Fall 2008

Chironian Fall/Winter 2008

New York Medical College

Fall / Winter 2008

CHIRONIAN

New York Medical College

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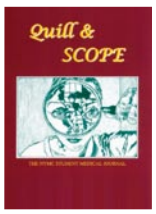
University News Briefs

In March, the Graduate Student Association of the Graduate School of Basic Medical Sciences celebrated the 20th Annual Graduate Student Research Forum with a full day of research-related activities, including poster and oral presentations and a keynote address by a nationally-recognized investigator—who also happens to be an alumnus. Research forum founders **Helen Badoyannis, Ph.D. '91,** and **Sherry Downie, Ph.D. '94** (not pictured), served as emcees. **Irving Zucker, Ph.D. '72** (above), professor and chairman of the Department of Cellular and Integrated Physiology and director of the Cardiovascular Research Center at the University of Nebraska Medical Center (UNMC), gave the keynote address. Dr. Zucker was recently named UNMC Scientist Laureate, the highest recognition given to a scientist at that institution.

In February, **Chitty R. Moorthy, M.D.,** professor of clinical radiation medicine, was appointed chairman of the Department of Radiation Medicine. Dr. Moorthy also serves as acting chair of the Department of Radiology and is director of the residency training program in radiation oncology at the College. He succeeds **Basil S. Hilaris, M.D.** (not pictured), professor emeritus, who retired last year after 20 years of distinguished service. (*Photo by John Vecchiolla.)*

Two departments—the Department of Community and Preventive Medicine and the Department of Family Medicine—have merged to become the Department of Family and Community Medicine. **Montgomery B. Douglas, M.D.,** associate professor of clinical family medicine, was appointed chair of the newly formed department. Dr. Douglas had been chairman of family medicine since 2006. (*Photo by John Vecchiolla.)*

Annette Choolfaian, R.N., M.P.A., professor and chair of the Department of Health Policy and Management in the School of Public Health, was awarded a 2008 Ellis Island Medal of Honor in recognition of her contributions to the American healthcare system and her humanitarian efforts in her role as vice chair of the Fund for Armenian Relief board.



Quill & Scope, New York Medical College's first student medical journal, was launched in May. The anthology of essays, reviews, commentaries, poetry and art is dedicated to promoting awareness of the personal, social, economic and ethical issues confronting the modern physician. The editors, second-years **Christine Capone** and **Sean Kivlehan** (not pictured), plan to publish an annual volume.

Continued on page 34

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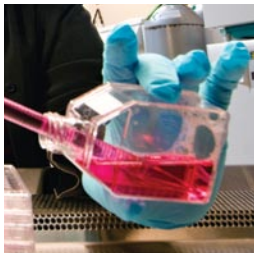

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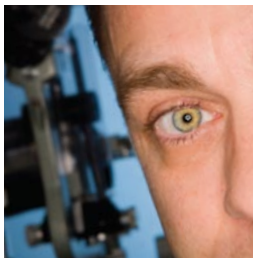

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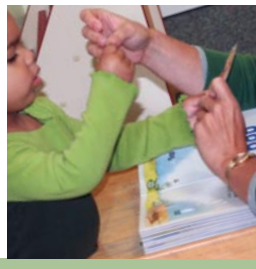
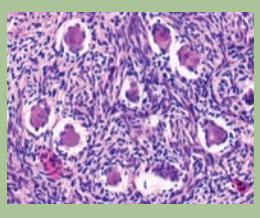


Alumni News

On the Cover

Kutluk Oktay, M.D., professor of obstetrics and gynecology, is attracting notice with his groundbreaking work in the emerging field of fertility preservation. Projected on the wall behind him, and pictured here at right, is a slide of human ovarian tissue that has been stained with hematoxin and eosin (H&E). The large oval shapes are primordial follicles with oocytes inside.



Young microbiologists match wits against old-school foes: staph, strep and toxoplasmosis

D. Ashley Robinson, Ph.D., and Dana Mordue, Ph.D., are bringing new insights to the struggle to stop pathogens from developing antibiotic resistance.

Working with her associates, Ph.D. candidate Sini Skariah, left, and research technician Everald Walker, Dana Mordue, Ph.D., center, stalks T. gondii, a parasite that has infected 20 percent of the U.S. population—usually without symptoms.

By Marjorie Roberts

By the time they earn their doctoral degrees, microbiologists have pretty much decided what they will focus on in the laboratory. From the emerging and reemerging genre of severe acute respiratory syndrome (SARS) and West Nile virus to the exotic Ebola and dengue fever, there are enough deadly microbes to satisfy the most discriminating investigator for a lifetime. Other scientists are attracted to the old and nasty germs that continue to develop resistance to the drugs that once were effective against them. Two relative newcomers to the faculty in the Department of Microbiology and Immunology have chosen to investigate these public health threats that defy conventional therapies. Meet Assistant Professors D. Ashley Robinson, Ph.D., and Dana Mordue, Ph.D.

Sweet home Alabama

Ashley Robinson doesn't use his first name, David, because "I'm from the South and that's what my mother called me when we were living in Alabama." Ashley historically has been a male name, he explains. The down home scientist received his B.S. degree in biology from the University of North Alabama and his Ph.D. in microbiology from the University of Alabama at Birmingham. These universities nurtured the undergraduate and graduate research he conducted before he moved abroad in 2001 for post-doctoral study at the University of Bath in the U.K.

Three years later he returned to the U.S. and New York Medical College for post-doctoral study with Debra Bessen, Ph.D., professor of microbiology and immunology, concentrating on population genetics and the pathogenesis of Streptococcus pyogenes. This organism did not capture his imagination, but the timing was perfect. Department Chair Ira Schwartz, Ph.D., was hiring and Dr. Robinson was interested. He is still in the same field, only the pathogen is different. Actually, Dr. Robinson is devoted to the study of two common but virulent microbes: Staphylococcus aureus and Streptococcus pneumoniae. "My interest in them gives the department a broader cover of major human pathogens," says Dr. Robinson, who is considered an expert in the classification of both microbes.

Methicillin-resistant staphylococci, better known as MRSAs, "are a leading cause of nosocomial infections worldwide and are commonly resistant to multiple antimicrobial agents."

Thus begins the abstract of his NIH RO1 grant entitled "Horizontal Genetic Transfer in Staphylococci." His goal: to understand how genetic variation contributes to the

Powered by a clutch of significant grants, D. Ashley Robinson, Ph.D., studies Staphylococcus aureus and Streptococcus pneumoniae. Data in all its forms surrounds him.

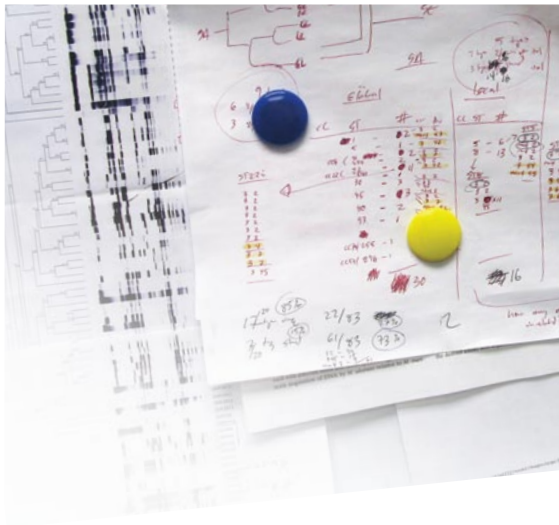
ecological and evolutionary success of bacterial pathogens. In the U.S, he says, "the RO1 is the bread and butter grant for us."

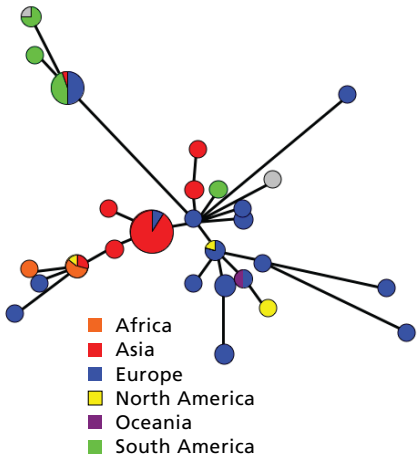
You get a sense of urgency in his study when he reveals that MRSAs are a subset of S. aureus, which thrive in the tip of your nose. What puts his study into perspective is thinking about how many times your hands go in that direction. For good measure Dr. Robinson adds, "In 2005, the most recent year for which statistics are available, MRSA infected 94,000 people, and 18,000 died in the U.S. alone."

Bacteria begets bucks

The American Heart Association has its own axe to grind against MRSA, a common cause of hospital-acquired infections of the cardiovascular system. It has awarded its own four-year Scientist Development Grant to Dr. Robinson to study "Genomic Variation in Pandemic Staphylococcus aureus." Believing that a certain MRSA strain (ST239) has given rise to a variant that is particularly

(Below) One virulent strain of MRSA that is endemic to hospitals is called ST239. Dr. Robinson has collected more than 100 versions of the strain from his collaborators around the world. This "family tree" is based on DNA analyses of 25 gene fragments where changes in sequence leave a record of the relationships between the strains and their spread to different continents.





Dr. Robinson and his team—from left, Ph.D. candidate Agnes Wong, M.D./Ph.D. student Christine LeRoy, and post-doctoral fellow Davida Smyth, Ph.D.—pit their combined research talents against methicillin-resistant staphylococci (MRSAs), a common cause of hospital-acquired infections of the cardiovascular system.

virulent, he is using DNA analyses to identify chromosomal insertions, deletions and rearrangements, with potential to discover new genes and piece together the family tree of this strain.

A third award, the two-year NIH R21 Developmental /Exploratory Grant, focuses on the bacterium Streptococcus pneumoniae. It is responsible not only for community-acquired pneumonia but also meningitis, sinusitis and middle ear infections. His laboratory is homing in on serotype 12F, a very aggressive strain associated with outbreaks of invasive disease, by trying to identify genes that promote its virulence.

> "In 2005, MRSA infected 94,000 people, and 18,000 died in the U.S. alone."
>
> – D. Ashley Robinson, Ph.D.

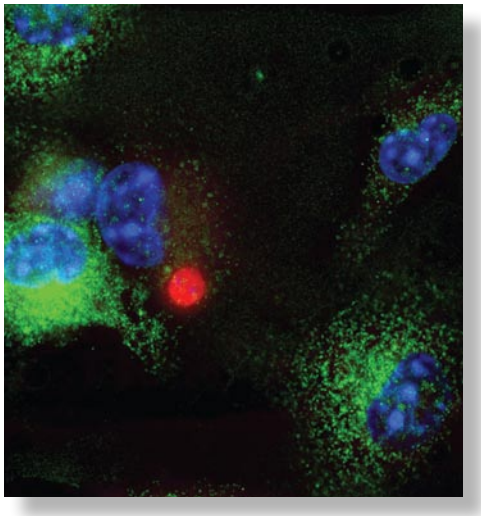
There is another grant waiting for approval by PATH, a nonprofit international cultural and community health organization, to uncover genetic characteristics of certain S. pneumoniae strains that will be used in the development of vaccines. Emory University is the principal investigator, with subcontracts to the College, the CDC and the University of Alabama at Birmingham as sites. No doubt here as to the source of Alabama's interest in the study.

From the heartland

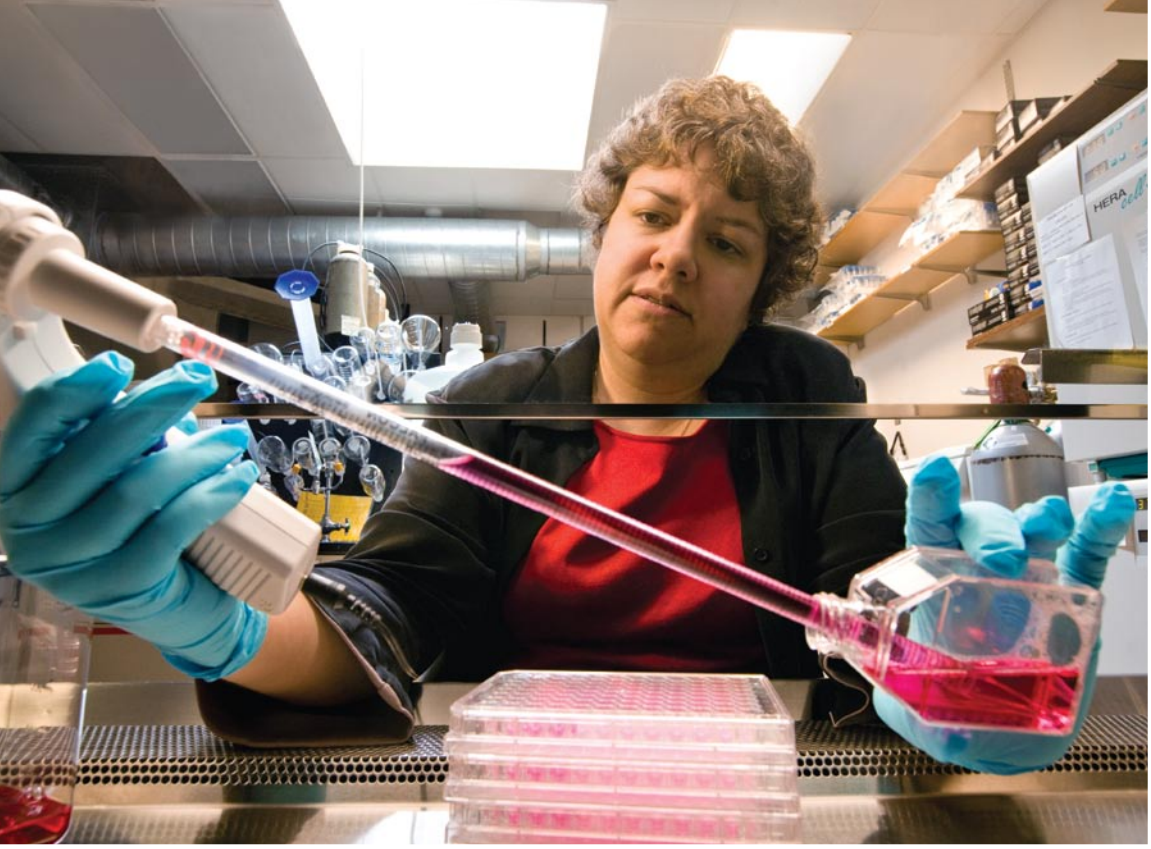
When Dana Mordue, Ph.D., got her doctorate at the University of Iowa in 1995, she already had seven years under her belt as a graduate assistant teaching pathogenic bacteriology, medical microbiology, general microbiology and immunology. You could say it was a hectic regimen for Dr. Mordue, who had earned her B.S. in biochemistry at Mankato State University, since renamed Minnesota State University. She decided on St. Louis for her first postdoctoral associate position in the laboratory of L. David Sibley, Ph.D., Department of Molecular Microbiology at Washington University School of Medicine. This involved a switch from cancer immunology and a brief fling with Trypanosoma brucei in graduate school to the cell biology and pathogenesis of intracellular parasites—specifically, the protozoan parasite Toxoplasma that causes the disease toxoplasmosis in humans.

