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New York Medical College

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Dialysis Is the Only Option When Transplant Is Not

Alum Heads Research on Celebrex as Cancer Preventive

Physiology and Pharmacology Thrive on NIH Grants
PC-SPES LOWERS THE PSA

But can it bring down prostate cancer?

Like Preparation H and Listerine, Prozac and Viagra have been graced with the status of a household name. Longevity and constant press exposure may be how the mere mention of their names became so amusing. Or perhaps the giggle can be ascribed to the ailments they target, being of such a delicate nature they could never be serious topics of discussion, especially in mixed company. One day soon we may add PC-SPES to the list, with a twist. Although this Chinese herbal mixture with a mighty peculiar name may never win comparable fame, it is gaining favor by word of mouth with urologists and oncologists who treat prostate cancer, and with the patients who are running out of options as they battle the most common malignancy of men.

Marketed privately and in a few health food stores as a dietary supplement for cancer patients, PC-SPES is composed of the extract of eight herbs. Seven are from China, and the eighth is saw palmetto, a popular herb used by American men for good prostate health. The formula and its unusual name—"PC" for prostate cancer, and "SPES" meaning hope in Latin—were bestowed by inventor and chemist Sophie Chen, Ph.D., research associate professor of medicine at the Brander Cancer Research Institute of New York Medical College. One need only to visit the website (www.pc-spes.com) to find plenty of anecdotal evidence and results from small clinical trials that PC-SPES does indeed lower the PSA (prostate specific antigen), a marker for prostate cancer that is determined by a blood test. Though it is subject to a large number of false positives, the PSA test is able to recognize a malignancy at a very early stage. So the test not only helps to identify the cancer early on, but also helps to monitor the success of a cancer therapy.

The most abundant active compound in PC-SPES and SPES, herbal mixtures for treating cancer, is baicalein. The purified chemical, shown in molecular representation, is derived from *Scutellaria baicalensis*. 
If you don’t know what PC-SPES is, remember you read it here first. Chemist Sophie Chen, Ph.D., research associate professor of medicine, invented the herbal mixture and seeks FDA registration for the prostate cancer treatment.

PSA explained

An enzyme that keeps the prostate working properly, PSA drains from the organ into the urethra and out. If a cancer (or a benign condition) causes the PSA to back up into the bloodstream, it can be measured; age is to be considered, but any count more than 4 is suspicious and worthy of investigation. Yet there is one type of cancer found in the prostate that doesn’t secrete PSA at all, so a low count can still mask a malignancy. This is why a digital exam is critical to any examination. In theory, if something could maintain prostate cancer in a “watchful waiting” state, a patient could live to a ripe old age. Witness this aphorism: After 80, all men die with prostate cancer, but not of prostate cancer.

Dr. Chen has long been seeking a pharmaceutical partner to make and distribute her PC-SPES formula, which she created in response to a dying relative’s situation. “My brother-in-law had nasal cancer, but he passed away before I could do anything. Within a year I developed SPES (a variant of PC-SPES), the first herbal formula for treating cancer,” she says. So she was ready when another brother-in-law contracted prostate cancer in 1991. “Three months after starting PC-SPES his PSA had fallen from a high of 190, and in another three months it was 0.8,” Dr. Chen recalls. “After 5 years with his PSA under 1, he stopped taking it altogether because he considered himself free of cancer …

“Doctors are recommending PC-SPES to their patients with prostate cancer mostly when they no longer respond to conventional therapies.” Besides prostatectomy, these include hormonal therapy and chemotherapy, cryotherapy and radiation—usually in the form of brachytherapy, the implantation of radioactive seeds.

FDA approval

As an herbal preparation, PC-SPES does not have to submit to the scrutiny that manufactured pharmaceutical products do. Nevertheless, the herbal mixture must still be registered by the FDA and reviewed for presence of contaminants such as heavy metals and pesticides. Meanwhile, Dr. Chen continues doing research from her space at 19 Bradhurst Ave., Hawthorne—under the name Novaspes Research Laboratory—and flying often to oversee operations at BotanicLab’s headquarters in Brea (Orange County), Calif. It’s not nostalgia that keeps her going. Dr. Chen is a major stockholder (there are 70) and a member of its board of directors. And despite having licensed PC-SPES to BotanicLab, she continues to oversee production because, according to a colleague, she is so dedicated to her patients.

The National Center for Complementary and Alternative Medicine, one component of the National Institutes of Health (NIH), has granted $8 million to The Johns Hopkins University in Baltimore, the leading recipient of federal research dollars, to study PC-SPES and other alternative cancer therapies. But in July, a monkey wrench was thrown into the process—when the FDA suspended all research at Hopkins after a healthy volunteer died following her participation in an asthma drug experiment. The suspension was lifted after only a few days, but the fallout may affect the start of the PC-SPES trial.

Dr. Chen is nothing if not a very patient person, but now she says it is time to get moving. She and PC-SPES co-inventor Dr. Xui Wang, who first taught Dr. Chen the intricacies of traditional Chinese medicine, are in agreement that “we need a partner, a joint partner to make PC-SPES more readily available to patients. It takes too long now. This is pioneer work. We would be willing to transfer our patent if it meant more patients had access to PC-SPES. Wang and I have never thought about money. We took a scientific challenge to help many more patients.” With 14 employees working to produce and sell PC-SPES, and the herbs being quite plentiful in China, “the bottleneck is in the extraction,” she reveals. “Every single herb must be purified and the mixture carefully monitored.”

Trial at Hopkins

A portion of the PC-SPES website was built by satisfied patients who are eager to offer unsolicited testimonials. But in a list of physicians who know how to

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On the Cover: Gabor Kaley, M.D., chairman of the Department of Physiology, has held the position longer than anyone else in the nation. Still, he regrets not being able to witness the great advances he expects from science in the future.

PC-SPES is a mixture of eight herbs used to treat prostate cancer. Anyone can look up the ingredients, but only one person knows the formulation: Sophie Chen, Ph.D., research associate professor of medicine.
f two heads are better than one, just imagine what four intellects, aided and abetted by 20 research associates, post-docs, medical students and technicians, can accomplish investigating a single subject, say, the regulation of cardiovascular function. The National Institutes of Health (NIH) knows. That's why it routinely bestows awards running in the millions to senior investigators who work together but from their own various viewpoints. Called Program Project Grants, they are "component research projects under the leadership of different experienced investigators that contribute to the common theme of the research effort. These projects collectively result in a greater contribution to program goals than if each project were pursued individually," according to the NIH.

New York Medical College is twice blessed. The Department of Physiology is in year 11 of the cardiovascular research grant, which recently was renewed for a third five-year term. An even longer beneficiary of NIH largesse is the Department of Pharmacology. Since 1985, that group has been investigating the vascular and renal mechanisms of blood pressure regulation; its fourth five-year term ends in 2005. It is no boast to say that both departments have increased the College's stature in the scientific and medical communities by virtue of these grants.

Department of Physiology

You have only to ask the physiology department chair, Professor Gabor Kaley, Ph.D., for an opinion to hear him reply in all candor, "We are among the foremost cardiovascular research groups in the country. And so is pharmacology," he claims. "All four of our senior investigators are on the editorial board of Circulation Research, the most important journal of vascular biology in the world. No other institution has as many representatives working on this journal."

He is referring to three physiology professors, Thomas H. Hintze, Ph.D., Michael S. Wolin, Ph.D., and himself, the (continued on page 8)
prescribe the herbal mixture, one name no longer appears: William R. Fair, M.D., who retired this year as chairman of the Department of Urology at Memorial Sloan-Kettering Cancer Center in New York City. He continues to use SPES, a 16-herbal relative used to treat colon and breast cancers, to deal with his own colon malignancy. The Hopkins study will go a long way toward measuring the anti-tumor and analgesic effects of all the herbal ingredients, and if they discover just what it is that makes PC-SPES work, that’s all right too.

Not even Dr. Chen knows for sure what makes her formulas work, although she suspects the baikalene molecule plays an important role in the case of PC-SPES.

PC-SPES: INGREDIENTS

Chrysanthemum (Dendranthema montifolium tzvel)—the effects of this herb are undetermined. Isatis (Isatis indigotica; da qing ye)—is a Chinese herb that contains a sterol called beta-sitosterol. The substance binds with cholesterol to reduce its absorption by prostate cells. It may be that cholesterol contributes to the development or progression of prostate tumors. Licorice (Glycyrrhiza glabra and Glycyrrhiza uralensis; gan cao) competes with estrogen hormone, estradiol. Lucid gandermai (Gomphila glabra)—is a Chinese herb containing complex sugars. Laboratory studies suggest that the herb may inhibit the growth of certain types of cancerous cells. Pseudo-ginseng (san qi) causes the expression of a small protein found in breast cancer that is regulated by estrogen. Rubescens (Rubia Tinctorum) inhibits cancer cells in the laboratory. Saw palmetto (Serenoa repens) reduces the rate at which male hormones are activated. Scute (Scutellaria baicalensis; huang-qi) also inhibits cancer cell growth in the lab.

COURTESY OF THE AMERICAN CANCER SOCIETY

“The herbs induce a cytotoxic reaction [apoptosis or cell suicide] that kills cancer cells, while ginseng and shiitake mushrooms act as an immune booster,” Dr. Chen explains. “Cancer is not just a cell. It involves the entire immune system. By the time cancer cells have grown into a tumor, you know the immune system is not functioning normally.”

This is precisely why the traditional drug companies are paying no attention to her. Dr. Chen has had discussions with several of the giant pharmaceuticals, which refuse to get involved because it still is not clear that one active ingredient can be isolated and purified—what the drug manufacturers are seeking. Side effects, however, are well known. Because PC-SPES contains compounds that act like estrogen in the body, the herbs can cause an increase in breast size and nipple tenderness in men. This estrogenic effect also appears to interfere with male hormones by lowering testosterone levels, which can reduce the sex drive. Further, PC-SPES may increase the risk of developing potentially fatal blood clots. Yet virtually all these effects appear to be reversible, not so with chemotherapy or radiation therapy. There is one matter though that does concern Dr. Chen: maintaining consistency of the herb products during manufacture, which has been problematic.

Complementary medicine

Dr. Chen can contend with researching the side effects, but she has lots of trouble weathering the politics of PC-SPES and going up against critics who think the herbs are only one step above snake oil. “There is no reason to consider complementary medicine as second class medicine,” she insists. “My recent hobby has been Chinese herbal medicine though I was trained as a hard core scientist. There are specific scientific principles that certain herbs should never be put together due to chemical interactions … It’s about time we acknowledge what the NIH and its institute on alternative medicine has endorsed by giving 15 grants to study the underlying mechanisms and the effects of complementary and alternative medicine.”

Prostate Cancer 101

IT IS HARD TO BELIEVE THAT ONLY A DECADE AGO, prostate cancer played second fiddle to breast cancer in terms of how prevalent the disease was perceived to be and how critical the need was for more money to increase research. Ironically, both cancers are now the second leading cause of cancer death in their respective sexes, leaving lung cancer as the malignancy with the worst prognosis overall. Spurred on by an assortment of personalities announcing they have the disease—think Bob Dole, Rudolph Giuliani and Nelson Mandela—prostate cancer is attracting major funding from foundations like Michael Milliken’s CaPCURE (“Aims to identify and support prostate cancer research that will rapidly translate into treatments and cures”) and government sources such as the NIH.

The American Cancer Society estimates that during 2001, 198,100 new cases will emerge and another 31,500 will die. The rates in black men remain more than twice as high as rates in white men. Other risk factors include age (more than 70 percent of all prostate cancers are diagnosed in men over age 65); intake of dietary fat; and strong familial predisposition, noted from recent studies that genetics may be responsible for 5 percent to 10 percent of cancers.

Many of the signs and symptoms of prostate cancer are nonspecific, being similar to those caused by benign conditions. They include weak or interrupted urine flow, inability to urinate, and difficulty starting or stopping the urine flow; the need to urinate frequently, especially at night; blood in the urine; pain or burning on urination; and continual pain in the lower back, pelvis or upper thighs.

Here are biographies of faculty scientists who have worked with PC-SPES.
SOPHIE CHEN AND NYMC BASIC SCIENCE INVESTIGATORS OF PC-SPES
Several faculty members have written papers on Dr. Chen’s herbs and continue
their research according to respective interests.

