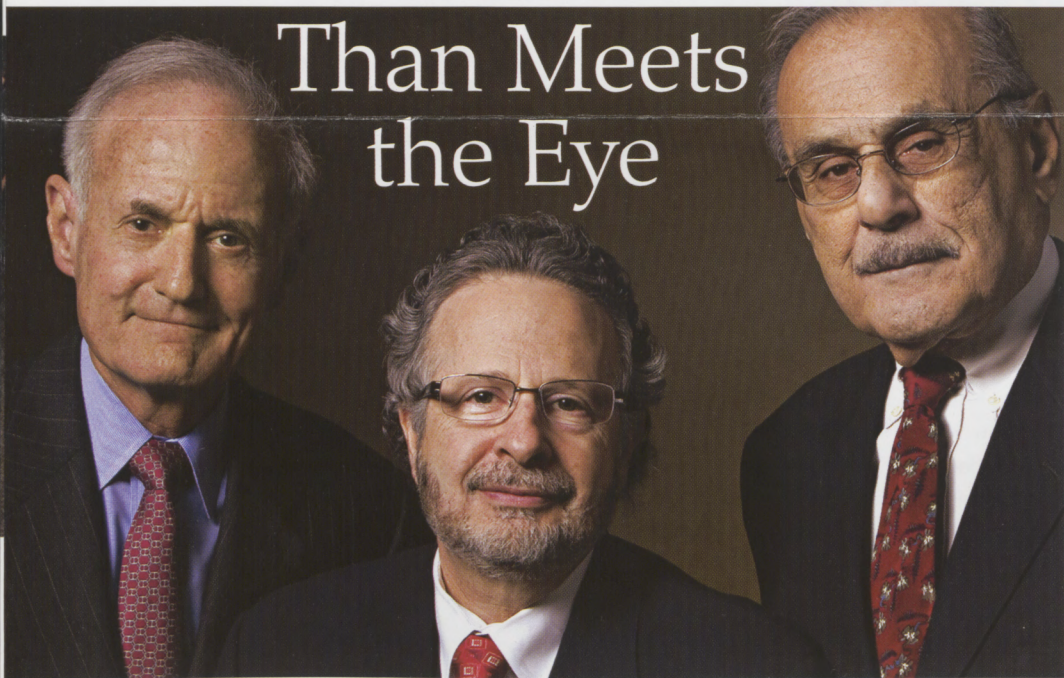


Laura Ferguson, a self-portrait.

personal, has felt empowering," says Ferguson, "as if I were regaining a sense of ownership of my own body." As artist-in-residence, she has become a presence in NYU Langone's Anatomy Lab, where she seeks to help students learn through drawing, and "give expression to the emotional repercussions of this intimate

involvement with death and the visceral reality of the human body." Ferguson is creating new works inspired by CT scans taken last June. She hopes to keep going deeper, she says, visualizing the inner body down to the cellular level.

More Than Meets the Eye



Why Diagnosis Is an Art, Not a Science

The man in his 30s came to Bellevue's Emergency Department complaining of a sore throat and explaining that a doctor had prescribed antibiotics, but to no avail. Dr. Neal Lewin was struck by the fact that the pain hadn't subsided in two weeks. This was no bacterial infection, he thought, watching the patient carefully as he spoke. The man's jugular vein was distended, suggesting that the problem was not in his throat, but in his chest.

An X-ray revealed a teratoma, a rare chest tumor so large that it was blocking a heart vein, which was building pressure in the neck. Left untreated, it might trigger a brain clot. Radiotherapy shrunk the tumor, which was later removed. "That kind of case makes my day," says Dr. Lewin, Druckenmiller Clinical Professor of Emergency Medicine and clinical professor of medicine (pharmacology).

How do doctors cultivate the gift for teasing out what's wrong with a patient? Is it an innate talent, or can it be taught? Experts seem to agree that those who have mastered the art of diagnosis pos-

Dr. Martin Kahn, Dr. Neal Lewin, and Dr. Albert Goodgold are but a few of the physicians from various specialties who are widely hailed by their colleagues as "master diagnosticians."

sess three characteristics not necessarily acquired in medical school: They're good listeners. They're civil. And they're humble.

"Not all feet fit one shoe size," says Martin Kahn, M.D., the Joel E. and Joan L. Smilow Professor of Cardiology. "You must let the patient tell the story in their own words, and then guide them into a more focused mode of inquiry." Albert Goodgold, M.D., professor of neurology and radiology, and last year's recipient of NYU Langone's Master Clinician Award, agrees. His advice to residents echoes that of Sir William Osler, M.D., the founder of modern medicine: "Listen to the patient. He is telling you the diagnosis."

But listening takes time. With the average office visit lasting only about 15 minutes and patients typically interrupted after about 18 seconds, as studies show, the challenge is shared by doctor

"I see no more than you, but I have trained myself to notice what I see."

and patient alike. Good diagnosticians tend to schedule longer appointments, and their consultations evolve into casual yet subtly focused conversations. "I do simple things — like introducing myself," says Dr. Lewin. "These days, the human dignities are sometimes lost. If the patient thinks you don't have time or aren't interested, maybe they won't share details. You have to convey the feeling that the two of you are going to work together to figure this out."

Good physicians, it seems, are ama-

teur philosophers — endlessly curious and forever pondering the workings of fate. "If you want to be a master diagnostician," says Dr. Lewin, "you'd better be prepared to be a master student."

It's a lesson Dr. Goodgold, now in his fifth decade of practice, still takes to heart. "Being a good diagnostician means being good at solving problems. It starts with being intellectually honest. You must admit to yourself that you don't know everything. Not a week goes by that I don't see something new. I must continue to be a student of medicine and science."

Confronted with countless possibilities, doctors often rely on analytical shortcuts called heuristics. These rules of thumb enable them to make an educated guess based on certain combinations of symptoms that generally point to a specific diagnosis. This usually serves physicians — and patients — well. But it can also lead to a cognitive trap called a confirmation bias: failing to adjust one's thinking to the unfolding facts, even though they contradict the initial suspicion.

"For the specialist," notes Dr. Kahn, "there's another kind of diagnostic challenge. A long-time patient may exhibit worsening symptoms, but the physician must be careful not to assume that the change is entirely explained by the chronic condition. A new diagnosis may masquerade as the long-anticipated worsening of the patient's previously diagnosed illness."

Consider the wisdom of Sherlock Holmes, who was modeled by his creator, Sir Arthur Conan Doyle (a physician turned fiction writer), after one of the most renowned diagnosticians of his day: Dr. Joseph Bell, professor of medicine at the University of Edinburgh. "I see no more than you," the super sleuth explained to his sidekick, Dr. Watson, "but I have trained myself to notice what I see."



Cancer Center

(continued from page 1)

here. If you can survive the hell of surgery, you come here, and it's like heaven." Last year, the center achieved its highest patient satisfaction score to date, placing it among the top-ranking NCI-designated institutions for this measure.

"Even the staff at the main reception desk knows my name," marvels Marjorie Schwartz, who first came to the center one year after it opened. "As a patient, you don't want to feel like a number. There's such a bond here, and it helps you proceed through all the stages — becoming educated, accepting, comfortable, and optimistic."