Her next position, as an associate staff scientist in the Department of Medical Microbiology and Immunology at the University of Wisconsin Medical School, was spent gaining expertise in molecular parasitology—until it paid off. In 2005, Dr. Ira Schwartz asked her to join his team at New York Medical College.

Dr. Mordue may be the one who got away—from her thesis topic, cancer immunology and the Midwest. "I wasn't keen on coming to New York," she says. "The cost of living here is ridiculous." She's marked three years now at the College, but she does not appear antsy in the slightest. "There are benefits to being the only parasitologist in the school," she says. "Also, I have great colleagues, an excellent chairman and good people in my lab." And, her very own NIH RO1 grant, "Toxoplasma gondii Evasion of Immune Effector Mechanisms." She admits to having a love/hate relationship with Toxoplasma gondii, at once her raison d'etre and her nemesis.



One tactic T. gondii parasites use to survive in host cells is to prevent infected cells from producing toxic products like nitric oxide that could kill the parasite. Graphic shows that a cell (nucleus = blue) infected with the parasite (parasite = red) does not produce an enzyme important for nitric oxide production (iNOS = green), while uninfected cells still produce it.



Dr. Mordue gave up cancer immunology when she became interested in parasites, and admits to having a love/hate relationship with Toxoplasma gondii, the subject of her RO1 grant.

"Specifically, I am trying to discover how the parasite protects itself."

– Dana Mordue, Ph.D.

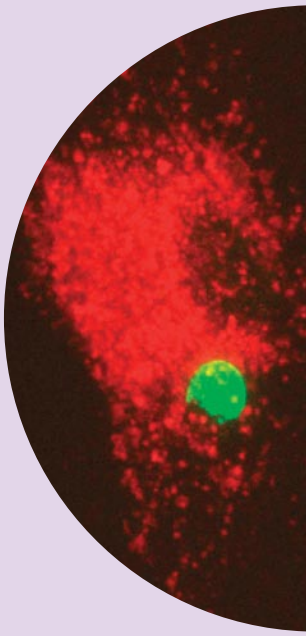
No looking back

"The reason I left my thesis topic behind was that I became interested in parasites, based on their similarities to how cancer evades the host immune response. T gondii looks more like human cells than bacteria does," she continues. "It has a unique structure and internal organelles to help it invade a cell and create a specialized compartment within the host cell to ensure its survival."

Classified as a single-cell organism in the kingdom Protista, T. gondii are eukaryotic cells, meaning they have a true nucleus bounded by a nuclear membrane, but are too different to be included in animal, plant, bacteria or fungal kingdoms. T. gondii is also an obligate intracellular pathogen—it has to live within a eukaryotic host cell to survive.

Twenty percent of the U.S. population have been infected and carry the cyst form of the parasite in tissues including the brain, central nervous system and smooth muscle, but infection is usually asymptomatic unless the individual is immune compromised. That's why it was one of the leading causes of death and blindness for patients with AIDS prior to retroviral therapy. Eating undercooked meat, or water or vegetables contaminated with the oocyst form of the parasite spread by cat feces are the main ways to get toxoplasmosis. It can also be spread by congenital infection, which is why pregnant women are advised not to handle cat litter boxes.

"Specifically, I am trying to discover how the parasite protects itself," says Dr. Mordue. These parasites hijack dendritic cells and monocytes that can cross the blood-brain barrier, and then they get a free ride though the body. Estimates of infection worldwide range from 30 percent to 60 percent overall, making T. gondii an extremely successful parasite. "I respect T. gondii. You have to admire the capacity of a single cell organism to be such a successful pathogen." ●



Toxoplasma parasites (green) reside in a vacuole they create in the cytoplasm of the host cell. Normally, host cells are able to kill a pathogen by transporting it to a lysosomal compartment (red). Not Toxoplasma, which survives by keeping away from lysosomes. Dr. Mordue's team has developed a Toxoplasma mutant that did not survive the journey but still remains isolated from lysosomes—meaning something else downstream of lysosomes is responsible for eliminating the mutant parasite.

A professor of obstetrics and gynecology is blazing a trail in the field of reproductive medicine: storing tissue to help cancer patients preserve their fertility.

Kutluk Oktay, M.D., puts ovaries away for safe keeping

The highly pedigreed laboratory team of Kutluk Oktay, M.D., center, consists of Xingtao Wang, Ph.D., left, research associate professor of OB/GYN; Veronique Drouineaud, M.D., Ph.D., a visiting fellow from Dijon, France; and Samir Babayev, M.D., a postdoctoral fellow from Azerbaijan. The research group uses in vitro and xenografting models to investigate how chemotherapy damages ovarian follicles.

By Marjorie Roberts

Without a doubt, chemotherapy is saving the lives of women with cancer, but at considerable cost: the toll it takes on their fertility. Giving up the ability to have children is too high a price to pay, believes Kutluk Oktay, M.D., so he has spent the last decade developing techniques to intervene *before* a patient's fertility is jeopardized. This pioneering research has earned him an international reputation as the leading authority on what is known as fertility preservation, an advance in reproductive medicine that New York Medical College has offered since January 2008, when Dr. Oktay joined the Department of Obstetrics and Gynecology (OB/GYN) as professor and director of its Division of Reproductive Medicine.

Fertility preservation is a program of innovative treatments, techniques and strategies to help patients cope with the rigors of cancer treatment. A woman's fertility is preserved by the freezing of eggs, embryos or ovarian tissues, and then returned to her body when chemotherapy and radiation are complete and the patient decides to get pregnant. Candidates are not only women of childbearing age who have breast or other cancers, but also young girls with leukemia and solid tumors whose parents want to keep safe their ability to have children later in life. While some cancer patients are happy just to survive their treatment, others desire a normal ovarian hormone production, and then to have fertility restored. Decades ago patients were in a quandary over breast reconstruction: should they remove the tumor or breast and be done with it, or let it heal and then have a surgical implant? Now surgeons can do both at the same time. Fertility preservation offers a similar choice of options to women who refuse to let a cancer diagnosis dash their hopes of having a child.

After laparoscopic removal of an ovary, pieces of ovarian tissue are covered in a cryoprotectant and frozen at -280°F. Dr. Oktay performed the first transplant of previously frozen ovarian tissue in 1999.

New chairman's coup

That fertility preservation is available here in Valhalla is due in large part to the efforts of Howard Blanchette, M.D., professor and chairman of the Department of Obstetrics and Gynecology, which has been revitalized under his leadership. In 2000 he left positions at Harvard and Metro West Medical Center in Boston for the top OB/GYN job at College-affiliated Danbury Hospital. Three years later he joined the College faculty, becoming full professor and chairman of the department in August of 2007.

"Many of my colleagues across the country spoke very highly of Dr. Oktay and his groundbreaking translational research," says Dr. Blanchette. "We are very lucky to have recruited him to our faculty. This is real cutting edge work that will greatly strengthen the academic mission of the department and enhance the reputation of New York Medical College."

Dr. Oktay spends three days a week on campus—in his laboratory at the College and as an attending at Westchester Medical Center. The rest of the week he divides his time between his consulting and hospital obligations at Memorial Sloan-Kettering Cancer Center, Memorial Hospital for Cancer and Allied Diseases, and the Institute for Fertility Preservation, a division he founded and directs for The Center for Human Reproduction in Manhattan. The variety of these assignments is something he covets:

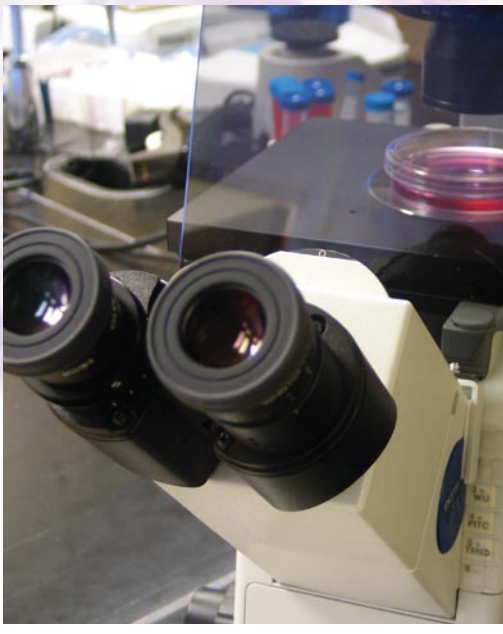
"I am a basic scientist, translational researcher, clinician and a surgeon. What I find exciting is the fact that I may be working on a molecular experiment in the laboratory during the morning, and by noon I'm doing clinical research. In the afternoon I may have a complicated laparoscopic surgery. To be able to experience the whole spectrum of medical science gives me the most I could get from life."

Global training

Born in Turkey, Kutluk Oktay graduated from Hacettepe University Medical School in Ankara in 1986. After two years of an internal medicine residency in Istanbul, he came to the U.S. and completed residencies in internal medicine and OB/GYN. A clinical fellowship in reproductive endocrinology and infertility followed at the University of Texas at San Antonio. An exchange research fellowship at the University of Leeds in the U.K. came next. Dr. Oktay had won a grant from the Royal College of OB/GYN and the American College of OB/GYN. Each university gives one grant annually to only one person from each country. In 1996 he returned for academic appointments at SUNY Health Science Center in Brooklyn and Weill Medical College of Cornell University in Manhattan. His hospital appointments were at New York Methodist Hospital in Brooklyn and New York Presbyterian-Cornell. In 1999 he performed the first frozen ovarian transplant at New York Methodist, taking it from animal studies to working with patients in only three years.

Dr. Oktay is married to Maja Hrzenjak Oktay, M.D., Ph.D., a cancer researcher at Montefiore Medical Center in the Bronx. If they talk shop at home it is not surprising because his work has attracted the attention of cancer doctors who see fertility preservation as an essential part of their treatment. This is Dr. Oktay's goal, and it looks

Fertility preservation offers a choice of options to women who refuse to let a cancer diagnosis dash their hopes of having a child.



like it is full steam ahead thanks to a new million-dollar RO1 Grant from the NIH entitled "Characterization and prevention of chemotherapy-induced damage to ovarian reserve."

He has another NIH application working to test a number of agents to see if they can assist in revascularization to improve the survival of ovarian transplants. Some of these agents are sphingosine1 phosphate, vascular endothelial growth factor (VEGF), nerve growth factor (FGF), and bone marrow stem cells. He is also exploring alternative ways of freezing ovarian tissue. "It's not so simple," he says. "By the time the transplant is finished, you may have lost two-thirds of the eggs. What we are trying to do is develop medicines that will protect the transplanted ovary against initial ischemia until angiogenesis occurs."

One might ask how New York Medical College, with its ties to the traditions of the Catholic Church, can promote fertility preservation when the Church is opposed to most forms of *in vitro* fertilization. Dr. Oktay responds, "We are protecting ovarian tissue from chemotherapy damage, which does not require assisted reproductive technology at all. By transplanting ovarian tissue we are restoring natural fertility and avoiding the need for assisted reproduction techniques."

Dr. Oktay's technique involves a laparoscopic removal of the ovary, which he then cuts into pieces. It is frozen that way, at minus 280 degrees Fahrenheit, covered with an antifreeze-like cryoprotectant. The transplant will go into one of two locations, neither involving the ovary's original site in the body: the lower abdomen, just under the skin, or the forearm. The decision is made based on discussions with the patient, her medical needs as well as her preferences. In one of his earliest successes with this technique, the patient became pregnant naturally when her remaining, inactive ovary began ovulating. In a television interview about the case, Dr. Oktay speculated that "the healthy ovary may contain signals or hormones that may enable the dormant ovary to regenerate eggs. At least, that's the theory—other than a miracle."

> "We are protecting ovarian tissue from chemotherapy damage. By transplanting ovarian tissue we are restoring natural fertility and avoiding the need for assisted reproduction techniques."
>
> – Kutluk Oktay, M.D.

National recognition

For his pioneering accomplishments, Dr. Oktay was invited to join the National Cancer Institute's President's Cancer Panel and was given the task of writing the fertility preservation guidelines by the American Society of Clinical Oncology. It's been a slow but successful start: "I have frozen ovarian tissues from around 100 patients. Of that number, 6 returned for transplant, but only 3 tried to have children. There is the woman who appeared on the Today show. She conceived normally and delivered a healthy child—and, she is pregnant again. Another woman died from her cancer. But in all 6 cases, their menstrual periods returned and they had normal hormonal function. In Europe and Asia there have been fewer than 40 ovarian transplants resulting in 6 or 7 babies."

This is the world of oncofertility, to which Kutluk Oktay has devoted his entire professional life. He has also pioneered new ovarian stimulation protocols for embryo and oocyte freezing for breast and endometrial cancer patients. This is good news for the estimated 125,000 people under the age of 45 who are diagnosed with cancer each year, in particular, the 50 percent who will receive treatments that will affect their fertility. ●

Cell biologist Jian Kang, M.D., Ph.D., believes that a much-overlooked cell could change the way stroke and epilepsy are treated.

The answers may lie in the stars

Jian Kang, M.D., Ph.D., associate professor of cell biology and anatomy and former Sinsheimer Scholar, is investigating the role of glutamate, a neurotransmitter released by damaged brain cells, in stroke and epilepsy.

By Thomas Orton

For years, cell biologists paid almost no attention to astrocytes. The seemingly passive and humble astrocyte is a type of helper cell belonging to the glial family, a group long thought to offer only support to neurons. One of the functions of glial cells —the word "glial" comes from a Greek idiom for "glue"—is to hold neurons in place. Glials also provide those neurons with nutrition and aid in synaptic transmission throughout the nervous system. Of the four types of glial cells, astrocytes—named for their resemblance to star bursts—are the most prevalent.

End of story, or so most researchers thought. But not Jian Kang, M.D., Ph.D., associate professor in the Department of Cell Biology and Anatomy. His belief that there might be more to it has led him to devote much of his career to investigating the role of astrocytes in brain function. In the last ten years, Dr. Kang's research has added considerable consequence to astrocytes' helper cell role.

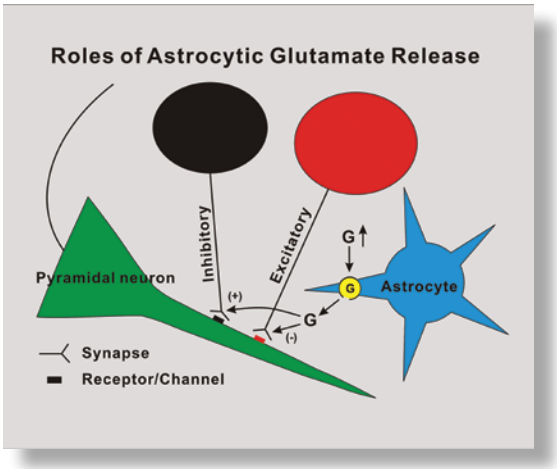
More important, he has discovered that these "stars" and their glial siblings actually contribute to the brain damage caused by strokes and epilepsy. But the news doesn't stop there.

