Score One for the Commodore and Dean
Analyzing the Embryonic Chicken Limb
Clinical Rotations Await
Progressive changes in the cartilage skeleton of the chicken wing bud between 4 and 7 days of development are represented in these cross sectional drawings. The stippling represents precartilage cell aggregates known as condensations; the solid white represents definitive cartilage. Corresponding changes take place in the human embryo between days 30 and 50 of development. The cartilage skeleton is replaced by bone during later fetal development in both species.

— COURTESY OF S. A. NEWMAN

The research collaboration of Stuart A. Newman, Ph.D., with a mathematician, computer scientist and three physicists is funded by a $3 million grant from the National Science Foundation.

By Marjorie Roberts
ABOVE: The intellectual curiosity that abounds in Stuart A. Newman, Ph.D., has led him to collaborate with five other scientists in a project funded by the National Science Foundation. Using a systems biology approach, the group will advance his avian vertebrate limb research that he began 25 years ago. A developmental biologist, Dr. Newman has a reputation for taking a critical stance on human applications of research in this field. But in his department, the soft-spoken scientist is best known as a dedicated adviser for the doctoral candidates who work in his laboratory.

If this scientific pursuit brings fame to the group it will be nothing new for Dr. Newman, who already has a reputation for shaking up his profession. Several years ago Dr. Newman and Jeremy Rifkin, a writer and social critic who made his name by bringing legal action to stop certain kinds of genetic experimentation, applied for a U.S. patent to protect their method of creating new part-human life forms by gene manipulation. Their stated goals did not include actually making such creatures, but rather to promote public discussion on the new reproductive technologies emerging from developmental biology and to prevent other scientists from manipulating human biology with potentially dire consequences such as unprecedented birth defects. Their application was denied, but they have continued to contest the rejection and the controversy remains at a simmer in Congress. Dr. Newman stands by his convictions that certain kinds of gene therapy are a disaster waiting to happen, and although he doesn't justify his research by any direct benefits to society, he continues to write and speak in related policy areas to ensure that the fruits of developmental biology don't get misused. He avows that he is not bothered in the least by applications of this work to tissue and organ repair that don't attempt to redesign the human species.

Successful laboratory

At New York Medical College Dr. Newman's celebrity is less contentious. He was an early winner of the Dean's Distinguished Research Award in 1994, and has been lauded at the annual Author Recognition Celebration at the Health Sciences Library every year since its inception in 1993. From his laboratory have come discoveries of "matrix-driven translocation," a physically-based mode of tissue morphogenesis, as well as the roles of transforming growth factor beta (TGF beta) and the type 2 receptor for fibroblast growth factors (FGFs) in the development of the limb skeletal pattern. For example, if "alternative splicing" of the FGF receptor goes wrong and limb cells produce aberrant versions of that protein, properly spaced bones fail to form and anomalies are generated in the skeleton. A quarter century ago Dr. Newman and a physicist colleague, H.L. Frisch, laid out a mathematical theory of limb pattern formation in an article in the journal Science, but most of these growth factors and signaling mechanisms were unknown at the time. "All we knew then was that some adhesive molecules caused cells to enter into patterned structures—for example, fibronectin holding cells together," says Dr. Newman. "Its concentration was one of the variables in our original model of limb development."

It was not the busy Stuart Newman who had the impetus to form the eclectic

(continued on page 6)
Can Thyroid Hormone Prevent Cerebral Palsy and Brain Damage in Very Premature Infants?

Edmund F. La Gamma, M.D. '76, has won an NIH grant for $1.8 million to determine the optimal thyroid hormone treatment of premature newborns weighing as little as one pound at birth.

By Marjorie Roberts

The gestation period for human babies is approximately 40 weeks. However, about 10 percent of babies arrive sooner and, if they are born more than three weeks before their due date, are classified as premature. A moderate number of these premature newborns—up to 50 percent—show a transient decrease in thyroid hormone levels after they are born. It is when these levels are very low that difficulties begin, including a significant correlation with the development of cerebral palsy. It seems logical then, to give thyroid hormone to these infants, especially those born, say, prior to 28 weeks gestation, who often have the greatest departure from normal. The key question is whether treatment can prevent or further minimize any risk of brain damage that often afflicts infants who are born so far ahead of their time.

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## On the Cover:

Susan Anderson Kline, M.D., has twice sailed the Atlantic Ocean and crewed to Bermuda many times. But she lets nothing interfere with her love of medical education and the students at New York Medical College—not even her triumph as the first woman commodore of a Connecticut yacht club. (Story on page 10.)

These panels in a computer simulation represent distribution of TGF-beta (left), the adhesive protein fibronectin (middle), and precartilage cells (right), midway through development of the embryonic chicken limb based on the model of Dr. Stuart Newman and co-workers. (Courtesy of J. A. Izaguirre, R. Chaturvedi and C. Huang.) (Story on page 2.)

Our two representatives of the Class of 2006 have finished the basic science memory marathons in grand style. Kathleen Lewellyn and Brad Hamik are eager to begin their clinical rotations as they begin to formulate what their specialties will be—and where. (Story on page 30.)

Marjorie Roberts will retire in September, and this is her last issue as editor of *Chironian*. She has served in that capacity since 1998, when she oversaw the merger of two publications—the original *Chironian* alumni periodical and *Images*, the university magazine she was hired to edit when she came to the College in 1992. Her distinctive editorial style never faltered, engaging readers with well-written, topical and eminently readable stories about the College, its leadership, faculty, students and alumni. She departs our midst with the deep gratitude of the entire Office of Public Relations, and of many throughout the College community.

—Donna Moriarty

Ed. Note—Thank you to the faculty, students and alumni who make *Chironian* what it is. Retirement awaits.
AVIAN LIMB DEVELOPMENT
(continued from page 3)

sextet, but James A. Glazier, Ph.D., a physicist and professor at the University of Notre Dame with whom Dr. Newman had previously collaborated. Dr. Glazier has since moved on to Indiana University, but still at Notre Dame are Mark Alber, Ph.D., professor of mathematics, and Jesus Izaguirre, Ph.D., professor of computer science and engineering. Rounding out the team are Gabor Forgacs, Ph.D., professor of physics and biology at the University of Missouri, and George Hentschel, Ph.D., professor of physics at Emory University.

Systems biology
The study is designed to develop genetic, cellular and supercellular understanding of complex organ formation by focusing on avian limb development at multiple scales—molecular, cellular, tissue and organ levels—as a general model for organogenesis. Using chicken and sometimes quail, the research comprises experimental, computational and theoretical components to develop an integrated simulation of limb development that ultimately can be customized to fit the genesis of other organs. If the need for experts in physics and mathematics seems puzzling, it helps to recognize that it takes physicists to explain the phenomenon of patterning, such as waves on water, stripes on a zebra or fingers on the hand, and mathematicians to express many of the group's findings in the form of equations, which appear throughout their papers. Computer-generated renditions provide a way to bring the equations "alive" by simulating limb development.

"We need math and physics to explain how the interactions of the proteins and other biomolecules all cooperate together to make a skeletal pattern like that of the chicken limb," Dr. Newman asserts. "This is systems biology—the linking of mathematical equations and biochemistry and genetics as a way of dealing with complexity—seeking an explanation for forms and patterns that appear during embryonic development rather than simply crediting the genes exclusively." He made his case last summer in an article he wrote for the bulletin GeneWatch. The title alone, "The Fall and Rise of Systems Biology—Recovering from a Half-Century Gene Binge," said it all.

Gene bashing
Dr. Newman continues to refine his philosophy in step with his research on limb development. Dr. Newman explains the rationale for his campaign against "genetic reductionism," the notion that all biological phenomena are simply a reflection of their genes.

"Knowledge of genes alone cannot provide a complete understanding of an organism's significant traits, its shape and form, its behaviors, and so forth, because these traits are generated during the organism's embryonic development or later in life by systems of interactions across many levels," he stated. "Genes and their RNA and protein products are only a subset of the components of developing systems.

ABOVE: Dr. Newman is assisted in his laboratory by graduate student Nadya Mezentseva, left, and by Jaliya Kumaratilake, M.D., Ph.D. The Russian Ph.D., candidate is investigating molecular control of differentiation in limb bud stem cells. Dr. Kumaratilake, a visiting scientist from the University of Adelaide in Australia, is an electron microscopist who is collaborating with Dr. Newman on several other aspects of development, including a project on the developing visual system with cell biology colleague Alan D. Springer, Ph.D.
A schematic of the model proposed by Dr. Newman and colleagues shows formation of discrete cartilage skeletal elements by a “self-organizing” biochemical network. (Top) The signal protein TGF-beta (red arrows) stimulates formation of precartilage cell aggregates, as well as its own production. Unchecked it would cause the entire developing limb tissue to condense and to eventually form an amorphous mass of cartilage. (Bottom) If the sites of condensation also release an inhibitor of TGF-beta that diffuses away from its source, expansion of the condensations is restricted and a pattern of well-spaced cartilage elements is produced. — COURTESY OF S. A. NEWMAN

Moreover, these systems have physical as well as chemical properties. So to understand how the chicken or human limb develops, we need to take much more than genes into account.”

Swimming against the gene tide is not something the soft-spoken Dr. Newman ever anticipated. After the native New Yorker received his undergraduate degree (cum laude) at Columbia, he chose the University of Chicago for a Ph.D. in chemical physics. “Many people who entered physical science for purely intellectual reasons found their work applied to atomic and chemical weaponry,” he recalls. “I did not want to participate in work that was going to be used for destructive purposes, so I went into a field that was intellectually highly challenging, but was seen as something of a backwater of science because of its small likelihood to ever yield practical applications. I had no idea developmental biology would turn into Big Science. How ironic it is that it is arguably the biggest one ever.”

Great productivity

The biocomplexity consortium has produced half a dozen papers and is likely to turn out at least as many more, he states. “We can’t renew this grant but we are applying for other funding to keep the work going.” Despite his own non-practical motivations, he cannot resist pointing out the potential applications of such basic research. “The biological sciences produce spin-offs into other areas,” he asserts, “because if you know how something develops, you get insight into repair. For example, the salamander can regenerate limbs, reactivating many of the same processes occurring during embryonic limb development. Our ultimate goal is to understand a developmental process from many levels—from genetic to biochemical and cellular to physical interactions among the components.”

One look at Dr. Newman’s CV evinces a prolific writer of articles, chapters and books; a wanderlust that is satisfied by traveling to exotic sites to give invited talks, and a history of mentoring Ph.D. candidates. His pride in their achievements is reflected in a display of champagne bottles that he keeps within arm’s length of his computer, where he spends the greater part of each day. His newest triumph is a book that was published last year by the MIT press entitled, *Origination of Organismal Form: Beyond the Gene in Developmental and Evolutionary Biology*, a 15-chapter multi-authored tome. Besides acting as editors, he and Dr. Gerd Muller wrote the introductory chapter and Dr. Newman wrote a separate chapter on physical mechanisms of morphogenesis. Co-author Muller, a professor at the University of Vienna, and he have received “enthusiastic reactions from philosophers of science as well as other biologists,” Dr. Newman relates. “This book deals not only with how structures develop in embryos, but how they originated in the history of the species.” He is also well along on a textbook, *The Biological Physics of Embryonic Development*, scheduled for publication in 2005 by the Cambridge University Press. Dr. Newman is writing it with Dr. Gabor Forgacs, the University of Missouri physicist in his systems biology group.

“We are pitching it to advanced undergraduates and graduate students in biological physics,” he says. “It covers the major processes of early development, including formation of embryos with their distinct layers of tissue and differentiated cell types, and various organs, limbs, the circulatory system and the central nervous system. We show how these phenomena are as much physical processes as they are molecular and genetic.”

Qhironian New York Medical College
Esther Sabban, Ph.D., the guru of stress studies, explains why people find nicotine an ally.

By Dan Hurley

How does a hard-working, high-achieving researcher like Esther L. Sabban, Ph.D., remain so seemingly serene and cheerful despite making stress her life’s work? Founding editor of the journal Stress, author of more than 100 peer-reviewed articles, recipient of the Dean’s Distinguished Research Award of 2000 and an international authority on the complex biochemistry of stress, Dr. Sabban shows no signs of suffering from the malady she studies. Just back from Arizona, where she organized a symposium on the “Biological Basis of the Nicotine and Stress Paradox,” she smiles and laughs easily.

The Sabban Paradox

“Why not laugh?” she says. “Life is short. It doesn’t cost you anything to laugh. You have to try to make the time pleasant. I hope I succeed in that most of the time.”

Lately she has found surprising benefits from a highly addictive drug many Americans spend their lives battling. Nicotine, it turns out, has a bright side: It reduces the harmful effects of stress in a manner unlike any other drug, says Dr. Sabban, professor and graduate program director of the Department of Biochemistry and Molecular Biology.

And therein lies another paradox—that of nicotine and stress. “Nicotine and stress trigger many of the same physiologic responses,” she says, pointing out that both raise blood pressure and...
increase the heart rate by elevating the levels of catecholamines, also known as stress hormones. But on the other hand, she says, "People say that smoking calms them, and they smoke more when they're stressed." Moreover, the same stress response that saves a person's life in the short run can shorten that life in the long run, when the body's stress hormones get stuck in the "on" position.

To resolve the dilemma, Dr. Sabban has focused her research on two simple yet profound questions: Might there be different biochemical pathways working in different regions of the nervous system, leading to the activation of the body's short- and long-term reactions to stress? And might nicotine play a dual role by boosting the former while tamping down the latter? The answer to both questions, she contends, is a cautious yes.

Currently Dr. Sabban has three major grants—one from the National Institutes of Health, another from the Navy, and a third from Philip Morris, all aimed at exploring her hypotheses further.