"Perhaps our greatest achievement," says Dr. Carroll, "is that we're a true community focused on one thing: helping people with cancer. We're taking that

FIVE LIVES — AND THE DOCTORS WHO HELPED SAVE THEM (Clockwise from top left) Marjorie Schwartz and James Speyer, M.D., medical director of NYU Langone's Clinical Cancer Center and professor of medicine (oncology); Magda Kristoff and Harvey Pass, M.D., professor of cardiothoracic surgery and surgery; Yola Jerome and Anna Pavlick, D.O., associate professor of medicine and dermatology; Eleanor Ruiz and Silvia Formenti, M.D., the Sandra and Edward H. Meyer Professor of Radiation Oncology, chair of the Department of Radiation Oncology, and professor of medicine (medical oncology).

commitment to the next level with the creation of many new programs designed to meet the individual needs of our patients — everything from massage therapy during chemotherapy to the development of a new phase I clinical trials unit that will make the latest treatments available. To see the miracles of the human spirit that take place here every day is continually inspiring to me."

Patient-Centered Care

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Amy Horrocks, vice president for medical services. "Overall, we're aligning our patient services with the vision to be patient centered," she explains. "We've been practicing patient-centered care, but in independent divisions that were in their own silos. So we've placed them together in a structure that lets people share ideas. Now, when we develop a new patient-centered initiative, all of our patient services will be involved in the planning and implementation."

One aim of the restructuring, adds Horrocks, is to help the Medical Center become more proactive in reaching out to patients. "Instead of just responding to complaints," she says, "we want to be out there *preventing* complaints." As an

"A key element of patient-centered care involves educating patients and families so that they can participate in their own treatment."

example of this approach, patient representatives are being recast as patient advocates, and they will make daily rounds to assess and help meet the needs of patients and their families.

At HJD, Dauhajre spearheaded such innovative programs as Ready Resolve, a group of employee volunteers who serve as troubleshooters. The program has since been adopted at Tisch Hospital. "Because HJD is relatively small," says Dauhajre, "we were able to

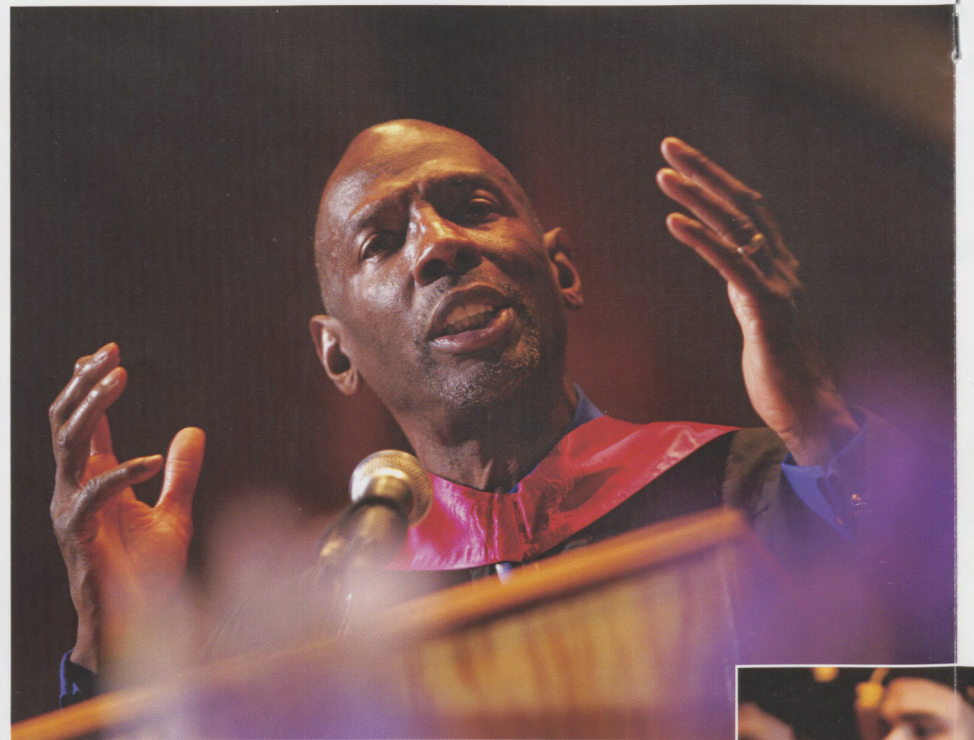
develop the kind of integrated approach to patient services that we're now working to implement on a larger scale across the Medical Center." Her first priority, she adds, is to develop a collaborative team. The expectation is that the office will also act as an incubator for future patient-related initiatives. "When people work in the same space," she adds, "it's much easier to make connections between one patient service and another."

Dauhajre emphasizes that this

approach is much more than just a "feel-good" concept. "We believe this office will contribute to better outcomes," she says. "A key element of patient-centered care involves educating patients and families so that they can participate in their own treatment. This can help improve care and reduce length of stay." Amenities like good food, a clean and welcoming environment, and an atmosphere of respect play a medical role as well, she notes. "Research has shown that in a pleasant environment, patients feel better and heal faster. And that's good for everyone."

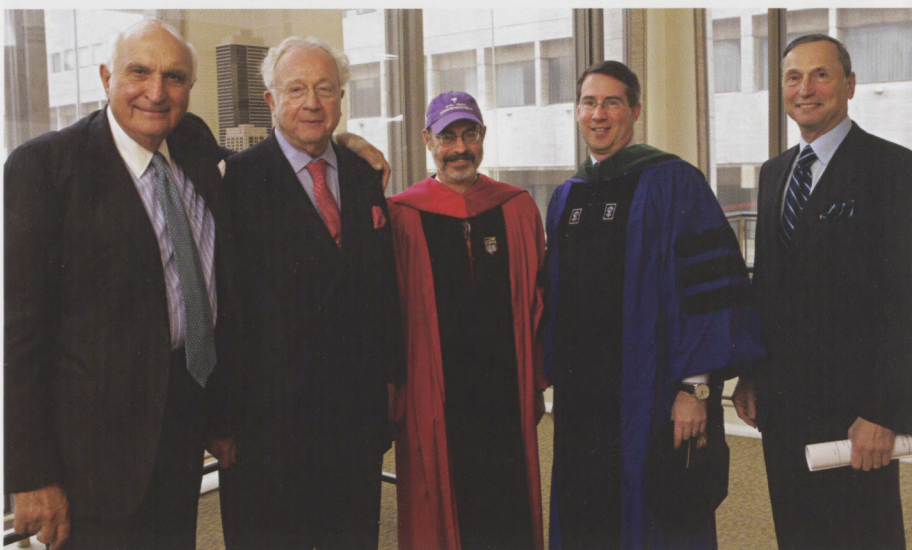
School of Medicine *Graduation 2009*

On May 14 at Lincoln Center's Avery Fisher Hall, members of the School of Medicine's Class of 2009 — 80 women and 84 men from their early 20s to mid 40s, hailing from 26 states, Puerto Rico, and Canada — embarked on what Dean & CEO Robert I. Grossman, M.D., described as "an ancient, eternally noble calling." Of the 164 graduates, 32 of whom will remain at NYU Langone for their residencies, 75 percent received appointments at the top 50 medical schools. The highlight of the event was the keynote speech by Geoffrey Canada, president and CEO of Harlem Children's Zone, Inc., a passionate and pioneering advocate of education reform. A video, as well as the text, of the speeches delivered by Canada, Dean Grossman, and Valedictorian Christopher Agrusa, M.D., can be viewed at www.med.nyu.edu.