Mysterious cell death

You can't talk about astrocytes without also considering the phenomenon of neuroplasticity which, as Dr. Kang explains, "is the basic mechanism for learning and memory. When you learn or remember something, it means a synaptic plasticity has occurred." Synaptic plasticity refers to the ability of the synapse between two neurons to remain flexible—in essence, enabling the brain to rewire itself. A part of Dr. Kang's research is exploring how astrocytes are related to this neuroplasticity.

Another critical piece of the still developing astrocyte picture is a chemical called glutamate, the major excitatory neurotransmitter in the central nervous system, responsible for sending, altering and boosting nerve signals. Dr. Kang explains, "When a brain cell is damaged by stroke, astrocytes release glutamate," which mysteriously causes neighboring healthy cells to die. In the first two days following a stroke, this bystander death can increase dramatically. The ensuing cell destruction, or spreading depression, is responsible for a great deal of the damage to the brain. "In the case of epilepsy," Dr. Kang adds, "the release of glutamate can actually contribute to seizures."

When a brain cell is damaged by stroke, astrocytes release glutamate, which causes neighboring healthy cells to die. In the first two days following a stroke, this bystander death can increase dramatically, resulting in a great deal of damage to the brain.



The image shows the putative function of astrocytic glutamate release. In the diagram, the excitatory neurotransmitter glutamate is released from the astrocyte. This astrocytic source of glutamate acts on glutamate receptors in neurons to influence synaptic activities.

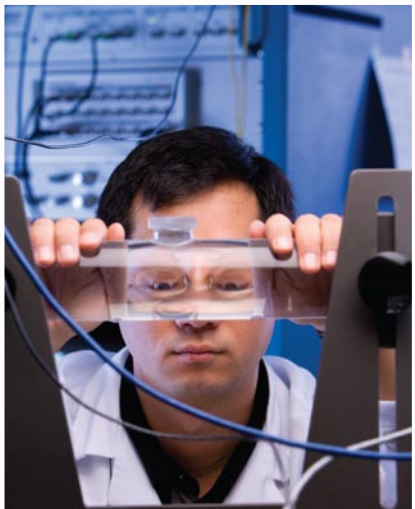
Follow the sun

Dr. Kang's current pursuit of the true role of astrocytes began with his love for the study of living organisms. The road to research was paved at least in part by his father, a science professor at China Medical University in the city of Shenyang where the family lived. Dr. Kang attended the same university and received his medical degree in 1982, following it with a master's in physiology. "I worked in China for four years after that," he says. "But at that time, support for research in China was pretty low, so I went to the United States to get my Ph.D."

He settled on the University of Florida for his doctorate, which he earned in 1993. He stayed on for post-doctoral training, working with the help of a fellowship from the American Heart Association. When he realized how well-supported research was in the U.S., there was no question of his returning to China.

Pursuing his passion for research meant further postdoctoral training, and in 1994 he chose another sunny state, California, enrolling in the Department of Neurology and Neurological Sciences at Stanford University Medical College. He was drawn to Stanford by its reputation in the field of electrophysiology, which studies the function of electricity in living cells.

Early in the course of his training, Dr. Kang earned renown for his skill using patch-clamp recording in brain slices, a highly specialized technique that is crucial for neuroscience study. A glass micropipette is carefully placed on a single cell in a brain slice, and suction is applied to create a high Giga-ohm seal between the glass and the section of the cell membrane. Measurements can then be made of the excitatory synaptic transmissions in cells that cause neighboring cells, or postsynaptic neurons, to generate electrical signals. Two types of synaptic transmissions—excitatory and inhibitory—work hand-in-hand to keep those postsynaptic neurons from firing simultaneously, forming a system of checks and balances in the brain's electrical circuits.



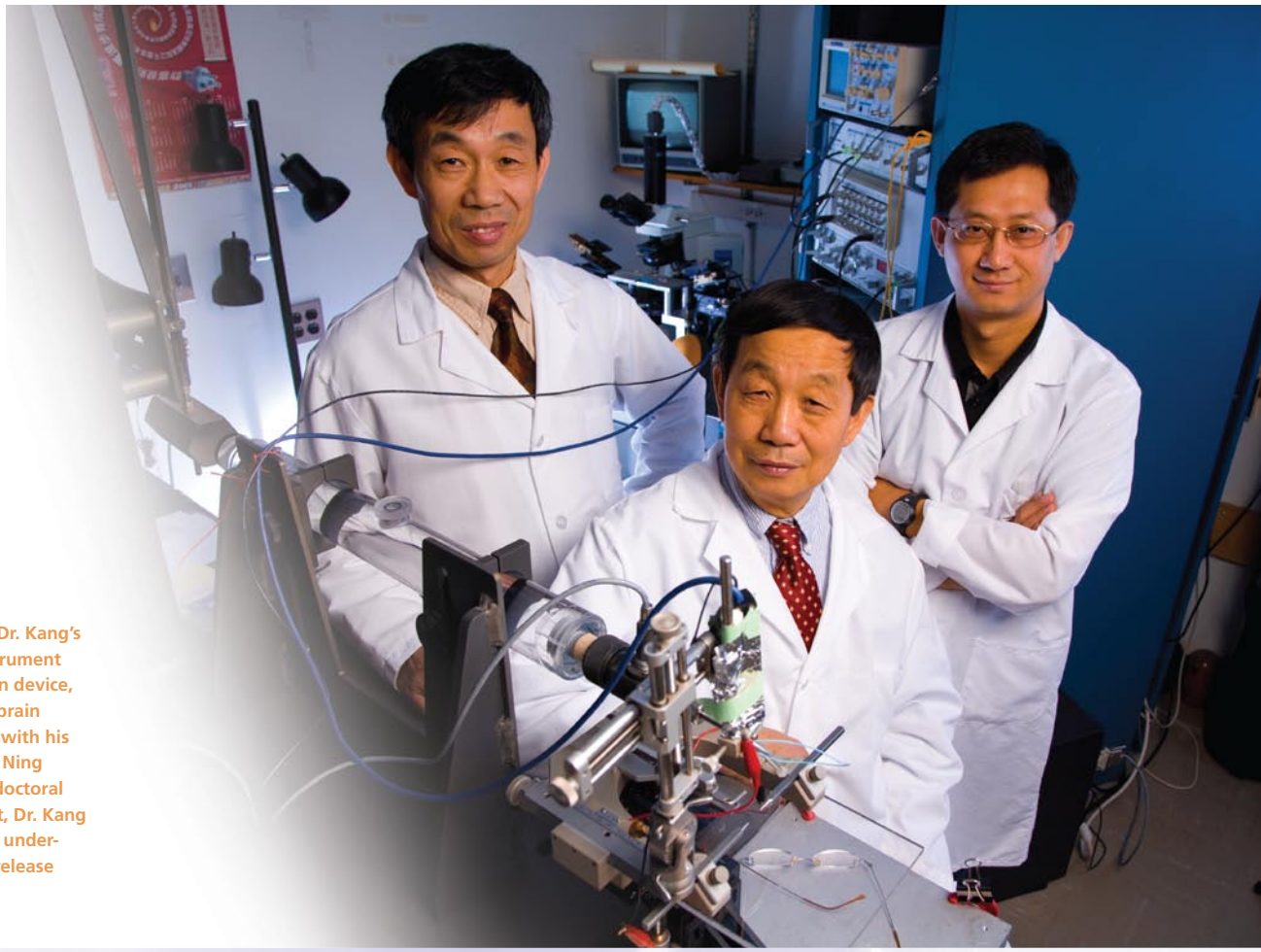
"The patch-clamp technique can make a very accurate, high quality recording," Dr. Kang explains. "It can detect the slightest amount of current in single cells or even in small parts of cells, such as ion channels." Ion channels help determine how these positively- and negatively-charged atoms flow across the membranes of cells. Certain types of ion channels pertain to nerve impulses while others involve the synapses. Because the patch-clamp technique can make such exacting records of activity in ion channels, it is an indispensable tool for neurologists.

Word gets out

This and other early work formed the basis of a nascent reputation for the bright, emerging researcher. One of those who heard about him was Maiken Nedergaard, M.D., D.M.Sc., at that time a professor in the Department of Cell Biology and Anatomy. A highly regarded scientist in her own right, Dr. Nedergaard recruited Dr. Kang to the faculty in 1996 and collaborated with him on numerous investigations. His own projects were funded by numerous NIH grants, and garnered him a prestigious Sinsheimer Scholar Award in 1998. Dr. Kang's current research is supported by an agency called CURE, whose funding comes primarily from the U.S. Army.

In the 12 years since joining the faculty, Dr. Kang has also enjoyed generous support and encouragement from the university. "I like it here because the research conditions are excellent," he says. "Some of the supporting facilities, and sophisticated equipment like the 2-photon laser scanning microscope, are perfect for pursuing our projects."

The research underway in Dr. Kang's lab, with its focus on the astrocytic release of damage-causing glutamate related to epilepsy following traumatic brain injury, could form the basis for development of drugs to inhibit that release. He intends to keep his eye on the astrocyte, the once overlooked acolyte in the nervous system that holds out so much hope in controlling stroke. ●



The research underway in Dr. Kang's lab relies in part on an instrument known as a fluid percussion device, which models a traumatic brain injury in animals. Working with his brother, research associate Ning Kang, M.S., left, and post-doctoral fellow Yufei Yu, M.D., right, Dr. Kang hopes to provide a greater understanding of the astrocytic release of damaging glutamate.

With an unassuming modesty that is rare among hospital chiefs and department chairmen, Iradge Argani, M.D., heaps praise and credit on others for building the academic and clinical departments of pathology. They'll tell you the credit belongs to him.

A Major Force

Iradge Argani, M.D., professor and interim chairman of the Department of Pathology, built the award-winning pathology lab at Westchester Medical Center. He has won his share of awards too—year after year from students who continually laud his exceptional gift for teaching.

By Andrea Kott, M.P.H.

Getting Iradge Argani, M.D., to talk about himself isn't easy. The interim chairman of the Department of Pathology, and current director of anatomic and clinical pathology at Westchester Medical Center, is much happier discussing the way medicine has changed since he was a student almost 50 years ago, or the colleagues who have made his career so satisfying. When Dr. Argani does talk about his professional life, it is without any hint of ego. If anything, he seems slightly self-deprecating, until you recognize his taste for subtle humor. "I wish I could think of something positive to say about myself," he says, grinning, then adds, "Modesty is un-American, and I try to behave like an American."

With a little nudging, however, Dr. Argani discusses his life as a physician, a researcher and a professor, a life that has been anything but modest.

Iradge Argani earned his medical degree in his native Iran, graduating in 1955 from the University of Tehran School of Medicine. He and his wife of 51 years, Tahere, a pediatrician whom he met in medical school, came to the United States to do their internships and residencies. Dr. Argani completed his internship at Alexian Brothers Hospital in Elizabeth, N.J.,

and residencies at the University of Chicago Clinics, Fordham Hospital in the Bronx, and later at Queen's University in Ontario, Canada.

Pathology rules

Internal medicine, not pathology, was his initial interest. Yet in the mid 1950s, before the advent of advanced imaging technology, internal medicine depended on a fair amount of educated guesswork, with diagnoses resulting primarily from clinical impressions made on physical examination. "It was not as satisfying an experience [as it is today] because you were never sure if you were missing something," Dr. Argani says. By attending autopsies, he began learning what he was missing while performing in-office exams. "I was always cut down to size by the pathologist," he recalls.

Even early technology did not produce images with the accuracy of today's equipment. "I used to call it 'the science of the shadows,' because you'd see a shadow of the chest, a shadow of the organs, a shadow of bones," he says. "You didn't get the quality of pictures that you get today." It was during his residency at Fordham, under the tutelage of Louis J. Millman, M.D., that Dr. Argani decided to focus on pathology. At that time, before the advent of subspecialties, pathology was largely clinical and anatomic. Only later did the field expand to include specialties like hematology, blood banking and immunology. Dr. Argani is board certified in all three, along with combined internal medicine and pediatrics, and in allergy and immunology.

His rise in the field was rapid. In 1963, just two months after receiving state certification, the young physician was appointed chief of the department of pathology and clinical laboratories, as well as director of the blood bank, at Fordham Hospital. Every appointment thereafter, including posts at St. Elizabeth's Hospital and St. Clare's Hospital and Health Center, both in New York City, and Brooklyn's Downstate Medical Center and Kings County Hospital Center, was a directorship. "I never had the luxury of being the assistant director of a department," he says without a hint of irony.

Having spent his career as a director has helped to form Dr. Argani's view of the business side of medicine, which he believes has become top-heavy. "Hospitals have become more and more an industry," he says. "Organizations keep hiring managers at the expense of the working people, the nurses and technicians. The best institutions are run by a few efficient, competent managers rather than an army of managers."

Time in a bottle

On a similar note, Dr. Argani says optimal patient care requires a precious commodity—time. "Fifty years ago when you went to a physician's office, he had all the time in the world for you," he said. "Now, as a patient you know your time with your doctor is limited, you know you'll be rushed." On the other hand, he said, technology has enhanced physicians' ability to formulate a thorough and timely diagnosis. "A physician learns more about a patient at the end in much less time," he asserts.

Among Dr. Argani's favorite duties is teaching second- and fourth-year students how to use lab results in diagnosing patients. In fact, teaching is one of his great motivators, as it forces him to keep up with the latest literature and developments in the field. "If left to my own devices, I would never do that," says the professor of clinical pathology, referring to the research often needed for him to answer questions posed by his students.

In the mid-1950s, before the advent of advanced imaging technology, internal medicine depended on a fair amount of educated guesswork.

On the subject of teaching, Dr. Argani insists that it benefits him as much as his students. "What's good about teaching? I would give you an answer that is something very selfish for me," he says with a smile. His students have not been so reticent. In 1993 they awarded him the first Robert Goldstein, M.D., Society of Teachers Award, an honor established by medical students as a way of recognizing exceptional faculty who have won Excellence in Teaching honors for 10 consecutive years. And though Dr. Argani received the award in its inaugural year, he has since logged another 15 consecutive teaching awards—if anyone's counting.

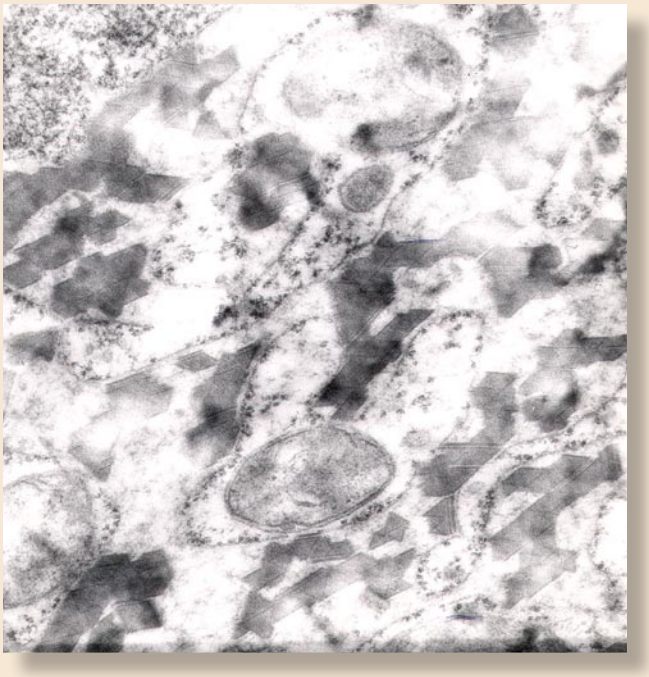
His associates concur. Reinhard Zachrau, M.D., professor of pathology, describes his colleague as "a major force in the education of future physicians" at the College and lauds Dr. Argani's exceptional dedication and professional competence. "Besides creating a world-class laboratory medicine department in the hospital, practically from the ground up, he has become as perfect a role model for our students as one can wish for," Dr. Zachrau says. "What I appreciate most about Dr. Argani, however, is that he is a man of culture and integrity. I cannot—and do not want to—imagine our pathology/pathophysiology teaching program without him."