One major goal of her work is to disentangle the body's acute response to stress from its more chronic responses. As summarized in her recent review article in the journal Trends in Neuroscience, with repeated stress there appears to be a switch from transient to long-lasting transcription factors, which can mediate increased synthesis of catecholamines, even long after termination of the stress. These findings encourage Dr. Sabban to believe that it might be possible to block some of the long-term, harmful aspects of stress, without disabling the beneficial short-term aspects.

Another major focus of her work concerns a novel role she has uncovered for adrenocorticotropic hormone (ACTH). As she wrote in her recent NIH grant application, "ACTH used to be administered for a variety of disorders from asthma to colitis. Its therapeutic efficacy has been attributed to the ability to increase glucocorticoids and to suppress the immune system. Generally this has been replaced by direct administration of glucocorticoids."

Her preliminary research has revealed, for the first time, that ACTH may play a crucial role in regulating the sympathetic ganglia. ACTH, she wrote, "can play a direct role in mediating the physiological stress response in sympathetic neurons. Thus it may mediate..." (continued on page 19)
With apologies to John LeCarre, the life of Susan Anderson Kline, M.D., can be paraphrased as cardiologist, sailor, educator, mate. Or, is it sailor, educator, cardiologist, mate? About to conclude her second decade at New York Medical College with the twin titles of Vice Provost, University Student Affairs and Executive Vice Dean, Academic Affairs, Dr. Kline has excelled in the previously mentioned pursuits with a no-nonsense style best described as right to the point. Actually, that pretty much portrays the essential Dr. Kline, a leader who never sidestepped an opportunity that
came her way, though she unwittingly rose to the challenge at a time when gender expectations were unforgiving.

As to the order of her life achievements, Dr. Kline smiles when she says only partly in jest, "I work to support my sailing habit." And what an addiction it is: a 47-foot seaworthy yacht named TILL, docked a block and a half from her house in Southport, Conn., at the Pequot Yacht Club. Dr. Kline is the first woman to be elected Commodore by the old-boys group that runs the venerable club, but it isn't all fun. While her neighbors were worried only about their pipes freezing on a 3-degree morning in January, she was at the harbor supervising the chopping of 12-inch thick mini-icebergs that had already cracked a pipe of circulating compressed air that was supposed to prevent ice damage to the yacht hulls.

**Student Affairs**

Susan Kline learned early on that she could have anything she wanted simply by earning it. It was 1984 when she arrived in Valhalla to administer undergraduate medical education as senior associate dean for student affairs, with additional responsibility for a substantial portion of academic affairs. Not a lot has changed in her purview for 20 years, except that, "now I focus on things that matter most to me, and I owe that to Dr. [Ralph A.] O'Connell," she says. "That's why I've enjoyed working with him."

It was nearly a decade ago when Dr. O'Connell accepted the Board of Trustees offer to fill the position of provost and dean of the School of Medicine. At the time the office had been functioning as "interim dean and vice president for medical affairs" under the leadership of Dr. Kline. Her finger in the dike mitigated the sudden crisis brought on by the abrupt departure of Dean Karl P. Adler, M.D., who left to become president of St. Vincent's Hospital and Medical Center in New York City. Dr. Kline remembers getting the offer of the top (though temporary) academic job in the School of Medicine so vividly that she recalls exactly where she was—just like any other stunning event in her history.

"I had recently made my first trans-Atlantic trip on my ship's sister ship, and we had just had an LCME [Liaison Committee for Medical Education] site visit," she begins. "This time I was on vacation, acting as the navigator on a sail training vessel headed for Bermuda. When we pulled in, one of the dockhands yelled out, 'Is there a Dr. Kline here?' He told me to call Msgr. Barrett. So there I was, after five days on board, standing at a telephone booth in the pouring rain, listening to Father Barrett say they wanted me to be dean. I was flattered so I said yes, but worried that it was a huge job with enormous responsibility... At first when the search began for a permanent dean, I said I was not a candidate. But I grew to like the job. It's fun to be everybody's boss. And then I was asked to put my name in for consideration."

**Significant accomplishments**

In the 18 months she served as interim dean, Dr. Kline:

- Recruited Robert Zickel, M.D., as chair of the Department of Orthopaedics, to restore accreditation of the New York Medical College Orthopaedic Residency Program by the American Council on Graduate Medical Education (ACGME), and to stabilize orthopaedic services at Lincoln Medical and Mental Health Center in the Bronx, a College affiliated institution.
- Recruited Collins Baber, M.D., to lead the Department of Radiology.
- Paved the way for Dr. O'Connell's tenure by greatly improving relations between Westchester Medical Center and the College.
• Began the search for chairman of the Department of Medicine.
• Reunited the departments of Pathology and Experimental Pathology into one unit.

"Picking people is key, and then you let them do their thing," insists Dr. Kline, who keeps coming back to this principle like a mantra. "The only problem with that is I don't get to know the students as well as I did... My job now is like the court of appeals. I orchestrate policy and discuss problem cases, but I don't do the nitty-gritty anymore."

In the genes
Dr. Kline always knew she would thrive in education, notwithstanding her career choice of medicine. A synergistic undertaking, medical education came naturally from the credentials she earned and the ones she inherited. (Her maternal grandfather, Francis Marshall DeMarest, was a descendant of the first Supreme Court justice John Marshall.)

"I grew up in a family where education was highly prized, and many of my relatives were teachers and professors," she says. "We were taught that education was essential to security and the one thing you couldn't lose in life unless you lost your mind—and then it didn't matter." Her mother was a graduate of Ohio State University and a chemist. In fact, "in a time when women had no

careers, both of my grandmothers did," she says. Her father, the son of two light opera stars, was a pilot who barnstormed in an era when an airplane fuselage was made of canvas and wood. An avid outdoorsman, he earned his living as a businessman.

One does not immediately discern a clue in Dr. Kline's CV that would foretell the life she came to lead. Born in Dallas, she grew up in Eau Claire, Wisconsin, and Marysville, Ohio. She graduated with distinction from Ohio University, and repeated the honor as valedictorian of her Northwestern University School of Medicine class.

"There were only four women in my class, and do you know why they selected four?" she smiles, alluding to the number of students that are positioned around an anatomy table. Postgraduate training in internal medicine took her to University Hospitals of Cleveland, followed by a fellowship in invasive cardiology at what was then New York Hospital-Cornell Medical Center in Manhattan. And that's where she stayed—for 14 years.

"It was an exciting time, really the golden age of medicine," says Dr. Kline. "There were no worries about cost. We did whatever was best for the patient. We did meticulous studies in the cath lab that went on for hours." When her mentor, director Daniel Lukas, M.D., retired, Dr. Kline took over his job. Eventually, after so many years in the cath lab, coupled with the advent of coronary angiography and a considerate dean, Dr. Kline was offered the position of associate dean for student affairs. "For nine years I did it half time while still running the cath lab at New York Hospital. In fact, there was one year, 1978, I had three jobs—the cath lab and two dean's jobs—student affairs and admissions," she recalls. When a new dean came on board and decided she should be something full-time—dean or cardiologist—it touched off a sea change for Dr. Kline. The ultimate turn around her away from the practice and sent her first to corporate America for four years, and then back into medical education.

Flashback
During her residency in Cleveland, Susan Anderson married Edward Mahon Kline, M.D., an alum of Case Western Reserve who had trained in internal medicine at Johns Hopkins and in cardiology at the University of Michigan. It was his job—the first corporate medical director of General Electric—that drew them to New York in the first place. After her husband retired, Dr. Kline tried out GE herself, becoming manager of occupational health programs. But in 1984 she decided she really missed academic medicine and made plans to do something about it. Susan Kline contacted former colleagues at Cornell who were then working at New York Medical College. They welcomed her with outstretched arms. Dr. Kline was given purview over everything relating to undergraduate medical education, with the title of senior associate dean. It was she who replaced Robert Goldstein on a full-time basis, although the beloved former dean of student affairs stayed on for many years as a volunteer.

Dr. Kline found good news and bad news the day she commenced work. "The admissions office was poorly run and the computer system didn't exist," she says. "I wrote an entire new admissions bulletin myself and became very involved with developing a computerized student record system and setting up the first computer network at New York Medical College. I had had a lot of experience with a database I developed at GE. Of course when I got stumped I went running to Pritpal [Kochar, director of information services]. I think the outcome was so successful because the designer was the user."
The good news, reports Dr. Kline, was Anthony M. Sozzo, M.S. Ed., associate dean for student affairs: "Tony had been hired a few months before I came and he was terrific! His function has grown over the years, and his leadership and innovations in financial aid make him well regarded by people in the know at the AAMC and LCME."

**National stature**

Those initials could be called the genome of medical education. The LCME (Liaison Committee on Medical Education) and the AAMC (Association of American Medical Colleges) are among the most prestigious and important national accrediting and support organizations in medical education. Dr. Kline has held a number of positions with these groups, which bring her prestige and reflect well on the College. At the LCME she was chair of the Committee on Review of LCME Standards and currently serves on the Executive Committee and the Committee on Policy. Her experience as a member of the LCME may help ease the strain of the upcoming regular accrediting site visit scheduled for review in 2007-2008. For the AAMC she spent six years as a member of the ERAS (Electronic Residency Application Services) Advisory Committee, most of the time as chair, helping to streamline the system.

Other highlights of the associations and boards on which she is active include the NRMP (National Resident Matching Program) Board of Directors and its Executive Committee, chair of the Unmatched Applicant Committee, and chair of the committee that is considering the feasibility of a "second match" for applicants still not placed in a residency program after the match.

What she is most proud of is the boost in quality of the students—both coming and going. Dr. Kline states, “In the class of 2007 that entered this year, more than 50 percent chose New York Medical College over at least one other school to which they also had been accepted.” The other statistic is old hat; for nine years, the test scores of NYMC students taking Step 1 of the USMLE national boards continue to exceed the national averages. She also mentions other achievements that are not as easy to define, but are just as fundamental to the improved reputation of the school—sophisticated record keeping for all schools, and the two-year-old Office of Medical Education that provides curriculum oversight and management for medical student education.

**Fatal MI**

In 1990 Edward Kline died from coronary artery disease after having had multiple episodes of acute pulmonary edema over a nine-year period. Susan Kline has remained in the Southport home they bought 32 years ago, calling the 35-mile commute to Valhalla a picnic compared to the 50-mile struggle required in getting to the New York Hospital complex at 68th St. and York Ave. This is why she relishes the very short walk she has between home and the yacht club, where she has heavily invested her life. She says she has no regrets in giving up her practice: “The students are my substitute for patients.”

“My husband gave me this passion for sailing,” she says. “He never sailed off shore, but he would be proud of me for doing so. Actually, if he were alive he probably wouldn’t let me sail in the ocean, but I love ‘blue water’ sailing... If I didn’t have such a big boat I wouldn’t be invited to go with others... It’s fun to do something risky provided you have the risks under control. When you’re sailing you forget everything else. You have to get where you are going to survive. There were only six people aboard on those two trans-Atlantic trips. Each person had a specialty and you must trust everyone to be competent.” And what was hers? “I actually had two specialties,” she smiles, doubly qualified as usual. “I had knowledge of the boat because it was a sister ship to TILL. And of course, I had medical acumen.”

**Chironian** New York Medical College 13
Early Interest in Research Fuels PLASTIC SURGEON'S GOAL TO GIVE CONJOINED TWINS Separate Lives

David Staffenberg, M.D. '89, will create skull and bones for the Aguirre twins to shield their heads and provide a normal appearance.

With no intention of playing Solomon, a pediatric plastic surgeon and his neurosurgical colleague have become the unlikely team proceeding oh so carefully to separate conjoined twins. Attached by their scalps and lying 180 degrees opposite each other, the boys have separate brains but share a blood flow through all major veins. They have been through four operations so far. In the next one scheduled for this summer, the doctors will finally separate Carl and Clarence Aguirre, who left their native Philippines last September. In April they celebrated their second birthdays at Blythedale Children's Hospital in Valhalla, where they receive nutritional and physical therapy between procedures.
“They would surely die if not separated,” says David A. Staffenberg, M.D. ’89, chief of pediatric plastic surgery at Montefiore Medical Center in the Bronx. “They can't sit or stand and are stuck lying supine. This means they have trouble feeding and swallowing and one

when they are apart; no neurosurgery was involved. Placed beneath the skin, the expanders are balloon-like devices that are gradually inflated by injections of saline. (The twins had tissue expanders in place last fall, but infections led to their removal.) Once sepa-

clerkship with the late Robert Brandstetter, M.D., professor of clinical medicine at affiliated Sound Shore Medical Center in New Rochelle. “Brandstetter was writing a book on pulmonary medicine and he asked me if I would like to write the chapter on

“Children who are different are tortured. They don't want to be different. I do everything mindful of helping kids look normal.”

Success is rare
There are no track records for surgeons who attempt to separate children connected as they are; only 2 percent, or 1 in 50, are joined at the top of their heads, Dr. Staffenberg says. Even team leader James Tait Goodrich, M.D., director of pediatric neurosurgery at Montefiore's Children's Hospital, is on a learning curve when he and Dr. Staffenberg make decisions such as which twin will get what blood vessel during the actual procedure. Still, the practice of plastic surgery is not normally an occupation that involves life and death decisions. Explains Dr. Staffenberg.

“About 400 years ago an Italian surgeon named Gaspare Tagliacozzi said this about plastic surgeons:

“We restore, repair and make whole those parts which nature has given but fortune has taken away, not so much that they may delight the eye, but that they may buoy up the spirit and help the mind of the afflicted.” Separating the Aguirre twins more than qualifies.

Stretching skin
Dr. Staffenberg took over the lead for the May surgery, when their strategy called for stretching the skin on the boys’ scalps with tissue expanders to provide enough skin to cover the boys' heads rated, the boys will need more plastic surgery to reconstruct their skulls.