Sophie Chen, Ph.D.
Dr. Chen (above) was born in Taiwan and received her undergraduate degree in chemistry there. She earned an M.S. in inorganic chemistry at the University of Idaho in Moscow, Idaho, followed by a doctorate degree in physical chemistry at Columbia University in New York City and a post-doc in biophysical chemistry at Cornell University at Ithaca, N.Y. Her earliest employers numbered Merck, Sharp & Dohme, New York University School of Dentistry and Bayer, USA. By the time Dr. Chen joined the College in 1996 as a research associate professor, she was serving as secretary of the Chinese-American Chemical Society and a member of the board of directors of BotanicLab, the manufacturer of PC-SPES. She continues here as director of the NovaSres Research Laboratory, part of the Brander Cancer Research Institute, at 19 Bradhurst Ave., Hawthorne, Dr. Chen is the senior author of 12 U.S. patents and 35 scientific publications, and co-author of two books in the field of natural products; two of the patents are for SPES and PC-SPES.

Joseph M. Wu, Ph.D., and T.C. Hsieh, Ph.D.
Since 1996 Dr. Wu, professor (top left, next column), and lab partner Dr. Hsieh, research assistant professor, have studied PC-SPES from the standpoint of the Department of Biochemistry and Molecular Biology. What affects the growth of prostate cancer cells and other markers such as the PSA and androgen receptors? they ask. Dr. Wu believes the herbal mixture works as a synergistic combination, so “it’s a mistake and it’s shortsighted to find out the active ingredient. But I’m determined to discover how the mixture works.” Though Drs. Wu and Hsieh have received grants from CaPCURE and BotanicLab via Dr. Chen, they are currently conducting their research with “private donations.” At one point, Dr. Wu advises, “there were 19 journal publications on PC-SPES and we accounted for 4 of them.” Actually he and Dr. Hsieh wrote what they believe to be the first paper published on PC-SPES and human prostate carcinogenesis. Later, Dr. Wu joined Dr. Chen and other NYMC colleagues in writing a paper for the International Journal of Oncology entitled, “Chinese herbal mixture PC-SPES in treatment of prostate cancer (Review),” which appeared in the Volume 17: 729-736, 2000 edition.

Raj K. Tiwari, Ph.D., and Jan Geliebter, Ph.D.
Drs. Tiwari (right, below) and Geliebter (middle, below) are associate professor and assistant professor, respectively, in the Department of Microbiology and Immunology, which played a curious yet important role in the PC-SPES story. “In September of 1996, nine people gathered in room 307 to discuss PC-SPES for the first time,” says Dr. Geliebter. The catalyst was former department chair Soldano Ferrone, M.D., in whose laboratory Dr. Chen was then a visiting scientist. “We met weekly, but once a grant proposal was written, there was little interaction. Some of us published papers separately, and Dr. Chen went on to the Cancer Research Institute,” he recalls. Dr. Tiwari and Geliebter collaborated on two PC-SPES studies then—one where rats fed the mixture did not grow tumors while those who were denied the herbs did, and another study that explored using water or ethanol in the making of PC-SPES. At present Drs. Tiwari and Geliebter occasionally pursue research separately. Dr. Geliebter is studying the molecular basis for the role of fat in the etiology of prostate cancer. Dr. Tiwari is evaluating new drugs that are specifically cytotoxic for prostate cancer, and is developing a peptide vaccine that would prevent primary prostate cancer as well as metastasis.

Zbigniew Darzynkiewicz, M.D., Ph.D.,
and Frank Traganos, Ph.D.
Professors of medicine both, Dr. Darzynkiewicz (below) and Dr. Traganos (upper right) conduct research into the theoretical aspects of cancer treatment at the Brander Cancer Research Institute in the Department of Medicine. In 1996 Muhammad S. Choudhury, M.D., professor (above), became chairman of the Department of Urology this year. He does the vast majority of the approximately 50 prostatectomies the department performs annually. “I use PC-SPES when a tumor has metastasized and the patient already has failed hormone therapy,” says Dr. Choudhury. “Prostate cancer cells depend on testosterone, so if you remove the male hormone, the cells starve and shrink—but never completely. Years later the dormant cells start growing again, independent of the hormone. That’s when I use PC-SPES.”

Dr. Choudhury began telling patients about the mixture some three years ago, calling it “the hottest thing in prostate cancer treatment. Abe Mittelman [M.D., associate professor of medicine] did the same with his patients about the same time ... They can buy it in health food stores. Insurance doesn’t cover any herbal medication so they have to pay for it out-of-pocket. I think it costs around $200 a month. We do recommend it to older people with multiple health problems—it’s a reasonable treatment for some of these individuals.”

Muhammad S. Choudhury, M.D., professor (above), became chairman of the Department of Urology this year. He does the vast majority of the approximately 50 prostatectomies the department performs annually. “I use PC-SPES when a tumor has metastasized and the patient already has failed hormone therapy,” says Dr. Choudhury. “Prostate cancer cells depend on testosterone, so if you remove the male hormone, the cells starve and shrink—but never completely. Years later the dormant cells start growing again, independent of the hormone. That’s when I use PC-SPES.”

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Chironian New York Medical College
NIH PROGRAM (continued from page 5)

grant’s principal investigator. Piero Anversa, M.D., professor of medicine and director of the Cardiovascular Research Institute, rounds out the team. Although the major theme of the project remains “the role of vascular endothelial cells in the regulation of cardiovascular function in a variety of physiological and pathophysiological states,” it does not reflect how their research has evolved. Although the major theme of the project remains “the role of vascular endothelial cells in the regulation of cardiovascular function in a variety of physiological and pathophysiological states,” it does not reflect how their research has evolved.

“arrest or reverse aging to gain a more youthful phenotype.” In their drive to understand the aging process the team is working from different angles—by reintroducing genes into transgenic mice and studying their signaling mechanisms; testing the effects of statins, ACE inhibitors and estrogen (to detect any gender differences); and evaluating how exercise increases the synthesis of nitric oxide, the powerful mediator made by the endothelium that regulates dilation and constriction of blood vessels and consequently, blood flow and blood pressure.

“The greater the oxidant stress on aging endothelial cells, or tissues for that matter, the greater the reduction in nitric acid bioavailability. So anything that increases production of nitric oxide will benefit the cells and tissues by arresting their deterioration,” he states.

Department of Pharmacology

If nitric oxide makes the physiology world go ‘round, it’s arachidonic acid and its metabolite, 20-HETE, that turns on pharmacology. The fatty acid derivative, 20-HETE (short for 20-hydroxyeicosatetraenoic acid), is a blood pressure regulatory substance that promotes vasoconstriction of blood vessels. The initial grant for “Hormonal Regulation of Blood Pressure” was acquired in 1985 by John C. McGiff, M.D., professor and depart-

Circling 20-HETE

Central to everyone’s study is 20-HETE, the suspected regulator of blood pressure that causes vasoconstriction of blood vessels. While one researcher is studying how to reduce its expression in blood vessels and to identify the enzymes involved in manufacturing, another is investigating how 20-HETE interacts with other substances that regulate blood pressure, e.g., nitric oxide, peptides, cytokines and angiotensin II. The third is suspicious of the carbon monoxide produced by arterial vessels to determine if it has any functional significance in regulating blood pressure. And the fourth is studying the interactions among nitric oxide, carbon monoxide and 20-HETE as they relate to renal function.

Over so many years one might expect a touch of ill will to creep in here and there, but that apparently has not been the case. In fact, Dr. Nasjletti mentions “an interactive environment with physiology” where he learned some of his research techniques from Dr. Kaley. As for the other investigators within the two groups, they display a remarkable camaraderie, within a department and between departments. If the NIH considers harmony when it comes to a decision, there should be many more renewed Program Progress Grants in the offing.
"I don't think about retiring. Intellectually, I feel I'm at the top of my game and I don't believe I've even slowed down much."

To call Gabe Kaley an elder statesman would probably insult him, but only the elder part. Vigorous and energetic, he treats his age as irrelevant: "In the last five years, I have been more productive and have published more papers than in any similar period of my life." Not bad for the dedicated, dapper professor who is chairman of the Department of Physiology. As for retirement, if it happens Dr. Kaley will have left his mark profoundly on the study of physiology and on New York Medical College, both of which claim his intensive devotion. And as the longest sitting chair of physiology in the nation, he's succeeded by virtue of his reputation, scientific accomplishments and the steadfast conviction that physiology, as the science of living things, is the very basis of medicine.

Gabor Kaley, Ph.D., left his appointment as assistant professor of pathology at New York University in 1964 to become associate professor in physiology at Flower and Fifth Avenue Hospitals, the university's prior home at 106th St. in New York City. In the intervening 36 years he has worked with 8 presidents, 8 deans and 1 chancellor, and watched the Graduate School of Basic Medical Sciences grant 38 Ph.D. and 71 M.S. degrees in physiology. Talk about timing, Dr. Kaley came aboard when the school was all of one year old, and he helped establish for the first time graduate education within the school, separate from the medical curriculum. In six years he attained full professorship, and with it, the position of acting chairman in 1970, an appointment the College made permanent two years later.

Not so simple
His time in America has been positively tranquil compared to the lifetime he lived through in Eastern Europe. Born in Hungary, Dr. Kaley longed for a medical career to follow in the footsteps of his father, a noted otolaryngologist and university professor. The Nazis triggered a gruesome interruption in those plans by sending him to Bor, a concentration camp in Yugoslavia where only 600 of the 6000 inmates survived hard labor in the mines and on the railroad, he relates. By war's end, Dr. Kaley had escaped the Nazis on a forced march to Germany and spent several weeks as a Yugoslavian partisan under Tito. Having crossed to the Russian side, he finally made his way to Romania and then Budapest, his home.

"Some of my close relatives died in Auschwitz and others were sent to Bergen Belsen, but miraculously, all of my immediate family survived," Dr. Kaley says in voice so low, the listener feels his reluctance to remind the gods of his good fortune. After returning to Budapest, he completed two years of medical school at Pazmany University, followed by a third year at Goethe University in Frankfurt, Germany. Then came a decision that may have made him what he is today. Certain that his future lay in America and able to wrangle a visa to the U.S., he boarded a ship alone and nearly penniless, rather than finishing school in Europe. But with no way to come up with records, Dr. Kaley was not accepted to any American medical school.

Ph.D. instead
He turned to college instead, and after receiving a B.S. in biology at Columbia University (1950), was drafted into the U.S. Army during the Korean War. A severe knee injury left him with something to remember, but in the end, the Army was his salvation. Dr. Kaley used the GI Bill to earn an M.S. in physiology from New York University and a Ph.D. in experimental pathology. Although his post-doc fellowship at NYU had been in pathology, he decided that a career in physiology was the better choice.

This is how Edward Messina, Ph.D., ’73, professor of physiology and one of Kaley's first students, feels about his
chairman: “Gabe Kaley has been my teacher, mentor, boss and friend for over 30 years. He is a remarkable person in many ways. Most people don’t know what he had to overcome when he first arrived in the United States with less than $20 in his pocket. His instinct for science and his dedication to purpose have all contributed to his successes as a person and scientist. Those who know him well are not surprised that at this stage in his life he is one of the most distinguished physiologists in the United States.”

Ah, but does he regret not finishing medical school? Shaking his head to reinforce the right answer he replies, “There are satisfactions derived through a long career in science that far out weigh what I imagine I would have accomplished as an M.D. … The pressures now in science are greater than ever. Remaining creative is a full-time job and I relish it. As my biochemistry teacher Albert Szentgyorgyi, who won the Nobel Prize in Physiology or Medicine said, ‘A good scientist has to see what everybody sees and think what nobody else has thought…”

“How a problem is solved depends on the talent and style of the scientist. History is made by prominent people, and science advances the same way—through individual accomplishments. Nobody knows what will happen in the foreseeable future. Everything is possible, and anything that can be done will be done. For my generation the great sorrow is only that we won’t see the great advances that will undoubtedly be made.”

In the meantime, life treats Dr. Kaley well and so do his colleagues. It is common knowledge that the entire faculty in physiology returns like bees to the department conference room with provisions at lunchtime. Speculation put forth by outsiders ranges from snobishness to just wanting to please Dr. Kaley. The real reason is, according to good authority, they just like having lunch together. What a nice reflection on the chief who finessed it that way.

New York Medical College conferred 204 doctor of medicine (M.D.) degrees, 95 master of science (M.S.) degrees, 46 master of public health (M.P.H.) degrees and 12 doctor of philosophy (Ph.D.) degrees at its 142nd Commencement in May. Honorary doctor of humane letters degrees were presented to His Eminence, Cardinal Edward M. Egan, J.C.D., Archbishop of New York, and Rosa Gill, D.S.W., university dean for health sciences at the City University of New York, who gave the Commencement address. Celebrating at Carnegie Hall were, from left, Ralph A. O’Connell, M.D., provost and dean, School of Medicine; Sheila Smythe, dean, Graduate School of Health Sciences; Cardinal Egan, Dr. Gil, and Francis L. Belloni, Ph.D., dean, Graduate School of Basic Medical Sciences.