Family guy

Although Dr. Argani retired in 2005 from his clinical pathology post at Westchester Medical Center, he shows a hint of pride by displaying the 1995 Medal of Distinguished Service, which he received from Westchester County on behalf of the pathology lab at the hospital. "As far as I'm concerned the medal belongs to the lab," he says, all but handing over the prize to his colleagues in the pathology lab whom he calls his "second family." Of course, other achievements are more singularly his own. He was credited with detecting the protein-secreting cells that are responsible for a leukemia-like blood disorder known as Waldenström's macroglobulinemia, published in a 1965 study in *Laboratory Investigation*. He also discovered a new kidney lesion that can cause acute kidney failure in that disease (*American Journal of Medicine*, 1964).

Most recently, Dr. Argani's research interests have turned to the clinical pathology of cystic fibrosis, although teaching and serving as interim department chair since 2005 don't leave him enough time to pursue it. It is challenge enough—and just as rewarding—to find time to see his six children and his three grandchildren. Three of his children have become physicians and one, Sholey Argani, M.D. '93, a College alum, is a nephrologist in Washington, D.C.

Still, a busy life is the best life for Dr. Argani. When his service as interim department chair ends, he will immerse himself in other things. "What do retired people do?" he asks wryly. "I can't retire. You have to be vertical and mobile until you become horizontal." ●



This slide of crystalline material accompanied Dr. Argani's 1965 *Laboratory Investigation* paper, in which he performed a histochemical and electron microscope study of the protein-secreting cells found in Waldenström's macroglobulinemia.

Though retired from his clinical post at Westchester Medical Center, Dr. Argani still lectures in the pathology lab there, where he is surrounded by staff he calls his "second family." Clockwise from right, they are: lab supervisors Vinnie Chadha and Debbie Isabella, senior medical technician Ani Baghian-Seren, and lab supervisor Alexander Mamnen.

Students

Dual Degrees Multiply the Options

Medical students who are looking for more—more opportunities for research, more immersion in public health—find dual-degree programs broaden their horizons and career options.

By Lynda McDaniel




The dual-degree programs at New York Medical College are attracting increased attention—and students. By gaining a broader perspective of the practice of medicine by integrating research, community and world issues into the expanded curriculum, students earning an M.D./M.P.H. degree come away with a strong appreciation for the social, economic and political factors that play a role in the health of their patients. In the M.D./Ph.D. program, students undertake basic science research projects that complement their medical studies. As a result, they gain a deeper understanding of scientific practices and how they relate to clinical applications of treatment.

Recent enrollment in both programs has been on the rise as students catch on to the value of these two hot-ticket degrees. *Chironian* asked four students to share their personal experiences in the program and their aspirations for the future.

Kellie Faircloth

Craig Belon

Physician / advocate

Last summer, Kellie Faircloth, 25, spent six weeks in Guatemala studying Spanish so she could take better care of Spanish-speaking patients back home. As an M.D./M.P.H. student with a special focus on international health, she wants to play an active role in improving the delivery of health care. Though medical students often spend summers in distant locales, the extra benefit of the M.P.H. coursework gives them a deeper appreciation of what they will see when they are exposed to health conditions in foreign countries.

"Through my experiences abroad and in the U.S., I understand the importance of merging public health with clinical practice," Faircloth says. "Public health intervention is crucial to disease prevention both in the U.S. and abroad."

Faircloth, who graduated in 2005 from Boston College, is now in her second year of medical school and is taking evening classes in the School of Public Health. She credits the dual-degree program with preparing her to become a well-rounded physician with greater cultural sensitivity and a global perspective.

"Not everyone can afford medication or even have their blood pressure checked every year. Some people have never seen a doctor," she says. "If I better understand the circumstances people live in, that will help guide the care I can give them."

In spite of the rigors of her studies, Faircloth also serves as co-president of the student club, Physicians for a National Health Program, and is a board member and volunteer at La Casita del Salud, the student-run clinic in East Harlem.

"Escaping the microcosm of medical school helps me remember that there are important things besides pathology and microbiology," she says. "I believe that health care is a basic human right, and I want to shape my career around that belief, however it develops."

Physician / scientist

Craig Belon, 26, appreciates how the M.D/Ph.D program has allowed him to thoroughly explore two distinct disciplines of modern medicine. "With a dual degree, I come away knowing basic science and clinical practice," he explains. "Sometimes clinicians don't have enough time to fully appreciate bench research, and basic scientists may not have considered all the possible clinical applications of their work. When I graduate, I hope to bridge the gap between these two careers."

Belon graduated from the University of California Santa Barbara in 2004. After completing his first two years of medical school, he is now in his second year of the Ph.D. program with a focus on hepatitis C virus, working in the laboratory of David Frick, Ph.D., assistant professor of biochemistry and molecular biology.

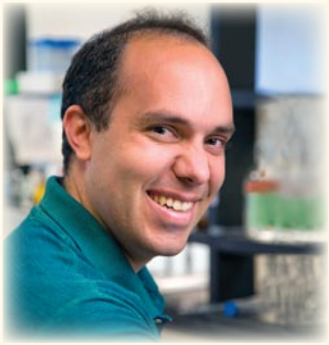
"Specifically, I work with helicases—enzymes that separate double-stranded DNA and RNA. In that regard, my work could best be classified as enzymology. My goal is to define the mechanics of helicase action, and use that to design inhibitors of the enzyme.

"I've made some discoveries in my research, and that feels great," he adds. "And I recently had my first article accepted in a peer-reviewed journal, *BioTechniques*. I'm really proud—that makes me feel as though I'm on the road to becoming a 'real' scientist."

After graduation, Belon plans to become a practicing surgeon at an academic institution. "I definitely want to treat patients," he says. "I also want to focus on teaching and conducting basic science research. I've looked into transplant surgery, and if I go in that direction, I'll continue my hepatitis C virus research."

That's a lot to squeeze into one life, but Belon has a plan. "You can't be both a top-notch doctor and top-notch researcher—each is more than a full-time job," he says. "But I can be a co-principal investigator and hold a grant jointly with another investigator. That way I can work as a doctor and contribute to research."

Lisa Rynn



Nicolas Kummer

Physician / epidemiologist

Lisa Rynn, 26, was looking for something more from her medical career. While she knew she wanted to practice clinical medicine, she also wanted to help address world health issues. "That may involve traveling once a year to do relief work or getting involved with an aid agency here in the United States," she explains. "The M.D./M.P.H. degree in international health makes that possible."

After graduating from the University of Pittsburgh in 2004, Rynn was accepted to the School of Medicine and quickly decided on the dual-degree program; she's now in her last year. "It's been a great complement to my medical education and an excellent way to combine my interests. And the tough schedule—medical studies during the day, M.P.H. classes at night—teaches me time management pretty well," she adds, laughing.

Rynn took a year between her third and fourth years of medical school to work on a research fellowship at the Atlanta Centers for Disease Control (CDC), one of only eight in the country awarded to medical students this year. Her work focused on the overall public health burden of birth defects. "That was an amazing experience," she says. "I worked on research and was published as the lead author for an article in the CDC's *Morbidity and Mortality Weekly Report*. The article also has been reprinted in JAMA."

With a few more months until graduation, Rynn is focused on finding a pediatric residency, though she won't know where she'll land until March. In the meantime, she's busy completing her fourth-year coursework and doing clinical rotations.

"This spring, I also plan to do an elective somewhere internationally," she adds. "Learning how to think about problems at the community level, as well as learning to treat individual patients, is very exciting to me."

Physician / cancer researcher

Nicolas Kummer, 32, is currently immersed in research in the Department of Microbiology and Immunology, but he's eager to get back to clinical work. As a student in the M.D./Ph.D. program, he'll return to clinical studies in late fall, once he completes his Ph.D. research and thesis on the molecular pathogenesis of papillary thyroid carcinoma in the lab and under the guidance of his mentor, associate professor Jan Geliebter, Ph.D.

The M.D./Ph.D. program enables him to consider a career that combines both an oncology-related specialty and cancer research. "In oncology, the clinical aspects are research driven," he explains. "Many specialists do research that is directly related to the patients they see. I'd like to pursue that so that I have time both in the lab and the clinic."

After graduating from University of California Santa Cruz in 1999, Kummer spent a year in Seattle working at the Fred Hutchinson Cancer Research Center in what he describes as "a great academic research lab." He also earned his pilot's license—something he plans to maintain by volunteering for Angel Flight, an agency that provides free air transportation to medical patients in need. But even that's not enough to satisfy this high-achiever: during medical school Kummer started the Creative Writing Club, which morphed into the Creative Art and Photography Club. Now he's painting, too, and last year exhibited some of his work in the Health Sciences Library.

A devoted family man (his son Lukas was born in July, 2007), Kummer understands that his ambitious goals will require careful planning. "I'm active in the American Physician Scientists Association, where I meet successful people who are currently where I'll be in 10 to 15 years," he says. "They've taken on enormous responsibilities, and I've asked them how they find balance. They tell me it takes a lot of work and a deep belief in what I'm doing. It's important to me to be a good role model for my son, so I will definitely figure out a way." ●

Thomas B. Graboys, M.D. '70

Mining Strength Within

There is an oft-quoted saying, "To whom much is given, much will be required." Thomas B. Graboys, M.D.'70, knows this intimately.

By Andrea Kott, M.P.H.

Take-home messages usually come at the end of stories.

But this story about Thomas B. Graboys, M.D. '70, who is living with Parkinson's disease and Lewy body dementia, starts with one: a message about the inner strength that personal tragedy can unearth. Since he was diagnosed in 2003, Dr. Graboys has harnessed such strength to write *Life in the Balance: A Physician's Memoir of Life, Love, and Loss with Parkinson's Disease and Dementia*. It is a searing account of the impact of his illness on his career, marriage and family, and on his identity as a doctor, husband, father and grandfather. "We're much stronger than we give ourselves credit for," Dr. Graboys said during a recent phone interview from his Boston home. "I don't think we exhaust our reserves."

In the past 10 years, Dr. Graboys has mined a reserve he didn't know he had, coming to terms with a new definition of himself. He decided to retire from medicine and use his insights to write the book, which he hopes will help the estimated 1.5 million Americans with Parkinson's and another 640,000 under age 65 suffering from some form of dementia. "This isn't an easy story to tell. But it is an important one," he writes. "This book is the only way I know to continue, in a sense, to be a doctor."

Under the best of circumstances, writing a book is an enormous task: Sisyphean for Dr. Graboys who, with the help of a writer, spent more than a year piecing together handwritten notes detailing the progression of his symptoms and summoning every ounce of stamina to type at the computer before exhaustion overtook him. "I was very worried that the disease would progress before I had an opportunity to write about it," he said in a voice that intermittently faded and trailed off.

Reading the signs

It took several years, plus comments from concerned colleagues, before Dr. Graboys acknowledged his resting hand tremor, occasional forgetfulness, and growing fatigue as signs of early Parkinson's. Some attributed the initial, subtle changes to grief and depression over the loss of his wife Caroline to colon cancer in 1998. He suspected something was seriously wrong, but tried to live in denial. After all, just five years earlier at age 49, he had been a renowned member of "The Cardiology Dream Team" that treated Boston Celtics star Reggie Lewis after his collapse on the court. The professor of medicine at Harvard Medical School was on staff at Boston's Brigham and Women's Hospital, and a beloved physician with a busy private practice. He was, he writes, "on top of the world in every way."

As his symptoms increased and worsened, it took deep concentration "to conceal mental lapses with offhand remarks, to carry myself upright and walk normally even as my posture, which began to droop, and my gait, which gradually became a shuffle, started to succumb to Parkinson's," he writes. As late as 2002, the year he married his second wife, Vicki, Dr. Graboys was trying to mask symptoms, including the fainting spell he had on his wedding day. "It was like the emperor who had no clothes," he said of the charade. "I didn't want anybody to know what was going on."

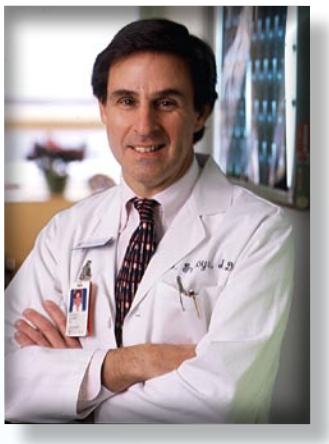
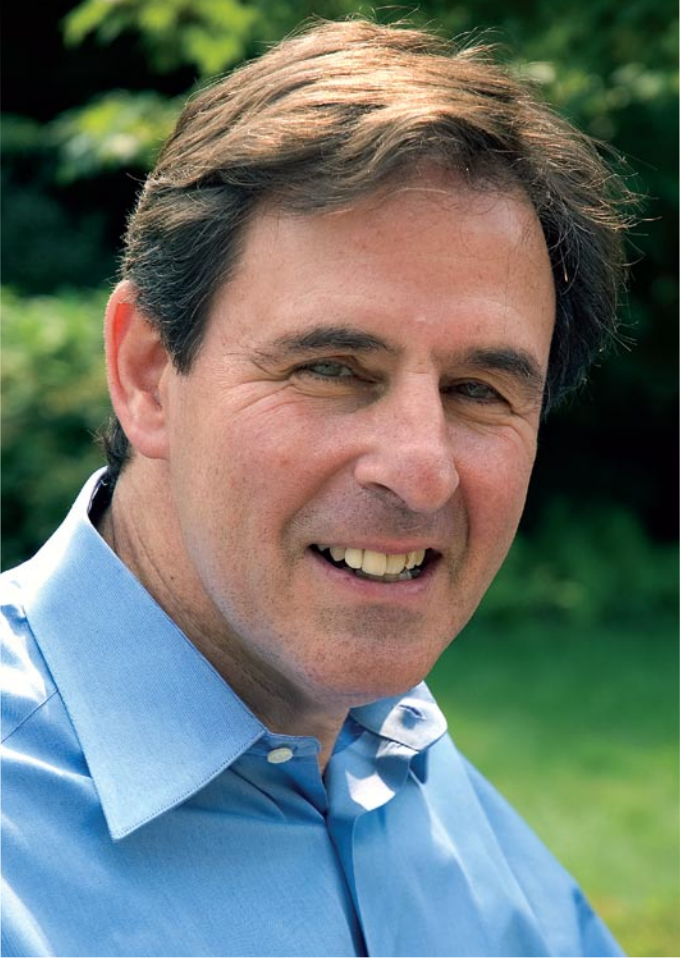


Photo by Philip Jensen-Carter

Dr. Graboys was profiled in *Chironian* in 2000 when he was, as he describes it, "on top of the world in every way."