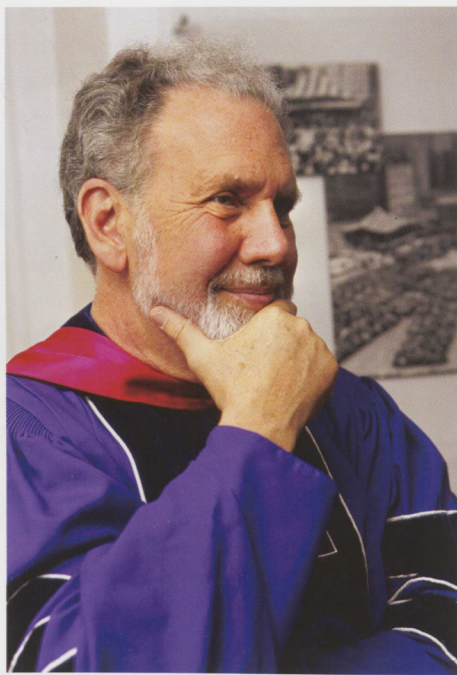


"You're about to join a rare group of men and women, NYU Langone medical doctors, who are unafraid to take on some of the toughest issues facing this country, unafraid to change the world. And in the end, I believe you will."

— Keynote speaker Geoffrey Canada
PRESIDENT & CEO, HARLEM CHILDREN'S ZONE, INC.

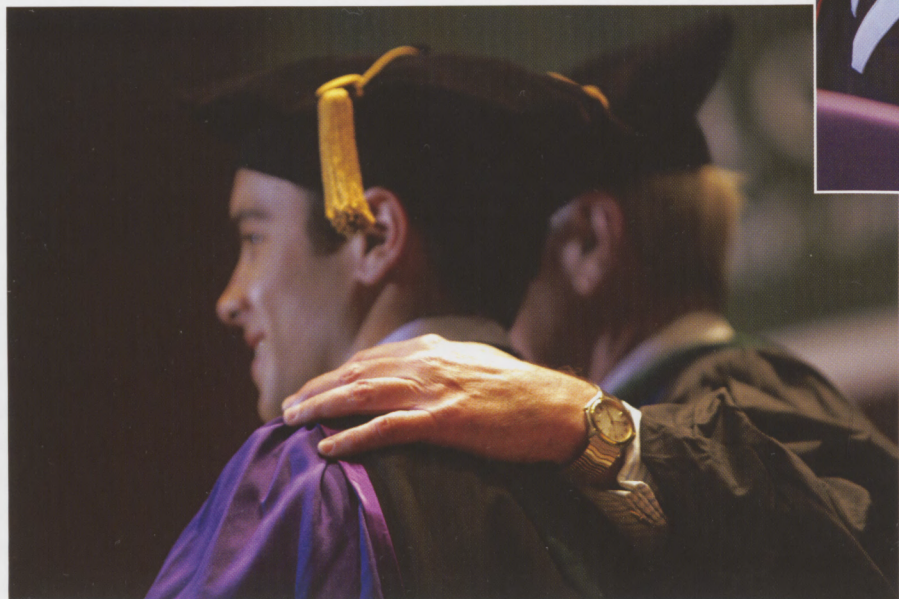
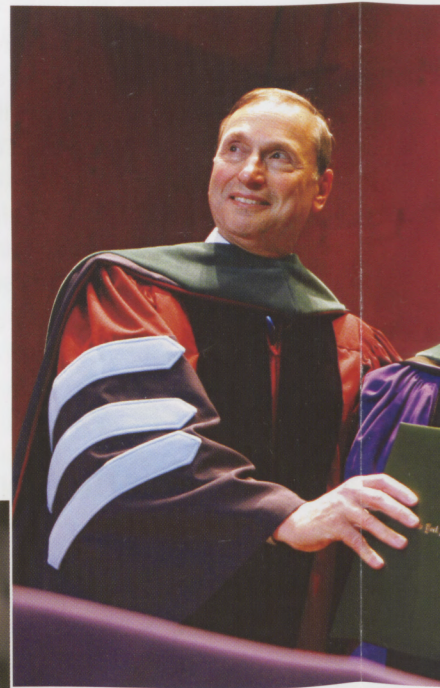


Kenneth G. Langone, chairman, Board of Trustees, NYU Langone Medical Center; Martin Lipton, Esq., chairman, Board of Trustees, New York University; Robert Berne, Ph.D., senior vice president for health, New York University; Bernard Birnbaum, M.D., chief of hospital operations; Robert I. Grossman, M.D., Dean & CEO.



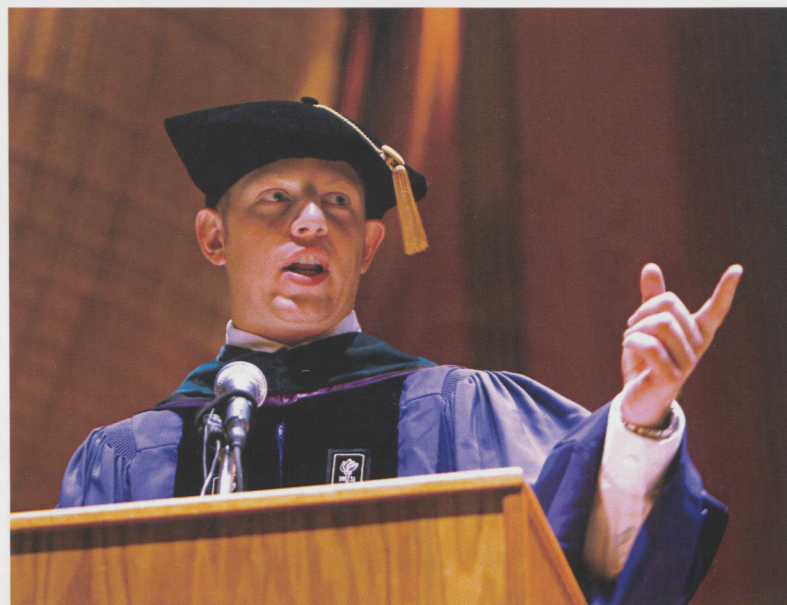
"This is a time of tectonic change, the dawn of a new, glorious period of humankind: the biomedical century."

— John Sexton
PRESIDENT, NEW YORK UNIVERSITY



"I do solemnly swear by that which I do hold most sacred that I will be loyal to the profession of medicine and just and generous to its members. . . ."

—The Hippocratic Oath



"Our dedicated professors taught us how to think like doctors, talk like doctors, and act like doctors. Our greatest teachers — our patients — made us feel like doctors."

— Christopher Agrusa, M.D.