The 2000 Dean’s Distinguished Research Award went to Esther Sabban, Ph.D., professor of biochemistry and molecular biology. Honored for her international reputation as a leader in investigating the biology of the stress response, Dr. Sabban has made notable contributions to understanding the mechanisms of regulation of catecholamine biosynthetic enzymes and how they affect the sympathetic nervous system. Ralph A. O’Connell, M.D., provost and dean, School of Medicine, presented her with a plaque and a $5,000 honorarium, which is given each year to a faculty member for specific achievements or a noteworthy body of work in the sciences, the initiation of a significant discipline, or for exceptional leadership in the growth and success of College research programs.
Four hours a day, three days a week, Franca Giambona observes what she calls her quiet time, tethered for life to a hemodialysis machine. She could do it at home by herself with peritoneal dialysis, she admits, but confides, "I don't want my family around." Not that they wouldn't understand. Her routine has been ongoing for nine years. "I don't mind doing this. I sleep and I watch TV. I even drive my own car to get here"—every Tuesday, Thursday and Saturday, she acknowledges with pride.

This is hardly the case with most patients on dialysis who come to resent the very dependence of living on a machine to survive. But this particular patient is special in many ways. She was in her mid-40s when what began as protein in her urine turned into kidney failure. "Mrs. Giambona has pulled off quite an accomplishment—to be on dialysis and raise two kids," says Stephen Adler, M.D., who has the credentials to make that judgment. Dr. Adler is acting co-director (with Renee Garrick, M.D.) of the Division of Nephrology and professor of medicine at New York Medical College. Additionally, he is medical director of the Westchester Artificial Kidney Center (WAKC), a non-profit center with new facilities in Elmsford, which moved from its previous location on Grasslands Road in Valhalla.

Other causes
Dialysis is not only for patients with end stage kidney failure. There is an array of conditions that can cause an acute shutdown: burns and trauma, cardiovascular surgery, kidney and liver transplants and oncology situations when patients may need dialysis. "About 300,000 patients are on dialysis or have transplants in this country," Dr. Adler advises, "it is the only disease mandated by Congress to be covered by Medicare, and it accounts for a big chunk of the Medicare budget." At New York Medical College, the division house staff comprises five fellows and one transplant fellow; further support comes from residents in medicine who rotate through nephrology. "This graduate program is one of the oldest in the country. We've trained more than 50
Longtime patients dependent on dialysis can wind up with calcium-starved bones as a result of hyperparathyroidism. In a domino effect, the parathyroid glands overreact and secret too much hormone, which disrupts the balance of calcium and phosphorus in the blood.

"Longtime patients don't simply have kidney problems," he reveals. Right now the roll call is nine members of the College faculty and several are active researchers. All this industry has earned the praise of their department chairman, William Frishman, M.D., professor of medicine, who cites the division for being "very research minded." That goes particularly for Dr. Adler, who presented three papers in October at the World Congress of Nephrology in San Francisco.

As nephrologists become more adept, patients are living longer and, due to increasing incidence of kidney failure, the need for additional facilities grows. Patients may spend a long time on dialysis, as much as 30 years. "About 60 percent of our patients aged 18 to 55 are at school or at work. The average nationwide is 12 percent," Dr. Adler says. He joined WAKC in 1986, 11 years after its founding by Alvin Goodman, M.D., professor of medicine, who stepped down in July as division director. Change has also come to WAKC; following a recent merger with Dialysis Clinics, Inc., the center relocated to Elmsford. The faculty practice moved from Munger Pavilion to the Medical Arts Atrium at 19 Bradhurst Ave., Hawthorne, where it joined many other New York Medical College faculty practices.

Critical job

If one were to rank healthy organs in order of usage, the kidneys would score last but not least. Twenty percent of the heart's output goes to the kidneys, more than any other organ. Without the ability to cleanse the body of waste products and regulate the amount of water and certain chemicals in the blood, the body would in effect suffer a sewer back up. Dialysis can substitute for both functions, but not without consequence. Patients must be ever vigilant for fever, infections and cardiovascular disease. Additionally, they are likely to develop hyperparathyroidism. (The parathyroids are small, paired endocrine glands usually found embedded in the connective tissue capsule on the posterior surface of the thyroid gland. They play an important role in the metabolism of calcium and phosphorus.)

Kidney failure causes the parathyroid glands to become overactive and continues to cause trouble as renal failure worsens. The outcome is predictable. Bone marrow loses its ability to make red blood cells and side effects like muscle weakness and joint pain are right behind. Patients soon learn they are at increased risk for fractures, which are not the simple variety resulting from osteoporosis. Cysts and brown tumors also tend to develop in the arms, legs and skull.

New drug class

"Longtime patients don't simply have kidney problems," Dr. Adler begins to explain, "they have other problems, too." The nephrologist conducts his research with two grants from Amgen, a leading biotechnology company based in California, to test a new class of drugs called calcimimetics (AMG 073). They are designed to reduce parathyroid hor-
There is only one basic science department at New York Medical College—Biochemistry and Molecular Biology—that is distinguished by a faculty where women are nearly at parity with men. The four-woman, ten-faculty composition was not by design, admits Professor Ernest Y.C. Lee, Ph.D, yet it is welcome indeed. "As department chairman, the women are a source of pride to me," he says with audible honesty and respect. "Most strong women scientists don't like gender identification," but these biochemists are too successful to care. "They know how to balance the demands of raising families and working hard in a competitive environment—by mentoring and networking," he explains." Each one conducts independent research supported by one or more grants from the National Institutes of Health (NIH). There is no common theme to their studies. So here are Esther Sabban, Marietta Lee, Yuk-Ching Tse-Dinh and Susan Olson, the dedicated scientists who make up the (almost) better half of Dr. Lee's sector in the Graduate School of Basic Medical Sciences.
Dr. Sabban, who was awarded the 2000 Distinguished Dean's Award, grew up in Santa Monica, Calif. She has several degrees from Hebrew University in Jerusalem and earned her Ph.D. in biochemistry at New York University. She is in her 19th year at New York Medical College.

**Marietta Y.W.T. Lee, Ph.D., professor,** departed the University of Miami School of Medicine in 1997 for the more temperate climate in Valhalla. Her work is focused on the central processes in mammalian DNA replication, and has involved biochemical, molecular and cell biology approaches. She is among the first to characterize the central DNA polymerase (polymerase delta) in mammalian DNA replication. She has held an Established Investigator Award from the American Heart Association and was recognized by a Focused Giving Award from Johnson and Johnson. Her current research is focused on the molecular architecture of protein complexes that are required for DNA replication, and includes studies of breast cancer processes.

"I try to relate my research to human diseases as much as possible," says the scientist who earned an M.S. degree from New York University and a Ph.D. from the University of Miami. Her laboratory is very well funded by awards from the NIH and others. Dr. Lee grew up in Hong Kong and attributes much of her drive to her education by the Maryknoll Sisters, and her early success to the encouragement and support of her husband, Ernest Lee, who is the chairman of the Department of Biochemistry and Molecular Biology at the College. "It has been a challenge relocating and rebuilding my research group but I have enthusiastic students and post-doctoral fellows. Our area of research is tremendously competitive because of the importance of this system to life processes and cancer, and we simply have to work harder and be more innovative to be at the leading edge," she says.

**Susan Olson, Ph.D., assistant professor,** is on a roll because she has received a major grant from the NIH that will allow her to continue her research—initially funded by the American Heart Association—for another four years.

Dr. Olson is from South Carolina and obtained her Ph.D. in biochemistry from Wake Forest University. She did her postdoctoral work at the NIH and Emory University. Her studies are geared toward the understanding of how lungs are protected against the challenge of hypertension. Her recent work has led to
a novel hypothesis of the molecular basis of this protection and has shed light on the role of the angiotensin regulation of blood pressure.

She takes pride in her consistently high ratings by the first-year medical students for her teaching, and has also been recognized by the graduate students who voted her the Outstanding Faculty Member for the year 2000. "It was tough in the first years, trying to develop a new research project, but I've gotten over the hump with the help of intramural funding and support of the American Heart Association...

"When the stress gets too intense I go out and do a five mile run," she adds.

Yuk-Chin Tse-Dinh, Ph.D., professor, was born and raised in Hong Kong. Dr. Tse-Dinh took advantage of a scholarship program of the International Institute of Education and came to America for an undergraduate degree in chemistry from Hollins University in Virginia. When she completed her Ph.D. studies in biological chemistry in 1982 at Harvard University, her record was so good she was snapped up by DuPont. Six years later she left Wilmington with the title of principal investigator in research and development.

It was an advertisement in Science magazine that lured Dr. Tse-Dinh to Valhalla. Her research is concerned with DNA topoisomerase, a family of enzymes that control the structure of DNA in bacteria and humans. "It's very interesting how topoisomerase enzymes regulate cellular functions, which has applications for antibacterial and anti-cancer therapies," she says. The biochemist has worked with oncologists here in studies aimed at designing better treatments utilizing the topoisomerase-targeting anti-cancer drugs. She credits her early success not just to her training and experience, but also to good fortune. "I have always had supportive chairmen," she smiles, alluding not only to Dr. Lee, but also to Isadore Danishefsky, Ph.D., who died in 1994 after 17 years as department head, and Ira Schwartz, Ph.D., made acting chairman upon Dr. Danishefsky's death.

The research in Dr. Tse-Dinh's laboratory is supported by grants from the NIH on basic scientific studies, and SmithKline Beecham and the American Heart Association for research on a class of antibiotics called quinolones. The group includes ciprofloxacin, better known by its proprietary name Cipro, which has become famous for its proficiency in curing anthrax. Her research centers on determining how bacteria become quinolone resistant.
First COX-2 Inhibitor Shows Promise as an Anti-Tumor Drug

Jaime L. Masferrer, Ph.D. '89, believes CELEBREX\textsuperscript{\textregistered} can prevent malignancies. Who is he? Only the scientist who developed the drug for treating arthritis. His team at Pharmacia is pursuing clues to its anti-cancer properties.

It must be the dream of every basic scientist who does research in pharmacology to come up with a ground-breaking drug the magnitude of, say, aspirin. Well, that's exactly what Jaime Masferrer, Ph.D. '89, has accomplished except that he did it better—really. Dr. Masferrer, part of a team of investigators, figured out how to make a super aspirin that is less likely to cause bleeding and stomach irritation, side effects that can plague patients who constantly use lots of aspirin and other nonsteroidal anti-inflammatory drugs (NSAIDs) to alleviate the pain and inflammation of arthritis. The drug is Celebrex (celecoxib), manufactured by Pharmacia and marketed by Pfizer, which claim it is the number one selling brand of prescription arthritis pain medicine in the country.

According to a Pharmacia representative, Celebrex did $2.6 billion in sales worldwide in 2000. It had been tested in more than 50 clinical trials in 23 countries worldwide, involving more than 13,000 study participants ranging in age from 18 to 93 years old.

It makes one wonder what Dr. Masferrer could possibly do for an encore. Based upon his current company title—Cox-2 Cancer Project Leader—the horizon is here and now. Celebrex was approved by the FDA in 1998 to treat the signs and symptoms of osteoarthritis and adult rheumatoid arthritis. One year later the FDA approved Celebrex to help ward off familial adenomatous polyposis, authorizing its use as an accessory to the traditional preventives—endoscopy and surgery. This rare and devastating genetic disease almost always causes colorectal cancer by the age of 40-50 if those at risk are not carefully followed. In the clinical trial to determine effectiveness for this specific use, Celebrex reduced the number of potentially precancerous (adenomatous) colorectal polyps by an average of 28 percent, compared with a 5 percent reduction for placebo. Most recently, Celebrex won FDA approval for treating acute and menstrual pain in adults. It is all gravy for Pharmacia. Celebrex became a blockbuster drug when it set industry records for prescription volume and refills in its first six months on the market, making it the most successful U.S. pharmaceutical product introduction in history.
**COX-2 enzyme**

The key to Dr. Masferrer's success was having made his mark in the pharmacology laboratory of Michal Schwartzman, Ph.D. So when it was time for post-doctoral work, she recommended him to Philip Needleman, Ph.D., who was then a faculty member of Washington University School of Medicine in St. Louis, and a leading scientist in the field. Today Dr. Needleman is senior executive vice president and chief scientific officer of Pharmacia, distinguished by his having been recognized as the first to hypothesize the existence of two COX enzymes in the human body (1989).

"I did the fundamental work that confirmed COX-1 as the main enzyme producing prostaglandins in the stomach and gastrointestinal tract, and COX-2 as the main generator of proinflammatory prostaglandins," says Dr. Masferrer. COX-1 helps to regulate normal cell function in the stomach and blood; COX-2 plays the pivotal role in arthritis pain and inflammation. Celebrex is considered a scientific breakthrough because it was the first drug able to target only the COX-2 enzyme (cyclooxygenase-2)—essentially, Dr. Masferrer's holy grail. He went on to develop cellular assays to screen for other COX-2 selective inhibitors, and after testing more than 1,200 compounds, came up with several chemical leads. By using an animal model that rapidly assessed tissue prostaglandin levels, he also demonstrated that while COX-2 inhibitors are anti-inflammatory, they do not produce gastric damage.