But people noticed. In fact, co-workers began shadowing him to make sure he wasn't making errors that could jeopardize patient care. When the clinical nurse specialist he worked with for 30 years, gently offered that he wasn't doing well and should retire, "it sent me off the wall," Dr. Graboys said. "My whole career was taking care of people." When another colleague casually asked him who was taking care of his Parkinson's, he knew he could no longer hide



Though each day presents challenges he could never have dreamed of a few ago, Thomas B. Graboys, M.D. '70, continues to inspire others with his ongoing battle with Parkinson's and Lewy Body disease.

the truth, nor avoid its toll. "My patients didn't want to leave me," he writes, "but in the end I had to leave them—for their own good."

The human condition

He was a doctor in the old school tradition, as concerned with his patients' psychological as their physical well-being, taking the time to talk—and listen—to them. He was known for advocating non-interventional and often controversial approaches to the management of stable coronary artery disease. "In cardiac patients, the heart is literally aching," he wrote in a 1984 editorial, "Stress and the Aching Heart," in the *New England Journal of Medicine*. "You can push pills or do interventions until you're blue in the face. Unless you understand the human condition…you can't orchestrate the optimal therapy for them."

Now the patient, Dr. Graboys seeks doctors with a like-minded approach to illness, interested in the inextricable link between psychic and physical suffering. From one moment to the next, he faces daily insults to the quality of his life: buttoning his shirt and tying his shoes, putting the lid on his coffee and using an ATM machine are now daunting challenges. "Every physical act has become a ten on the degree-of-difficulty scale," he writes. "My life has become an endless series of small humiliations and compromises, each one a trifle on its own, but together enough to blow a big hole through my ego." A self-proclaimed narcissist who has always prided himself on his looks, vigor, athleticism and mental agility, he writes, "My face is often expressionless, though I still look younger than my 63 years. I am stooped; I shuffle when I walk; and my body trembles. My train of thought regularly runs off the rails."

Dr. Graboys writes candidly about the vital role his psychotherapist plays in his life, helping him cope with, among other things, the profound effect that his illness and regimen of multiple medications has had on the trust and sexual intimacy in his marriage. He writes about learning to let others help him: "Having people help you is not a sign of weakness. It's a sign of strength." And he writes about accepting his dependence on Vicki, with whom he shares the grief, depression, anger and fear about what he has lost and has yet to lose and without whom, he says, he could not survive.

A realistic agenda

And yet, Dr. Graboys finds pleasure in life by dressing well every day, taking regular spinning and yoga classes, working out with a trainer, giving talks, and occasionally seeing patients. "I have an agenda that takes me through the day. An agenda allows you to feel independent, hopeful and realistic," he says. "I go to the office three days a week and drop in unannounced to say hello. In many ways it brightens their days and mine as well." He says his greatest fear is becoming unrecognizable to those he loves and unable to care for himself. He worries about burdening loved ones with his wish to find a graceful and dignified exit. "I am not afraid of dying," he writes. "I am afraid of living with a mind that has been erased."

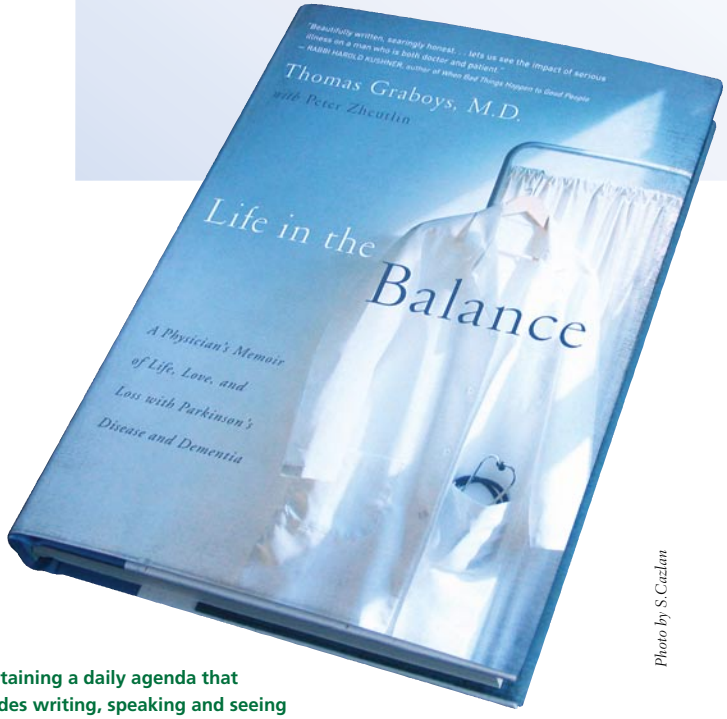


Photo by S.Cazlan

Maintaining a daily agenda that includes writing, speaking and seeing the occasional patient has helped Dr. Graboys retain his zest for life.

With his book now in its fourth printing and selling in Korea and China, and with dozens of speaking engagements, radio and television appearances already behind him, Dr. Graboys plans to tell his story as long as he can to assure others, especially patients and caregivers, that there is still quality in life with chronic, progressive illness.

"Never underestimate the power of positive thinking," he writes. "I will never break through the line and score that touchdown I dreamed about, but I will, as long as I possibly can, keep taking the ball and pushing it a few yards down the field."●

Robert A. Stoltz, M.D.'97, Ph.D.'97

DoubleVision

Ten years ago, who could have envisioned a future in ophthalmology for this bright, promising student? Just about everyone who knew him.

Photo by Phillip Spears

By Lynda McDaniel

Robert A. Stoltz, M.D. '97, Ph.D. '97, admits that early in life he may have taken eyesight for granted. But that changed after working with the 4Sight Blindness Prevention Program, a community outreach of the University of Pennsylvania's Scheie Eye Institute, where he completed his residency in ophthalmology.

"We spoke at churches and other venues and performed eye exams for underprivileged people and the uninsured," he recalls. "Everyone was very appreciative. Even something as simple as a pair of glasses was so uplifting for them. That's when I fully appreciated how much sight matters to people." Dr. Stoltz continued working with 4Sight during his fellowship in vitreoretinal surgery and subsequent three-year tenure on the faculty at the institute.

Eyes on the prize

Dr. Stoltz took the first step toward a specialty in ophthalmology in 1989, when he began his studies in the School of Medicine. But after two years he was longing for the rush of basic science research, a passion that was first awakened while he was an undergraduate at Union College in Schenectady, N.Y. The best way to balance both his love of medicine and affinity for research, he figured, was to earn a Ph.D. concurrently with his M.D. He enrolled in the M.D./Ph.D. program and graduated with his dual degree in 1997.

"I found that I like to be at the forefront of discovery—taking a problem, diving in and trying to solve it," he says. "While working on my Ph.D. in pharmacology, I was able to focus on and appreciate the importance of basic science research and how it translates into development for clinical practice. I was lucky, too, that I got to work on a project related to eye disease. That really helped solidify my interest and foundation in ophthalmology. Dr. Michal Schwartzman was my Ph.D. thesis advisor. Her knowledge and scientific guidance made my research successful and she strongly influenced my personal evolution. She was a true role model—a responsible scientist, a brilliant mind, and a great friend."

Michal Schwartzman, Ph.D., professor of pharmacology, first met Robert Stoltz when he began a summer research fellowship after his first year of medical school. She recalls the young man as being "an exceptional student, among the best I ever had." With little background or experience, she says, he established new techniques and obtained important findings, some of which she was able to incorporate into the application for her NIH grant that she still holds today. When he presented his summer project in competition, he went home with the top prize.

Dr. Schwartzman continues, "I knew from the time Robert entered my laboratory that he was headed for success. His enthusiasm, motivation and endless work hours proved his commitment to his research studies. His success is well deserved and his contributions to eye research are endless."

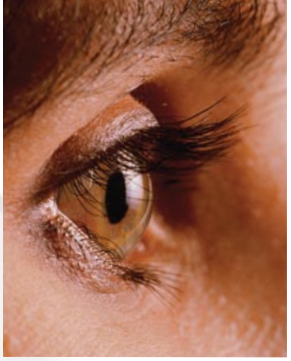


Photo by Phillip Spears

As a medical student, Robert Stoltz, M.D. '97, Ph.D. '97, never lost sight of his devotion to basic science. The dual degree was his way of balancing a love of medicine with an affinity for research.

After graduation and an internal medicine internship at St. Vincent's Medical Center in New York City, Dr. Stoltz began his ophthalmology residency, followed by a fellowship at the University of Pennsylvania. After a few years of teaching, he was ready for a change. Through a friend, he learned of an opening at Georgia Retina, P.C., the largest retina subspecialty practice in the state and one of the largest in the Southeast.

"I never thought I'd live down south, but this is a practice where I really fit in," says the Long Island born and bred Stoltz. "Georgia Retina has earned a great deal of respect in the community, and each physician has a high standard of care and professional integrity."

Ongoing trials

The biggest change for Dr. Stoltz, however, had little to do with the Mason-Dixon line and more to do with the difference between an academic and private practice setting. He enjoys clinical work, but for the same reasons he pursued a dual degree, he wanted to continue his involvement in research. As it turned out, Georgia Retina was organized to accommodate both.

Dr. Stoltz is director of clinical studies at Georgia Retina, which participates in clinical trials related to the research and development of new therapies for retinal diseases, especially those involving diabetic retinopathy and age-related macular degeneration. His current focus of research involves clinical trials to design and evaluate pharmacologic therapies to manage retinal disease. He's currently participating in the AREDS II study (Age-Related Eye Disease Study II) sponsored by the National Eye Institute of the NIH. Although it's too early to release any results, the study continues the research started in AREDS I, a major clinical trial that uncovered the role zinc and antioxidants play in significantly reducing the risk of progression of age-related macular degeneration (AMD) and the associated loss of vision.

"Ever since 2001, when the results of AREDS I were published, the standard of care has been to recommend vitamin supplementation to patients with AMD," Dr. Stoltz adds. "Findings from epidemiologic studies and AREDS I also showed that a dietary shortage of lutein and zeaxanthin (found in fruits and vegetables) and omega-3 fatty acids (found in certain types of fish) increased the risk of AMD," Dr. Stoltz says. Now we're examining [in AREDS II] whether, by supplementing the diet with these antioxidant compounds, which are naturally found in the lens and retina, we can decrease the progression of AMD."

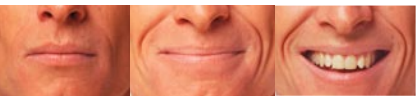
Family matters

Given his busy schedule and the list of published articles and abstracts he's authored or co-authored—more than 40 papers in publications such as *Retina, Investigative Ophthalmology and Visual Science*, and *Proceedings of the National Academy of Sciences*, which he accomplished while still a student—it's hard to imagine

Continued on page 34

Andrea Braverman, M.S. '08

Speaking the Language of Children



A newly minted speech-language pathologist helps kids with developmental disabilities overcome the obstacles to finding their own voice.

By Nelly Edmondson Gupta

Andrea Braverman, M.S. '08, CF-SLP, remembers the moment she fell in love with her chosen profession. As a requirement for her master's degree in speech-language pathology she was working at Blythedale Children's Hospital in Valhalla, N.Y., with a two-year-old girl who could not talk because of a lung condition that required her to have a tracheostomy tube. "It was so sad," says Braverman. "She couldn't make a sound."

When pulmonologists decided the child was strong enough to tolerate a Passy-Muir speaking valve, the results were immediate and profound. "As soon as we put it on, she laughed out loud," Braverman recalls. "With the trach tube in, she had been relying on body language and nonverbal communication. Now she could produce sound, giggle, express herself more fully. I thought it was the coolest thing in the world!"

An affinity for healing

Braverman, now 25, didn't start out wanting to be a speech-language pathologist. But she'd always felt comfortable around hospitals because of her father, who suffers from pulmonary vasculitis. "He has spent a lot of time in the hospital," she says.

Noting her affinity for medicine, her mother often said, "Andrea, I can see you with a stethoscope around your neck."

Braverman wasn't quite so sure. In 2005, after graduating from Washington College in Chestertown, Md., with a B.A. in psychology, she and a friend decided to go to Europe. When their money ran out they knew it was time to come back; for Braverman, that meant returning to her parents' home in Yorktown Heights, N.Y.

Needing work, Braverman landed a job as a patient transporter at Danbury Hospital in Connecticut. She spent her days escorting patients to and from x-rays, nuclear scans and other tests, and, when necessary, to the morgue. "The job exposed me to all the disciplines in the hospital," she says.

One day as she was passing a hospital bulletin board, she spotted a job opening for a speech-language pathologist. Intrigued, Braverman did some online research. "A lot of people think speech pathology just means doing speech-based therapy, dealing with problems like lisps. But actually it's a very broad field with many opportunities. And since speech-language pathology encompasses both medicine and psychology, that made it especially appealing," says Braverman. "I really liked the mix."

Back to the classroom

That winter, Braverman applied to the Speech-Language Pathology Program in the School of Public Health at New York Medical College and was accepted for the September 2006 term. Because the program was intense—two years of full-time study—she stopped working so she could concentrate on her studies. After graduating last May, Braverman decided to cast a wide net for her clinical fellowship training, applying to programs all over the country.

She was ecstatic when she was accepted by the Kennedy Krieger Institute in Baltimore, a center for children and adolescents with developmental disabilities. She moved to Maryland and began a nine-month clinical fellowship in speech-language pathology at the institute, taking part in Leadership Education in Neurodevelopmental and Related Disabilities (LEND). The nationwide program provides interdisciplinary education and leadership training to health professionals who work with children with a range of disabilities. She and other fellows meet weekly with geneticists, neuropsychologists and presenters from different medical disciplines who discuss the latest advances in their fields. "I don't just learn about speech-language pathology," she says. "I learn about everything."

Photo courtesy of Kennedy Krieger Institute

Andrea Braverman, 25, didn't start out wanting to be a speech-language pathologist. Her experiences during clinical training convinced her.

(Left) Braverman, second from right, wore a jubilant air last May as she celebrated with fellow 2008 graduates of the Speech-Language Pathology program.

(Right) Braverman spends three days a week making home visits to children and their families. Much of her success is contingent on parent involvement.

Photos courtesy of Kennedy Krieger Institute

Makes house calls

Braverman spends three days a week traveling all over Baltimore County, going into children's homes to perform evaluations and do therapy. She spends the other two days working at Kennedy Krieger's outpatient clinic. She also works with parents, giving them the resources they need to help their child learn new skills.