Surgeons are not exactly known for doing research, but don’t tell that to Dr. Staffenberg. He realized his enthusiasm for research was growing in his second year of medical school, during a summer bronchiectasis. By my second year of residency at Maimonides [the first year was his internship], I had received permission to do research in an unusual arrangement for two years. So the third and fourth years were practically exclusively for research at New York University, and I

ABOVE: Craniofacial plastic surgeons like David A. Staffenberg, M.D. ’89, are among the rarest of medical practitioners, but you wouldn't know it from his role at Montefiore Medical Center. He is more than amazed that he found “this little specialized area of medicine” and wonders how patients found his base of operation so soon. As a result, he is operating non-stop most days; 85 percent are craniofacial cases, his specialty among specialties. The rest are a variety of birth defects and injury-related events suffered by children and adults.
really got interested in correcting complex facial deformities—whether caused by trauma, cancer or congenital—when I read The Art of Reconstructive Surgery by Dr. Bert Brent...

"Joseph McCarthy was chief of plastic surgery at NYU at the time. Our work with animals involved applying distraction osteogenesis to the bones of the face," he explains. Distraction osteogenesis is a method used to correct long bone deformities developed by the Russian orthopaedic surgeon Gavril Ilizarov. Since their research, this technique of lengthening long bones in the face and jaw has become the gold standard in correcting many craniofacial deformities. Dr. Staffenberg got so caught up with the technique he went one better by pioneering the use of devices strictly for internal use, thus leaving no scars.

Solid credentials

So Dr. Staffenberg was credited with four years clinical and two years of research by Maimonides Hospital, a worthy addition to the CV that begins with his birth in what was then New Rochelle Hospital. Having grown up in Larchmont, N.Y., he graduated from Mamaroneck High School and received his undergraduate degree from SUNY-Binghamton. After completing the surgical residency at Maimonides, where doing research helped him make up his mind, he went to Emory University in Atlanta for training in plastic surgery. Afterwards he did a craniofacial surgical fellowship at the University of California at Los Angeles under the direction of Henry Kawamoto, Jr., M.D., D.D.S.

Finished in 1998, Dr. Staffenberg realized that "jobs in craniofacial surgery were hard to find," he says. "It takes about 2 million people to keep one craniofacial surgeon busy." But as luck or talent would have it, a job opened up at Montefiore, which has "one of the oldest centers [opened 1959] for craniofacial surgery in the country. It was amazing that there would be a job 11 miles from my parents! My predecessor, Ravelo Argamaso, had been there 40 years. He walked out the day I walked in, so I was it from day one."

Connection with the Philippines

Someone in the Philippines knew neurosurgeon Goodrich and suddenly there were headlines everywhere about another set of conjoined twins being separated. "The easiest thing for us to have done would be the whole thing at once," admits Dr. Staffenberg. "Surgeons are impatient and we want to get finished. But it would be wrong to have done that if we cared about neurologic impairment." Moreover, there were other considerations:

"There had to be a children's hospital involved for the surgery and back up. The boys were developmentally delayed and had medical problems. Clarence, the small one, had very high blood pressure, and once before he had aspirated food and gotten pneumonia. We did MRIs and as much as possible in the Philippines. But we really don't know how long they would have survived if their mother hadn't taken such good care of them. Still, Blythedale is our secret weapon. They are good at making skinny babies fat."

It doesn't hurt either that Dr. Staffenberg visits them every day at Blythedale. Sometimes he changes their bandages, but all the while he is watching their progress as the twins attempt to pull themselves up in their crib, or acknowledge each other as they struggle to sit up. He gets no remuneration for it. "Neither does anyone else at Montefiore or Blythedale...I fell into the right hole. We do so many procedures and I love being in New York. It's hard to imagine there is a better place to be," he says.

In a coffee shop in Brentwood, near to where he did the fellowship, Dr. Staffenberg met his wife Nadine from Germiston, just outside Johannesburg in South Africa. They have been married for two years, acknowledging their lives to be incredibly satisfying. And he articulates why: "Most of what I do is cosmetic—cosmetic because all facial reconstruction is essentially cosmetic in nature. Children who are different are tortured. They don't want to be different. I do everything mindful of helping kids look normal."
The NIH agrees, having funded a Phase I study to determine how much thyroid hormone to safely administer to such vulnerable subjects. The federal agency has awarded $1.8 million to the neonatologists at New York Medical College who specialize in newborn care, for leading an international multi-site, double-blind trial. Principal Investigator (PI) Edmund F. La Gamma, M.D., '76, professor of pediatrics, biochemistry and molecular biology, and co-PI Sergio G. Golombek, M.D., M.P.H. '04, associate professor of pediatrics (who followed Dr. La Gamma from SUNY-Stony Brook, their previous university hospital and neonatal intensive care center), will lead the trial. Two other colleagues, Lance Parton, M.D., and Joseph Hall, M.D., came along a few months later as did a neonatal-perinatal fellowship trainee and a bench research laboratory technician who is now a Ph.D. candidate in virology.

The pilot study, which is on the verge of starting at Westchester Medical Center (WMC) and two other clinical sites in Holland and Spain, is designed to establish the optimal dosing schedules to be used in a future Phase 3 trial planned for 20 clinical sites. The objective is to determine whether thyroid supplementation can improve long-term outcomes without increasing measures of neonatal morbidity, mortality or physiological dysfunction—specifically, IQ and risk of disabling cerebral palsy.

Setting the stage
Dr. La Gamma is director of the Division of Newborn Medicine in the Department of Obstetrics and Gynecology at the College, and the Regional Neonatal Center of WMC. One of only 17 department of health designated regional perinatal centers in the state, it is among the largest with 23 neonatologists, 8 nurse practitioners, 10 clinical fellows, a Ph.D. biochemist, a research fellow and a laboratory associate on staff. The unit is on the receiving end of a network of affiliated hospitals fed by perinatal services located in the seven counties of the lower Hudson Valley—Westchester, Putnam, Rockland, Orange, Sullivan, Dutchess and Ulster, as well as individual programs at Danbury Hospital in Connecticut, Our Lady of Mercy Medical Center in the Bronx and Pascack Valley Hospital in New Jersey.

"Since arriving in February 1999 we expanded all neonatal clinical services to include every form of advanced ventilatory support such as oscillators, jet ventilators, assist-control ventilation and the use of a pulmonary vasodilator, nitric oxide," Dr. La Gamma explains. With additional support from the medical center, the pediatric surgeons, intensive care specialists and the perfusion team, they also instituted a new Extra Corporeal Membrane Oxygenation program (ECMO, a heart-lung machine) to save babies with total lung or heart failure.

"Historically, there were three neonatologists when I came to Westchester Medical Center. Now we have our 23 medical school faculty professionals at 10 clinical sites including Westchester," he points out, waving his hand toward a map of the region hanging above his desk. "Our skilled medical staff and state-of-the-art medical devices help us serve the patients and their families in this region who are in need of Level
ABOVE: Sophia Cedano was born two weeks before this photo was taken with her mother, Vianney Cedano of Yonkers, and Edmund La Gamma, M.D. ’76, who heads the neonatal intensive care unit at Westchester Medical Center. Sophia weighed in at 410 grams when she was delivered at 23 weeks. Very low birth weight preemies don’t usually go home until they weigh around 1,800 grams and are 35 weeks old.

**Weighed in grams**
The smallest baby known to have survived was born at approximately 23 weeks and weighed about 400 grams, Dr. La Gamma informs. “In fact, survival in the 500 to 750 gram “micro-preemie” weight group at the medical center was an astonishing 80 percent last year, with developmental outcomes as good as or better than what is reported from anywhere in the United States. Many of our patients will go home when they have grown to three to four times their birth weight and will still weigh less than a full term baby! Actually, it’s not size but function that counts. These very tiny babies are often called fetal-neonates because of the extreme degree of immaturity. The most important of the many maturational and functional milestones they must acquire is to learn how to feed from the breast or from the bottle.” (Quickly, he adds, “Breast milk is better.”) Then he points out that “much of their long-term outcome is dependent on solving the accompanying medical problems these children have, such as low thyroid hormone levels.”

Even in adults, thyroid hormone deficiency can cause plenty of problems. Thyroid hormones regulate gene expression as well as the body’s metabolism by influencing the ways oxygen is utilized at a cellular level and within the body’s organs. The effect is expressed in many ways—in body temperature, excitability and mood, pulse rate, digestive function and other processes that are required to support life and brain development. The thyroid gland produces thyroxin, or T4; once outside the gland it is normally converted to T3, the active form of the hormone containing 3 iodine molecules. Both hormones bind to carrier proteins, meaning they circulate in the blood and are delivered to various tissues throughout the body to act on virtually every cell of each organ.

**Effect on infants**
“Low levels of thyroid hormone in fetal-neonates lasting for as little as two weeks can result in permanent brain damage,” Dr. La Gamma states. “Thyroid hormone replacement is the only known brain therapy we have. The NIH grant will allow us to replace missing and low amounts of the hormone and to get some answers to our questions—namely, will it impact the long-term neurological outcome?

“Incidentally, it is also clear that we must now screen mothers for hypothyroidism in the first and second trimester of their pregnancies. If she is abnormally low, the fetus can be adversely affected. Women have been cutting back on their use of iodized salt and that can affect thyroid hormone production as well.”

The clinical side to Dr. LaGamma’s research takes place at The Regional Neonatal Intensive Care Unit at WMC, where there are 24 critical care beds available for sick newborns in the catchment area. Another 16 beds are reserved for their step-down unit, where infants can continue to grow and recover. The neonatal group was scheduled to move into its new 22,500 square foot intensive care unit at the Maria Fareri Children’s Hospital in June 2004. It will have the capacity to treat 44 patients and provide spacious accommodations to visiting family members. A nod is due the founder, the late Harry S. Dweck, M.D., professor of pediatrics, who established the NICU in 1982. He died in 1998. Since its inception, more than 16,000 babies have been treated with the latest advances in newborn acute care. The program has been a resource to the
community since then and the need is not likely to abate anytime soon due to the increase in numbers of multiple births—often the products of in vitro fertilization techniques available today—that arrive prematurely.

**Much oversight**

The trial has taken a great deal of careful planning to start, but now that the NIH has approved the appointment of a Data Safety Monitoring Board, whose role is to provide oversight for the study activities governing safety of the test subjects, patient enrollment should begin. There will be 144 extremely low birth weight premature infants who will be divided into six groups, each receiving various combinations of T3 or T4 and by different methods of administration. The researchers will be watching for suppression of thyroid-stimulating hormone (TSH), which can happen if the thyroid hormone dose is excessive. Levels of hormone and iodine status of the infants and mothers will also be measured at specific intervals, as will cortisol levels, but only in infants.

When it appears that normal thyroid function has been achieved through an optimal dosing regimen in the newborns, the research team will apply for a planning grant to develop the protocols and instruments for the eventual full-scale, 20-site multicenter trial, says Dr. La Gamma. “We admit about 100 babies a year fitting study criteria, so it shouldn’t be hard to achieve our quota.”

An interesting addendum to their research may wind up helping in the identification of mothers likely to deliver premature births. The Obstetrics faculty practice recently merged with that of Pediatrics to become The Children’s and Women’s Physicians of Westchester. The announced purpose was “to develop joint strategic planning, marketing, contracting, clinical services, billing and coordination of programs.” A bonus for the La Gamma research team could be the ability to track these expectant mothers, with their permission, that much longer. This would also give the researchers access to information about what goes on in the body during the earliest months of pregnancy.

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**Biochemist Seeks to Save Us From Stress**

(continued from page 9)

some of the harmful effects of prolonged stress.” It might, she wrote, “enable a completely new therapeutic approach to treatment of congestive heart failure and other situations, such as aging, which display elevated sympathetic activity, based on ACTH receptor antagonists.”

And which drug in animal experiments has she found to be the only treatment that lessens the increase in ACTH’s production of glucocorticoids in the face of severe stress? You don’t have to be the Marlboro man to guess correctly. But that doesn’t mean she wants you to start smoking or chewing tobacco.

“Nicotine, per se, is not necessarily bad,” she says. “The main cancer-causing effect of cigarettes is not from nicotine, but from other products in tobacco, especially those formed when it is burned.” Thus, the rationale for nicotine patch or gum. Even some nicotine analogues, she says, “might be useful in moderating the long-term effects of stress. We don’t want to completely knock out the body’s stress response, because then how could you respond to danger? But we’d like to moderate the long-term, chronic effects associated with cardiovascular disease, depression and other ills.” To analyze the beneficial effect that nicotine by itself might have on sailors cooped up on ships or in submarines, she did a study for the Office of Naval Research using tiny nicotine pumps in an animal model while the animal experiences cold or movement restriction.

Dr. Sabban conducts her research with the aid of five Ph.D.s (one of whom, Dr. Lidia Serova, has a Scientist Development Award from the American Heart Association), two Ph.D. candidates, one master’s student (a Fulbright Scholar from Nepal) and a master-level technician. In a quick tour, a visitor is likely to hear accents from all over the world. “I think we might have one U.S. person,” she adds with a laugh. As for Dr. Sabban’s slightly mysterious accent, one might guess it comes from Israel, since she received her undergraduate and master’s degrees from Hebrew University. But no. India? Eastern Europe? Guess again.

“I was born in Detroit and grew up in California,” she says. “I don’t know where my accent is from.”

It seems her serenity was hard won. “I used to be more serious, more nervous and more uptight when I was beginning my career,” she says. But, then, she had three very good reasons: a daughter born when she was beginning graduate school, a son born later in graduate school, and another son when she was a post-graduate. “That was a little bit hard,” she confesses.

Part of her mellowing has come the usual way, with the wisdom of experience. She and her husband, Yitzchak, a professor of statistics at Baruch College of the City University of New York, now have two grandchildren and what she calls a broader perspective on life. But equally important to her tranquility, she says, are lessons gleaned from her research.