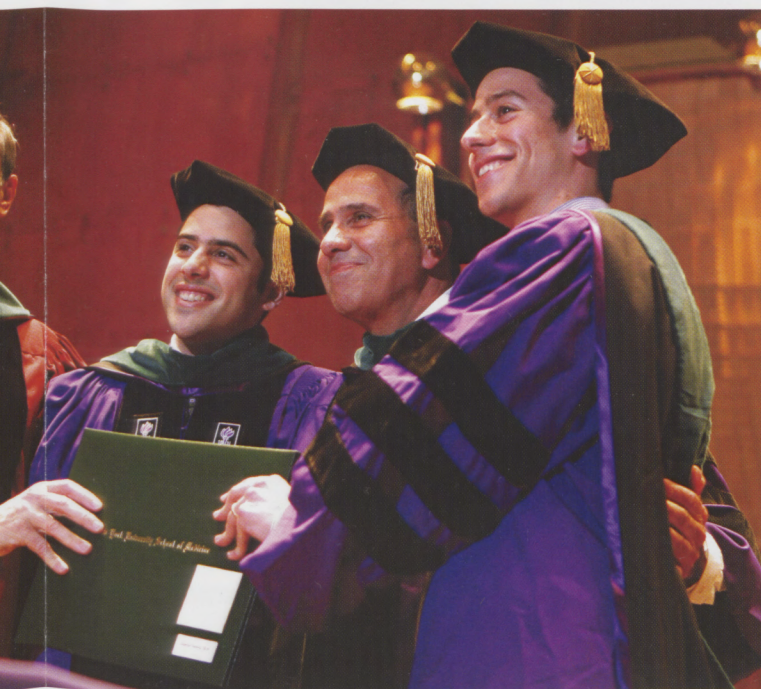
VALEDICTORIAN AND CLASS PRESIDENT



"The greatest thing you bring to the people you treat is compassion."

— Kenneth G. Langone

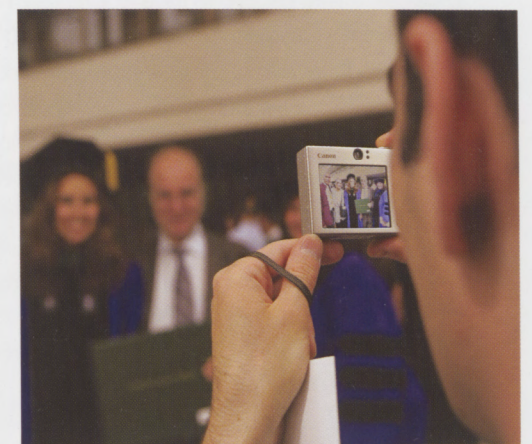
CHAIRMAN, BOARD OF TRUSTEES, NYU LANGONE MEDICAL CENTER



"Whatever booms and busts and bubbles may swirl around you in the coming years, you will be anchored to an ancient, eternally noble calling. You have chosen a profession that is real and that matters."

— Robert I. Grossman, M.D.

Dean & CEO

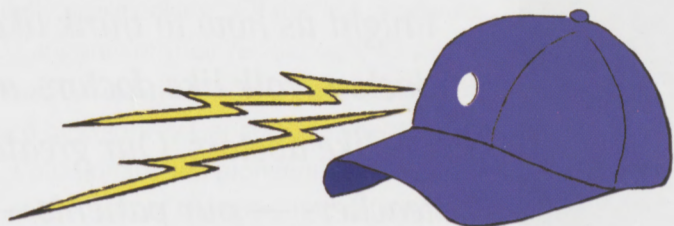


All photos by John Abbott

Look Mom . . . No Hands!

Friends and family members are never surprised to see Steven Swarztrauber at the computer wearing his Yankees cap. Steven, 22, is an ardent fan, so part of his day is spent checking the latest scores. But the cap is more than just a fan's loyal salute.

Just beside the team logo is a dime-size metal dot that glistens in the sunlight. When Steven moves his head ever so slightly, aiming at the customized mouse that sits atop his computer screen, the metal dot makes a magnetic connection with metal inside the mouse. That connection enables Steven, whose hands are weakened by Duchenne's muscular dystrophy, a degenerative disease, to visit sports websites and e-mail his friends. The determination — it takes eight slight and deliberate movements of his head to reach a home page — is all Steven's.



The technology comes from the innovative thinking of Holly Cohen, a clinical specialist for assistive technology and driving rehabilitation at NYU Langone Medical Center's Rusk Institute of Rehabilitation Medicine. Cohen, an occupational therapist, created the program a few years ago. "I was motivated by patients like Steven who can't manipulate their fingers to do simple tasks," she says. Cohen not only researches adaptive devices and tailors them to patients, but also finds funding for such expensive technology. In addition to Steven's mouse and software, Holly has outfitted him with a one-touch system for his cell phone and a TV remote.

Steven, who spent a semester at the New York City College of Technology until it became too difficult for him to attend classes, is collaborating with students from New York University's Interactive Telecommunications Program, a graduate program for alternative media. Their goal: to develop a hands-free controller for Steven's video games, a hobby he gave up when he could no longer manipulate the joystick well enough to compete.

"My friends are impatient for the new device," says Steven. "They're waiting for me to get back in the game."

For more information on assistive technology and driving rehabilitation at the Rusk Institute, call 212-263-6016.

For Drivers with ACL Repairs, a Shorter Road to Activity

A day rolling through the countryside in an all-terrain vehicle (ATV) was nothing new for Christian Castro. But this time, the 40-year-old active sportsman took one chance too many. "I was doing doughnuts in wet grass," recalls Castro. When his ATV flipped over, he explains, "I put my right leg out to stop it from crushing me."

Castro tore his anterior cruciate ligament, or ACL. Located behind the kneecap, it stabilizes the knee by keeping the tibia from moving too far forward and limiting the rotation of the knee joint. After consulting with Orrin Sherman, M.D., chief of the Sports Medicine Division at NYU Langone Medical Center's Hospital for Joint Diseases, Castro decided to have ACL replacement surgery with an allograft (a tendon from a cadaver). An estimated 100,000 ACL reconstructions are performed annually in this country. The operation went smoothly, but like many ACL patients who are drivers, Castro found the recovery period frustrating. Patients are advised to wait at least six weeks before they resume driving. Besides his daily commute from Verona, New Jersey, into Manhattan, Castro spends one weekend a month at the Air National Guard at McGuire Air Force Base in New Jersey, an 80-mile drive each way.

The hassle of not being able to drive, however, may get a lot smaller for patients recovering from ACL surgery. Dr. Sherman, associate professor of orthopaedic surgery, recently participated in a study that tested the braking reaction time of patients using a driving simulator. The researchers found that many patients who receive allografts can safely resume driving as soon as three weeks after surgery.

Patients who receive autografts, or replacement tendons from their own body, usually have to wait six weeks or longer. Autograft patients may have a longer recovery time due to the increased pain caused by having a section of tendon removed from their body, usually the patellar tendon or the hamstring. There is also more weakness in the area from which the tendon is taken, and swelling, which is associated with a weaker muscle response from the quadriceps.