"So much of what I do is contingent on the involvement of the parent or caregiver," she says. One of her patients is a 2-year-old boy with complex language delays, to whom she is teaching sign language to improve his ability to communicate. "Many parents are afraid that signing will replace verbal communication, but it's really intended to reduce frustration on both sides," she says. "This child's parents are very enthusiastic about what we're doing, and they are learning to sign, too. He's made tremendous progress, thanks to his parents."

Recently, Braverman had her first performance evaluation. It went really well," she says proudly. "I got a great foundation at the College."

Ben Watson, Ph.D., CCC-SLP, professor and chairman of the Department of Speech-Language Pathology, can second that opinion. "The program at New York Medical College, as Andrea and every other student will tell you, is quite rigorous. Students study basic and applied communication science, and refine their diagnostic and treatment skills in more than 400 hours of clinical experiences with children and adults. It's not for the faint-hearted!" he says with a smile.

Although she doesn't know what she will do when her fellowship is completed, she says she might like to stay put. "I love being at Kennedy Krieger, and there are lots of opportunities for the work I do."

Wherever she ends up, she says, musing, "I just hope I can be as excited about going to work as I am now. That's a great feeling!" ●

Alumni News

Scott Gordon, M.D. '82

Lights, Camera, Action: A Surgeon's Other Dream Comes True

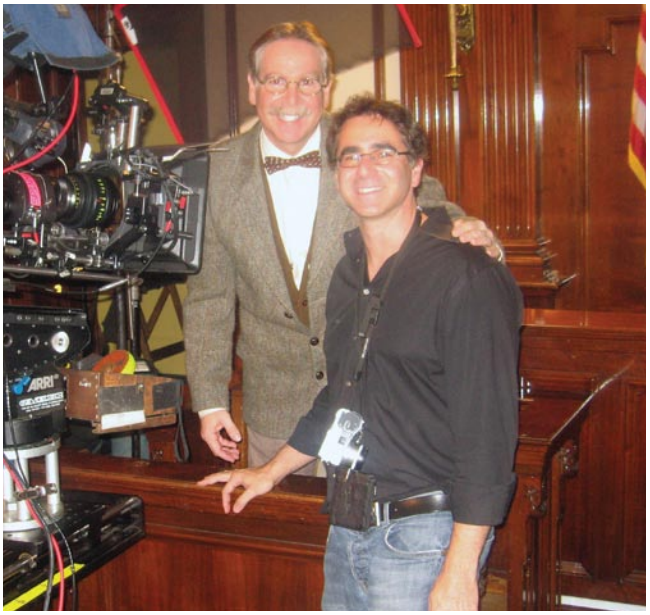


Photo by Douglas Nesbitt

Orthopedic surgeon Scott Gordon, M.D. '82, left, and brother Doug, a radiologist, now have a new vocation: filmmakers.

By Andrea Kott, M.P.H.

Imagine a world where doctors just practice medicine. There are no greedy insurance companies, seedy lawyers, red tape or lawsuits. In fact, there is no need for malpractice insurance because there are no medical mishaps. Too good to be true? Probably, but it's a wonderful fantasy with a powerful message, which is exactly what Scott Gordon, M.D. '82, had in mind when he co-wrote and produced "RoboDoc," a farcical yet satirically accurate portrayal of doctors' difficulties in today's healthcare environment.

The plot of the movie is simple: A healthcare conglomerate called "RIP Health Care" decides to save money on one of its hospitals by building a robotic doctor who not only makes no mistakes but also fixes mistakes that others have made. As the number of malpractice cases—and profits—begin to dwindle, however, an evil malpractice attorney decides to act. He sets out to find a medical case that RoboDoc is sure to bungle, resulting in a lucrative malpractice award. (You'll have to see the movie to find out what happens. Check out the trailer at *www.robodocthemovie.com*)

Minus the robot, the movie's premise rings true for most doctors, including Dr. Gordon, a hand surgery specialist who lives and practices in Kissimmee, Fla. Luckily, he has a personal release valve to help him cope with the stress of modern day medicine: making funny movies.

"When we were kids, we'd be making movies with eight millimeter cameras," Dr. Gordon says, referring to spoofs of television shows, as well as practical jokes, that he and his brothers used to film.

There is no question that Dr. Gordon is happy with the career path he chose after earning his bachelor's degree in biology and his master's in biomedical engineering at Rensselaer Polytechnic Institute in Troy, N.Y. "I am very happy being an orthopedic surgeon," says Dr. Gordon, who is married to Dianne Zullow, M.D. '82, a cardiologist with whom he has three children: Harrison, 20, Traci, 18, and Cherilyn, 16.

He also likes being creative and funny, and over the years has collaborated on various projects with his five brothers (he has one sister), including writing comedy for radio, hosting a radio talk show, and playing in a band. "I worked my way through medical school playing in a wedding band," says Dr. Gordon, a classically trained pianist.

When his brother Doug, a radiologist, mentioned writing a screenplay, the storyline became obvious. "We said, 'we're doctors and we know comedy, so let's write a doctor comedy,'" Dr. Gordon recalls.

Within six months they had co-written a script. While his brother wrote most of it, Dr. Gordon built the framework for the film, adding all the funny lines. He also composed and produced the score, which took a "grueling six months" of ten-hour workdays at the office, followed by eight hours of writing music. "I'd never composed or arranged a piece of music in my life; I didn't even know I could do it," he says. "I'd finish surgeries on Friday and come home and write music."

To raise money to produce the film and pay the actors, the pair solicited friends as well as medical school colleagues. Last March they finished the film, which National Lampoon is distributing. The movie opened in late September, and although it's been shown in a few theaters in central Florida, cost has prohibited national marketing, Dr. Gordon says. He anticipates the DVD going on sale next year.

It was also a dream come true. "I thought I would never live this dream," he says. "If I had to live my life again I would love to write music for the movies." He also got a chance to act, playing the character Dr. Von Schmeckel. "I am a member of SAG [Screen Actors Guild] now," he says. ●

Monica K. Cheng, Ph.D. '03

The Ties That Bind: She Keeps the College Close to Her Heart

By L.A. McKeown

Monica K. Cheng, Ph.D. '03, recalls hearing her parents often complain about not having enough hours in the day. "Now I finally understand what they meant!" says Dr. Cheng, who has a new position with a leading pharmaceutical company, as well as a new baby girl.

During her years in the Graduate School of Basic Medical Sciences working toward her Ph.D., Cheng won awards for her research as well as for leadership among her peers. As an officer in the Graduate Student Association (GSA) and a frequent winner or runner-up in student research competitions, she indulged her growing interest in hypertension, which began after she completed her bachelor of science degree in microbiology at the University of Minnesota.

"The pharmacology department at New York Medical College is one of the best in the nation," says Dr. Cheng. "I was interested in cardiovascular research and New York Medical College had—still has—one of the most renowned hypertension research groups." That group is under the direction of John C. McGiff, M.D., professor and chairman of the Department of Pharmacology. Cheng's thesis was on the role of cytochrome P450-derived arachidonic acid metabolites on the renal actions of adenosine, and a few people still remember the work and the promising young candidate who presented it.

Unlike many new Ph.D.s, Dr. Cheng decided to take a job immediately after graduation rather than pursuing post-doctoral research. While she was still working on her thesis she learned about an opportunity at Connecticut-based Boehringer-Ingelheim (B-I). The pharmaceutical firm had begun laying plans for a cardiovascular pharmacology division, and approached New York Medical College, asking faculty members in the pharmacology and physiology departments for their advice and recommendations. At the suggestion of Edward J. Messina, Ph.D., professor of physiology, Dr. Cheng interviewed at Boehringer and came away quite intrigued. She recognized the opportunity as a good fit for her scientific and research presentation skills that she had honed through her many experiences in the GSA and research forums. When B-I offered her the job, she said yes.

As an *in vivo* pharmacologist working in the heart failure group, Dr. Cheng's job at Boehringer-Ingelheim involves two main avenues: exploratory work—looking at new pathways for treating heart failure—and validation of published data to identify targets in the search for new therapies for heart failure. When she joined Boehringer in 2003 as a senior scientist in the department of cardiovascular disease, she had supervisory responsibilities for junior scientists in the pharmacology heart failure group and was responsible for strategizing, designing and coordinating all heart failure animal studies.

Photo by Christina Rossomando

Monica Cheng, Ph.D. '03, with husband Justin Williams, an environmental safety engineer, and their daughter Jordan—"the greatest joy in my life."

Dr. Cheng recently was promoted to Associate Director of Global Licensing, Cardiovascular Diseases. "My role is to look at data that venture capital companies submit or data from academic labs. I evaluate those data and try to determine how viable the companies are and whether we can form an alliance to either collaborate with them or to acquire their lead compounds and market them ourselves," she says.

The promotion gives her the opportunity to hone what she describes as her "work-in-progress" business skills and adds more professional opportunities beyond basic science work. Late last year, Dr. Cheng and her husband, environmental safety engineer Justin Williams, who live in Bethel, Conn., were blessed with a baby girl. Dr. Cheng describes her as "the greatest joy in my life." While it's not easy balancing a hectic job with motherhood, she says the support of her husband makes it all possible.

"Without him I would not be able to juggle work and a 10-month old baby," Dr. Cheng says with a smile. ●

Jail Psychiatrist Faces Toughest Mental Health Issues

Catherine Dunn, M.D. '75

By Kimberly Gaudin de Gonzalez

Practicing psychiatry in prison is a little like practicing psychiatry in a foreign country, maintains Catherine Dunn, M.D. '75, part-time jail psychiatrist at King County Jail in Seattle.

"It's a self-contained society with its own language, customs and rituals," says Dr. Dunn, noting that such customs are usually related to security measures that can seem daunting. "It's sort of like being in the military. And it can be quite a humbling experience."

She is referring to the fact that every day she when she comes to work she must first pass through a metal detector, be patted down, and check her belongings, leaving behind anything restricted or prohibited. Still, she finds the job fulfilling.

Dr. Dunn began working at the prison about two years ago, leaving a job she'd held for years at the Community Psychiatric Clinic in downtown Seattle.

"I had come to a point in my career where I was feeling burned out, and I was looking for a change," she says. "I wanted work that would revitalize me. And while I know I couldn't have done this job when I first got out of training, I'm ready for it now."

She says her patients are some of the sickest she's ever seen—people who would never have been voluntarily hospitalized but are getting help because they got arrested.

"It's a little like working in an emergency room," she says. "And while you can persuade and cajole the mentally ill prisoner to take medication—you literally have a captive audience—it's not always easy."

Part of her work entails what legal experts refer to as competency restoration, involving inmates who have been declared incompetent to stand trial but with medication might qualify for restored competency. Dr. Dunn often works with these involuntary patients under strict timetables to determine when competency has been restored.

And what about safety? For Dr. Dunn, it has never been an issue.

"I have never even thought about it, and working there is not scary for me at all," she says. "In some ways I think I feel safer than I did working in a community clinic. I never see prisoners alone—there is always a guard in the room, always a very controlled setting, which is unusual in psychiatry."

At the King County 2,000-bed facility, Dr. Dunn estimates that 150 to 200 of those prisoners need psychiatric care. Most of her patients suffer from severe schizophrenia, bipolar disorder and severe depression. Identifying psychiatric problems in prisoners as soon as they enter the system has become a high priority in prison psychiatry. It is important to get people linked up with resources, say experts, whether for mental illness or substance abuse problems.

On a recent trip to Ireland, Catherine Dunn, M.D. '75, visited Dublin's Kilmainham Gaol, a historic Victorian jail. Her job as a jail psychiatrist has only whetted her interest in the criminal justice system.

"We don't just want to send them back out onto the streets where the drugs are or where they can't get help," says Dr. Dunn. "We're responsible for relief planning—setting the ex-convicts up with mental health benefits to pay for their treatment, and a mental health care facility if they aren't affiliated with one already."

According to the National Alliance for the Mentally Ill, there are four times the number of mentally ill people in prisons than in mental hospitals. Individuals may enter the criminal justice system with mild to severe psychiatric disorders or may develop symptoms while incarcerated. The stresses of prison life can intensify psychiatric symptoms.

Suicide prevention is Dr. Dunn's biggest challenge. According to reports from the Federal Bureau of Prisons and the Bureau of Justice, suicide is the third-leading cause of death in the correctional environment, behind natural causes and AIDS-related complications. Factors that make jails a particularly high-risk environment include the large proportion of inmates who have mental illness, the high rate of

Continued on page 34

Lessons of the Holocaust: Stanley Ostern, M.D. '60, Shares His Memories with Troubled Teens

Stanley Ostern, M.D. '60

By Kimberly Gaudin de Gonzalez

When Stanley Ostern, M.D. '60, attended New York Medical College in the late 1950s, none of his classmates ever knew that he had spent one year in a Polish ghetto and two years hidden underground in a bunker in Poland with 34 fellow Jews who were trying to avoid Nazi concentration camps and certain death.

Most students also didn't know that until he arrived in New York City at the age of 11, he had never been to school and could not read.

"Everything we'd been through—it just wasn't something you talked about here," said Dr. Ostern, now 73. "There were only a few Jews who survived from our town, and I am among the youngest. When we came to America, the horror of what we'd been through was just too raw for us to face."

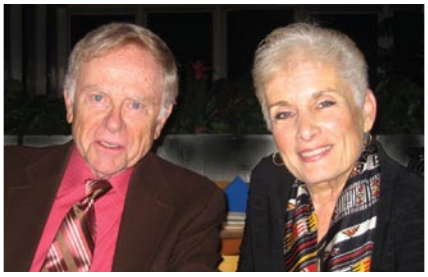
And so it remained until ten years ago, when Dr. Ostern, who had worked as an internist in Santa Barbara, Calif., for more than three decades, decided that the reason he'd survived the Holocaust was so he could tell others what genocide and discrimination can do.

A few years ago, Dr. Ostern participated in Portraits of Survival, a permanent photographic exhibit and educational program that depicts the experiences of Santa Barbara residents who survived the Holocaust. The survivors were asked to speak with groups of all ages and backgrounds about living through horror and creating a life beyond trauma, and some found the program especially helpful for children from immigrant families and at-risk youth who struggle to fit in with their own communities as they confront prejudice and poverty in their daily lives.

He hopes that his story—which demonstrates what hate can do and how positive, strong people have helped overcome great evil—will serve as an antidote for those who suffer from discrimination.

Dr. Ostern's story begins in 1939, when was he was four years old and the Russians invaded his hometown of Stryj, Poland. In 1941, his father Henryk Ostern, a Polish physician, was forcefully recruited into the Russian military. Dr. Ostern knew nothing more of his father until 1944, and the elder man never discussed what happened to him during those years.

Each day, German soldiers would drive by, recruiting people for what they called "work camps," from which no one ever returned.



(Left) Stanley Ostern's family was shattered by the Russian invasion of Poland when he was four years old. (Above) Today, he and his wife Edie enjoy their extended family, which includes ten grandchildren.

When the Germans invaded Stryj in 1941, some 12,000 Jews—about a third of the population—were herded into ghettos fenced in with barbed wire. Each day, German soldiers would drive by, recruiting people for what they called "work camps," but from which no one ever returned.