“Since I’ve been working on stress,” she says, “I’ve learned the importance of down time, relaxing and not always being completely intense. There’s a lot of evidence that it’s essential. Catecholamine expression is increased for days after being stressed. You just have to get things back to baseline.”

For Dr. Sabban, an Orthodox Jew, down time comes every Sabbath. After working intensely the other six days, she and her family do not drive, cook or even switch on a light, much less work on grant proposals, on the seventh day. “You rush to get ready, but it’s a tremendous gift that you have to be forced to relax,” she says. “You can sit enjoying the company of friends, talking and singing. It’s a completely different state of mind, even with time for contemplation.”

Apparently, it seems, Dr. Sabban’s competition in developing a treatment plan for battling stress comes from the highest authority imaginable.
2003 Dean's Distinguished Research Award goes to Zbigniew Darzynkiewicz, M.D., Ph.D.

Each year the Dean's Distinguished Research Award is bestowed upon a College faculty member in recognition of a body of scientific work or specific achievement in science. Nominations are made by faculty, administration and students.

Dr. Darzynkiewicz described his work on apoptosis in a presentation called "Cell Suicide or Murder?" He admitted he titled his talk to catch the attention of his wife, who is not normally interested in his research but is a big fan of Agatha Christie. His colorful presentation illustrated the significance of apoptosis, a Greek term meaning the "dropping of leaves from the trees." Also called active cell death, programmed cell death, or cell suicide, apoptosis refers to a sequence of molecular events leading to cell deletion. This process by which cells literally commit suicide—an altruistic action of killing itself for the sake of the organ or the body—is an important area in cancer cell growth research.

Dr. Darzynkiewicz is director of the Brander Cancer Research Institute at the College, located at 19 Bradhurst Ave., Hawthorne. He joined the faculty in 1990 from Memorial Sloan-Kettering Cancer Center, where for more than 15 years he directed the laboratory of Experimental Cell Research and the flow cytometry core-facility network. He received his M.D. and Ph.D. degrees from the Medical School of Warsaw in Poland and completed post-graduate research studies at the State University at Buffalo and the Medical Nobel Institute of Karolinska Institute in Stockholm, Sweden.

Holder of five U.S. patents, Dr. Darzynkiewicz has written more than 465 publications in peer-reviewed journals, more than 75 chapters in books, and authored or edited 11 complete books. Since 1978 he has continuously held NIH grants, including a MERIT grant awarded in 1987. His collective papers have been cited more than 16,000 times in the scientific literature.

— Lori-Ann Perrault
Chairs Named for Emergency Medicine and Orthopaedic Surgery

Gregory Almond, M.D., M.P.H. '00, M.S. '00, and David E. Asprinio, M.D., have been named chairmen of their departments. Both had been serving in acting positions in the departments of Emergency Medicine and Orthopaedic Surgery, respectively.

Gregory Almond, M.D., M.P.H. '00, M.S. '00, chief of service of the Department of Emergency Medicine at Metropolitan Hospital Center in New York City since 1990, has been acting department chair at the College since 1997. Dr. Almond received his medical degree from the Medical University of South Carolina. His master of public health degree in informatics and master of science degree in health policy and management were earned at the Graduate School of Health Sciences, predecessor of the School of Public Health at New York Medical College. Dr. Almond completed his residency in emergency medicine at Metropolitan, and joined the College faculty in 1989. He was the year 2000 recipient of the College School of Public Health Excellence in Research Award.

A fellow of the American College of Emergency Physicians, Dr. Almond is active on numerous and varied professional, hospital and academic committees. He chairs Metropolitan's Informatics and Emergency Management committees and is a member of the Society of Academic Emergency Medicine's Task Force on Triage. He also serves the College as a member of the Strategic Workgroup for Future Information Technology.

Research is high on Dr. Almond's list of priorities. Recently his department received notice of two awards from the New York State Council of Graduate Medical Education's Research Fellow Program that will fund two research fellows for two years. One fellowship is designed to evaluate risk factors for the development of asthma in children; the other will examine predictors of acute coronary syndrome in young adults.

David E. Asprinio, M.D., has been acting chair of the Department of Orthopaedic Surgery since 2001. Director of the orthopaedic service at Westchester Medical Center (WMC) and program director of the College residency program there, Dr. Asprinio has earned a reputation that precedes him at the annual “Take Your Child to Work” day. His hands-on demonstration of plaster cast-making consistently rates as one of the youngsters' favorite activities of the day.

Dr. Asprinio joined the College faculty in 1995 after completing fellowships in orthopaedic spine surgery at the University of Maryland Medical Systems in Baltimore, and orthopaedic trauma at The Hospital for Special Surgery in New York City. Both residencies in general and orthopaedic surgery were done at Brown University School of Medicine in Providence, R.I. He earned his undergraduate degree at The College of the Holy Cross in Worcester, Mass., and his medical degree at the University of Vermont College of Medicine in Burlington.

A diplomate of the American Board of Orthopaedic Surgery, Dr. Asprinio serves on the Trauma Committee and Health Information Management Committee at WMC. In 1991 he received the Bioelectrical Repair and Grant Society New Clinical Investigator Award.

– Lori-Ann Perrault
ALUM SCORES KEY ACHIEVEMENTS in CLINICAL RESEARCH of ALZHEIMER’S DISEASE

Psychiatrist Barry Reisberg, M.D. ’72, has pioneered the investigation for two decades. His latest study reveals the first effective treatment for later stages of the disease.

By Marjorie Roberts

It may be time to consider revising the toasts we drink that wish the receiver a very long life. Becoming elderly is not what it used to be—especially when old was 55 at best—notwithstanding the Social Security checks that help the journey along. Still, individuals whose golden years have been tarnished by the mental wear and tear of physical decline are generally eager to reach the nineties and beyond—provided they still have their wits about them.

Alzheimer’s disease, a rare entry in the medical literature until the 1980s, is now considered the most common form of dementia affecting people over 65. Not a part of normal aging, it is nonetheless estimated to strike half the elderly who live past 85. Although progress in treatment has been limited, research continues with all due speed at medical centers across the nation. Many of the most important studies published are rife with the name of School of Medicine alum Barry Reisberg, M.D. ’72. Currently a professor of psychiatry in the School of Medicine at New York University and clinical director of its William and Sylvia Silberstein Aging and Dementia Research and Treatment Center, Dr. Reisberg is a leading investigator of the mind-robbing disease that is thought to afflict four million people in the U.S.

From NYMC to NYU

After his residency in psychiatry at affiliated Metropolitan Hospital Center in New York City, Dr. Reisberg spent nearly three years as a member of the College faculty—clinical instructor in the Department of Psychiatry in Valhalla, and staff psychiatrist at the College unit of the FDR Veterans Administration Medical Center in Montrose, N.Y. It was not until 1978 that he accepted his first appointment at NYU as a clinical assistant professor in the Neuropsychopharmacology Research Unit of the NYU Medical Center. “The dementia center was part of that unit,” says Dr. Reisberg, “and I have been its director for more than 25 years.” His associate all that time has been Steven H. Ferris, Ph.D., professor of psychiatry and of Alzheimer’s disease.

On April 3, 2003, principal investigator Reisberg rejoiced when the results of a large multi-center clinical study were published in the New England Journal of Medicine. A total of 252 patients in the later stages of Alzheimer’s disease were enrolled at 32 sites and randomly assigned to receive placebo or 20 mg of memantine daily for 28 weeks.

Compelling results

“Patients receiving memantine had a better outcome than those receiving placebo... Antiglutamatergic treatment reduced clinical deterioration in moderate-to-severe Alzheimer’s disease, a phase associated with distress for patients and burden on caregivers, for which other treatments are not available,” according to the New England Journal abstract. Here is Dr. Reisberg’s view of the events:

“Those patients seem to be declining much less, about half as much as ordinarily expected, over a six-month period. Memantine slows down the otherwise inexorable progress of this disease, and it is remarkably free of side effects. These are very impressive results. Those who participated represent one of the most severely impaired groups ever enrolled in a rigorous, multi-center clinical trial of an anti-dementia drug. It looks like memantine really will have an impact on the disease.”

The reason his group singled out the drug is “over-stimulation of the N-methyl-D-aspartate (NMDA) receptor by glutamate is implicated in neurodegenerative disorders,” the abstract states. “So we decided to investigate memantine, which is an
NMDA antagonist, to treat the disease. It blocks the activity of glutamate, a brain chemical that excites neurons. And we know that when neurons become over-stimulated because of an abundance of glutamate, the nerve cells can become damaged or die. This excitotoxicity has been linked to death of neurons in the brains of patients with Alzheimer's," says Dr. Reisberg. "And the nerve cells that respond to glutamate are involved in memory and learning. Memantine is a completely different chemical way of getting to the disease."

**Will it have legs?**

"We don't know if memantine can slow the disease for more than six months," he continues. "It may slow the progression for a longer time, and we have evidence it does, but that remains to be definitively determined." Available since January after approval by the FDA in 2003 on the basis of Dr. Reisberg's trial and other supportive data, memantine is made by Merz Pharmaceuticals, Frankfurt, Germany. Used there for more than a decade to treat neurologic conditions, it is sold in the U.S. under the proprietary name of Namenda by Forrest Pharmaceuticals, New York City.

This latest success for Dr. Reisberg places him on the top rung of the Alzheimer's ladder, a lifelong climb that he happily admits began at New York Medical College. If his thirst for research wasn't exactly quenched during his residency, it was certainly the training ground where he got his feet wet.

"I had been undecided between family practice and psychiatry. I knew I could do more with psychiatry, and so I interviewed widely for my internship. I picked New York Medical College because of the excellent psychiatry department chaired by Alfred Freedman," he says. "I was always interested in research. During my residency I worked with Michael Taylor, a faculty member, who was doing studies on symptoms of manic depression and schizophrenia at Metropolitan Hospital. Later, I published half a dozen papers with Turan Itil, who was a senior researcher and pioneer in brain EEG, at the Montrose VA when we were both on the College faculty," Dr. Reisberg says.

**Seizes opportunity**

"At NYU I was able to find my way and do what I wanted to do," he continues. He began with age-associated cognitive decline. "Here they called it geriatric psychopharmacology. I realized there was a whole world of opportunity in this field and that I would be investigating a disease that hadn't been described," he said. "I took it from there."

The landmark documents in which Dr. Reisberg provided seminal descriptions of many of the most important symptoms of Alzheimer's disease and its characteristic clinical course are the Global Deterioration Scale (GDS) and, subsequently, the Functional Assessment Staging Scale (FAST), which went on to describe the disease in terms of progressive changes in functioning in 16 stages and substages. (Dr. Reisberg says Medicare now mandates use of the FAST for certain evaluation purposes.) He quickly recognized that the FAST stages of Alzheimer's disease were a "precise reversal of the acquisition of capacities in normal development," a process he named "retrogenesis" in 1999. He also takes credit for having been first, beginning in the 1980s, to use the terminology **Mild Cognitive Impairment**.

Several years ago Dr. Reisberg moved his research in a direction that explains the role of the plaques and tangles characteristic of the Alzheimer's brain found on autopsy. He believes the toxic protein beta amyloid stimulates neurons to try to divide. "In neurons that cannot divide, this attempt at division is futile and results in tangles and cell death. The most viable neurons, which contain the most recently acquired information, are the most vulnerable," he says. "This explains the retrogenic clinical process that we have observed."

"I want to continue to develop drugs that will slow the process and otherwise treat the disease," he states. He points to Risperdal (risperidone), the leading antipsychotic medication approved by more than 30 nations for treating behavioral symptoms of dementia, which was developed for this purpose based on Reisberg's "Behavioral Pathology in Alzheimer's Disease Rating Scale (BEHAVE-AD)." This scale was first published in the Journal of Clinical Psychiatry, May 1987, in the paper "Behavioral Symptoms in Alzheimer's Disease: Phenomenology and Treatment."

"I am using an anthropological-like technique of very systematic clinical observation in developing these scales. I continue to describe brain aging and Alzheimer's disease in greater and greater detail, and I've linked the clinical symptoms to the biomolecular and pathologic nature of the disease," says Dr. Reisberg. "Why shouldn't a clinician put this together rather than a molecular biologist?"
A PHYSIOLOGIST WHO BREAKS THE MOLD WITH KINDNESS

Edward J. Messina, Ph.D. '73, family man, sportsman, outdoorsman, relishes his consigliere role with the medical and graduate students.

By Marjorie Roberts

To be a faculty member of the Department of Physiology at New York Medical College requires some degree of self-importance. Their well-known habit of lunching by themselves in a department seminar room, a belief that all science springs from basic Physiology, and yes, their world-renowned research under the leadership of a legend in cardiovascular investigation, Gabor Kaley, Ph.D., all contribute to their closeness as a department. For most of his 31 years on the College faculty, Professor Edward J. Messina, Ph.D. '73, has additionally played what you might call a supporting role (pun intended): the physiology professor whom students turn to—for advice on matters of life as well as academics. As of late, he has weathered more than his own share of troubles, but there is still, sitting behind his desk, in white coat or trademark cardigan sweater, ready to take on whatever comes his way each day. The colleague he calls his "teacher, mentor and friend," Gabe Kaley, has this to say:

"Ed is a tower of strength for his family and friends, a great teacher and a confidant of students. I am proud to call him one of my most trusted colleagues and friends."

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Based upon his belief that "family and friends" are what really count, Dr. Messina has lived a very private and fulfilling life in sync with his convictions. As he talks about his childhood and education, he brings to mind a charac-

ter out of Our Town, a man with no sharp edges or regrets. The first thing out of his mouth is, "I am not retiring." Then he skips to how he met Tina, his wife of 43 years, a tale that combines what he loves most, and validates his revelation that, "Most things in my life become passions."