**Natural assumption**

After the FDA approves a product, the pharmaceutical manufacturer looks to find another use so that the patent, which may have only a few years left to run, can be extended. Dr. Masferrer began this quest by studying the expression of the COX-2 enzyme in human tumors based on their connection to inflammation, "a reaction that is very important in the tumor process," he explains. "My team is doing preclinical work with laboratory animals to test the efficacy of Celebrex in cancer prevention. We have found that COX-2 inhibitors block angiogenesis driven by fibroblast growth factor, a critical step in converting hyperplastic [increase in size] lesions with low tumorigenic activity into cancerous lesions of rapidly growing tumors. So the inhibition of COX-2 should prevent the formation of blood vessels that feed a growing tumor." Some oncologists are already giving Celebrex to suitable patients in an off-label use.

For his contributions to the development of Celebrex, Jaime Masferrer received the 1999 Queeny Award from Monsanto, which merged later with Pharmacia. But in the tradition of scientific modesty he claims, "I didn't do Celebrex by myself," negating to mention that only six of the 100 members of the Celebrex team were so honored. "I have a commitment from Monsanto to understand the physiology and pathophysiology of Celebrex by conducting human trials to see how effective it can be as a cancer preventive or treatment. We have already initiated the testing of more than 2,000 patients here and abroad. I am making no predictions because cancer trials can be tricky. But in three to five years we'll know if something is there."

**Leave home**

And if something is there, Dr. Masferrer will get what he needs. While working as an instructor/professor at Catholic University of Chile in his native Santiago, he faced the fact he would have to "leave the country to do science. In 1984 the military regime was not supporting science, and there were very few Ph.D. programs," he explains. It was a medical doctor/physiologist named Hector Croxatto who contacted John McGiff, M.D., professor and chairman of the Department of Pharmacology at the College, for him.

"Dr. McGiff made me a very generous offer to work in his lab," says Dr. Masferrer. "It was a great opportunity. Then he let me enroll in the Ph.D. program. I worked hard and it's made me a better scientist. I've recommended McGiff's program many times to others," he asserts. He was in good stead when it came time for Dr. Schwartzman to bring Masferrer and Needleman together. And when Needleman moved his lab to Monsanto, Dr. Masferrer was off and running as a senior research biologist.

Dr. Masferrer is looking to "continue bringing innovation and science together, to take risks that others won't," he states flatly. "I want to do something unexpected and innovative, to let the science drive me, not myself. Science doesn't belong to you, it belongs to everybody."
IT TAKES MORE THAN BRAINS TO BE NAMED A “BEST DOCTOR”

Will one of these students make those infernal lists? Check back in 20 years.

Spotlighting one exemplary student from each School of Medicine class is really a sociological undertaking. Just as Admissions decides not by MCATS alone, choosing an outstanding student means taking more than grades into consideration. Acts of service, leadership, ingenuity and kindness, plus that certain something extra, are what count. The spotlight does not shine on anyone from the first-year class as these students have just settled in, so we are including a 2001 graduate who clearly qualifies.

Stuart Bentley-Hibbert, Ph.D. '99

If you haven’t met Stuart Bentley-Hibbert, Ph.D.,’99 Class of 2003, you need to get out more. Granted, he lately has kept a lower profile, but only because he’s not always on campus. His interest in everything and a delight in helping make it seem he is everywhere. During the time he was a doctoral candidate in pathology (1993 to 1998), Stuart was president of the Graduate Student Association, student member of the search committee to fill the vacant chair in biochemistry and molecular biology, STEP instructor on Saturdays to coach children interested in science careers, tutor in pathology, and volunteer for Midnight Runs—bringing food and clothing to the homeless in New York City. Truth is, he continues to do it all even now, with modifications (e.g., being vice president of the senate), plus working in the library and computer lab, teaching pathology in the graduate school, leading applicants to the College on campus tours, and fostering research by medical students via his position on the Student Research Committee.

With an English accent he must be cultivating in private (despite eight years in Valhalla), Stuart needs only to utter a few words to stop a crowd cold. “It’s a Surrey-based accent,” he informs, “from my private school. I actually was born in Leicester, 60 miles from London, where I did my undergraduate work.”

Despite having already attained a career, Stuart is frank about why he applied to medical school: “I found out the Ph.D. wasn’t exactly everything I needed. I need people...Research may help millions, but the clinical is more direct—one or two patients at a time. Actually, I’d really like a mix of research and patient care.” It may take some time, and don’t bet against him. Stuart has discarded emergency medicine in favor of radiology or radiation oncology for his residency. “I’d like to stay in the Northeast,” he says, “though probably not at New York Med. It’s time to move on.”
Janet Yoon, Class of 2002, left Korea for America when she was six months old. Her mother, a nurse, set the nature precedent in medicine. Janet got plenty of nurture in high school—New Trier High School in Winetka, Ill.—with a national reputation for quality education. When she finished college at Emory University, Janet was so accomplished in violin and piano that her professor beseeched her to get a master's degree in music. She knew that wasn't it, yet it still took two more years with an insurance company for her to decide that a career in the health sciences would be her life's work.

"It has definitely been a challenge to balance public health and basic science courses," says the resident-to-be in medicine and pediatrics, who will graduate with M.P.H. and M.D. degrees. "I like the broad-spectrum ability to treat adults and kids." She also values an ethical approach after working for one summer with Daniel P. Sulmasy, O.F.M., M.D., Ph.D., who heads up the ethics program in Valhalla and at Saint Vincent Catholic Medical Centers in Manhattan. Practicing what she preaches, Janet is secretary and one of 11 board members of Arukah Ministries Inc., formed two years ago to assist churches and other non-profits in New York City in establishing their own medical ministry, and empowering Christian healthcare professionals to live out their faith through their clinical skills in medicine. "This will keep me in New York," she promises, "after I finish my residency."

Susan Trocciola, M.D. '01, M.A., taught high school biology for four years after graduating Boston College, and went on to Columbia University for her graduate degree. Having decided that being busy didn't add up to satisfaction, she began doing research in melanoma at New York University and volunteering in the emergency room at St. Vincent's Hospital Manhattan. It didn't take long for her to conjure up medical school in her future. "I wanted to come to New York Med because it would allow me to do everything I've wanted to do. All my energies have been used here, and there are a lot of medical schools where that is not the case." As for St. Vincent's, "they care about their patients," she says. "I saw that as a volunteer and it carried through as a medical student."

Her scholastic record, background in research and years of service earned her a coveted residency in surgery at New York Presbyterian Hospital-Cornell. Even so, she clearly has more on her mind: "If I die just a surgeon, I'll die unhappy. I want it all. I want to get married and have children." And that's just for openers.

Gregory Sherr, Class of 2004 and M.P.H. candidate, was a known quantity before he became a medical student. The Office of Public Relations hired him in 1997 for the Herculean task of building the College website—single handedly. Greg's initial visit to the campus had taken place earlier that year when he attended an open house for the School of Medicine. The genuine computer geek from Columbia University was just "looking around," he told the admissions director. Attracted to the opportunity to start an academic website from scratch, Greg plunged into bringing new electronic resources to all corners of the school.

After three years, and successful completion of his post-baccalaureate program, the allure of medicine could be stifled no more and the Trojan horse came to life. "Right away, I knew that I liked the professors here and the friendly, close-knit environment," he says. At this point he is planning on a career in general surgery.

Greg gives as good as he gets. Whether student or staff, he has left his mark effortlessly—as the sole College entry and $2,000 winner of the worldwide Millennium Conference essay contest; for chairing an outstanding and fun Student Physician Awareness Day in Spring 2001; and most of all, for leading the College into the E-century, with hand-held computers and e-learning web systems. "Contrary to some opinions I've heard recently, I'm very optimistic about the future of medicine. New electronic tools and high-speed information management will make it a great new ball game," he insists.
When My Wife Married Me, She Married Africa

So says Marc Daniel Gutekunst, Ph.D., M.P.H. '00, a public health facilitator who has travelled to 38 of the 54 countries in Africa.

In the last decade American troops were deployed overseas in Kuwait, Bosnia and Somalia in a professed defense of human rights, among other reasons. In 1994, 1,000,000 Hutu and Tutsi civilians in Rwanda hacked each other to death within a period of 100 days, but no nation intervened to stop the genocide.

"I witnessed it. It didn't happen all of a sudden," insists Marc Daniel Gutekunst, Ph.D., M.P.H. '00. "It was very well orchestrated at the highest level of the Hutu government. The French government had the power to stop the killing if it had wanted to. It did so only once, when we finally intervened."

The son in a second-generation French family living in Africa who speaks four languages, Dr. Gutekunst does his best to conceal a rising fury when he talks about the crime against humanity known as Rwanda. "Everybody, including the United States and in France, was very well informed. They all knew what was happening," he continues—French President Francois Mitterrand in particular. Dr. Gutekunst remembers on one occasion at the Elysee Palace in Paris, when he and Ambassador Bruno Delaye (Mitterrand's senior advisor on African affairs) were discussing the Rwandan situation when Mitterrand interrupted that they could have stopped the genocide.

"So I asked him, why didn't you? I never got an answer," said Dr. Gutekunst.

On May 1, 1994, between 16:00 hours and 20:00 hours, the hacking that would have led to the death of 62 people stopped when he begged Ambassador Delaye to intervene with the Rwanda military chief of staff. "It was the first and last time Delaye agreed to intervene to save the lives of people in danger in Rwanda," Dr. Gutekunst sighs.
Public health facilitator

His arduor for everything African comes legitimately. Marc Daniel Gutekunst was bom in Astrida (now Butare), in Rwanda (Central Africa), a place made famous by Dian Fossey and her work with Silverback gorillas. His French parents—a nurse/dietitian mother and psychologist father—were professors who worked in Africa 23 years for the Seventh Day Adventist Church, headquartered in Silver Springs, Md. When it was time for college, Dr. Gutekunst left for America and Andrews University in Berrien Springs, Mich. He earned a B.S. in zoology and then found time to get hold of another necessity (for him)—a commercial pilot license and certification as a flight instructer qualified for instrument landings. He already had earned his Ph.D. in health services at Walden University in Minneapolis, specializing in—what a surprise—“Surveillance, Child Development and Survival in Africa.”

One glance at his dizzying CV is enough to inspire anxiety in the person who eventually writes his biography. Even as a student doing research, he was consulting for ministries and agencies and eventually became CEO of two entrepreneurial ventures designed for troubleshooting anywhere on earth. In 1994 he created Forging New Tomorrows, Inc., a nonprofit organization in Atlanta dedicated to African health and the environment—his two areas of expertise. The firm Afrique Sante & Environment, LLC, had its genesis two years earlier to provide consulting in international health, tropical medicine, environmental issues and technology transfer. All this followed a two-year appointment as assistant to Joe Davis, M.D., assistant director of international health at the Centers for Disease Control and Prevention (CDC).

Back to school

Work experience apparently was not enough for Dr. Gutekunst, who went looking for further academic support for his interests. Thus began his association with New York Medical College and Cathey E. Falvo, M.D., M.P.H., program director of international and public health in the Graduate School of Health Sciences. In the year 2000, Dr. Gutekunst received an M.P.H. in public health with a concentration in international health. The impetus harked back to 1993 when he attended an intense summer course taught by Dr. Falvo that earned him a Diploma in International Health and Tropical Medicine.

“Word is spreading about the quality of our work,” says Dr. Gutekunst. “And Cathey is involved in everything we do. She helped us design the Post War Rehabilitation & Development Program for the Ministry of Health of Rwanda, and in 1998, a child survival project for Guinea. I have the utmost respect for her.” Together they have built a development and rehabilitation organization that he calls “one of a kind.” The list of clients is astonishing, ranging from the Ministry of Woman, Child and the Family in Senegal to the Adventist Development Relief Agency International, Silver Springs, Md., and the Ministry of Health of Rwanda, Kigali, Rwanda.

In 1997 the wandering Dr. Gutekunst settled down at Emory University in Atlanta. For one thing, his wife, Claire-Ann Gutekunst, Ph.D., M.S., M.A., is assistant professor in the department of neurology at the medical school there, where she also runs a research lab devoted to Huntington’s disease. Emory appointed Dr. Gutekunst a research associate, focusing on the preparation for publication of two books. Last spring he was overjoyed at the success of Majii and the Mountain Gorillas of Rwanda, a lavishly illustrated children’s book that had its second printing only months after publication in March. The second book, Selected Health System of Africa, will be published in March 2003.