Young Stanley, his mother, an uncle and a few cousins managed to escape the ghetto, and moved into a bunker outside of town, built by a friend who had had the foresight to prepare a place for Jews to go into hiding. While it was designed to house 15 people, in the end it held 35, six of them children under the age of 15, who spent two years there.

There were no toilets, and the bunker was infested with large rats, Dr. Ostern recalls. "Sometimes I'd look at those fat rats and wonder why they got to go out into the sunlight while I was stuck underground, whispering, and doing nothing but think about when my next meal would come."

When the family was released at the end of the war, Dr. Ostern's relatives learned that his father was still alive and living in a nearby

Stanley Ostern, M.D.'60 (continued)

For five years, the young Stanley Ostern and his mother had no contact with his father, who believed they were dead. He has since reunited with his father and a half-brother.

city, and the family was at last reunited. They started traveling west, bribing guards at borders and arriving in New York when Dr. Ostern was 11 years old. "I had never been to school," he says. "I worked hard and moved up quickly."

He attended New York University in the Bronx and was a member of the 100th class to graduate from New York Medical College. After finishing his residency at the Jewish Hospital of Brooklyn, Dr. Ostern enlisted in the United States Air Force. Eventually, he moved to Santa Barbara and opened his internal medicine practice. Although his first marriage ended, leaving him with three daughters, he is now happily remarried and has three stepchildren as well. He is also grandfather to ten grandchildren who listen appreciatively to his story of survival, and he no longer believes in keeping secrets.

But in 2005, Dr. Ostern discovered one secret that had been kept from him. During the five years he and his mother had been separated from his father during the war, his father had remarried and fathered another son. When Henryk Ostern discovered that his first wife and son were still alive after World War II, he left his new bride, who was six months pregnant, and came to New York to be with his first family.

Dr. Ostern was unaware of all this until he received a strange e-mail in 2005: A man named Marek Ostern was looking for his family after doing an Internet search of the name Henryk Ostern. He had come across Dr. Ostern's story in connection with the Portraits of Survival exhibit. Apparently, Marek, who was raised a Catholic, also was not told of his father's true circumstances until 1996.

In 2006, Dr. Ostern traveled to Poland, to the town of Katowice to meet his half-brother Marek, who lives and works there. His son-in-law accompanied him and filmed the emotional reunion. Although his father's second wife did not attend, she sent a message: "All is forgiven." ●

2006

Kerri L. Palamara, M.D. '06, was appointed ambulatory chief resident in the department of medicine at Massachusetts General Hospital for the 2009-2010 academic year.

Joshua D. Quick, M.D. '06, a specialist in operational medicine, deploys this fall as the flight surgeon for Marine Medium Helicopter Squadron 264 (Reinforced), the "Black Knights." The unit will be providing air support for the 26th Marine Expeditionary Unit.

2005

Genia K. Dahl, M.D. '05, M.P.H. '05, completed an internal medicine residency at the University of Washington and writes that she is moving to Minneapolis to start a primary care job at Park Nicollet.

2004

Julia Braza, M.D. '04, has finished her pathology residency at Beth Israel Deaconess Medical Center in Boston, where she is now a hematopathology fellow. Dr. Braza recently married Anthony Martyniak, now a pathology fellow at the Brigham and Women's Hospital, whom she met during residency.

Shoshana Herzig, M.D. '04, finished an internal medicine residency last year and is doing a chief resident year at Beth Israel Deaconess Medical Center in Boston.

Monica Pozzuoli, M.D. '04, has been working at the Open Door Family Medical Center in Ossining, N.Y., for the past year and has also served as a primary care preceptor for first-year NYMC students. Dr. Pozzuoli has two children, Dylan and Adam.

2003

Tim McNair, M.D. '03, is the proud father of Kayla McNair, born at St. Vincent's Hospital in New York City in August, weighing in at 6 lbs., 15 oz.

Denis Primakov, M.D. '03, completed his residency in diagnostic radiology at North Shore University Hospital in Manhassett, N.Y., in June 2008. He is a lieutenant in the U.S. Navy, serving a three-year commitment at the National Naval Medical Center in Bethesda, Md. He resides in Rockville with his wife, **Patricia Primakov, M.S. '03 (GS BMS), M.S. '05 (SPH),** and their infant son, Alexander.

2002

Jyoti Rau, M.D. '02, Ph.D., has two children, daughter Sharmila, 4, and son Sujay, 5. Dr. Rau and family live in Cupertino, Calif., where they are enjoying life, "but still think of New York and the wonderful friends we made there."

2001

Dana R. Deravin Carr, M.P.H. '01, has received certification as a case manager via the Certified Case Manager exam and the American Nurses Credentialing Center (ANCC). She has published a number of articles on the role of the case manager for Professional Case Management. In 2008 she completed an advanced nursing fellowship at the NYU College of Nursing.

2000

Susan L. Morton-Pradhan, M.D. '00, is in private practice as an ob/gyn and continues to have privileges at St. Joseph's and Banner Good Samaritan in Phoenix. Dr. Morton-Pradhan's husband, **Salil Pradhan, M.D. '99,** is associate program director for the pediatric residency at Maricopa Medical Center. The couple has two daughters, Chloe, 6, and Cate, 3.

The 1990s

Victor Weiss, M.D. '92, reports that he became the father of twins on April 28, 2008.

Milestones

Michael J. Traurig, M.D. '91, has passed board certification for phlebology. Dr. Traurig lives in Greenville, S.C., with wife Nancy and two daughters, Julianna, 12, and Alaynah, 9.

Roman Bilynsky, M.D. '90, has been chief of the medical staff at the 115th Combat Support Hospital at Camp Bucca, Iraq, since May 2008.

Renee Kohanski, M.D. '90, a psychiatrist, is a regular columnist for *Talkers* magazine, and writes that husband **Phillip Kohanski, M.D. '87,** is a master class target shooter.

The 1980s

Gregory Jarrin, M.D. '89, is presently living in Winslow, Ariz., practicing general surgery and providing surgical care to Navajo and Hopi people at the Winslow Indian Healthcare Center. He is traveling to Deschapelles, Haiti, for two weeks to relieve a general surgeon there. He will be accompanied by his fiancée and two colleagues.

Andrew J. Roth, M.D. '88, a psychiatrist, is the training director of the Memorial Sloan-Kettering Cancer Center Fellowship in Psychosomatic Medicine. Dr. Roth's research focuses on developing methods to help oncologists and nurses identify psychological distress in patients and their family members. He also studies the use of stimulants to treat fatigue in patients with prostate cancer.

James E. Cremins, M.D. '87, has been in Haverstraw, Md., for 13 years, after spending 9 years in the U.S. Army. "I have a wonderful wife, three healthy, beautiful children, and a thriving gastroenterology practice."

Anthony J. Smith, M.D. '86, is associate chairman of the department of medicine at St. Vincent's Hospital in New York City.

Adria Burrows, M.D. '84, has five ophthalmology offices in New York. Dr. Burrows and her husband have two sons, ages 14 and 11.

Mario Tagliagambe, M.D. '84, and **Kevin C. Delahanty, M.D. '84,** joined classmate **Mark J. Cerbone, M.D. '84,** in a bittersweet reunion for the funeral of his father, Joseph A. Cerbone, who died in May. "Afterwards the three of us traveled to Normandy Beach to fulfill my father's request that his ashes be spread in memory of his participation in D-Day. My father, who was 20 years old at the time, was seriously wounded for actions that would earn him the Purple Heart and Silver Star."

Debra B. Waldron, M.D. '84, M.P.H., was recently named chief medical officer of Iowa's Title V Child Health Specialty Centers and medical director for the Iowa Department of Public Health, Division of Health Promotion and Chronic Disease Prevention. She also joined the faculty of the University of Iowa, Carver College of Medicine as associate professor of pediatrics.

Steven M. Cohen, M.D. '83, is director of ultrasound services at Advanced Radiology Consultants in Trumbull, Conn., and section chief of ultrasound and attending radiologist at Bridgeport Hospital. Dr. Cohen is also clinical assistant professor of radiology at Columbia College of Physicians and Surgeons in New York and a Fellow of the American College of Radiology.

Vincent Panella, M.D. '82, a gastroenterologist practicing in Englewood, N.J., is a fellow in the American College of Gastroenterology and the American Gastroenterological Association.

Brian K. Solow, M.D. '82, has moved from full-time practice to a position as vice president/medical director of Prescription Solutions, a pharmacy benefit manager. He lives in Irvine, Calif.

Linda C. Kocsis, M.D. '81, reports, "My daughter Barbara, who just graduated from UC Davis, is applying to med schools and just got an interview at NYMC! My younger daughter Julia is an accounting/business major at San Diego State." She recently divorced their father after 29 years and is now a hospitalist, working between her two homes in Templeton, Calif., and Rutland, Vt. "I'm trying to make up my mind where to settle, now that the kids are grown."

John E. Lukaszewicz, M.D. '81, is in his 25th year of private practice in family medicine in upstate New York. He writes, "My oldest patient remembers holding me in her arms when I was born. It was 57 years ago and she was a patient of my father's. My youngest patient is a newborn. I'm closing my practice and will be taking care of our veterans, and hopefully teaching (my first love)."

Ilene Newman, M.D. '81, has been living in San Jose, Calif., since 1985, where she practices ob/gyn with the San Jose Medical Group. Married and a mother of a 12-, 14-, and 17-year-old, she invites friends to email her at ilenelevine@hotmail.com.

Anthony Arciola, M.D. '80, has started the Sebring Urology Center in Sebring, Fla. "Greetings to all alumni."

James J. Walsh, M.D. '80, reports that his anesthesia group, North American Partners in Anesthesia, is one of the largest in the country and now the provider for Westchester Medical Center. His daughter, Pamela, is a first-year medical student at NYMC.

The 1970s

Thomas Facelle, M.D. '79, is chief of surgery at Good Samaritan Hospital in Suffern, N.Y. Dr. Facelle writes that his oldest son, Tom, is a third-year medical student at NYU.

John Matthew Garofalo, M.D. '79, says he is becoming increasingly interested in minimally invasive GYN surgery. Dr. Garofalo writes that his eldest child is working on a master's degree at Columbia University's Teachers College; his second child is a pre-med senior at Washington University in St. Louis; his third is starting Middlebury College in Vermont; and, his youngest, who is one of New England's top 10 tennis players, isstarting 7th grade.

Howard R. Krauss, M.D. '77, an ophthalmologist, is president of the Los Angeles County Medical Association. Dr. Krauss is chair of the California Medical Association Technical Advisory Committee on Healthcare Reform, and chair of the CMA Scope of Practice Committee, as well as immediate past president of the California Academy of Eye Physicians and Surgeons.

Robert Stern, M.D. '76, writes that he and Anita are doing well. Daughters Karyn, an endodontist, and Jacki, an attorney, are married. Son Joshua, a fellow in cardiology at New York University, is engaged.

Vincent Vigorita, M.D. '76, announces the publication of the second edition of his textbook, *Orthopaedic Pathology,* published by Walters Kluwer. "Regards to all."

Graham F. Whitfield, M.D. '76, is in his 28th year of practice in orthopedic surgery and is an attending surgeon at JFK Medical Center in Lake Worth, Fla. and Wellington Regional Medical Center in Wellington, Fla. Dr. Whitfield recently returned from a medical mission trip to Ecuador, where he rendered care to the indigenous population (Quichuan Indians) at remote villages in the Andes Mountains.

Randall Nicoll Pratt, Jr., M.D. '75, is a child, adolescent and adult psychiatrist stationed with the U.S. Navy in Yokosuka, Japan. Dr. Pratt successfully completed a six-month tour of duty in Kuwait, 12 miles from the Iraqi border in the war zone. Soon to complete his 30-year tenure in the Navy, he will return to his family in San Diego and begin civilian psychiatric work. He writes, "Although our San Diego home burned to the ground in the 2003 wildfires, we were lucky to have missed last year's fires by four miles!"

Martin Schwartz, M.D. '75, is president of the California Geriatrics Society. Last summer, he and his family traveled to Japan and China. He writes, "I invite fellow geriatricians to view the California Geriatrics Society website at californiageriatrics.org."

Patrick M. J. Hutton, M.D. '74, an orthopedic surgeon, is president of the Florida Medical Association. Dr. Hutton received an MBA from Auburn University in 2005.

Charles Reina, M.D. '74, reports that daughter Patricia, an academic advisor at Temple University in Philadelphia, married Lucas Boyd on August 16, 2008.

Alan Sacerdote, M.D. '74, was promoted to clinical professor of medicine at SUNY Downstate Medical Center in June, 2008. He also co-authored a paper, which appeared in the October issue of *Endocrine Practice,* on the treatment of classical salt-losing 21-hydroxylase deficiency with metformin.

Francis S. Cardinale, M.D. '71, and his brother **Joseph G. Cardinale, M.D. '80,** were honored in April by the Italian American Historical Society of Connecticut, receiving the 2008 Distinguished Service Award. Both men were also given awards by the mayor of New Haven and by Connecticut Congresswoman Rosa L. DeLauro.

Lawrence S. Deutsch, M.D. '71, has been a member of the Board of Governors at St. Christopher's Hospital for Children in Philadelphia since 2003.

Milestones

Bruce H. Shelton, M.D. '71, writes that in addition to having three daughters and five granddaughters, he is president of the Arizona Homeopathic and Integrative Medical Association. He is also chief medical advisor to Deseret Biologicals, a homeopathic company.

Robert J. Baumgartner, M.D. '70, is still practicing ENT in Silver Spring, Md., and says his son will be teaching at NYU's Tisch School of Music, while his daughter just received her doctorate in psychology and will be practicing in New York City.

Rick Crootof, M.D. '70, retired from ob/gyn on December 31, 2007, and spent the summer playing tennis and being a photographer in New Hampshire.

Norman L. Maron, M.D. '70, Lt. Commander and Chief Medical Officer at the Marine Corps OCS at Quantico, Va. established a successful orthopedic group in the Lehigh Valley. After retirement he became senior medical director with several health insurance companies. "More importantly," he writes, "I have beautiful and successful children and grandchildren."

Joseph S. Vetrano, M.D. '70, is chairman of psychiatry at Riverview Medical Center in Red Bank, N.J. and medical director of the Booker Behavioral Health Center. Dr. Vetrano writes that he "is ecstatic at the birth of his second grandchild, Deanna Jacqueline Wolf, on May 26, 2008."

The 1960s

Richard Hirsh, M.D. '69, continues his mammography projects in developing regions, including two missions to Nicaragua this year. Dr. Hirsh recently received the Bishop Medal for Humanitarianism from the Alumni Association of Miami University in Ohio.

Randolph D. Maloney, M.D. '67, is still practicing vascular surgery and last year became medical director of the Wound and Hyperbaric Medicine Center at Beverly (Mass.) Hospital. He writes, Mary Alice is retired but busy working our Newfoundland dogs in water rescue. We have two great-granddaughters, Annabelle and Charlot."

Richard Allen, M.D. '65, assistant dean for graduate medical education at Oregon Health & Science University in Portland and an ob/gyn, has received the Distinguished Service Award, the highest honor from the American Medical Association.