Personal recap

"She was 13 and I was 15 when we first met. I loved riding thoroughbreds when I was in high school. One day I was riding a pony in the flatland swamps of Canarsie when I ran into a classmate [Lafayette High School in Brooklyn] who invited me to his home for lunch. He said he wanted to introduce me to somebody named Marie. Well, Marie had a sister..."
Tina Mastropasqua, who had no interest in riding at all, but later would share my love for horses. What happened was Marie married my friend, Larry, who is now my brother-in-law, and I married Tina. She has been my best friend for 50 years. We have one child, Edward—John—he's not a junior—who is senior counsel for the Environmental Protection Agency in Washington, D.C.," he concludes.

Then he turns to another former interest cum passion, the band of 26 he put together that worked the hotels in the heyday of the Catskills. Dr. Messina was the bandleader and also played the drums. That's how he worked his way through undergraduate school, St. John's University in Jamaica, Queens. "There was a core group of six musicians and each one was paid $25, while I received $50 because I was the leader of the band and a member of the musician's union. Music was never meant to be a career choice, only a means towards an education. Actually, I always wanted to be a jockey, but I got too big," he admits. "So I became an exercise boy fascinated with horses, jockeys and the race track."

The way he sees it, "I wasn't gifted enough with the piano, but I was good enough to be made the percussionist in high school. I still love big band jazz and I listen to it everyday."

For much of his scientific life, Dr. Messina was blessed with his own sage in the person of Walter Redisch, M.D., professor of medicine at New York University where Dr. Messina was employed as a research technician before he embarked on graduate school. "Dr. Redisch, an internationally renowned physician scientist, saw potential in me, and encouraged me to get a Ph.D. As a result I consider him to be my scientific father. He was an internist specializing in vascular diseases and blood flow regulation, and it became my interest, too," Dr. Messina says. But for an auto accident and an injury to his spine that interrupted his graduate education, Dr. Messina would have probably earned a Ph.D. in biology. After recovering from his injuries however, he changed direction at the insistence of Dr. Redisch. "Instead I chose physiology, which I loved because it was related to medicine, and switched my studies to New York Medical College. After completing my post-doctoral training, I remained at the college and took a position with the rank of instructor at the behest of Dr. Kaley," Dr. Messina says.

Dr. Messina is a cardiovascular physiologist with a sub-specialty in micro-circulation. His original research in Dr. Redisch's laboratory involved the measurement of blood flow in the legs of patients, before and after surgery. "This was a way of gauging the effectiveness of surgical repair of blocked arteries," he explains. Later, when he had his own laboratory, he turned to investigating the role of prostaglandins and nitric oxide in the regulation of blood flow and blood pressure. There are two M.D.s and one Ph.D. post-doc fellow currently under his supervision.

No story on Dr. Messina would be complete without mention of his love for thoroughbred horses or his zeal for surf fishing the salt water beaches of Cape Cod and Montauk, Long Island, "the very hardest form of fishing there is." He considers himself a sportsman and outdoorsman, releasing everything he can catch. "I have never hunted deer," he states. "I fish for the thrill, not the kill."

In 1998, for the first time in three decades, he was without horses to breed. Only sickness could have made Dr. Messina sell them, and it was a double-whammy that laid him low. Kidney cancer left him a half-kidney short, while an acoustic neuroma killed the hearing in his right ear. Though benign, the tumor grew into the brain, leaving some facial paralysis. But continued therapy has greatly improved his speech. Then in 2003 the tumor recurred, and again it was safely removed.

"Life is a very short ride," is his pronouncement. "You take it or lie down and become a couch potato. People have commented on how well I weathered the illnesses and I can only say it's because of my wife and my passion for life and everything I do. I've failed to find anything more exciting than life itself. It's the ultimate high."
Ballet is an art performed by very few heros. Most Americans can barely count on one hand the stars they have heard of. And if you eliminate the famous, mostly Russian names who are no longer with us, there is but one with the cachet of a household name who is alive—Baryshnikov, the dancer, actor and choreographer who can still take your breath away when he executes one of his stunning leaps. Imagine then your reaction if Baryshnikov's friend asked you to take his place as the dancer's physical therapist during a three-week tour of Europe. For the record, you could ask Megan K. Barclay, M.S. P.T. '00, who actually accepted the offer last February.

Here is her straightforward impression: “He is an amazing athlete and artist who takes his profession seriously. His dedication motivated me to work seriously at the top of my profession.” Megan is a year 2000 graduate of the Physical Therapy Program at the School of Public Health, then called the Graduate School of Health Sciences.
"The tour raised money for the Baryshnikov Arts Center, on West 37th Street, in Manhattan, due to open this summer. He built it so that young artists would be able to come together for each other and mentors in the varied arts such as lighting, dance, film... This is not something new for him. He's done tons of fundraising," she says. Megan would only disclose that while on the tour benefiting the Baryshnikov Dance Foundation, "I taped his knee and helped with quick changes and gave him his sports drink."

This information does not indicate she is likely to write a tell-all book about a star of such magnitude.

In praise of PT

After the tour returned to the U.S., Baryshnikov went along with it to the West Coast. Megan stayed behind and resumed her regular life as a therapist with University Place Physical Therapy in Manhattan. The indefatigable young woman now works half a day at Plus One Physical Therapy, which has a concession located in several stock brokerage firms, and half with her private clients in home visits. Her very first job after graduation was the U.S. Athletic Training Center, where she was a full-time physical therapist and clinical instructor. "It’s hard to get a private practice job right out of school," Megan says. "They liked my energy. I met a lot of actors and athletes who were training for the Olympics, but eventually I reached a plateau. I felt like I needed to learn more because I specialize in lower extremity injuries, meaning feet and dancing problems. In Baryshnikov’s case, I gave him at least two hours of physical therapy every morning for his shoulders, back, feet and knees."

Like the damsels in Sex and the City, which she watched religiously and is sorry it ended, Megan feels empowered by what she does and where she lives—on the Upper East Side of New York City, where "I am exposed to such a variety of people—authors, artists, athletes, people who have achieved great things. For starters, I’m just glad I got a college education. Then came New York Med. I just love being a physical therapist. The faculty has already asked me to do recruiting for the school..."

Her perfect program

Megan continues by describing how the PT program nurtured her in so many ways: "I loved biology and health courses, but I didn’t want to go into medicine. It’s the treatment that was appealing, not just the diagnosing. I guess I was drawn to the process and the struggle of rehab. You get so much satisfaction out of it."

Even before she left Valhalla with her degree, Megan had given back by organizing and directing the first annual "Race for Rehab," now in its fifth year at New York Medical College, to benefit the Achilles Track Club. The event attracts the participation of disabled athletes from all over the nation.

"It was Holy Cross, my undergraduate school, where I learned how to think. My father had told me, ‘You’re going to college to learn how to think,’ and it was true. New York Medical College, with its problem-based learning curriculum, was the perfect next step in the educational process. It taught me how to think critically. I firmly believe that learning never ends when you are dealing with the human body," she says.

She does admit to being bothered by what she calls "the problem with the field," which actually applies to many providers of health care. "When you are a therapist, it’s very important to show you care, and that takes time just to make the effort and follow up with patients. When you have too many patients to handle, all of this dedication gets lost. Insurance companies make it so difficult because they don’t pay for maintenance and limit the time you can spend with your patients. So I find it’s up to me to make that effort." And so she does it by privately seeing former patients who are no longer covered by insurance. Usually she schedules four a day, often in their homes, charging less than her fee at the private practice.

Personal advocate

Megan’s willingness to criticize the hand that feeds her is clearly aimed at lobbying for improvements, not insouciance. She is the middle child in the family; her father is a financial consultant and her mother is a flight attendant on Continental Airlines. After generating this information, she looks like a light bulb has gone off over her head: "It’s funny that I’ve always flown first-class because my mother was a flight attendant. But when I went on the tour with Baryshnikov, he flew first class and I was in coach." Her mother, a runner of marathons, may also have had something to do with Megan’s record of surviving the 26.2-mile feat six times in New York City, and once each in Boston, Chicago and San Diego.

From a number of viewpoints it would seem that Megan Barclay has made her job into a calling. "Eventually, everybody needs physical therapy, in some form or another, or needs to be educated about their bodies. There is an endless supply," she says confidently, "of people with bad posture, who need work site modification, injury prevention and treatment, and others who suffer common accidents."

Meanwhile, if Baryshnikov should call again, she’ll find the time...
There were 32 medical students attending New York Medical College on military scholarships in 2003–2004. Representing the Army, Navy and Air Force, they can be found in each of the four years of the School of Medicine. In return for having their tuition and fees paid, plus a monthly stipend for living expenses, the young men and women serve four years as an officer in their chosen branch after graduation. If you think they sign on just for the money, the remarks by these three students facing life in a war zone may lead you to a different conclusion.

By Marjorie Roberts
Mark Giordano, Class of 2005, selected the Army for his service because he says it offers "the best and greatest variety of residency programs, such as internal medicine, psychiatry—I will probably go on to do child and adolescent psychiatry—or a fellowship in GI..." My father volunteered to serve in the Army during World War II and Korea. He did his duty in armored units—tanks—in Okinawa. He died just before I got into medical school. He would have been very proud."

Born in Saginaw, Mich., and bred in California, Ohio and New Jersey, Mark got a job at the Aberdeen Proving Grounds in Baltimore while he was attending Towson University’s post-baccalaureate program to secure the requirements he was missing for medical school. His undergraduate degree from San Francisco State is in English literature. "Since I already am serving my community by becoming a doctor, I'm looking forward to serving my country by being in the military...Two summers ago I took the OBC [officer's basic course], so I have that under my belt. I'm also going to serve my residency in the military and then do the four years."

"I've worked with some really good people and I look forward to working with them when I graduate," says the fledgling second lieutenant, who was agreeable to wearing his battle dress for the camera.

Leah Sag, Class of 2006, chose the Navy "so she would always be on the shore side, never stuck in the middle." As if sent by central casting, Ensign Sag has the right credentials to mix medicine with the military, and then some. Born near Orlando, Fla., Leah majored in biology and minored in art at George Washington University, Washington, D.C. As soon as she graduates medical school, Leah will be promoted to lieutenant. She'll be in good company. One grandfather is a colonel in the Air Force, the other is a lieutenant in the Army. And there are two relatives who are not only physicians, but alums as well: her pediatrician father, Richard Sag, M.D. '75, Longwood, Fla., and her internist uncle, Jerome Sag, M.D. '72, North Wales, Penna.

"My family has fought proudly in every American war dating back to the American Revolution," she declares. Leah will plunge right in after graduation since "the Navy likes you to do a tour first and then go into your residency. I'll probably stay on base for now and then ship out. I've always liked to travel and this should be a nice way to see the world...I'm interested mainly in primary care, but I could change my mind and become a flight doc. I've also been thinking about aerospace medicine."

Adam Gorberg, Class of 2006, chose the Air Force, for a reason that could be construed as selfish, though it's not: "I want to work with a competent group of individuals who know their job—to be a team member and see the world!" He will make good on his obligation, however, after he completes residency training. "This job would give me good exposure to what's going on in the military," he says. There are others like him in his family. "My first cousin and his wife are both in the Air Force. My cousin is a combat pilot who has served in Iraq, Afghanistan and, in Desert Storm. His wife is a lieutenant in the medical corps, serving as a combat nurse. I also have uncles who served in the Army and Marine Corps," he adds. "I have had family members in every military conflict since and including World War I."

Adam was raised on Long Island, but now lives in Florida. He is a graduate of SUNY-Albany. During his tour of service, Lt. Gorberg will have many other opportunities. "I could be a flight surgeon, responsible for the health of the crew. You have to sign off on the pilots and crew-members routinely to make sure they are fit to fly..." I could become a pilot or join Special Forces," he points out. "Being a pilot is something I've been considering all along. For now, though, I will fulfill my role as a student and then wear the uniform as an active duty officer."
Second Year Sets the Stage for the Real World of Doctoring

THIS IS YOUR LIFE, YEAR TWO

Remember these two sparkling faces? In our Spring/Summer issue last year, we revealed our plan to follow two students through their four years of medical school. We caught up with Kathleen Lewellyn and Brad Hamik as they were entering the home stretch of their second year. We heard about compelling summer experiences and a renewed commitment to goals—and learned of an avocation that the two have in common.

By Donna E. Moriarty, M.P.H. ’04

Chironian: With two years of medical school under your belts, do you still have the same career interests you had when you started?

Kathleen: I’m still thinking of pursuing primary care as well as infectious diseases, which has become even more interesting to me now, since my preceptorship this past year with Dr. Mekonnen Abebe, an infectious disease specialist. [Second year students are taught the basic principles of primary care practice in the offices of physicians in the area.]

Brad: I’m still undecided about my career focus. I do feel drawn to working overseas with underserved populations. I completed my preceptorship down at Metropolitan [Hospital Center in New York City], working for Jude Verzosa, M.D., an internist who serves a large Hispanic base. I feel that in third world countries the need for care is much greater. I feel like I can make a bigger difference there.

Chironian: Where did you spend the summer between first and second year?

Brad: As a medical technician before entering medical school, I went along with a group of physicians heading up clinics in Africa with a group of students from Albany Medical Center. I approached him after his lecture and asked if I could come along on his next trip, and he agreed. I was the only first-year accompanying a group of mostly third- and fourth-years. I saw probably 50 patients each day—and that was less than anyone else saw. I took histories, conducted physical exams and prescribed medication—with the help of the other students and Dr. Paeglow, of course. We lived in huts with no running water and moved from town to town, setting up the clinic as we went along, helping people who hadn’t received any medical care in months or years.

Chironian: Do you concur with Brad that there’s a greater need in underdeveloped countries for your skills as a physician?