The researchers noted that regardless of the type of ACL surgery, patients need to consider several factors before returning to driving and sports, including strength, coordination, and the effects of pain medication. "This is a big injury with a long recovery time," says Dr. Sherman.

"Patients need to be committed to their physical therapy." For Christian Castro, the road to recovery was a smooth one. Only three weeks after surgery, he was back behind the wheel.



Wesley Bedrosian



Wesley Bedrosian

Mind Your Body

When 33-year-old Tracey DeBenedictis was diagnosed with ovarian cancer, she felt confident in the hands of her surgeon but wished there was something she could do to contribute to her own healing. She found it in the Prepare for Surgery, Heal Faster Program™, which employs relaxation and visualization techniques to help patients manage the stress of surgery and recover faster. Patients work with a trained professional, either in person or over the phone, to learn techniques that support relaxation, which promotes healing and regeneration.

"At first, you're completely out of control," recalls DeBenedictis. "You go from being a normal person to all of a sudden being a cancer patient. You turn your body over to the surgeon. But this program gave me something I could do, for myself." DeBenedictis spoke several times with Program Coordinator Cai McPhee, R.N., an advanced practice holistic nurse, who guided her through a visualization of positive postsurgical outcomes. "Cai also called me after the surgery," says DeBenedictis, "and that made me feel really good."

Prepare for Surgery, Heal Faster is part of the MindBody Education and Patient Care Program, made available at NYU Langone Medical Center through a

"Everything we offer, such as therapeutic suggestions, meditation, and other strategies, is designed to bring about greater patient wellness."

grant from the Tamarind Foundation. The program provides holistic approaches to healing for patients, as well as nursing education to support holistic patient care. Healing touch, for example, uses light or near-body contact to help clear, balance, and charge the energy field surrounding the body. Breathing exercises have a calming effect, controlling such functions as blood pressure and heart rate, which also stimulates circulation and promotes digestion. Guided imagery uses thoughts or suggestions to induce a deep state of relaxation. "Everything we offer — therapeutic suggestions, meditation, and other strategies — is designed to bring about greater patient wellness," says Linda Iervolino, R.N., director of nursing education.

The Prepare for Surgery, Heal Faster Program was developed by a psychotherapist. Patients who have used the program, says Iervolino, often report feeling less stressed going into surgery. The ones who seem to benefit most, she adds, start practicing these techniques at least a week or two before surgery. Because many don't learn about the program until presurgical testing, Iervolino urges physicians to tell their patients about this resource as early as possible.

"I would recommend this program for any surgery or illness," says DeBenedictis, who is heading back to work. "It got me to a place where I wasn't terrified. It really helped me focus on hope."

For more information about both programs, visit www.med.nyu.edu/surgery/prepare and www.med.nyu.edu/mindbody. For appointments, call 212-263-5767 or write to mindbody@med.nyu.edu.

"The Best of Both Worlds"

For NYU Langone's Nurse Practitioners, Patient Care Is a Full Spectrum

For 20 years, people have been asking Pat Chibbaro, N.P., the same question: "Why didn't you just become a doctor?" And for 20 years, the pediatric nurse practitioner at NYU Langone Medical Center's Institute of Reconstructive Plastic Surgery has given the same response: "I'm so glad I became a nurse practitioner. It really is the best of both worlds. I can prepare a family for surgery, follow the child through their hospitalization, discharge them, and then take out their sutures afterwards."

Chibbaro, who was recently featured in *Newsweek* and honored with a National Nurse Practitioner of the Year Award by the National Conference for Nurse Practitioners, is one of 135 nurse practitioners (NPs) at NYU Langone Medical Center. NPs are nurses who have received advanced nursing education (a master's or doctoral degree), are board certified, and have 500 to 700 hours of precepted clinical experience. Like a physician, they can examine and treat patients, prescribe medication, and perform such procedures as suturing and taking biopsies, as they are credentialed with specialty-specific privileges. NPs focus on the full spectrum of patient care: educating patients and families, developing treatment plans, planning discharges, and collaborating with interdisciplinary teams. Most are also involved in educating nurses and, often, the residents on their service.

"They can be the most consistent part of the patient experience," says Maria Brilliant, R.N., director of advanced practice nurses and physician assistants. "Physicians and specialists from other disciplines come in for consultations, and nurses attend to the pa-



Pat Chibbaro, N.P., shares her office with mementos from many grateful patients and families.

tient's immediate needs, but NPs are the ones who help put it all together. They're a crucial part of this hospital."

That sentiment is particularly shared inside a surgical unit like the one Chibbaro works in, where children with craniofacial problems and birth defects are treated. Such patients usually need consultations from several

The role of NPs has gone from valuable to invaluable.

specialists, ranging from neurologists to geneticists to social workers. "We're like air traffic controllers," says Chibbaro, who may need to coordinate with as many as a dozen doctors and other healthcare professionals. "The role of the NP is to ensure that the patient and family understand the condition and the treatment plan, and to serve as an ongoing source of information and support. We also bridge the gap between the patient and his or her family and the entire medical community."

The role of NPs has gone from valuable to invaluable ever since the Medical Center was required to reduce the number of working hours for residents several

years ago. In fact, since 2005, their ranks have grown by nearly 27 percent. Says Brilliant: "We need them now more than ever."

Two decades ago, there were a few advanced practice nurses, but none were credentialed to function as nurse practitioners. Pat Chibbaro was one of those first credentialed (as pediatric nurse practitioner) in 1988.

Chibbaro recently cared for a baby born with Pfeiffer syndrome, a rare genetic disorder that causes premature fusion of the sutures in the skull. Thanks to her unique position, she was able to spend a considerable amount of time with the parents, explaining every detail of the child's condition and the surgical procedure, and helping them prepare for the appropriate aftercare.

"Sometimes all it takes is quality time," says Chibbaro. "Some of the patients and parents who come in desperately need a lifeline. NPs have the unique opportunity to help them see the light — no matter how dark the situation may be. To me, that's what being an NP is all about."

Epic Gets Another Green Light

Valid Concerns Give Way to Reassuring Results

The Thursday afternoon meeting has run nearly two hours, well past its scheduled 4:30 p.m. end time, but a dozen employees of NYU Langone Medical Center are still going strong. The session is focused on Customer Service, and the participants are vigorously debating a key point about how Epic, the Medical Center's new electronic information system, should be configured to deal with overdue medical bills. It's becoming clear by now that the matter won't be resolved today. But that's okay, because that's the nature of Epic, which relies on a sophisticated, methodical process to design an

application tailored to the needs of the institution.

In this case, the gathering is an Epic "validation session" — one of 52 such meetings, attended by hundreds of employees, held throughout the Medical Center over a three-day stretch in March. Employees walked through Epic's customized workflow for their particular department or work process. Virtually every session produced a wealth of insights, as staffers probed the nooks and nuances. From claims processing to clinical ordering and documentation, the sessions covered all hospital administrative services and ambulatory

administrative and medical services — the parts of the Medical Center that will be involved in phase one of the Epic rollout, which begins in October. Validation is the second step in the implementation process, when participants evaluate necessary tweaks to the Epic system.