Out of Africa

It would seem that the Gutekunsts could save a lot in plane fare if the family of four (two daughters) moved to Africa. “If I listen to my heart I would go. My life is so compromised by consulting,” he says. “But I remember growing up in Africa and it’s hard. Conditions can change so swiftly. Besides, my wife would have to forget her career and there’s my daughter, an accomplished musician. I’m African and they’re not. It would be selfish on my part. Maybe when the kids are in college my wife will take a sabbatical…

“Atlanta is a wonderful compromise. Not a week goes by that we don’t have an African in our home. Sometimes they stay for a week,” he says. Dr. Gutekunst goes on to suggest that folks longing to spend time in Africa should first see “Out of Africa” and “Gorillas in the Mist.” “They are very real in depicting the environment and daily life in Africa. Life really can be that full of intrigue,” he admits.
Jeffrey A. Feinstein, M.D. ’91, M.P.H., is behind Stanford University’s novel approach to treating congenital heart disease and pulmonary hypertension.

One look at his CV and you’d figure he couldn’t decide what he wanted to be when he grew up. You would be wrong. Jeffrey A. Feinstein, M.D. ’91, M.P.H., planned his journey a long time ago, and it took him to California. Dr. Feinstein is assistant professor of pediatrics, Division of Pediatric Cardiology at Lucile Packard Children’s Hospital, Stanford University Medical Center. He is also director of Pediatric and Congenital Cardiac Catheterization, and director of the Vera Moulton Wall Center for Pulmonary Vascular Disease at Stanford.

Dr. Feinstein says his alma mater deserves much of the credit. “There was a tremendous breadth of clinical opportunities at New York Med. I was exposed to a lot of different situations and different ways of handling things. Look at the options we had—Westchester County Medical Center, Lincoln Hospital, St. Vincent’s, Danbury, Our Lady of Mercy—you’re prepared for almost anything. It’s safe to say New York Med clinical training is unparalleled.”

Unusual combination
Preparation takes on a new meaning when you look at Dr. Feinstein’s career to date. In addition to a B.S. in computer science at Duke University, he also earned a master’s degree in biomedical engineering. It delayed his starting medical school by one year, but the program paved the way for him to tie engineering with medicine. “There are very few physicians with an engineering degree,” he claims, “especially those who put it to work every day.”

He received his M.D. from New York Medical College and completed an internship and residency in pediatrics and a fellowship in pediatric cardiology at the Children’s National Medical Center, Washington, D.C. During his time in the nation’s capital, he also received an M.P.H. from George Washington University and completed internships in the Office of the Surgeon General, Department of Health and Human Services and the American Academy of Pediatrics. He then spent a year at Children’s Hospital in Boston as a senior clinical fellow in pediatric interventional cardiac catheterization.

Time to work
With his training completed, he was named to the staff at Stanford University Medical Center. Dr. Feinstein spends some 50 percent of his time in the cath lab and 25 percent attending in general pediatric cardiology and teaching medical students, residents and fellows. The remainder of his time is devoted to pulmonary hypertension and the Wall Center, which he runs with his counterpart in adult pulmonary medicine, Ramona L. Doyle, M.D. (Dr. Doyle also serves as medical director of lung and heart-lung transplantation at Stanford, providing a vital link between the Wall Center and the transplant program.)

Pulmonary hypertension is a disorder in which blood pressure in the pulmonary arteries rises far above normal levels.
and affects patients in all age groups. The condition falls under the umbrella of pulmonary vascular disease, a blanket designation for damaged blood vessels in the lungs. When identifiable, the causes include congenital heart disease, autoimmune and rheumatologic diseases and clotting deficiencies. The resultant elevated pressure in the pulmonary arteries make it difficult for the heart to pump blood through the lungs for oxygenation and, over time, may lead to heart failure. In the most severe cases, it can be life threatening.

Unanticipated reward

"We knew a donation was coming, but the amount was a surprise," Dr. Feinstein recalls of the $31.8 million gift from an anonymous donor. The donation was made to the Lucile Packard Foundation for Children's Health to establish the Vera Moulton Wall Center for Pulmonary Vascular Disease at Stanford. Dr. Feinstein says, "The Wall Center embodies Stanford University's approach to multi-disciplinary research and patient care. It creates new collaborations between the schools of engineering and medicine and formalizes many existing collaborations within the medical center among heart and lung specialists and other physicians and researchers. This will lead to tremendous opportunities for years of world-class research, training and patient care which will ultimately improve diagnosis and treatment of pulmonary vascular disease in children and adults. The center will also increase awareness among physicians of this complex and often overlooked disease."

It seems Dr. Feinstein need plan no more as he has signed on for a job that could keep him tied up for three lifetimes. □

- Ed. note: This story has been published with editing by Stanford University personnel.
mone levels in hemodialysis patients to counter the side effects of secondary hyperparathyroidism.

If the parathyroid glands secrete too much hormone, as they also do in primary hyperparathyroidism, there is a rise in blood calcium. The excess calcium (hypercalcemia) is usually what signals a doctor that something is awry. In 85 percent of people with the disor-

"About 60 percent of our patients aged 18 to 55 are at school or at work. The average nationwide is 12 percent."

der, a benign tumor (adenoma) has formed on one of the glands, causing it to become overactive. In most other cases the excess hormone comes from enlarged parathyroid glands (hyperplasia). In any case, surfeit hormone triggers the release of too much calcium in the bloodstream, the bones lose calcium, and too much calcium is absorbed from food. The increased levels of calcium wind up in the urine and the penalty can be kidney stones.

"By treating chronic problems of patients on dialysis, we improve their quality of life and prolong their life on dialysis. Still, transplants are the ultimate goal," Dr. Adler acknowledges. "Realistically? The supply of organs will always be tight even though there are new techniques to prevent rejection that are enabling friends to donate.

"The future may hold another alternative—engineered pig kidneys that won't be rejected. They are similar to ours in structure and they are the right size. Pigs are also easy to raise," he says, without hesitation that someone needing a transplant to survive would gladly accept the porcine organ.

It was business as usual, except for the warmth of the late fall day, the approaching dusk and the failure to rain as expected. What had already outwitted the rain clouds was a tent grand enough to hold the reception as well as the compliments that knew no bounds.

The Medical Education Center (MEC) building actually had opened the beginning of August, specifically to accommodate the entering first-year Class of 2005. In the three months between opening and dedication, MEC was sorely tested in a shakeout that continued to suffer from continuing renovations to the adjacent Basic Sciences Building and its cafeteria. But by October 25, from its 250-seat auditorium filled for the first time, MEC was lauded and patronized by members of the College community anxious to thank those who made it happen.

CHIRONIAN is pleased to join the crowd!
If you ask Richard Allen, M.D. ‘65, about the western states, he claims Oregon and Colorado are not all that different from each other. “They’re both big rural western states with one large metropolitan area surrounded by huge ranches and wasteland. And the people are ... Westerners,” a personality type he feels generally sums up people in these frontier states. That’s why Dr. Allen, the 2000-2001 president of the Colorado Medical Society and president of the Oregon Medical Association in 1988-89, doesn’t think it at all remarkable that he’s served as president of the medical organizations in both locations. Nonetheless, he is the first physician in the United States to have done that.

“Basically, doctors everywhere have the same problems,” said the Denver obstetrician/gynecologist. “We’re all under siege from various market forces, especially managed care. Medicine’s professional values, even its identity as a profession, are being threatened, no matter what state you find yourself in.”

During his Oregon tenure, Allen was instrumental in the inception and development of the Oregon Health Plan. This year in Colorado, he is focusing his attention on advocating excellence in the medical profession. Since he’s also chairman of the American Medical Association’s Council of Medical Education, he is very conscious of the need for continuing medical education as life-long learning. “It’s clear that physicians are still held in very high regard by their patients,” Dr. Allen said. “In order to justify the profession’s ongoing existence as a self-regulating profession in a democratic society, we’ve got to encourage physicians to engage in lifelong education. The practice of medicine evolves rapidly, stimulated by new information, new technology and changes in the delivery system. Physicians must keep pace, not only in their clinical skills, but in areas such as communication and resource management.”

Back in 1965, a younger Richard Allen was honored left and right at his New York Medical College commencement, having earned the Roche Award, presented to outstanding graduating senior, and the Dean Snyder Award for Meritorious Service. He was proud of his profession that day, proud of what it meant to be a physician. Thirty-six years later, he believes the exhilaration he felt on graduation day is waning amongst practicing physicians who struggle under managed care and threats of malpractice suits. He believes such excitement in the field of medicine needs to be fueled again and he is in a unique position to expound on the pride and honor of being a doctor.

“We must now accept accountability not only for the traditional roles of our profession, but also for the economic and political milieus in which the practice of medicine occurs,” Dr. Allen said. “We face difficult but important challenges, challenges to which professional societies must rise.” He believes professionalism and concern for the patient will help doctors regain their status in society. It has always worked for Dr. Allen. “I have a lifelong career of being elected the leader of anything I belong to,” Dr. Allen said. “People seem to have confidence in me.”

Richard Allen, M.D. ‘65
DOUBLE PLAY
Cardiologist mends hearts in the office, snags balls at shortstop

One hot summer 47 years ago, a lad nicknamed Mighty Moses in high school for his combination of religion and quasi-heroic feats at shortstop, got to play baseball for a New York Yankee minor league team. When it became clear that his chance at the Bigs was small, the Yankee coach handed the youth a 15-cent subway token and suggested he take up his medical studies as planned.

Nobody at New York Medical College had much sympathy when Mighty Moses showed up one day late for his first day in medical school. The chief of pathology told the tardy student he’d have to be tested for syphilis before starting school. Mighty Moses ended up unconscious on a couch after suffering a neurocardiogenic syncope. “I remember the chief standing over me on the couch, he had played football for Notre Dame, and he said ‘Some baseball player you are!’”

Mighty Moses eventually reinvented himself as Howard J. Kline, M.D. ’58. Eventually family life and a medical career in San Francisco, where he works as a cardiologist at California Pacific Cardiovascular Medical Group, Inc., kept him away from the diamond. But he never lost his field of dreams. Today, Dr. Kline plays for the Men’s Senior Baseball League, which is composed of high school, college, and ex-professional ballplayers 30 years and older.

While 65-year-old Kline was late for spring training this year because he had to lecture at a cardiology conference in Tokyo, he tries to juggle his favorite sport with his medical career. Starting with the league in 1989, he remembers “I was like a boy running to tryouts.” In 1992 he made the league’s AA division All Star team. “We played at Candlestick,” said Dr. Kline. “When they announced my name over the PA, I thought they were talking about somebody else. It was a great thrill.” He also works with baseball players at George Washington High School in San Francisco, coaching them in shortstop technique.

Dr. Kline is proud that he learned the game from his father, who played sandlot ball with Lou Gehrig in New York City. He began to shine as shortstop in high school, at Dickinson College in Pennsylvania and with Augusta Millionaires of the Class C New England League from 1956 to 1958. From 1967 to 1969, Lt. Col. Howard Kline headed the cardiology department at Valley Forge General Hospital, where he also played shortstop for the team. “And I played a lot of baseball with my sons. I started them very early. It is a quiet communion, a wonderful sense of getting together between parent and child when you play baseball together. Playing catch with my sons helped me teach them how to win and how to deal with loss and how to connect with something larger than ourselves,” he says. His son Michael, who played center field for Harvard, is now a member of the Southern California Men’s Senior Baseball League.

While he grew up with baseball and hopes to grow old with it, his passion for the game has been overshadowed by his dedication to patient care and teaching cardiology to medical students and house staff. Baseball, hiking, skiing, reading and other hobbies have given him a sense of freedom and emotional release that he believes have helped him better understand and relate to patients and students.
Grad strives to keep earaches and sore throats out of the ER

Marcy Pressman, M.P.H. ’98, likes to tell the staff at Metropolitan Hospital Center that her job is to make the doctors and nurses look good. She helps them evolve and develop by asking the right questions. As the associate executive director of emergency medicine at the northern Manhattan hospital, she is responsible for administering all the in-patient, emergency and behavioral health services.

It’s a big job in a public hospital, especially in a neighborhood where the culture of the patients is to use the emergency room physicians as primary care physicians. Since the mantra in the managed care environment is “keep the patients out of the emergency room,” Pressman and her team have had to come up with creative ways to discourage that practice.

“Last February, we opened an area in the emergency department where we were trying to link patients who don’t have primary care to a physician, and then wean them away from their practice of coming to the emergency room,” Pressman said. “I remember a time when we were making a lot of changes very rapidly, and everybody was saying ‘Oh nothing is ever going to change.’ I for one was concerned that patients would be confused by all the new things we were doing, so I spent a lot of time educating both staff and patients.”