Kathleen: Well, I’ve had a comfortable life so far, and feel as though I have an obligation to serve those in need. I enjoy working in that environment—it’s why I went to medical school. You encounter so many things that are extremely different from what you’re accustomed to seeing. Compared to what you would experience in the U.S., it’s incredible. In Uganda and Kenya I found that people are much more grateful and they truly appreciate the care they receive. We could learn a lot from their way of doing things. They are grateful and believe medical care is a privilege. Here we think of it as our right. In the U.S., patients, even the poor ones, take medical care for granted. It should make us think twice.

Chironian: Talk about the changes in coursework for second year. What has been your favorite course or area of study? What is giving you the most challenge?

Kathleen: My favorite course has been Microbiology. The most difficult, I found, was the theoretical material in Biochemistry. I’m more comfortable with Micro—it’s more of a puzzle. The more clinically-oriented, the better!

Brad: I enjoy the more clinically-oriented subjects. But I was also fascinated by first-year anatomy. I can’t wait to get to third-year clinical rotations and try to put the two together. I’m especially looking forward to my surgery rotation.

Chironian: Is there anything else that sets this year apart from first-year?

Kathleen: We’ve both become involved with a large group of students who are working to start a free clinic for the uninsured. There are about 50 students from the College involved, headed by three first-years. NYU and Einstein have similar projects in the works.
Cosmetic surgery and healthcare advocacy have one thing in common—they are avenues to change. It is fitting, then, that William B. Rosenblatt, M.D. '73, a cosmetic surgeon and newly elected president of the Medical Society of the State of New York (MSSNY), does both. Whether he is enhancing a patient’s appearance or lobbying on behalf of organized medicine, Dr. Rosenblatt is doing what he likes best: working to fix people’s complaints.

Board certified in plastic and reconstructive surgery and otolaryngology, Dr. Rosenblatt was elected president of the medical society in April at its 198th annual House of Delegates meeting in Rye Brook, N.Y. He anticipates working on some of the major issues facing doctors: skyrocketing malpractice insurance rates, insurance down-coding and substandard reimbursement.

“I’ve been involved in organized medicine since the 1980s,” said Dr. Rosenblatt, who was president of the New York Regional Society of Plastic Surgery and the New York County Medical Society. He has also served on the state medical society’s political action committee, federal legislative committee and medical liability defense board, and is a New York delegate to the American Medical Association. “This is my giveback to medicine. I enjoy working with legislators, trying to better the medical environment out there for everybody,” he said.

As a plastic surgeon, Dr. Rosenblatt also makes people feel better—about themselves. Although he initially trained in ear, nose and throat surgery, he finds the aesthetic aspects of surgery more satisfying. “It’s creative. You’ve got to figure out what patients want and how to do it for them. And you see the results pretty quickly.”

After graduating from New York Medical College, Dr. Rosenblatt trained in general surgery at Lenox Hill Hospital and in ear, nose and throat surgery at Manhattan Eye, Ear & Throat Hospital and Metropolitan Hospital. He trained in plastic surgery at Lenox Hill Hospital where he is an attending physician. He also teaches residents at Lenox Hill Hospital and Manhattan Eye. Dr. Rosenblatt lives in Manhattan with his wife Elyse. His daughter Rachel is a media consultant in the city and his son Steven is a student at the University of Rochester. His stepdaughter Rebecca is a student at Hamilton College.

He looks forward to traveling across the state in the coming year, listening to fellow physicians’ problems and concerns about rising costs and shrinking reimbursement rates and advocating against them in Albany.

“Medicine is a fabulous profession,” Dr. Rosenblatt said. “The problem is there are so many interferences with our being physicians. Physicians say they can’t afford to stay in practice.”

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Advocating for Health Care Makes Good Business Sense

CRISTINE VOGEL, M.P.H. ’98

In her 20-year healthcare career, Cristine Vogel, M.P.H. ’98, has covered more territory than most. She’s worked in clinical and research settings, both non- and for-profit, with doctors, patients, healthcare policy makers and managers. And in every setting, whether it’s a laboratory, corporate conference room, legislator’s office or hospital room, she has advocated for consumers.

This year Ms. Vogel became Connecticut’s commissioner of the Office of Health Care Access (OHCA). The OHCA oversees the state’s hospitals and directs the development of its healthcare systems. It also advises the state legislature, the governor and the public on healthcare issues and trends. The job is ideal for Ms. Vogel, a true watchdog who has dedicated much of her career to learning what healthcare consumers need and want; a savvy analyst who understands that healthcare systems can remain viable only by meeting consumer needs.

Since her undergraduate days at Longwood College in Farmville, Va., where she was pre-med, Ms. Vogel has been interested in healthcare advocacy and its impact on the quality of patient care.

After transferring to Western Connecticut State University in Danbury, she began working as a research assistant at Danbury Hospital. She worked in the hospital lab for eight years before realizing that clinical medicine was not for her. “I realized I probably would be more helpful in trying to educate consumers rather than making them feel better,” Ms. Vogel said.

With a talent for making research data understandable for consumers, Ms. Vogel moved to the hospital’s marketing division. It was an important time for hospitals in Connecticut, which previously had been non-profit entities faced with having to market themselves in order to compete with managed care companies for a share of the patient population. Remaining financially viable was the only way they could remain accessible to consumers, Ms. Vogel explained.

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Odd as it may sound, Ms. Vogel lives to hear consumer complaints about health care. She sees complaints as ‘free research’ that help guide her efforts to improve healthcare policy or service delivery. For example, as the manager for patient relations and advocacy at Waterbury Hospital, Ms. Vogel paid close attention to patients’ most frequent and basic complaints: being awakened in the middle of the night by medical personnel turning on their lights, or not understanding hospital policies or procedures. She used these complaints to educate medical staff. “Good people end up in health care but sometimes their communication skills aren’t there,” Ms. Vogel said.

Improved communication between consumers and medical staff necessarily reduces a hospital’s risk of liability, she pointed out. “If people feel you’re doing the right things and communicating compassion to them, they’re not going to come back and sue you.”

Now Ms. Vogel is putting her blend of healthcare management and consumer advocacy to work for the entire state of Connecticut. “This is my opportunity to make sure all the citizens of Connecticut have an advocate on their side.”


“I introduced Danbury Hospital to the concept of market share, by doing analyses to see how many people in the same town used different hospitals,” Ms. Vogel said. She soon realized that with formal public health training she could advise hospitals on the healthcare needs of specific populations, which would sharpen their competitive edge in the healthcare marketplace. “If I could learn a little more about public health in the business environment, then I could write better business plans,” she said.

After earning her M.P.H. in management and policy, Ms. Vogel went to work for Aetna U.S. Healthcare’s market research division in Middletown, Conn. “I helped Aetna with its business strategy because I understood how consumers made decisions for health care,” she said. But she missed the consumer advocacy side of health care. After a couple of years she became deputy director of Connecticut’s Office of Managed Care Ombudsman, a position that combined her data analysis skills with her passion for consumer advocacy, while introducing her to the legislative side of healthcare policy-making as well.

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The Man of Many Roles
MINISTERS TO FELLOW ALUMS

MATTHEW PRAVETZ, O.F.M., PH.D. ’88

There are many pictures of Matthew Pravetz, O.F.M., Ph.D. ’88. In some he wears a white lab coat, or a shirt and tie. In others he wears the robes of a Franciscan friar. As an anatomy professor, academic administrator and priest, he is one man with a lifelong mission to give.

“It’s not like I’m putting on a hat at one time or another,” he says. “This is who I am and what I’m called to do: to have some part in students’ lives on an academic level and in their personal and spiritual lives.” For the record, Dr. Pravetz is an associate professor of cell biology and anatomy and Director, Medical Gross Anatomy and Post-Graduate Clinical Anatomy.

To preach is his calling, but it is preaching in the Franciscan sense, which means interacting with others where they are and where they live. Dr. Pravetz explains. “I always saw myself as being in a giving profession and I was very impressed by the Franciscans who I met while an undergraduate at St. Francis College,” he recalls.

He was especially impressed by the Franciscan dictum, preach always and if you have to, use words.

“I kind of took that as my trademark,” he says. “What I’m doing is my preaching. I can minister without preaching by interacting with students, becoming very involved with other people’s struggles, good times and bad times.”

Dr. Pravetz entered the Franciscan order in 1964 and lived as a brother while teaching elementary, high school and college-level biology and chemistry. He earned his master’s degree in cellular biology and physiology in 1970. In 1979 he was ordained.

“From the beginning I wanted to teach medical school, not as a clinician but as an anatomist,” he says. He is interested in the structure and evolution of the human body from a scientific standpoint. He is also fascinated by the spiritual evolution of human beings. “The Franciscans say that all nature is sacred,” Dr. Pravetz says. “There is something very sacred about human beings, something very mysterious and yet very logical.”

Equally sacred is being able to touch people’s lives, an opportunity he gets when students, like Steven Rivera Murphy, M.D. ’04, ask him to preside at their wedding or their child’s baptism.

“The amazing thing about Dr. Pravetz is that he’s such a great nurturing person,” says Dr. Murphy, who recently married fourth-year medical student Dana Grasso. “Being a teacher fits hand in glove with being a clergyman,” Dr. Murphy says. “You have to be a good counselor in both fields and Dr. Pravetz is the same good-hearted, giving guy.”

Earl Bueno, M.D. ’00, who was also married by Dr. Pravetz, described how impressed he was by how much time Dr. Pravetz spent working with his students. “I knew from the start he was the kind of person who had the values my wife and I have,” Dr. Bueno says.

Dr. Pravetz understands the desire to be married by someone who knows them, someone who can share and discuss experiences that are important to them, who can describe to a congregation their love for each other. “It’s an honor for me to be asked to do something so important in their lives and be witness to it,” he adds.

Andrea Cuomo Scholer, M.D. ’00, M.S. ’96, and her husband, Matthew Scholer, M.D., Ph.D. ’00, were drawn to Dr. Pravetz’s nurturing and approachable manner. “We couldn’t think of anyone who would be more perfect to preside at our wedding,” says Dr. Scholer, who is Catholic and whose husband is Jewish. “He gave such a terrific sermon and was so wonderful at combining both of our beliefs into a harmonious ceremony.” They also asked Dr. Pravetz to christen their daughter Caroline.

But students don’t always find it easy to ask Dr. Pravetz to serve as their priest. “They think it’s an imposition when it’s not,” Dr. Pravetz says. “They always start off with, ‘You can say no. I wouldn’t want to say no.’”

That should comfort Dr. Bueno, who asked Dr. Pravetz to do his pre-Cana and marriage ceremony and to bless his first home. “We’re moving again in a few months,” Dr. Bueno says. “I haven’t asked him but we’re going to ask him to bless that house too.”
Edith and Edward McDonough
Celebrate 51 Years of Love and Work

There they embarked on their challenging journey through life together as husband and wife, medical residents and parents, having four children one after another. (Their eldest son, Edward T. McDonough III, M.D. '80, is the chief medical examiner for the State of Connecticut.)

"I went from knitting socks to knitting sweaters," Edith laughs. She says she chose anesthesiology to minimize the stress of balancing medicine with motherhood. "In those days when my kids were coming so frequently, I didn't want to be committed to an office. Anesthesia gave me a little more leeway," she says. Ultimately she opted to leave medicine for a while. "Bringing up the kids at that point was more important than medicine, so I gave it up for a number of years."

In the meantime Edward became chairman of the ob/gyn department at St. Mary's. Still, he gives all praise to Edith for juggling family and career and making their lives run smoothly. "Edith handled both while I went off and played doctor," he says. His adoration unabashed.

By the time their children reached grade- and early high school age, Edith felt ready to return to medicine. Anesthesiology had changed so much by then, however, that she would have had to complete a new residency to begin practicing. Instead she teamed up with Edward, who needed help with non-surgical procedures in his private ob/gyn practice. "If I could teach residents, I could teach my wife," Edward says.

Working together can be a sure-fire recipe for ruining a marriage. And although Edward quips, "Surgeons never get along with anesthesiologists," he turns serious when he says, "We had a great partnership." Apparently, they still do.

After 25 years in Rochester, the McDonoughs moved to Cape Cod. They left 13 years later because the malpractice climate had become untenable, Edward says. "When I left active practice my insurance was $66,000 a year," he explains. "We were only getting $500 for a delivery," says Edward, whose patients largely were local, indigent lobster fishermen. While insurance reimbursed him for half of his fees, he never received payment for the other half. "When we left we carried $300,000 to $400,000 in unpaid deliveries and surgeries on our books."

Edward worked as a locum tenens doctor for a while, traveling to different communities to practice medicine. But after losing sight in his left eye, he stopped active surgical practice and went to work at a veterans' clinic in Fort Myers, Fla. Last year he retired and now the McDonoughs devote themselves to volunteer work: Edward for a respite and hospice care facility, and Edith for a local hospital. "She runs the front desk, so don't mess around with her," he says. They spend time with family, which includes 11 grandchildren and 6 great-grandchildren.

As they reminisce, Edward and Edith marvel at the professional and personal satisfaction they have enjoyed, not to mention having just celebrated their 54th New Year's Eve together and 51 years of marriage to each other. "We respect each other and give each other space," Edith says. "There's an awful lot of give and take."
CHRISTOPHER F.X. RIEGLER, M.D. ’88

STEPS IN as Alumni Association President

Christopher F.X. Riegler, M.D. ’88, incoming president of the Alumni Association, seems used to the question: “The F.X. stands for Francis Xavier,” he says, practiced. “In my family, the first-born male of the first-born male is always Francis Xavier.” His father, the elder of the second oldest of four, five-year-old twins, Christian and Michaela. That same devotion resonates when he speaks about medicine, as president of the Alumni Association. “New York Medical College is among our nation’s finest schools. I want to share my enthusiasm with as many alumni as possible...”

College admissions office called to let him know he’d been accepted. He wanted to go, but it meant postponing his marriage to Lorri, at least until he got his first job and started making some money. “I got married one year after I got my first job, 10 years to the day after we got engaged,” he says. “I’m a man of my word.”