Each session is centered around a list of specific validation points, representing decisions on how Epic's software should be tailored to a particular workflow. Employees vote on each point by holding up pieces of colored paper: green ("I agree"); yellow ("I'm not sure I agree, and need more clarification"); red ("I don't agree, and feel the point needs reworking"); or blue ("I'm abstaining because this point doesn't affect me").

Since many employees had already provided input to Epic in late winter during the first data-gathering discovery step, the hope was that many of the kinks would be worked out by the time the validation sessions took place. The fact that the majority of points got green-lighted was an encouraging sign — and proof that soliciting all that input early on had paid off and that the Epic system is a good fit for the Medical Center. The next step in the process is for participants from each affected operational area to fine-tune those points that did not get green-lighted during validation, in a series of sessions scheduled for this June.

"It was a wonderful opportunity for Epic to get input from the people who are going to use the system," says James Conner, vice president for support services, who served as facilitator for the Environmental Services session. "At the same time, it was a chance for employees to actually begin their training. I think we're off to a great start."



Rene Perez

At one of Epic's 52 recent "validation sessions," Medical Center employees cast a green-light vote on a point of discussion.

In Focus:

Center of Excellence on Musculoskeletal Disease

When Zinnat Mohsin was diagnosed with rheumatoid arthritis seven years ago, she had no idea how crippled her body and life would become. Despite daily doses of methotrexate, prednisone, folic acid, hydroxychloroquine, and ibuprofen, within three years the pain and stiffness of her joints was so severe that she could not get up in the morning. "I could not button my blouse," recalls the 49-year-old Brooklyn housewife. "I could not cut my food or hold a fork. My husband and children had to help me. I could do nothing."

Arthritis and other conditions of the joints, bones, and muscles are the leading cause of disability worldwide. In the United States alone, these disorders cost \$240 million annually in lost productivity, and the impact is sure to worsen as baby boomers age.

The desperate need for new answers explains why arthritis in all its forms, and related autoimmune syndromes, like lupus, are a focus of NYU Langone's new Center of Excellence on Musculoskeletal Disease (COEMD), one of six new centers that will focus on translational medicine. "Our goal is to find and move innovative treatments — and hopefully cures — quickly from the lab bench to the patient bedside," says Steven Abramson, M.D., the COEMD's codirector, professor of medicine and pathology, and director of the Division of Rheumatology.

"The center builds on the talents and strengths already here," notes the center's other codirector, Joseph Zuckerman, M.D., the Walter A. L. Thompson Professor of Orthopaedic Surgery, chairman of the Department of Orthopaedic Surgery, and presi-

Arthritis and other conditions of the joints, bones, and muscles are the leading cause of disability worldwide.

dent of the American Academy of Orthopaedic Surgeons. "Musculoskeletal care is a big part of what we do at NYU Langone, and we've always had a strong research program in orthopaedics and rheumatology. The COE takes our ongoing initiatives to a higher level by coordinating the efforts of scientists and clinicians in these areas."

One important area of collaboration is deciphering the basic biologic processes that lead to degeneration of joints. "We perform several thousand joint replacements here each year," notes Dr. Abramson, "and we take tissue samples from the OR. If we understand how and why a joint deteriorates, we may be able to repair or regenerate the damaged tissue instead of replacing it."

Deterioration often starts with a minor injury — say, a knock to the knee while playing ball in one's 20s — and progresses through the years. "We could arrest that process if we had an efficient, consistent way to repair that early tissue damage," notes Sally Frenkel, Ph.D., associate professor of orthopaedic surgery and cell biology. She is experimenting with new tissue-engineering techniques to induce cartilage growth in



Joshua Bright

Dr. Sally Frenkel, shown against a colorized micrograph of human cartilage, is experimenting with new tissue-engineering techniques to induce cartilage growth in the damaged knees of animals.

the damaged knees of animals, ranging from mice and rabbits to sheep and goats.

"Basically, we create a scaffold made of collagen, polymers, or demineralized bone matrix, seed it with growth factors or stem cells, and insert it into the knee," she explains. One of the growth factors was discovered by her colleague Chuanju Liu, Ph.D., associate professor of orthopaedic surgery and cell biology. "Some of these factors are potent stimulators of cartilage," says Dr. Frenkel. But the process is tricky. "We have to find the right dose of growth factor. With stem cells, we need to have the right recipe so it becomes cartilage and doesn't go further into bone. And there's the difficulty of keeping a scaffold in place when the animal is large."

Another key project is examining tissue and DNA collected, along with detailed medical information, from more than 6,000 ambulatory patients. The aim is to develop personalized treatments. "We're looking for biological markers and genes that could predict who is liable to develop very severe arthritis," explains Dr. Abramson, "or who is likely to fare best with specific drugs."

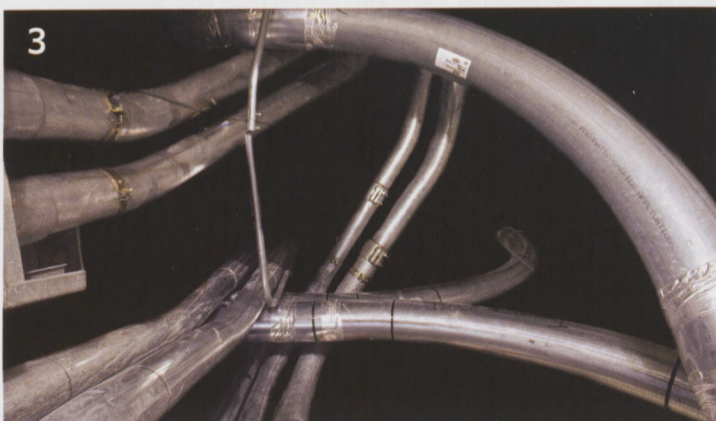
In the clinical area, COE members are participating in more than 30 multicenter NIH- and industry-funded trials of cutting-edge devices and medications. NYU Langone is particularly interested in biological drugs, such as monoclonal antibodies. These are proteins, manufactured in specially engineered bacteria, that interfere with molecules that cause damage to joints. When Mohsin came to NYU Langone, she was immediately enrolled in one such study with the experimental biological drug tocilizumab. Given intravenously once a month, the medication has worked wonders for Mohsin. "I'm 70 percent better," she says. "I can cut my own meat and vegetables. I can dress myself. I can do for myself."

The William and Lynda Steere Foundation has provided generous funding to the Center of Excellence on Musculoskeletal Disease.

Faster Than a Speeding Specimen...



(1) JeanMarie Pontieri, R.N., a senior nurse clinician on Tisch Hospital's ninth-floor pediatrics unit, prepares to send specimens to the Central Lab via the new pneumatic tube system. First, she places the carrier on a cradle and closes the door of the station. (2) She then keys in a PIN code and destination.



All photos by Joshua Bright

(3) After a three-second journey through behind-the-scenes steel tubes, the carrier arrives in the Central Lab, landing in a carpeted receiving tray. (4) Red carriers are used to indicate that test results are urgently needed.

"Shoop!"