She realized the fruits of her labor one day when she watched a patient in the waiting room who seemed familiar. Assuming she had seen him earlier that day, she asked him how long he had been waiting. It turned out he had been in several times to the clinic to see his primary physician, and that is why he looked so familiar.

“I was very positive to know that things were changing,” Pressman said. “Anytime a patient smiles and says thank you, that’s a reward for the job I do.” Pressman has to juggle the responsibilities of dealing with customers, nurses, patients and city commissioners. She finds it a lot more exciting and rewarding than previous jobs.

“I’m proud of some of the services we’ve delivered to people who normally wouldn’t have gotten attention because there wasn’t a lot of money in treating them,” she said. “We’ve been able to break down barriers, and we try to ensure that our patients get the same or higher quality service that people of higher means have available to them.”

“One of the things I’m really proud of is some of the staff I’ve worked with who didn’t have any education at all and went on to get college and master’s degrees,” Pressman said. “I’d like to think I had a hand in developing them.” She has to juggle the responsibilities of dealing with customers, nurses, patients and city commissioners, and calls it a lot more rewarding than previous jobs. Her task is to bring out the best in people, and she is convinced she will succeed.

Pressman had an undergraduate degree in engineering and science writing when she started working for an engineering firm in Long Island. “It was a defense company, and everything was top secret. I learned a lot there,” she said. “But one day I told a friend of mine that I needed more human interaction.”

She had heard about a job in the office of then New York City Mayor Ed Koch and decided to go enter the public realm. The job entailed internal consulting for the city during the tax crisis of the late ’80s and early ’90s.

“From there, I got involved in prison health on Riker’s Island and found myself really liking it. So when the opportunity arose in the New York City Health and Hospitals Corporation, it sounded perfect. The truth is I always wanted to be one of those people who know exactly what they want to do with their career, but I wasn’t. I sort of fell into things.”

She said the College taught her the right questions to ask. “Supporting hospital staff, understanding the questions, and knowing what to look for can be more beneficial than knowing all the answers.”

continued on page 30
Members of the Class of '51, standing 3rd row; Joseph Taubman, M.D., Donald Delahanty, M.D., John W. Carrier, M.D., Robert W. Fredrickson, M.D., William J. Jameson, Jr., M.D., Norman J. Nichols, M.D., Paul D. Fuchs, M.D. Standing 2nd row L-R; Robert L. Nutt, M.D., Mortimer Jagust, M.D., Thomas L. Longworth, M.D., Constantin Cope, M.D., Edward Gerber, Jr., M.D., Martin J. Gately, M.D., Paul J. Libassi, M.D., George D. Vlahides, M.D., Stephen S. Cost, M.D. Seated L-R; Henry Uhrig, M.D., Jean F. Jones, M.D., Maura Lynch Flynn, M.D., Alta T. Goalwin, M.D., Irving Glassman, M.D., Gerald R. Frolow, M.D., Albina A. Claps, M.D., Alice Ente Madwed, M.D., Edward J. Davis, M.D.

Members of the Class of '51, seated L-R: Raymond W. Gibbs, M.D., Rita F. Girolamo, M.D., Seymour Schlussel, M.D., Paul Tuccii, M.D., Edgar Kogan, M.D., Margaret Lohrmann Myers, M.D., Frederic H. Devisch, M.D., Felicia Oliver-Smith, M.D. Standing L-R; George M. Massell, M.D., William J. Silvernail, M.D., Fred E. Eggers, M.D., Arthur L. Silverstein, M.D., Theodore S. Smith, M.D., Bernard Weiss, M.D., Arthur M. Harrison, M.D., Don W. McCoy, M.D.

Honoree Constantin Cope, M.D. '51, with his wife Mary Grace Cope. Dr. Cope tells researchers to “pick an interesting medical problem and stick to it.”

Dr. Cope was awarded for his remarkable ability to create simple solutions to some of medicine’s most complex problems and his significant contributions to the field of interventional radiology. Hardly a day goes by that a clinician somewhere isn’t utilizing a medical technique developed by Cope. One of the inventors of angiography and the namesake of a multitude of instruments including the Cope catheter, the Cope needle and the Cope closure, the evidence of Dr. Cope’s genius can be found in medical facilities across the U.S. He’s known for thinking outside of the box and devising ways to avoid invasive surgery that would even make a surgeon shake his head and say, “Why didn’t I think of that?”

Dr. Cope attributed his success to curiosity. “I’m really just a plumber, with blood vessels and ducts as my pipes,” he said. “My advice to anybody starting out in research is to pick an interesting medical problem and stick to it.”

Although Dr. Cope had a remarkable career in interventional radiology, he was originally trained as an internist and a cardiologist. Louis E. Fierro, M.D. ’60, president of the Alumni Association, said it was a lucky day for the field of radiology when Stan Cope turned his innovative eye that way: “He is a rare breed, an internist/radiologist who has won some of the most prestigious awards given in radiology today.” In 2000, Dr. Cope was named outstanding educator by the Philadelphia Roentgen Ray Society. In 1992, he was given the Magna Cum Laude Award for Scientific Exhibit and the Cum Laude Award by the Radiological Society of North America, which he received again in 1995. In 1999 he won the Gold Medal from the Society of CV and Interventional Radiology.

Honoree Ronald L. Arenson, M.D. ’76, urges the graduating class to consider work in administration and research.

Dr. Arenson urges the graduating class to consider work in administration and research. He has received many prestigious awards in radiology, including the Gold Medal from the Society of CV and Interventional Radiology. He is recognized for his innovative eye and significant contributions to the field of radiology.

There was a sense of kindred spirits at the Alumni Reunion weekend last May that immediately rekindled old friendships and snuffed out any lingering embarrassment of physical change or fear of competitiveness that so often precedes events of this nature. Plenty of hugs and joyful exchanges of family and career history could be seen and heard as the Classes of 1951 and 1976 gathered over cocktails, dinner and dancing at the Plaza Hotel. The members of the classes applauded the achievements of two of their own, Constantin Cope, M.D. ’51, and Ronald L. Arenson, M.D. ’76. The doctors each received the Alumni 2001 Medal of Honor for their outstanding service to the medical community.
University of Pennsylvania. Periodically he has served as acting chief and director of research of the section, where he has worked since 1986. Before that Cope held positions at Albert Einstein Medical Center in Philadelphia, the Veterans Administration Hospital in Memphis, Tenn., and Temple University, and from 1986 to 1989 was president of the Philadelphia Angiography and Interventional Radiology Society.

“[I]ll always be very grateful to New York Medical College for admitting me even though I was a native of England,” Dr Cope told the crowd.

Dr Arenson also was recognized and rewarded for his leadership in the field of radiology, and for his innovative approach to computer applications and health care. “Not only does Ron have the curiosity and intellect to explore innovative uses of computers in radiology, he also has the authority and resources to do so,” remarked Dr. Fierro.

Dr Arenson is chairman and the Alexander R. Margulis Professor of Radiology of the Department of Radiology, University of California, San Francisco. He supervises radiology at four institutions, and oversees a budget of $91 million, 120 full-time faculty and more than 250 part-time faculty who serve more than 400,000 patients each year. As a professor and researcher he has focused his efforts on applications of computer technology, radiology and health care. His main interest lies in picture archival and communication systems and the impact of managed care in radiology. Dr Arenson has written extensively on radiology information systems and picture archival and communication systems. He is a fellow in the American College of Medical Informatics and also a fellow in the American College of Radiology.

Dr Arenson served in the Navy at the National Naval Medical Center in Bethesda and was on the faculty at the University of Pennsylvania, where he served as associate chairman of clinical services in radiology and interim vice-provost for computing.

“Try your hand at administration and research as well as seeing patients,” Dr Arenson urged the Class of 2001 at the Plaza event. “As a researcher you can have a huge impact on the lives of many people. By working for a research hospital, you have the ability to experiment in the laboratory and apply what you learn to your own patients.”

Ralph A. O’Connell, M.D., provost and dean of the School of Medicine (right) is made an honorary member of the Alumni Association of New York Medical College by Louis E. Fierro, M.D. ’60, president of the Alumni Association.

Andrew Mutnick, M.D. ’01, with his wife, Rebecca at the reunion. Dr. Mutnick was the recipient of the first alumni-endowed scholarship given by the College. The scholarship award is based on exceptional academic performance and community service.

Alice Ente Madwed, M.D. ’51, (right) and Maura Lynch Flynn, M.D. ’51, share memories at the Plaza reunion.

Members of the Class of ’76, standing 3rd row L-R: Edward K. Schneider, M.D., David M. Fastenberg, M.D., Brian D. Johnson, M.D., Larry J. Bernstein, M.D., Steven A. Fein, M.D., Irwin T. Leventhal, M.D., Stanley L. Rabinowitz, M.D.

Standing 2nd row L-R: Marc R. Altsberg, M.D., Alan S. Fischman, M.D., Kenneth B. Liegner, M.D., Sanford I. Taffet, M.D., James J. Wong, M.D., Jack M. Rubenstein, M.D., Steven I. Friedman, M.D., Henry Velez, M.D.

Seated 1st row L-R: Deborah L. Keefe, M.D., Larry J. Bernstein, M.D., Steven A. Fein, M.D., Neil T. Choplin, M.D., Robert M. Klein, M.D.

Members of the Class of ’76, standing 3rd row L-R: Vincent J. Vigorita, M.D., Michael Schoolman, M.D., John O. Marks, M.D., Paul H. Dalecki, M.D., Bernard J. Powers, M.D., Robert A. Stern, M.D.

Standing 2nd row: Dennis J. Roggemann, M.D., Ralph Almeleh, M.D., Joan F. Poll, M.D., Ruthellen Fried, M.D., Gary G. Knackmuhls, M.D., Barbara Epremian, M.D., Michael A. Willen, M.D., Edward N. Moss, M.D.

Seated 1st row: Peter J. Ajemian, M.D., Stewart A. Levine, M.D., John R. Stabile, M.D., Steven L. Sivak, M.D., David H. Herschtal, M.D., Theodore Diktaban, M.D., Lee M. Rosenbaum, M.D., Graham F. Whitfield, M.D., Mary Alice O’Dowd, M.D.
MILESTONES continued from page 27

Jessica Sanguirima, M.D. '94, and Andrew Ng, M.D. '94, who met while working on the yearbook committee at NYMC, were married in May. Dr. Sanguirima is assistant program director for the medicine/pediatrics residency program at Metropolitan Hospital Center. Dr. Ng is practicing anesthesia/pain management at Westchester Medical Center.

Lance Murphy, M.D. '94, lives in Maryland with wife, Tina, and children Ashley and Max. He completed his army service last summer and plans to go into private practice in Poughkeepsie, N.Y.

Donna Phanumas, M.D. '94, practices at Greenwich Hospital's Geriatric Health and Resource Center in Greenwich, Conn.

Christine Smith, M.D. '94, joined the medical staff at Saratoga Hospital in Saratoga, N.Y., after completing her residency at Albany Medical Center, and a second residency in obstetrics and gynecology at Cedars-Sinai Medical Center in Los Angeles.

Jack Horng, M.D. '93, is an internist and pulmonologist on staff at Good Samaritan Hospital in Suffern, N.Y.

Gerald J. Micalizzi, M.D. '93, has been appointed to the courtesy staff in the department of radiology at Griffin Hospital in Southbury, Conn.

Lawrence D. Rosen, M.D. '93, moved to Ridgewood, N.J., last year. He and his wife had a second child, Talia Rachel Rosen.

Brian Strziak, M.D. '93, practices interventional cardiology in Valley Cottage, N.Y.

Randye Resnick-Bernot, M.D. '92, is the associate director of the emergency department at Mount Sinai Hospital in New York City.

Shevaun Doyle, M.D. '92, still roots for the Yankees. She writes, "Man may penetrate the secrets of science, he may solve the very mystery of eternity itself. But for me, the ultimate human experience is to witness the flawless execution of the hit-and-run. Go Yankees!"

Elizabeth A. Moore, M.D. '92, joined the staff of the Beisinger Medical Group in Bloomsburg, Penn. She lives in Danville with her husband, Dennis R. Moore II, M.D., and their children, Kaitlyn and Dennis III.

Stephanie Pedoto, M.D. '92, has two children, Reese and Allison. The family lives in Cumberland, R.I.

Jorge Serrano, M.D. '92, is an occupational physician for several multinational companies in Bogota, Columbia. He is certified as an occupational health and safety auditor by the American Board of Environmental Auditor Certifications.

John Flores, M.D. '91, is on the attending medical staff at Bridgeport Hospital in Connecticut and has a private practice in Trumbull.

Laurence Haring, M.D. '91, is an anesthesiologist at Mercy Medical Center in Rockville Center, N.Y. He lives in Huntington with his wife Diana and children Sophia and William.