Dr. Riegler credits his older brother, Francis Xavier III, a practicing anesthesiologist and pain physician in Los Angeles, for steering him toward anesthesiology. “We are close and my choice of becoming an anesthesiologist was made so much easier knowing that my brother was drawn to it and enjoyed it,” he says.

For the past 12 years Dr. Riegler has been on staff at Lenox Hill Hospital and is also affiliated with its private anesthesiology practice. “Patients come to surgery very apprehensive about the risks they’re about to take,” he says. “I get a tremendous amount of satisfaction seeing them through that voyage before surgery, after surgery and leaving the hospital.”

“New York Medical College is among our nation’s finest schools. I want to share my enthusiasm with as many alumni as possible...”

His election by the Board of Governors is an honor in an already accomplished—if not somewhat unexpected—career. “I went to Villanova University [in Philadelphia] with the express purpose of becoming a chiropractor,” says Dr. Riegler, an anesthesiologist at Lenox Hill Hospital in New York City. A neighbor, a former high school athlete who had become a chiropractor, was his inspiration. “My parents said, ‘You can always go to chiropractic school, but first get your bachelor’s degree.’”

He transferred to Cornell, where he became interested in biochemical research. Though his parents recommended medical school, he was unsure about what he wanted to do after college. He considered several possibilities, applying to the Scripps Institute of Oceanography in San Diego, several graduate schools of public health and New York Medical College. He was actually about to begin working at Scripps when the

Christopher F.X. Riegler, M.D. ’88, assumed the presidency of the Alumni Association July 1.

MILESTONES

Two Thousand Three

Divya Agrawal, M.D. ’03, and Michael Philip Koster, M.D. ’03, were married last May in a Hindu wedding ceremony in Leominster, Mass. Dr. Agrawal and Dr. Koster will both be doing their residencies at Schneider Children’s Hospital, part of Long Island Jewish Medical Center in New Hyde Park, N.Y.

Laura Marie Itel Lundgren, M.D. ’03, married Andrew Auchincloss Lundgren on May 25, 2003 in Greenville, Del. Dr. Lundgren is a pediatric resident at Alfred I. duPond Hospital for Children in Wilmington, Del.

Christine Pavlovitch, M.D. ’03, is engaged to marry Jeff McDavitt, M.D. ’03. The wedding was scheduled for May 23, 2004 in San Jose, Calif.

Patricia Puzio, M.S. ’03, and Denis Primakov, M.D. ’03, are engaged and plan to marry in the winter of 2005. Dr. Primakov is doing a year of internal medicine at Staten Island University Hospital, followed by a radiology residency at North Shore Hospital. Ms. Puzio works in the pharmaceutical industry.

Two Thousand Two

Nathan Kruger, M.D. ’02, married Avery Gardner, M.D., on July 6, 2003 in Middlefield, Conn. Dr. Kruger, who is specializing in internal medicine, and his wife are both doing their residencies at Yale-New Haven Hospital.

Michelle T. Kwok, M.D. ’02, a psychiatrist, and her husband Whitman Primakov, M.D. ’02, are engaged and plan to marry in the winter of 2005. Dr. Primakov is doing an internal medicine residency at Yale-New Haven Hospital in Connecticut.

Two Thousand

Deidre Buddin, M.D. ’00, is finishing her residency in dermatology at the UCLA Medical Center in Los Angeles. Last July she gave birth to son Ryan and Jose Fernandez.

Earl A. Bueno, M.D. ’00, has completed his residency in anesthesiology at Yale-New Haven Hospital in Connecticut.

Raman Grewal, M.D. ’00, is finishing his anesthesiology residency at the University of California at Davis and plans to relocate to Las Vegas or Phoenix.

David J. Rea, M.D. ’00, a clinician-investigator research fellow for 2003-2005, is engaged to marry Joanna Jones, M.D., an internal medicine chief resident at the Mayo Clinic in Rochester, Minn. The wedding was scheduled for June 4, 2004.

Matthew Scholer, M.D., Ph.D. ’00, has completed his final year of emergency medicine residency as chief resident at the University of North Carolina at Chapel Hill and will continue at UNC as academic faculty. His wife, Andrea Coomar Scholer, M.D. ’00, M.S. ’06, has completed her residency in pediatrics at UNC and will be practicing in the Raleigh/Durham/Chapel Hill area. The couple’s first child, Caroline Patricia, was born August 11, 2003.
The Nineties

Tamara Hoover, M.D. '90, has completed 12½ years of active duty service as an emergency physician at the naval hospital at Camp Pendleton in San Diego. She is working part-time for the Sharp Rees-Stealy medical group so she can spend more time playing with her three-year-old son.

Yolanda Johnson, M.D. '90, married Kenny Johnson on December 6, 2003. The couple lives in Chicago.

Steven Josephson, M.D. '90, and his wife Jill Josephson, M.D., are the proud parents of Caroline Jenna Josephson, born in July.

Shiu-Lin Tsai, M.D. '91, announces the birth of Joshua and Christiana on July 21, 2003, four weeks premature and now thriving. "Both love to read!"

Mehran Alagheband, M.D. '92, is a private-practice dermatologist in Glen Cove, N.Y.

Shervan M. Doyle, M.D. '92, is a pediatric orthopaedic surgeon with the Westchester Orthopaedic Association in White Plains, N.Y. A devoted Red Sox fan, Dr. Doyle writes, "My beloved Red Sox will win the East by double digits enroute to a World Series sweep on '04! Feel the joy!"

Joseph Chase, M.D. '93, is working in the orthopaedic department at Caritas St. Elizabeth's Hospital in Boston, Mass.

James Januzzi, M.D. '94, is an assistant professor of medicine at Harvard Medical School and on staff at Massachusetts General Hospital in Boston. A clinician and researcher, Dr. Januzzi is studying cardiac biomarkers in acute coronary syndromes and congestive heart failure, as well as aortic dissection. He lives in Chestnut Hill, Mass., with his wife Roberta and daughters, Julianne, 3, and Caterina, 6.

Jessica Sangurima, M.D. '94, is working for the Family Practice Center of Hyde Park in Hyde Park, N.Y. Dr. Sangurima gave birth to Trinity Ng on January 16, 2004. Older sister, Geneva, born March 2, 2002, is adjusting fairly well. "Both parents are sleepless in Poughkeepsie."

Susan Pizzato Campanile, M.D. '95, practices internal medicine in Eastchester, N.Y. and is an attending physician at Lawrence Hospital in Bronxville, N.Y.

Bradley S. Cash, M.D. '95, and his wife Jennifer are proud to announce the birth of Ben Alexander on April 19, 2003, brother of Morgan Brooke, born June 27, 2001. Dr. Cash is medical director of the Rehab Institute of New York in Manhattan.

Gerard P. Curran, M.D. '95, is currently deployed with the 118th medical battalion in support of Operation Iraqi Freedom.

Geetha Prabhavathy Rajendran, M.D. '95, pediatrician, is on staff at St. Luke's Cornwall Hospital in Newburgh, N.Y.

Jason Buchwald, M.D. '97, opened his own medical practice in Livingston, N.J., in July 2003. "I am very happy and still find time for music — including a rock band and a cappella group!"

Arthur Christiano, M.D. '97, an orthopaedic surgeon specializing in sports medicine, practices at a clinic at Leonard Morse Hospital, part of the MetroWest Medical Center in Natick, Mass.

Megan Ford, M.S. '97, is a physical therapist with the Moore Rehabilitation Center in Darien, Conn.

Rona R. Fromowitz, M.D. '97, is working for Crystal Run Healthcare in Middletown, N.Y. Dr. Fromowitz lives in Monroe with her husband David and daughter Ariella and is expecting her second child this spring.

Matthew Kleban, M.D. '98, is in his second and final year of a child and adolescent psychiatry fellowship at St. Vincent's Hospital in Manhattan.

Sonny Lee, M.D. '99, has accepted a position as assistant professor of medicine and pediatrics on the faculty of physicians and surgeons at the Loma Linda University School of Medicine in Loma Linda, Calif. Last April Dr. Lee and his wife Miwako became the proud parents of daughter Mika.

John Watts, M.P.H. '99, an emergency medical technician and paramedic, is working as a training officer for emergency medical services in Lincolnton, N.C.

The Eighties

Sarina DiStefano, M.D. '80, is practicing general ob/gyn in Tarrytown, N.Y. Dr. DiStefano is married and has "four kids who are growing up too fast!"

Robert A. Lindberg, M.D. '80, is a private-practice internist in Darien, Conn.

Richard Lupton, M.D. '81, is director of the pulmonary intensive care unit at Caritas Norwood Hospital in Norwood, Mass.

Charles B. Peeples, M.D. '81, lost his wife of 23 years, Mary Jo, to breast cancer on July 15, 2003. Dr. Peeples, who practices in Brick, N.J., has two children: Matthew, 19, a sophomore at Rutgers University, and Gina, 15, a sophomore at Msgr. Donovan High School in Toms River.

Harriet M. Dickenson, M.D. '82, is a general ob/gyn in Tarrytown, N.Y. Dr. Dickenson has accepted a position as assistant professor of medicine and pediatrics on the faculty of physicians and surgeons at the Loma Linda University School of Medicine in Loma Linda, Calif. Last April Dr. Lee and his wife Miwako became the proud parents of daughter Mika.

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John Watts, M.P.H. '99, an emergency medical technician and paramedic, is working as a training officer for emergency medical services in Lincolnton, N.C.
Jay Tartell, M.D. ’82, runs Advanced Radiology of Queens, in Astoria, N.Y.

Penny Tenzer-Iglesias, M.D. ’82, received the 2003 Exemplary Educator Award from the Florida Academy of Family Physicians.

Deborah Zwic, M.D. ’82, announces that her son, Torrance Zimmermann, will begin his freshman year at Cornell University in Fall 2004.

Andrew N. Antoszyk, M.D. ’83, was nominated one of “The Best Doctors in America for 2003-2004.” He is the president of Charlotte Eye, Ear, Nose and Throat Associates in Charlotte, N.C.

Amy Batternman-Ditchek, M.D. ’83, and husband Alan are looking forward to celebrating daughter Rebecca’s Bat Mitzvah in December. His freshman year at Cornell University in Fall 2004.

Deborah Fried, M.D.

The Seventies

Joel Brenner, M.D. ’70, a pediatric cardiologist, is director of the Helen B. Taussig Children’s Heart Center at Johns Hopkins Hospital in Baltimore, Md. Dr. Brenner, a first-time grandfather, has been named a “top doctor” by Baltimore magazine.

Thomas B. Grabyes, M.D. ’70, a widower for six years, remarried this year and is playing drums for an “all doc” rock band “The Dysrhythmics.”

Kathleen Nelson, M.D. ’71, is senior associate dean for students at the University of Alabama School of Medicine in Birmingham. Dr. Nelson has completed one year of appearing on weekly child health spots for more than 50 television stations nationwide. “And, after a 35-year quest, I recently caught a 90-pound sailfish in Mexico!”

Edward J. Silvoy, M.D. ’71, in his 26th year of practicing otolaryngology, recently completed an annual mission trip to Nicaragua. He lives in Gastonia, N.C., and has two grandchildren in kindergarten.

Mark Levenson, M.D. ’72, an otolaryngologist, is on staff at Saratoga Hospital in Saratoga Springs, N.Y.

Thomas Noble, M.D. ’72, is practicing gastroenterology in Christiansburg, Va.

Robert D. Restuccia, M.D. ’72, is director of pediatric critical care medicine at Rockford Health System in Rockford, Ill. Dr. Restuccia became a first-time grandfather last August when his daughter Francesca delivered a girl. Giella Downing.

Richard A. Winters, M.D. ’72, is the recipient of the 2003 American Psychiatric Association’s Nancy C. Roeske, M.D. National Award for Excellence in Medical Student Teaching.

Jeffrey H. Dobben, M.D. ’73, is an allergist/immunologist in Little Silver, N.J. Dr. Dobben is also an assistant professor of pediatric immunology and allergy at the Weil Medical College of Cornell University in New York City and a member of the Biotechnology Task Force and Bioethics Committee of the Medical Society of New Jersey.

Adam Hurewitz, M.D. ’73, is chief of pulmonary/critical care at Winthrop Hospital in Mineola, N.Y.

Jack Albert, M.D. ’74, is in his 22nd year as a private practice dermatologist in Port Orange, Fla. Dr. Albert reports that daughter Amanda, age 14, is an accomplished pianist who has composed more than 50 classical pieces, while son Josh, a percussionist, plays with the Spruce Creek Elementary School Band.

The second floor of the Medical Education Center is a pivot place for medical students at NYMC. It is where they spend most of their second year studying pathology, pathophysiology, medical microbiology and pharmacology, as well as learning clinical skills. But the second floor of the MEC represents more than heavily trafficked classrooms and laboratories. It is the site that Pasquale X. Montesano, M.D. ’79, has gifted to the College and named in memory of his parents, Pasquale Montesano, M.D. ’38, and Theresa Montesano, R.N. ’37.

Although his father was a physician, it was his mother’s paralysis from MS that actually led Dr. Montesano into medicine, he explained. And it was his parents’ connection to the College that inspired him to study there. “My dad was fond of the College and throughout my life there was always a yearbook around and the Chironian. It’s something I grew up with.”