Ira Raff, M.D. '64, has retired to Florida. He is living in Boynton Beach and is working part-time in urology.

Charles P. Cavaretta, M.D. '61, and his wife Teresa just celebrated 50 years of marriage in June.

Elizabeth Muffett Craven, M.D. '61, writes that she and husband **Wales "Tuck" Craven, M.D. '63,** are enjoying sunny Florida, and keeping busy with golf, bridge, swimming and travel. The couple now has three grandchildren living near Nashville, Tenn. "We are able to visit with **Allen Langhorne, M.D. '61,** and his wife Nancy, who live in Vero Beach."

Howard Harrison, M.D. '61, is retired but working part time at the V.A. clinic in Fort Myers, Fla.

Harvey A. Reback, M.D. '61, is still in active practice with a hospital-based, three-person internal medicine group, with no plans to retire.

Edwin S. Stempler, M.D. '61, continues his limited orthopedics practice in Palm Desert, Calif., where he performs evaluations and treatment of osteoporosis.

Robert J. Fitzgerald, M.D. '60, is enjoying retirement in Port Washington, N.Y., after 40 years of ob/gyn practice.

Fred Siefert, M.D. '60, is completing his third year as chief of staff at Greenwich Hospital in Connecticut.

The 1950s

Paul A. Stavrolakes, M.D. '59, is now fully retired. He and his wife Jean downsized to a lovely condominium. He writes, "Other than a few medical bumps (kidney transplant and coronary stents), life is easier and more pleasant."

James Orphanos, M.D. '58, a board certified family doctor in Greenwich, Conn., was recently recognized by the Fairfield County Medical Association for his contribution to medicine.

Joseph Intile, M.D. '57, is enjoying retirement, with many trips to the Philippines with wife Annie, a native of that country. He continues to indulge his interest in flying, having just completed a trip from eastern Oregon to Alaska in their four-passenger Piper Cherokee, and has been a member of the Oregon Airport Commission for five years.

James B. Leach, M.D. '56, reports that his oldest grandchild, Daniel Rodriguez, will be married in August in Newport, R.I. "Can a great grandchild be next? Good grief!"

Edwin J. Madden, M.D. '56, who retired from orthopedic surgery in 2000, owns and operates the Stella Maris Inn in Newport, R.I., "a delightful second career with no malpractice premiums!"

James J. Finnerty, M.D. '55, retired from the University of Virginia and is living in Albany, N.Y., close to all his children and grandchildren. Dr. Finnerty occasionally lectures at Albany Medical Center.

Alumni Association Board of Governors

We extend our appreciation to those who provided images for the following pages:

Kutluk Oktay, M.D. **3**
D. Ashley Robinson, Ph.D. **5**
Dana Mordue, Ph.D. **6, 7**
Jian Kang, Ph.D. **12**
Iradge Argani, M.D. **16**
Thomas Graboys, M.D. '70 **21**
Catherine Dunn, M.D. '75 **28**
Stanley Ostern, M.D. '60 **29, 30**
Robert A. Stoltz, M.D. '97, Ph.D. '97 **34**

In Memoriam

Lauren C. Poon, M.D. '03, died August 13, 2008.

James P. Leonard, M.D. '98, died July 19, 2008. He was 55.

Donna Corinne Needleman Young, M.D. '89, died August 14, 2008. She was 48.

Marina D. Bizzarri Schmid, M.D. '80, died December, 2007.

Charles Colby, M.D. '75, died August 1, 2008.

John G. Feminella Jr., M.D.'66, died September 8, 2008. He was 67.

Thomas W. Stammers, M.D. '66, died February 7, 2008.

Donald Minervini, M.D. '64, died May 13, 2008.

Joseph A. McMahon, M.D. '62, died April 30, 2008.

Judith E. Frank Ketterer, M.D. '61, died September 24, 2008. She was 72.

H. Paul Lewis, M.D. '60, died July 23, 2008.

Richard "Dick" Perry, M.D. '60, died May 31, 2008. He was 80.

Erwin O. Kubec, M.D. '59, died January 10, 2007.

Gerald W. Parker, M.D. '55, died July 15, 2008. He was 78.

Arthur Roberts, M.D. '55, died July 6, 2008. He was 81.

Sanford H. Anzel, M.D. '54, died February 15, 2008. He was 78.

Charles F. Wooley, M.D. '54, died February 15, 2008. He was 78.

Benjamin C. Stevens, M.D. '52, died July 27, 2008. He was 83.

Harry J. Buncke, M.D. '51, died May 18, 2008. He was 85.

Andrew T. Furey, M.D. '50, died June 21, 2008.

Henry Lubow, M.D. '50, died January 22, 2008. He was 86.

Harold R. Cottle, M.D. '48, died April 5, 2008.

Margaret Rice, M.D. '47, died June 17, 2008.

Henry F. Jacobius, M.D. '46, died May 14, 2008. He was 84.

Frank V. Kreske, M.D. '46, died June 16, 2008. He was 88.

Michael Berman, M.D. '45, died June 19, 2008.

Louis J. Iandoli, M.D. '43, died March 25, 2008. He was 88.

William E. King, M.D. '43, died July 22, 2008.

Martin C. Mellicker, M.D. '43, died July 10, 2008.

Jacob L. Oberman, M.D. '42, died December 19, 2007.

B. Bruce Alicandri, M.D. '41, died June 2, 2008. He was 93.

Joseph T. Nardo, M.D. '39, died August 12, 2007. He was 96.

Friends and Faculty

Richard P. Biondi, who served as vice president, institutional advancement at the College from 1989 to 1995, died August 27, 2008.

Kenneth B. Cutler, M.D., clinical assistant professor of dermatology, died June 12, 2008.

Kenneth M. Gang, M.D., professor emeritus of neurosurgery, who served as chief of neurosurgery at Westchester Medical Center between 1949 and 1988, died August 21, 2008. He was 86.

Nilo Herrera, Sr., M.D., clinical assistant professor of pathology from 1975 to 1990, died September 16, 2008. He was 84.

Barry Korey, M.D., chief of the adult psychiatric unit at St. Vincent's Hospital in Harrison, N.Y., died September 13, 2008. He was 56.

Robert Mooney, M.D., clinical assistant professor of ophthalmology from 1980-1990, and director of ophthalmology at Westchester Medical Center from 1981-1986, died January 11, 2008. He was 62.

Gita Ramaswamy, M.D., professor in the Department of Pathology for more than 30 years, died May, 2008.

Honors

The late **George D. Vlahides, M.D. '51,** was posthumously awarded The Association of Clinical Scientists' Gold Headed Cane on May 17, 2008. The award is presented to association members for outstanding service to laboratory medicine.

Obituaries

Jeff Weiner Photography

Col. Melvin D. Freeman 1918 - 2008
Helen Yuder Freeman 1919 - 2005

Last summer, New York Medical College was saddened by the loss of one of its most loyal supporters. Col. Melvin D. Freeman, a member of the Board of Trustees since 1993, succumbed to cancer on August 26 at the age of 89.

Col. Freeman and his wife Helen Yuder Freeman held a revered place among the university's most steadfast supporters. Both individually and as a couple, the two were longtime benefactors of programs in research, education and student life. Their generosity made dozens of advances and improvements possible, from student research programs, equipment purchases, renovations and capital improvements, to social and cultural events for students, scholarships, and the campus All Faiths Chapel.

In 1999, at the College's 140th Commencement, the Freemans were each awarded an honorary doctor of humane letters degree. Family members say the two were deeply touched by the honor and spoke of it often and with pride.

Beginning with their founding of the Parents' Council when their daughter Susan entered the School of Medicine in 1975, Mel and Helen Freeman were a driving force behind many programs and projects, with a special affinity for the basic sciences. They funded a protein sequencer, a motorized fluorescent microscope, the construction of several multipurpose rooms in the Health Sciences Library, a teaching laboratory, a conference room in the graduate school and a dining room annex to the main cafeteria.

Col. Freeman was a graduate of St. John's University and New York University. Until his illness, he was director of psychological services at Federation Employment and Guidance Service, a non-profit human services agency. For 31 years he proudly served in the U.S. Air Force on active duty and in the reserves.

He is survived by his daughters, Phyllis Freeman, Ph.D., and Susan J. Freeman, M.D. '79, and their husbands, two grandchildren and a brother. The family has asked that donations in Col. Freeman's name be directed to New York Medical College or to the charity of the giver's choice. ●

Continued from inside front cover: News Briefs

Several students have achieved national distinction in recent months. Fourth-year medical students **Zahir Basrai** and **Benita Liao** were each awarded Ferdinand C. Valentine Grants in Urology from the New York Academy of Medicine, which awards only four such grants annually. And **Man Ying Wong,** (not pictured) a master's student in the Department of Pharmacology, was one of 15 students selected to spend the summer working with scientists at NASA's Johnson Space Center. She won the prestigious internship from the National Space Biomedical Research Institute.

Felicien M. Steichen, M.D., has been named professor emeritus of surgery, capping a stellar career of international prominence in the field of minimally invasive surgical techniques that include laparoscopic technologies and stapling methods. Dr. Steichen was the first occupant of the Felicien M. Steichen Chair of Surgery at the College, endowed in 1993 by a $1.5 million gift from U.S. Surgical Corp. of Norwalk, Conn. That honor is now being passed on to **John A. Savino, M.D.** (not pictured), professor and chairman of the Department of Surgery.

The annual Founder's Dinner, held in October at the Hyatt Regency Greenwich in historic Old Greenwich, Conn., attracted nearly 500 College supporters. The black tie fundraising gala paid tribute to **Thomas E. Hales, M.B.A.** (center), former chairman, president and chief executive officer of Union State Bank and a College trustee, who received the William Cullen Bryant Award for distinguished leadership; **Susan A. Kline, M.D.,** former vice provost of university student affairs and executive vice dean of academic affairs, who received the Distinguished Service Award; and **Michael D. Israel, M.P.H.,** president and chief executive officer of Westchester Medical Center and a College trustee, who was honored with the Jackson E. Spears Community Service Award. *(Photo by Tom Juliani)*

Continued from page 23: Robert A. Stoltz, M.D. '97, Ph.D. '97

Dr. Stoltz has any free time. He and his wife Christine, an internist at Emory University Hospital, are devoted parents to their two daughters, Gillian, 6, and Mikayla, 3.

"My main hobby is doing interesting things with my family," he says. "We love spending time at the Georgia Aquarium, going to the movies and theater, and we take trips back to New York to visit relatives. We also get away as a family, just the four of us."

After a long work week, those vacations can seem like a mirage. Add in the frustrations of modern medicine with all the paperwork and insurance issues, and pressures mount. But Dr. Stoltz keeps everything in perspective by focusing on his ongoing research and the day-to-day treatment of patients.

"The feeling I get from helping restore or maintain my patients' vision defies words," he says. "I believe vision is the sense that people value above others. I look forward to providing my patients with the best possible care as well as playing a larger role in clinical trials. I think every day about my original ambition of being an honest and caring physician, and I hope I never stray from that goal."

The Stoltz family—Christine, Robert, 3-year-old Mikayla and 6-year-old Gillian—knows that the time they spend together is precious, even if it's just to pick pumpkins.

Continued from page 28: Catherine Dunn, M.D. '75

forced withdrawal from alcohol and drugs, and the traumatic effect that criminal conviction and incarceration have on an inmate's personal life.

Screening of new prisoners, psychiatric evaluation for at-risk inmates and those who have active substance abuse problems, special safe-housing units, observation of inmates by officers and barriers to prevent prisoners from jumping from balconies are all part of plans to reduce the risk of suicide, Dr. Dunn said.

"Separation from family, friends and other support networks radically increases stress," Dr. Dunn says. "We work as a team here, constantly have our eyes open so we're ready to help those who need us."

Calendar of Events

January 25-28, 2009
26th Annual Alumni Association Winter Seminar
"Directing Our Focus on Healthcare Issues in an Aging Population"
Wyndham Rio Mar Beach Resort & Spa Puerto Rico

May 16, 2009
Annual Alumni Banquet and Awards Presentation
Sheraton New York Hotel and Tower New York City

May 17, 2009
Luncheon for 5-Year Reunion Classes
Campus Tours
Alumni Association Annual Meeting
Valhalla Campus

May 27, 2009
150th Commencement Exercises
Carnegie Hall

For more information, please contact the Office of Alumni Relations at (914) 594-4556.

Eileen M. Dieck, M.D. '86, takes the helm of the Alumni Association

Alumni Association president Lee Dieck, M.D. '86, stands before a photo of the Class of 1887. Dr. Dieck is the third woman in the association's history to hold the office.

Eileen (Lee) M. Dieck, M.D. '86, who began her two-year term as president of the Alumni Association Board of Governors on July 1, describes herself as someone who has "never left the fold."

Now retired from private practice, she and her husband, ophthalmologist William B. Dieck, M.D.'83, live in Mount Kisco, N.Y., where they raised their three children—Caitlin, 22, Cameron, 20, and Chelsea, 17.

After graduating magna cum laude from St. Lawrence University in Canton, N.Y., and earning her medical degree, she completed her residency in internal medicine at Westchester County Medical Center, as it was then called. She was appointed to the faculty in 1989, and is currently clinical assistant professor of medicine. She joined the College's Board of Governors in 1990.

Much was in transition at the College during Dr. Dieck's medical school years, she says. "It was a time of tuition increases, which never go over well, and there were other financial issues and leadership changes. But some very good things came out of that time as well."

Referring to the College's 1979 relocation from its New York City base, primarily at Flower and Fifth Avenue Hospitals, to the suburbs of Westchester County, she says, "There was a very powerful sense of community among those who graduated prior to 1979. Some of them still refer to themselves as graduates of Flower. During the time of the relocation, it seemed as though some of that strong sense of identity had faded."But it wasn't long, she asserts, before a new sense of community began to emerge. "Many of us who started medical school in the early 1980s were determined to effect positive change," she says.

During those years many student organizations were founded, and students began thinking more about serving the community. The first Student Physician Awareness Day, still an annual tradition organized entirely by medical students, was held in 1985, with Lee Dieck serving as chair. Later she would become Student Senate president, and her commitment grew as the years passed. Within a year or so of completing her residency she became a primary care preceptor, a responsibility she enjoyed for five years.

She calls Joseph Dursi, M.D.'59, a past president of the Alumni Association, "the driving force behind the association when I was a student. He actively worked with students, creating the model student-alumni interaction to build an important sense of community. Thanks to his example, we continue to meet regularly with students and solicit their input."

As for other challenges facing the Alumni Association, she says, "We want to keep building that sense of identity, finding more ways to engage our alumni and helping them achieve a sense of belonging—with each other, and in relation to New York Medical College—that makes them want to be more involved and supportive." Her game plan includes connecting with fellow alumni as often as possible, a job made easier, she says, with the help of Julie Kubaska, M.S., vice president of development and alumni relations. "Julie has more than 20 years' experience working with alumni, and that's a major resource to draw from," says Dr. Dieck.

"When we all work together, we can keep alumni connected with students, with each other, and with the school. And from there, we can build on these bonds, which will only make the institution stronger." ●