Lyle Robert Gesner, M.D. '90, married Ellen Beth Polaskoff, advertising beauty director at Elle magazine in New York City in June. A Scarsdale resident, he is an attending physician at Montefiore Medical Center and an assistant professor at Albert Einstein School of Medicine, both in the Bronx.

Tamara J. Hoover, M.D. '90, and her husband Dan Smothers, announce the birth of their son, Christopher Emmanuel Smothers. Dr. Hoover works in the emergency department of the Naval Medical Center in San Diego.

Elaine Klinge, M.D. '90, and her husband Michael, have a daughter, Talia Marin. They live in GReely, Colo.

Thomas M. De Berardino, M.D. '89, has moved his wife Heather, and children Dominic and Tristan back to his alma mater, the United States Military Academy at West Point, N.Y. He is a team physician and one of four orthopaedic surgeons at the academy.

Anne McTiernan, M.D., Ph.D., '89, is the director of the Fred Hutchinson Cancer Research Center's Exercise Testing and Training Laboratory and director of the Prevention Studies Clinic. She is the author of Breast Fitness, An Optimal Exercise and Health Plan for Reducing Your Risk of Breast Cancer.

Riccardo Ricciardi Jr., M.D. '89, specializes in female urinary incontinence at Jamaica Hospital Center in Queens, N.Y.

William J. Thomas, M.D. '89, is settled in Toledo, Ohio, with his wife and two children. He wonders where his old friend Kat is living these days.

Patrick T. Berrr, M.D. '88, and his wife Mary Jo, have two sets of twins. He practices emergency medicine at St. Elizabeth Hospital and at the University of Cincinnati Medical Center.

Robert M. Yacynych, M.D. '88, is the assistant director of the department of emergency medicine at Harbor Hospital Center in Baltimore.

Thomas R. Young, M.D. '88, left the Navy after 11 years to practice interventional and clinical cardiology in San Diego. He is married to Corinne Ancona-Young, M.D., and has two girls, Elizabeth 4, and Katie 7.

Joseph P. Rafferty, Jr., M.D. '87, lives in Kingston, Mass, with his wife and four children. Dr. Rafferty works in the emergency department of Charleston Hospital in Fall River.

Jonathan M. Shapiro, M.D. '87, is a radiologist at Brockton Hospital in Quincy, Mass.

Charles J. Abate, M.D. '85, joined a medical practice in Tarrytown and Ossining and is on the medical staff of Phelps Memorial Hospital Center in Sleepy Hollow, N.Y.

Sheryl Laff, M.D. '85, is married to urlogist Ken Ring, M.D., and practices radiology. They have two boys Zachary, 9, and Jason, 6.

1980s

Elizabeth O'Dowd was taken in the delivery room on December 14, 1975. It appeared in the centerfold of the 1976 edition of the yearbook.

This photo of Mary Alice O'Dowd, is 25 this year. She is the wedding of son Michael James Fernandez-O'Dowd.

with friend Loretta Itri, M.D. '76. "Loretta was on the yearbook staff and she had a feature to do, so she asked me if she could come and take pictures of me when I had my baby," explains Dr. O'Dowd, a psychiatrist at Montefiore Medical Center in the Bronx. "When I went into labor and headed over to the hospital, I told my husband to wait awhile before calling Loretta. He didn't wait long enough and she arrived with her camera. Believe it or not, it was the first time she'd used a camera."

On her graduation yearbook page, Dr. O'Dowd said there were pictures of her husband Jose Fernandez, M.D., and their other child, Luis, but she never expected Michael James to be born before the deadline. What a surprise when Michael arrived on December 14, 1975, at Flower and Fifth Avenue Hospitals in the middle of Dr. O'Dowd's physical medicine and rehabilitation rotation.

"We were so surprised when we got the yearbook and there was Michael's picture scattered throughout and featured in a spread on pages 200 and 201," said Dr. O'Dowd.

Michael James followed in his mother's footsteps and majored in history at the University of Wisconsin. While he's in the middle of a career change, mom hasn't been successful in her attempts at convincing him to go to medical school — yet.

Centerfold Baby Grows Up

Little Michael James Fernandez-O'Dowd, whose birth is displayed in the centerfold of the 1976 class yearbook, is 25 this year. He's not so little anymore.

When his mother, Mary Alice O'Dowd, M.D. '76, found out she was pregnant back in 1975, she shared the news
Two Strong Advocates
For Compassion in Health Care
Honored At Commencement

At the 142nd commencement of New York Medical College at Carnegie Hall in May, social equity and medical excellence took precedence. Two strong advocates for equality and professionalism in health care received honorary degrees and spoke for equal treatment for all patients. His Eminence, Cardinal Edward M. Egan, J.C.D., prayed and welcomed the graduates, their families, faculty and friends at Carnegie Hall. He was granted a Doctor of Humane Letters degree.

Rosa M. Gil, D.S.W., is a native of Cuba and the United States. She is known for her advocacy of all races, especially Hispanics and immigrants. In the academic field, Dr. Gil has distinguished herself as a national authority on cross-cultural issues in health care and social work practice, and in the delivery of mental health services to Hispanics and immigrants. She holds a Licenciada in Sociologia from Oriente University in Cuba, a master's degree in social work practice, and in the field of mental health/general preventive medicine. In her keynote address, Dr. Gil counselled the graduates on making a conscious effort to reach out to the underserved populations. "Dr. Gil is among New York City's most respected and valued leaders in the field of health care, known for her advocacy of immigrant and underserved populations, especially those challenged by poverty, mental illness, alcoholism and AIDS," said Msgr. Barrett, in his introduction. "Dr. Gil has broadened the reach and strengthened the underpinnings of health care in the nation's largest public health system."

Until February of this year, Dr. Gil served as chair of the board of the New York City Health and Hospitals Corporations (HHC) and special advisor to Mayor Rudolph Giuliani for health policy. Previously, she had been the HHC's senior vice president for Mental Health and Chemical Dependency Services, and assistant vice president and deputy director of Mental Hygiene Services. She also served as executive director of Metropolitan Hospital Center and Woodhull Hospital and as executive deputy commissioner of the Family and Children Services Agency of the Human Resources Administration.

In the academic field, Dr. Gil has distinguished herself as a national authority on cross-cultural issues in health care and social work practice, and in the delivery of mental health services to Hispanics and immigrants. She holds a Licenciada in Sociologia from Oriente University in Cuba, a master's degree in social work practice, and in the field of mental health/general preventive medicine.

Cardinal Egan urged the graduates to "heal bodies and bring understanding and compassion to souls," and to "treat all of your patients as what they are—children of God fashioned in his image and likeness." He advised them to build on the knowledge they had mastered at the College, and to maintain the excellent standards they had been taught. The graduates included 204 candidates for doctor of medicine (M.D.), 95 candidates for master of science (M.S.), 46 candidates for master of public health (M.P.H.) and 12 candidates for doctor of philosophy (Ph.D.) degrees. Rev. Harry C. Barrett, D. Min., M.P.H., president and CEO of the College, called the cardinal a "philosopher archbishop, preacher, teacher, counsel to popes and cardinals, and canon law scholar," and especially praised Cardinal Egan's Committee on Science and Human Values for the National Conferences of Catholic Bishops.

Richard Monticiculo, M.D., '85, and wife Marie Heighnian, M.D., live in Washefield, Conn., with their son William.

Richard Nelson, M.D., '85, is medical director of the Spaulding Center for Adult Health Care in Berkeley Heights, N.J.

Jeffrey J. Spillane, M.D., '85, married Patricia McDonald last December 23. The couple lives in Kula, Maui, Hawaii, where Dr. McDonald practices thoracic surgery.

Eric Wassermann, M.D., '85, is the chief of the Section of Brain Stimulation at the National Institutes of Health and was published in the journal Science, dated May 18, 2001, Vol. 292, p. 1284.

Grover K. Yamane, M.D., '85, a lieutenant colonel in the U.S. Air Force stationed in Florida, has finished his third residency. Originally a family practitioner, he has now been certified in aerospace medicine and public health/general preventive medicine.

Thomas Graziona, M.D., '84, practices internal medicine in Centreville, Va.

Mario Tagliagambe, M.D., '84, Devin C. Delahanty, M.D., '84, and Mark Cerbone, M.D., '84, planned a round-the-world one-masted race for a three-week vacation last spring.

Deborah Fried, M.D., '83, sends this message to Barry Zisholtz, M.D., '83: "I still use the cookbook you gave me in 1980. Once again, thanks."

Joan Liman, M.D., '83, has spent the past year preparing for her daughter Melanie's wedding to Joshua Beck, M.D.

Thomas J. Magrino, M.D., '83, is interim chairman of the Department of Surgery at the Naval Medical Center in San Diego, Calif.

Jay Stylman, M.D., '83, has a solo practice in general surgery in Kearny, N.J.

Ron Teichman, M.D., '83, is president of Teichman Occupational Health Associates Inc., and is board certified in occupational medicine and internal medicine.

Alfred L. McKee, M.D., '82, is focusing on pain management in patients with cancer-associated and noncancer associated chronic pain. He works at The Pain Management Center at Baystate Medical Center in Springfield, Mass.

Vincent Panella, M.D., '82, was elected secretary-treasurer of the Bergen County Medical Society for 2000-2001.

Anthony J. Arciola, M.D., '80, has relocated to Warren, Penn., where he has a private practice in urology. Calling it a small town and a beautiful area, he welcomes communications from any alumni.
ALUMNI GIVING HONOR ROLL

This honor roll of donors recognizes alumni and alumnae who contributed to New York Medical College during the fiscal year July 1, 2000 to June 30, 2001.

The following have made generous commitments to name dissecting tables in the Alumni Gross Anatomy Laboratory:

Michael J. Bronson, M.D. ’76
Louis E. Fierro, M.D. ’60
Rita F. Girolamo, M.D. ’51 and Armand F. Leone Sr., M.D. ’47
Jean F. Jones, M.D. ’51
James F. McGroarty, M.D. ’68
Matthew S. Mickiewicz, M.D. ’41
Leonard J. Newman, M.D. ’70
Stephen J. Nicholas, M.D. ’86
Henry I. Saphier, M.D. ’61
Richard A. Stram, M.D. ’78

Class of 1950
Class of 1951
Class of 1976

$50,000 and Above
Class of 1943
Albert Willner, M.D.
Class of 1944
Marcellene Bernard, M.D.

$25,000 - $49,999
Class of 1950
Saverio S. Bentivegna, M.D.

$10,000 to $24,999
Class of 1941
Matthew S. Mickiewicz, M.D.
Class of 1947
Franklin J. Simecek, M.D.
Class of 1960
Louis E. Fierro, M.D.

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In the Palm of his hand: Alum creates solutions to managed care

Glenn M. Parker, M.D. ’86, had spent most of his early professional years relying on computers, so he didn’t understand why there wasn’t one to help him cut through the ever-changing red tape of managed care. When an immigrant patient Parker had referred to a specialist returned a month later near death—without ever having seen the specialist—the doctor felt things had gone too far.

“There was such a mess of paper, and we had so much to remember—like the patient’s age, allergies, medication history and all the patient’s insurance guidelines for coverage of prescription medications,” Parker said. “With all that patient’s information handy, I could have checked to see if he had been to the specialist. When I didn’t get a consult back in three days, I’d have called him up and said ‘Hey buddy, why didn’t you go?’”

Thinking there must be a type of computer to keep doctors more organized, he met with his friend, Lewis Stone, a software developer. At a barbecue in Stone’s backyard, the pair started scribbling ideas for screen design on the back of napkins. The upshot was Stone went off and designed a 10-ounce computer that would fit in the pocket of a lab coat. Shortly afterward, Park-Stone Medical Information Systems was born in Ft. Lauderdale, Fla. Before giving up his practice in January 2000 to devote more time to his position as chairman of the board of ParkStone, Parker was managing partner of a large South Florida medical group specializing in cardiology and internal medicine.

“It took a physician and a software developer to find a solution. I absolutely needed the experience as a doctor to see what was required to be a good one in this day and age,” Parker said. Now the company has partners like I.B.M, Merck-Medco, Johnson & Johnson and Glaxo Wellcome, and is one of about 50 startups responding to the trend of digital doctoring.

ParkStone’s 10-ounce computer is available in 15 states and offers its system nationwide.

Instead of the traditional, cumbersome prescribng system that relies on paper records, repeated phone calls and memory, the ParkStone system depends on electronic data. Physicians and staff can add patients or update records in seconds; ParkStone updates insurance and formulary information each day after the device is placed in a cradle. Users will no longer need to check bulky printed lists of medications covered by each insurance plan to find out if the prescription is approved and what the co-pay will be. A hand-held personal digital assistant (PDA) provides answers and offers alternatives, and poor penmanship is no longer an issue. (More than 3 in 10 of the three billion prescriptions each year have to be rechecked, Parker estimates, because of confusion over a doctor’s handwriting or insurance rules.)