With his gift to the College, Dr. Montesano is expressing his gratitude not only for his education but also for his parents meeting in the first place. “My mom and dad met at New York Medical College,” said the orthopaedic surgeon and spine specialist from his office in Roseville, Calif. “I wanted to do something to give back to the school that gave me so much.”
From Graduate School to Faculty Life: Alumni Turn Love of Learning Into Teaching Careers

Life outside a doctoral program in the Graduate School of Basic Medical Sciences may sound oxymoronic: how much time is left, after all, after a full day of classes, lab work and assistant teaching? Virtually none. But that didn’t stop Sherry Downie, Ph.D. ‘94, M.S. ‘92, Natalie Bronstein, Ph.D. ’00, Margaret Eiden, Ph.D. ’00, Christine Zeoli-Costa, Ph.D. ’01 and Carl Embola, M.S. ’98, Ph.D. ’01 from raising children, running marathons or ministering to fellow congregants while enduring the rigors of graduate school. They are all professors at Mercy College in Dobbs Ferry, N.Y.

Consider Dr. Downie. An associate professor and assistant chair of the division of natural sciences at Mercy College, she earned her doctorate while working toward her doctorate. “He was very tolerant of my situation. He allowed me to set my schedule so I could teach and still feed my family. I tell all my students that what’s most important is to be able to balance what’s important for you as well as taking care of the people around you.” (Please see page 2 for a story on Dr. Newman.)

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MILESTONES

Charles R. Reina, M.D. ‘74, reports that his son Christopher will graduate from Syracuse University’s Maxwell School of International Studies in May and is pursuing an analyst position with the federal government. Daughter Patricia is continuing her graduate studies for elementary school counseling at the Jesuit University of Scranton in Pennsylvania and will graduate in 2005.

Steven Samuels, M.D. ‘74, is director of infectious disease at Good Samaritan Hospital in West Islip, N.Y. Dr. Samuels is married to Janice, who teaches reading. His son Jason is a construction litigation attorney and his daughter Jaime is in the 2005 class at the School of Veterinary Medicine at Kansas State University.

Louis T. Cornacchia, Jr., M.D. ‘75, runs a private practice in adult urology in Flushing, Queens.

Catherine Dunn, M.D. ‘75, a psychiatrist, is working at a local community mental health center and spending as much time as possible at her family’s vacation home in eastern Washington State, where there is great cross-country skiing, hiking and mountain biking. Dr. Dunn’s two daughters are both in college—one at Pomona College in Claremont, Calif., and at the University of Chicago.

Jeffrey S. Mason, M.D. ‘75, is medical director of PacificCare, an HMO in Cypress, Calif.

Martin A. Schwartz, M.D. ‘75, invites all interested New York City alumni to contact him at schwartzboke@adelphia.net about the newly formed California chapter of the American Geriatrics Society.

Edward Swibinski, M.D. ‘75, an endocrinologist in Cherry Hill, N.J., was named a “top doctor” by New Jersey Monthly magazine.

Rosemary LoCastro Talbert, M.D. ‘75, is director of nuclear medicine at the Robert Wood Johnson University Hospital at Hamilton in New Jersey. Husband Larry and daughters Kate 21 and Mary 18, are fine.

Robert Stern, M.D. ‘76, is an obstetrician in Potomac, Md., where he directs the obstetric department at Vassar Brothers Hospital.

Douglas A. Byrnes, M.D. ‘77, directs introductory clinical medicine for the SUNY Stony Brook School of Medicine at Huntington Hospital in Huntington, N.Y. Dr. Byrnes also has a private cardiology practice. His wife, Kathleen, a registered nurse and office manager, is a student at C.W. Post College. Son Luke Byrnes, M.D. ’03, is an internal medicine resident at St. Vincent’s Hospital in Manhattan and daughter Erin is graduating law school in May. Dr. Byrnes became a grandfather last summer.

Stephen J. Gordon, M.D. ‘77, announces that daughter Allison started Cornell University last fall and plans to major in biology in preparation for a career in medicine.

Larry Kramer, M.D. ‘77, is medical director of an inner city ob/gyn clinic in Jamaica, N.Y. Dr. Kramer lives in Long Island with his wife and two sons. He plays the bassoon in a community orchestra and a woodwind quintet, and enjoys seeing friends at the 50th reunion.

Robert Dicker, M.D. ‘78, is associate director of child and adolescent psychiatry at Schneider Children’s Hospital in New Hyde Park, N.Y., and associate professor of psychiatry at Albert Einstein College of Medicine in the Bronx.

Jim Maisel, M.D. ’78, runs a medicalinformatics company, ZyDoc, in Hicksville, N.Y.

Pearl I. Steinmetz-Herskovitz, M.D. ’79, is head of the CT service at HaSharon Hospital, Rabin Medical Center, in Petach Tikva, Israel. Her husband Martin works in occupational safety and health. They have three children. “Living here day to day is difficult, but maybe it’s that way everywhere these days.”

The Sixties

Thomas E. Donnelly, M.D. ’60, is presently serving his second term as president of the Cayuga County Health Board in Auburn, N.Y. He and wife Pat recently celebrated their 40th anniversary at a surprise party their five children throw for them.

Ronald K. Hartman, M.D. ’60, is practicing full-time ophthalmology in Lakewood and Los Alamitos, Calif., and is clinical professor of ophthalmology at the UC Irvine College of Medicine. He is also chairman of the governing board at Lakewood Regional Medical Center and has eight grandchildren.

Robert E. Hassler, M.D. ’60, is practicing gynecology part time and serving as a part-time medical director at Brunswick Community Hospital in Supply, N.C.

Rafael E. Perez, M.D. ’60, has retired and is living in Las Vegas and the Caribbean. “My best to all my classmates.”

James M. Rubin, M.D. ’60, is chief of allergy at Beth Israel Medical Center in Manhattan and was honored last fall as past president of the hospital’s medical board.

Elizabeth Muffett Craven, M.D. ’61, moved with husband Wales Craven, M.D. ’63, to sunny Florida in October. Their son Rick, a manager with Dell computers, presented them with their grandchild Julia Anne 16 months, when he visited for Thanksgiving. “We are enjoying life in retirement at Indian River Colony Club in Melbourne close to the ocean and Disney!”

Howard D. Harrison, M.D. ’61, works at the Veterans Affairs Clinic in Fort Myers, Fla., one day a week and remains active on the governing committee of the senior physicians group of the American Medical Association.

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Alumni Turn Love of Learning into Teaching Careers

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Dr. Downie says her experience at NYMC taught her to think and question in a way that allows her to teach herself and continue learning. This is particularly important since, in addition to teaching human physiology, kinesiology and pathology to graduate (mostly occupational and physical therapy) students, as well as courses on breast cancer, pelvic conditions and urinary incontinence, she is planning to teach the anatomy of domestic animals.

"Anatomy is not all that different on mammals," says Dr. Downie, who is already teaching anatomy to first-year medical students at NYMC. "People like Stuart A. Newman (see story on page 2) and Matthew Pravetz (see story on page 33) let you know how wonderful it is to share what you know, that knowledge is for sharing and that you can learn stuff yourself."

Is there a better testament to the GSBUMS faculty than to have so many of its graduates choose teaching careers? Dr. Eiden, an adjunct professor of natural sciences at Mercy, applauds her mentor, Victor Fried, Ph.D., professor of cell biology and anatomy, for showing her how to take information, understand it and translate it to other people. "I love teaching because you see you can make a difference," she says.

Dr. Eiden's years in the Department of Cell Biology required plenty of perseverance, since she was juggling graduate school with marriage and motherhood. "It took me 10 years to get my degree with the children, which is a kind way to say 'it took forever,'" says Dr. Eiden, who joined the Mercy College faculty in September 2000. By the time her first child, Joseph, was born in 1995, she had completed her course work, but she was still doing her dissertation research and working full time in the lab. "Before having children, getting up at 5 a.m. didn't seem like something I'd ever do," Dr. Eiden says. "But when you have two loves [family and work] you go with it."

For Dr. Embola, life outside graduate school revolved around the First Presbyterian Church in Ossining, where he served as a deacon, ministering to fellow congregants. "My role as deacon was to enrich people's spiritual life, to make them feel part of the church," says Dr. Embola, whose late grandfather was a pastor. "If someone didn't come to church I'd call or visit to see if anything was wrong." With his term as deacon ended, Dr. Embola is focusing on his work, teaching in the department of natural sciences at Mercy College, occasionally working in the college laboratory of Sharon Pine, Ph.D., assistant professor of pediatrics, and continuing his research on the effects of food on cancer cells.

While still living in his native Cameroon, Dr. Embola worked as an international petroleum inspector. It was an aunt's death from breast cancer that spurred him toward cancer research. "The only contribution I felt I could give the world was to study a disease that has no cure yet," he says. Eventually he would like to return to Cameroon, to resume his research and teach the local population about cancer prevention. Perhaps by then another NYMC graduate will be ready to take his place.

Sometimes Graduate School Isn't the Only Marathon

Christina Zeoli-Costa, Ph.D. '01, planned to be a physical therapist so she could help disabled children. When she changed direction and decided to study microbiology and immunology with Prof. Ken Lerea, she started looking for another way to help disabled children. She found it by running marathons all over the world.

Since 1999 Dr. Zeoli-Costa has been running marathons to raise money for the Leukemia and Lymphoma Society. It was a surprising activity for a self-described non-runner and full-time graduate student who smoked up to a pack of cigarettes a day. But two things sparked her interest. First she met someone dying of leukemia. Then she attended a meeting of the society. That's when she stopped smoking and started training.

"Your whole life changes," says Dr. Zeoli-Costa, describing the preparation for her first marathon in Anchorage, Alaska. She has also run in Dublin, Ireland and at Disney World in Florida. "It's not just a one-shot 26.2 mile run. It's hundreds of miles of training. I had to change my whole schedule so I got the right amount of mileage in every week."

Every afternoon at 3 she ran. On weekends she'd start at 8 in the morning, meeting up with other runners for 5-, 10-, or 15-mile runs. She doesn't run fast. In fact, she says slowly for emphasis, "I'm not a r-u-n-n-e-r. What I do is called 'walking briskly.'" Nevertheless, Dr. Zeoli-Costa has raised thousands of dollars for the Leukemia and Lymphoma Society.

More important, she has gained an entirely new perspective on life.

"It makes you see outside your own life," says Dr. Zeoli-Costa, an assistant professor in the division of natural sciences and veterinary technology at Mercy College. "Sometimes you think, 'I can't do this anymore,' and then you think about the kid who has leukemia who is dying and can't run."

Helping people in such a tangible way gives her something she doesn't get from working in a lab, she says. "As a research scientist you don't meet the patients. They're the endpoint of most research. But running marathons brings you to the human side of things. It adds the human perspective to the research we do."
In Memoriam

Maurice M. Davidson, M.D. '32, died March 2003.
G.W. Monteleone, M.D. '37, died April 14, 2004.
Saul Kay, M.D. '39, died January 7, 2004. He was 89.
Frank M. Cassiglione Sr., M.D. '42, died November 28, 2003. He was 88.
William E. Brady, M.D. '44, died April 4, 2002. He was 82.
Ernst A. Kopp, M.D. '45, died December 3, 2003. He was 82.
Hobart (Hobie) Crist Parkhurst, M.D. '46, died March 22, 2004. He was 84.
Nicholas L. Holowach, M.D. '47, died February 23, 2004. He was 64.
Alan R. Small, M.D. '48, died February 17, 2004. He was 79.
William R. Bradley, M.D. '49, died November 15, 2003. He was 73.
Albert J. Paul, M.D. '50, died January 9, 2004. He was 84.
Gregory J. Zann, M.D. '50, died February 12, 2004. He was 80.
Edward J. Homenick, M.D. '52, died September 20, 2003. He was 78.
Edward C. Sinnott, M.D. '52, died April 9, 2004. He was 76.
Harry C. Conte, M.D. '54, died January 18, 2004. He was 75.
Walter J. Farrell, M.D. '54, died August 8, 2002.
H. Ellsworth Dubois, M.D. '55, died May 12, 2002.
Richard E. Hosbach, M.D. '55, died January 24, 2004. He was 76.
John W. Rhinehart, M.D. '55, died April 15, 2000.
Alan Sherman, M.D. '55, died February 9, 2004. He was 74.
Jones F. Rutledge, M.D. '56, died June 3, 1999.
Francis S. Reilly, M.D. '58, died February 12, 2004. He was 71.
Gilbert Ortiz, M.D. '60, died October 26, 2003.
Patrick E. O'Hara, M.D. '61, died December 6, 2003. He was 68.
Richard L. Nottingham, M.D. '64, died February 20, 2004.
Thomas Fuhing Wong, M.D. '71, died January 6, 2004. He was 59.
Victor Gold, M.D. '73, died February 17, 2003.
Terence Leong, M.D. '92, died March 27, 2004. He was 40.
Rob V. Steinberg, M.D. '94, died December 18, 2003.

Faculty and Trustees

Thomas C. Broderick, M.D., clinical assistant professor of surgery and former deputy commissioner of the Westchester County Department of Health, died November 27, 2003. He was 68.
Samuel Edelman, assistant to the vice president at Metropolitan Hospital from 1954 until his retirement in 1971, died December 29, 2003.
Marvin Glasser, Ph.D., professor of statistics who retired in 1991, died December 16, 2003. He was 76.
Leonard Luby, M.D., professor emeritus of pediatrics and director of the Pediatric Hematology and Oncology Unit, died November 14, 2003. He was 86. Retired in the early 1980s, Dr. Luby was also professor of hematology and conducted pioneering research in folinic acid and pediatric leukemia.
Ralph F. Strebis Jr., Ph.D., former director of comparative medicine and associate professor in the Department of Pathology, died January 23, 2004. He was 80. Dr. Strebis was a faculty member for more than 34 years until his retirement in 1996.
Marius Peter Valsamis, M.D., neuropathologist and professor emeritus in the Department of Pathology, died January 6, 2004. Dr. Valsamis was a professor in the pathology department from 1974 until his retirement in 1996.

Calendar of Events

July 19, 2004
Golf Benefit
The Leewood Country Club, Eastchester, N.Y.

September 18, 2004
Founder's Dinner
Rye Town Hilton, Rye, N.Y.

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