That sound is heard up to 1,200 times daily throughout NYU Langone's Tisch Hospital, as pill-shaped canisters, or carriers, containing clinical specimens are transported via a new pneumatic tube system leading to the Central Lab. The new system replaces an obsolete gravity drop system that dated back to 1974.

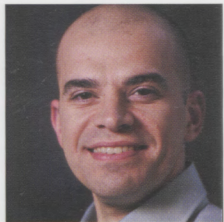
Faster and more efficient, this state-of-the-art system is driven by two powerful blowers that smoothly propel the carriers from stations located in the ground-floor Emergency Department, the Central Lab on the 3rd floor, and the 6th through 18th floors, including brand-new tamper-resistant stations with security locks that have been installed next to the service elevators. Behind the walls, a network of steel tubes measuring six inches in diameter extends the length of four football fields.

Once the carrier is perched on a cradle, a PIN code and the desired destination are keyed in. After the samples are removed at the other end, the canister is

resealed and — "shoop!" — returned to its sender. The big advantages of this new system are that multiple carriers can travel through the tubes at the same time and that they're always available when needed.

Thanks to a built-in radio frequency identification (RFID) chip, the carriers can be programmed to any floor and can be tracked by computer. Twice as large as their predecessors, the polycarbonate carriers are lined with contoured foam to cushion their contents and sealed with O-rings to prevent leakage. They travel at about 25 mph (one floor per second), ensuring swift, secure, and reliable delivery.

During the system's six-month installation, deliveries to the Central Lab were made by hand. More than 500,000 vials are transported annually by the new system, but that number could actually double when it's expanded in 2011 as part of the Pathology and Pharmacy reconstruction projects on the third and fourth floors of Tisch Hospital.



Ioannis Aifantis, Ph.D., (left) associate professor of pathology, and **Jeremy Dasen, Ph.D.,** (below) assistant professor of physiology and neuroscience, have been named Early Career Scientists by the Howard

Hughes Medical Institute (HHMI). Dr. Aifantis, codirector of the Cancer Stem Cell Program at NYU Langone Medical Center's Cancer Institute, and Dr. Dasen are among 50 of the nation's top scientists being honored by HHMI to establish, develop, and grow unique research programs. Dr. Aifantis investigates T-cell acute lymphocytic leukemia, a common form of leukemia in children, and Dr. Dasen studies the molecular code that helps developing motor neurons in the spinal cord connect with the muscles they control. HHMI will provide each researcher with his full salary, benefits, and a research budget of \$1.5 million over six years to further explore his area of research.



Maureen Fitzpatrick, M.S.N., R.N., has been appointed vice president for perioperative services. She is responsible for the operating rooms on the 6th and 10th floors of Tisch Hospital and 2nd floor of the Schwartz Health Care Center, as well as their respective pre- and post-anesthesia care units. She began her nursing career at Montefiore Medical Center as a staff nurse on a surgical unit and later a postanesthesia care unit. She was promoted to nurse manager of the PACU/Surgery Center for ambula-



tory surgical programs, where she remained for 10 years. Later, as clinical/administrative director of surgical services, she was responsible for 34 operating rooms at two sites. Most recently, she was vice president of surgical services for both Lenox Hill Hospital and Manhattan Eye, Ear and Throat Hospital, a merged entity, where she was also administrator of the Department of Anesthesiology. Fitzpatrick earned her B.S.N. from Lehman College, and her M.S.N. from Pace University.

Richard Hayes, D.D.S., Ph.D., has been appointed director of the Division of Epidemiology, Department of Environmental Medicine, and associate director for population sciences of NYU Langone Medical Center's Cancer Institute. Dr. Hayes will work to develop a comprehensive research program for cancer prevention — an agenda that will include implementing prevention strategies based on risk profiling, early detection, and behavioral changes.

Prior to joining NYU Langone Medical Center, Dr. Hayes worked for the National Cancer Institute (NCI), most recently as senior investigator in the Division of Cancer Epidemiology and Genetics. During his nearly 25-year career at NCI, he published over 250 scientific articles and served as lead researcher for U.S. and international studies evaluating the hazards of workplace exposure to benzene, formal-



dehyde, chromium, and other chemicals. He has made significant contributions to our understanding of the environmental and behavioral causes of prostate and colon cancer, and has been at the forefront of research on the genetic determinants of these diseases.

Dr. Hayes earned his D.D.S. from Columbia University and a Ph.D. in epidemiology from Johns Hopkins University. He is a recipient of the Alice Hamilton Science Award for Occupational Safety and Health, and has received NCI and National Institutes of Health Merit Awards and the NCI Mentor of Merit Award.

Gilda Ventresca-Ecroyd, vice president for governmental affairs, has been named Grassroots Champion for 2008 by the American Hospital Association (AHA) and the Healthcare Association of New York State (HANYS). The award is presented annually to one individual from each state for exceptional leadership in generating grassroots and community activity in support of a hospital's mission. Ventresca-Ecroyd was honored for "effectively delivering the NYU Langone Medical Center message to elected officials, leading efforts to broaden the base of community support for all hospitals, and advocating tirelessly on behalf of patients, hospitals and health systems."



All photos by Ben Ferrati

The AHA is a not-for-profit association of healthcare provider organizations and individuals committed to the improvement of health in their communities. The AHA is the national advocate for 4,800 hospitals, health systems, and other healthcare organizations.

Through a Lens, Brightly

In the halls of NYU Langone Medical Center's Institute of Reconstructive Plastic Surgery (IRPS), photos of pristine flowers show the beauty of nature's imperfections, while those of equally delicate butterflies portray one of nature's most wondrous transformations. But the images that fill the institute's conference room tell the story of imperfection of a different kind, transformation of a different sort.

Beaming from every direction are the radiant smiles of young patients. The faces are the handiwork of Joseph McCarthy, M.D., director of the institute, and his team. The smiles are the inspiration of Mary Spano, the institute's medical photographer. Spano has been shooting these intimate portraits since 2006. A former radiologic technologist at Bellevue Hospital, she is uniquely qualified for her work, a unique blend of art and science.

By mapping and delineating cranial and facial irregularities on a grid, Spano provides the team with a



Bud Glick

visual and mathematical baseline for their meticulous work. Once Spano has shot the requisite medical images, she invites the child to sit for a family portrait. "I try to convey optimism, a sense of caring," says Spano. "Seeing these pictures tells them: 'There are other people like you in this world.' It gives them hope."

"Photography is absolutely critical in plastic surgery for preparation and follow-up," explains Dr. McCarthy, the Lawrence D. Bell Professor of Plastic Surgery. "But Mary also brings in her unique artistic talent. I think she fell out of heaven."

Spano's portraits are featured in an exhibit entitled "The Family Portrait Project and the IRPS at Work," on view in the Smilow Research Center Gallery from June 29 through August 31.

Dr. Lowenstein's Other Labor of Love

A Master Teacher Produces a Masterful Work of Fiction



Ben Ferrati

"The late afternoon rays of the sun made the cables of the Brooklyn Bridge glisten as if made of gold," recalls Aaron Weiss, the protagonist of Dr. Jerome Lowenstein's new novel, *Henderson's Equation*. Recently, the author visited the icon that served as his muse.