When a patient needs a prescription, the information is transmitted to a computer printer in the office, where the doctor signs the printed prescription and hands it to the patient to take to the pharmacy. There is more—Parker says that eventually, the handheld computers will be able to take on billing, lab test ordering, dictation and specialist referrals.

“Nearly 75 percent of all health claim denials among healthcare providers are caused by insurance ineligibility and unauthorized referrals,” Parker said.

“We’re working on solving that problem.”

That PDAs are easy to use was no small consideration for ParkStone. Physicians 40 years and up have been dictating or writing prescriptions without typing since medical school. “You don’t have to be computer literate to use ParkStone’s system. We were also very careful not to alter the workflow,” Parker said. “I co-founded ParkStone with one goal in mind: to give patients the care I think they deserve. We’re a physician and patient-centric company and I think we’re making a difference in patient’s lives. That feels good.”

Glenn Parker, M.D. ’86
Alan J. Bauman, M.D. '95, has always had a fetish about losing his hair, letting his own hair grow in a ponytail that he chopped off just before graduation ceremonies at Carnegie Hall. He’s not the only one. Sixty million Americans suffer from hair loss; generally considered to be a hereditary trait. Some 25 percent of men begin balding by age 30, two-thirds by age 60.

Actually it was his father-in-law’s hair woes that led Dr. Bauman into his current career as a hair restoration specialist and founder of Bauman Medical Group in Boca Raton, Fla. “My father-in-law had had plugs of hair put into his scalp years earlier, and it didn’t look natural at all,” Dr. Bauman said. “A natural hairline is not a row of tufts of hair, like on a doll. About six years ago, around the time I was graduating from NYMC, my friend told Dr. Bauman about a doctor on Long Island who was skilled in the procedure, so he went out to observe.

“During my residencies in General Surgery at Beth Israel Medical Center and Mount Sinai School of Medicine, we were doing everything from appendectomies to amputations,” he said. “But I was truly drawn to the more artistic cosmetic end of surgery. When I went out to watch the transplant procedure, I didn’t know a thing about it, but it instantly appealed to me. On the one hand, it was a procedure that was very creative, using skin grafts to design a natural looking hairline from scratch, and yet it was also very detailed in terms of the advanced microsurgical techniques and specialized instruments that are used.”

After training in surgical hair restoration on Long Island, Dr. Bauman moved to Boca Raton, and began specializing in hair restoration. To accomplish wispy, feathery, randomized patterns in the hairline, he removes follicles from the back of the head and surgically implants them in thinning or balding areas.

“Hair on the back and sides of our heads is genetically programmed to last indefinitely, and it isn’t affected by the body’s dihydrotestosterone or DHT,” Dr. Bauman said. “But hair on men’s temples and crown usually shrinks and eventually dies in response to the body’s hormones. So we graft permanent follicles from the back of the head to the thinning or balding spots, and the replaced hair will last and grow indefinitely.”

He is constantly researching techniques to make the procedure more timely, and less painful. Recently he began using a device called the wand, which his father, a dentist, told him about. “It is a dental instrument that allows us to give painless injections through a controlled pump. Hair transplant plants always get a bad rap for being painful.”

A member of the International Society of Hair Restoration, Dr. Bauman feels a real sense of satisfaction in his work. “Hair has got that mystical, magical quality,” he said. “It affects the way people feel about themselves. When you give a guy back his hair, you’re restoring confidence, self-esteem, and virility.”

continued on page 38
Two Former College Presidents are Remembered

Former New York Medical College president Lawrence B. Slobody, M.D. ’36, died April 25 in Springfield, Mass. He was 90.

Dr. Slobody served his 40-year career in medicine on the staff of the College, working his way up from a research fellow in pediatrics to the office of the president, serving as acting president and president from 1971 to 1972 and 1972 to 1979. Previously, he was professor and chairman of the Department of Pediatrics from 1948 to 1963, was appointed director of the Center for Maternal and Child Health in 1963, and became vice president and acting dean in 1966. Dr. Slobody was appointed chief of the Frederick S. Wheeler Laboratory for Nutritional Research at the College in 1943, and was instrumental in College researchers developing early tests for Vitamin C and B deficiencies.

Dr. Slobody was known for his active development of baby products and his work with the mentally retarded. He developed the first multi-disciplined clinic for diagnosis and treatment of the mentally retarded and was the first Gold Medal recipient of the Association for the Help of Retarded Children. In 1954, he was the youngest doctor elected to the American Pediatric Society.

In 1954, he was the youngest doctor elected to the American Pediatric Society.

Dr. Slobody is survived by his wife Evelyn, sons Richard and Roger, and daughter Laurie, and two grandchildren, all of whom live in Massachusetts.

Ralph E. Snyder, M.D. ’50, who was president of New York Medical College from 1959 until 1966, died on August 6, 2000, in Pinehurst, N.C. He was 78.

During his tenure at NYMC, Dr. Snyder developed resident clinical clerkships, which led to the elimination of the traditional internship. He broadened the educational focus of the College, creating the graduate and post graduate divisions in nursing, with degree granting authority including the Ph.D. While president of the College, he was presented with the Bronze Medal of the City of New York for his contributions to education, research and health care.

Dr. Snyder started his career at his alma mater immediately upon graduation, serving as assistant dean. Four years later, he was appointed executive dean with responsibility for restoring the College to full accreditation. Dr. Snyder left the College in 1966 to serve as director of professional relations for Merck Sharp and Dohme.

In 1977, he moved to Whispering Pines, N.C. and joined a citizen group that founded the Aberdeen Medical Clinic. In 1984, Dr. Snyder became medical director of the North Carolina Medicare peer Review Organization, responsible for oversight of care provided to Medicare patients. He held that position at the time of his death.

Dr. Snyder is survived by his wife Jacqueline, son Ralph and daughter Victoria, two grandchildren and a brother, Rowland H. Ross, M.D.
years as chairman of the department of radiology at the Community Medical Center, both in Tom's River, N.J. He enjoys winter radiology ski conferences and European vacations.

Robert V. Millera, M.D. ’58, says he loved his work but doesn’t miss it at all since retiring.

William C. Mullford, M.D. ’58, finds serving on the board of directors at a Maryland hospital an interesting way to gain perspective on the picture of medicine. He is retired from practice, but enjoys staying involved in hospital business.

Frederick Steinberg, M.D. ’58, is working part-time for Valley Hospital in Wyckoff, N.J., consulting on HMO and Medicare matters. He enjoys his five grandchildren, travel and golf.

Mark F. Anapol, M.D. ’57, still enjoys practicing surgery in California, but is considering retirement. He and his wife, Maureen, a math teacher, are the proud parents of Steven, a corporate tax attorney; Bill, an internist; and Kim, associate publisher of the local newspaper.

William H. Brown, M.D. ’57, has retired from a full-time occupational medicine practice but still does some consulting work in the field. He lives in Alexandria, Va.

E. John Steinthilber III, M.D. ’57, is a locum tenens in psychiatry. He has worked in Pennsylvania, Virginia, New York, Maine and Alaska and enjoys meeting physicians from all over the country.

William H. Nass, M.D. ’56, invites classmates traveling in Pensacola, Fla., to drop by for a visit to “see the pure white sand on the beautiful beaches.”

James P. Mooney, M.D. ’56, has retired from practicing medicine to emulating Jack Nicklaus. Dr. Mooney resides in Orange, Conn., and is building a golf course nearby in Oxford.

Charles Stabinsky, M.D. ’55, has been honored in his community of Norwalk, Conn., for his role as founder and first president of the Jewish Historical Society of Greater Norwalk. He has been a trustee of the Fairfield County Medical Association and a delegate to the Connecticut State Medical Society. Dr. Stabinsky is currently on the consulting staff of Norwalk Hospital.

Sanford H. Anzal, M.D. ’54, of Tustin, Calif., is chief of orthopedics at the Long Beach Veterans Administration Hospital and is a clinical professor of orthopedic surgery at Irvine Medical School, University of California.

Robert D. Brennan, M.D. ’53, has been retired for eight years. He enjoys golf, flowers and visiting his 21 grandchildren.

Edward J. Day, M.D. ’54, retired from obstetrics and gynecology in June. He lives in Woodbridge, Conn.

Sheridan W. Shirley, M.D. ’53, still works as a flying physician going on Christian medical missions around the world. He has spent 10 years in a Christian prison ministry and says he is too busy to play golf.

James H. Davenport, M.D. ’52, lives in Florida with his wife of 47 years, Gertrude Thompson Davenport. They have three children and six grandchildren. He is still active with the American Cancer Society and its Man-to-Man Prostate Cancer Support Group.

William A. Eddy, M.D. ’52, who is living in Long Beach, Calif., reports that he voted for Bush and pledges to donate the money he’ll save on taxes under Bush directly to the College.

George D. Vlahides, M.D. ’51, reports that long hours at his private practice in Schenectady, N.Y., keep him busier than ever, so he enjoyed socializing at the 50th reunion.

Donald McCoy, M.D. ’51, is still working at Akron General Medical Center in Ohio at the age of 76. He says that while younger, disenchanted colleagues plot strategies for early retirement, he’s not about to let the irritation of dealing with insurance companies drive him away. “I go from year to year,” he said. “I have a couple of colleagues that I’ve asked to let me know when it’s time to quit—when I’m not doing the job I should.”

Laura Grey Morgan, M.D. ’49, is enjoying good health and retirement after practicing pediatrics for 40 years. She is busy with gardening, both vegetables and flowers, and chasing away the raccoons and foxes from her property.

Paul Lazar, M.D. ’47, is a retired professor emeritus in dermatology and an associate professor of dermatology at the Northwestern University Medical School.

Michael H. Berman, M.D. ’45, is enjoying a leisurely life in retirement after 40 years practicing urology.

Charles Shlumbaum, M.D. ’44, lives in Stuart, Fla., at the Yacht and Country Club. He says he feels like he’s in paradise playing golf and enjoying social life, but would like to hear from classmates.

Jerold I. Wheaton, M.D. ’43, is a medical director for California Youth Authority. He thinks he will retire next year, when he turns 80, because commuting on the “red eye” from Riverside to Sacramento is getting tiresome.

Joseph A. Budetti, M.D. ’36, attended the class reunion at age 90 in order to introduce his granddaughter, Tara Budetti, as an incoming first-year in the Class of 2005. He lives in Miami since retiring.

Louis Arthur Perillo, M.D. ’36, sends best wishes to his classmates.


Pasquale Ciaglia, M.D. ’38, died May 23, 2000, in Utica, N.Y.

George W. Conrad, M.D. ’63, died July 8, 2000, in Columbia, Mo.


Enrique Fierres, M.D. ’91, Viola Fleischmann ’36, died June 20, 2000.

John L. Fox, M.D. ’43, died January 6, 2001, in Charlotte, N.C.

Edward A. Friedman, Jr., M.D. ’48, died June 23, 2001, in Mt. Kisco, N.Y.

William S. Gartner Sr., M.D. ’37, died November 19, 2000.


Barbara Ann Kawamura, R.N. ’57, died January 19 in Bangor, Maine.

Martin Lewis Lapkin, M.D. ’71, died June 2, 2000 while on vacation in N.Y.C.


Rita A. Medico ’51, Joseph Anthony Mellow, M.D. ’38, died February 9, 2001, in Roaring Gap, N.C.

Walter Merkelbach, M.D. ’32, died April 14, 2001, in Glen Ridge, N.J.


James W. Morgan, M.D. ’47, died November 17, 2000.

Gustave W. Mork, M.D. ’59, died October 26, 2000, in Erie, Pa.


Arnold P. Schmidt, M.D. ’54, died March 31, 2001, in Palm Beach Gardens, Fla.


Fannie Stoll, M.D. ’28, died February 8, 2000, in Berkeley Heights, N.J.


Bellinger, M.D. ’38, who was featured in last year’s Fall/Winter 2000 Chironian, died June 18, 2001, in Walnut Creek, Calif.

Chironian New York Medical College 39

Calendar of Events
January 27-February 2, 2002
Winter CME Seminar
Embassy Suite Hotel
Dorado Del Mar Beach and Golf Resort
Dorado, Puerto Rico

May 18-19, 2002
Reunion Weekend 2002

May 18
Alumni Banquet and Awards Presentation
Class of 1952 Awarding of Gold Diplomas
Class of 1977 Awarding of Silver Diplomas
The Plaza Hotel New York, New York

May 19
Fifth-year Class Reunions
Luncheon and Campus Tours
Alumni Center, Valhalla, New York

For additional information, please call the Alumni Office at (914) 594-4556.

We’re on the Web
Visit us at http://www.nymc.edu/alumni/ and tell us about yourself. And don’t forget the Home Page (www.nymc.edu) for the latest College news.