When Jerome Lowenstein, M.D. ('57), professor of medicine, set himself the challenge of writing a novel, he followed some familiar advice: Write what you know. "I'll write a book about Lawrence Henderson," he decided. Henderson was a major figure in early 20th-century science — a pioneer in understanding how the acidity of human body fluids, such as blood, is regulated. To Dr. Lowenstein, a nephrologist whose first book is titled *Acid and Basics*, it's a topic of central importance. "Metabolism generates acids. The kidney excretes them," he explains.

In the Harvard University Archives, Dr. Lowenstein discovered an unpublished memoir by Henderson, which served as a springboard for his own work. Then, he created a protagonist: a medical student, Aaron Weiss, who would be Henderson's foil. "I could describe Henderson through Aaron's eyes — the Henderson that I think he was," says Lowenstein. The result is *Henderson's Equation*, published by Gadd & Company in spring 2008, a sweeping exploration of personal loyalty, social justice, and the ideal relationship of doctors to patients.

The story begins in 1908, when Aaron, the son of Jewish immigrants, leaves Manhattan's Lower East Side for the first time to attend Harvard Medical School. There he becomes captivated by Henderson, a renegade professor. Aaron becomes his laboratory assistant. The novel's tension arises from the stark asymmetries between these two men.

Aaron does eventually find his place: back amid the immigrant communities of Brooklyn, where he

becomes a dedicated physician. "Aaron's commitment was to people," Dr. Lowenstein explains, and the novel presents this as the higher moral ground. "I think Henderson probably was a much colder, less connected person." The author feared, in fact, that he might emerge from the writing process hating a personal hero. "It was very important for me to work out the relationship between Aaron and Henderson, just as I was working out the relationship between Jerry Lowenstein and Henderson. And that was a trip. I loved it."

Dr. Lowenstein, who in April received New York University's highest award for teaching, the Distinguished Teaching Medal, has long been drawn to narratives about illness and healing. That led him to become an editor of the *Bellevue Literary Review* in 2001 and, later, publisher of the Bellevue Literary Press. Also, for 15 years, he codirected and then directed a first-year course called The Patient Narrative. His students become humanistic storytellers, writing essays about illness as seen through patients' eyes.

In 1997 — inspired by his mentor and role model, Lewis Thomas, M.D. (NYU's most famous physician-author) — Dr. Lowenstein published *The Midnight Meal and Other Essays about Doctors, Patients, and Medicine*. From that point on, he began to think of himself as a storyteller, and his next challenge, he decided, was to write a novel. A decade later, Lowenstein's equation was solved.

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A Fifth Anniversary In July 2004, NYU Langone Medical Center's Clinical Cancer Center opened its doors. Five years and 50,000 patients later, it serves as a model for comprehensive outpatient cancer care.
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Enhancing Patient Care By creating a new Department of Patient-Centered Care, NYU Langone Medical Center is helping to ensure that comfort, convenience, and respect are as much a part of the patient experience as quality medical care.
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Trials and Tribulations To go on statins or not to go on statins. That is the question vexing many a patient with high cholesterol. The answer — or at least some guidance on how to arrive at it — is discussed by two of our top experts.
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Graduation 2009 Why has Geoffrey Canada, president and CEO of Harlem Children's Zone, been called "one of the few authentic heroes of New York and one of the best friends children have"? The Class of '09 found out on Graduation Day.
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"The Best of Both Worlds" Pat Chibbaro, N.P., is beloved by children and parents alike at the Institute of Reconstructive Plastic Surgery. Now she's been named Nurse Practitioner of the Year by her profession's association.
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Dr. Lowenstein's Other Labor of Love Half a century after graduating from New York University and NYU School of Medicine, Dr. Jerome Lowenstein caps his distinguished career by publishing an acclaimed novel and earning the University's highest honor for teaching.
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NEWS & VIEWS

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In Good Hands

If Nature's Exquisite Handiwork Needs Repair, HJD Lends a Hand

Dangling from a doorknob in the office of Dr. Martin Posner is an unlikely souvenir for a world-class hand surgeon: an old pair of boxing gloves. Narrower and less cushioned than modern gloves, they have a thumb slot that is bound by stitching to the padded palm.

"The old pros used to stick out their thumbs and jab each other in the eye," says Dr. Posner. The gloves were a gift from a fighter and former patient at NYU Langone Medical Center's Hospital for Joint Diseases, where Dr. Posner is chief of the Division of Hand Surgery in the Department of Orthopaedic Surgery.

It's not the boxer's hand injury, but the boxer himself that fascinates Dr. Posner. He speaks with awe, even

reverence, of other famous cases, such as Jim Abbott, the one-handed baseball player who pitched a no-hitter for the Yankees, and Howard Blackburn, an American seaman who lost all of his fingers to frostbite but managed two solo crossings of the Atlantic.

On this day, three young surgeons are being welcomed into the division's elite fellowship program. Like Dr. Posner, they are drawn to the specialty not only because of the intricacy of the human hand, but also by the remarkable variety of cases. "I've been doing this for 40 years," marvels Dr. Posner, "and frequently I see problems I've never seen before." In time, the fellows may join the team of 16 surgeons who comprise the largest academic hand program in the country, performing some 5,000 operative procedures every year.

"We don't teach operations," explains Dr. Posner, "because what happens five years from now when those techniques are no longer applicable? But if you know anatomy really well and understand how the hand functions, then you can think in terms of 'What

Dr. Martin Posner, chief of the Division of Hand Surgery in the Department of Orthopaedic Surgery.

would I like to accomplish for this patient?'"

Also on this day, a special patient has arrived. He's a two-year-old boy. Eitan, the son of Polish immigrants, was born with golden hair, chocolate eyes, and rare deformities of both hands. Some fingers were fused together in utero and others failed to develop. The ring and pinky fingers in both of his hands are webbed, and in one hand, the thumb shares skin and tendons with the index finger. Where the middle fingers should be, there are wide clefts.

"He's a twin, and his sister has no problem with her hands," begins Eitan's father, his voice richly accented but clear. "They never saw it on a sonogram. Then he's born, and the nurse showed me. It was a shock."

Like son, like father. Dad, too, has similar but less severe hand deformities. "It's not bothering me," he says. "I'm a carpenter, and I can do everything. But when I was young, other kids were making fun. You have to be strong inside. Now it's happening to my son. Maybe when he is older, he will ask us, 'Why did you not take me to the doctor to fix my hands?' Better to do this now, while he is young and can forget everything."

Eitan has undergone two procedures to separate his fingers and to close the cleft in one hand, and he will likely require additional surgery. After being told by several surgeons that they could do nothing for Eitan, his mother and father feel they've found the best care available for their child.

Dr. Posner tells the story of a patient who was reluctant to get married because of her own hand deformities until a man convinced her it meant nothing to him. "They married and had four children," he explains, "and three of them had hand deformities. As the children were growing up, she'd always tell them how special they were. One day the little girl with normal hands was crying because she wished she had hands like her siblings. 'But why?'" asked the mother. "Because they're special," said her daughter."

Eitan's mother takes her twins by the hand and walks them out the door. Eitan's hands will never be completely normal, Dr. Posner allows. But Eitan will be.