

news & views

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John Abbott

At a uniquely festive event held on Sunday, October 2, aboard the Intrepid Sea, Air & Space Museum, nearly 300 children helped celebrate the announcement of the new Hassenfeld Pediatric Center.



Champions of Children

A \$50 Million Gift from the Hassenfeld Family Creates NYU Langone's First Dedicated Comprehensive Pediatric Center

In 1885, the first babies' ward in the US opened at NYU Langone Medical Center. This fall, the Hassenfeld family, led by longtime Medical Center Trustee Sylvia Hassenfeld, became the only family of benefactors in NYU Langone's history to make a gift that spans three generations. The gift, an extraordinarily generous \$50 million leadership initiative, promises to transform pediatric services at the Medical Center and continue its legacy in the field.

The gift will be used primarily to fund the Hassenfeld Pediatric Center, NYU Langone's first comprehensive inpatient facility devoted to the treatment of children, and also to support the full range of pediatric healthcare services across the Medical Center. With a separate street-level entrance and a seventh-floor sky lobby, the state-of-the-art facility will be located within the new Helen L. and Martin S. Kimmel Pavilion, scheduled to open in late 2017.

All of the center's patient rooms will be private, making this the only pediatric inpatient facility in Manhattan to have this feature. Family-friendly spaces, including an outdoor garden, café, family laundry facilities, and playrooms, are designed to provide a calming, comforting, cheerful environment.

"The Hassenfeld Pediatric Center is the cornerstone of an exciting new chapter for children's services at NYU Langone," explains Catherine Manno, MD, the Pat and John Rosenwald Professor of Pediatrics and chair of the Department of Pediatrics. "When children are in a hospital, their experience is of a different traumatic magnitude than it is for adults. By having a separate entrance for children and their families, we can minimize this trauma from the moment they arrive."

The Hassenfelds' devotion to youngsters, particularly those most vulnerable, is a family tradition. It stems from their four-generation family commitment to community and their business,

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Treating the Whole Woman

NYU Langone Opens the Joan H. Tisch Center for Women's Health

As a cardiologist in training, Nieca Goldberg, MD, clinical associate professor of medicine, was struck by how disenchanted many women were with their healthcare. "A lot of physicians pooh-poohed their symptoms," she explains, "and they were often told that they were 'just stressed out,' when, in fact, many of them had serious heart problems." As a result, Dr. Goldberg decided to devote her cardiac practice to women. Thinking big, she dreamed of "a community of doctors focused on women."

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Dr. Lisa Durso, clinical assistant professor of medicine, chats with one of her patients in the lobby of the new Joan H. Tisch Center for Women's Health.

John Abbott



From the Dean & CEO

“Women and children first,” intones a familiar expression, and that’s certainly the dominant theme of this issue. In September, the Joan H. Tisch Center for Women’s Health, one of our newest ambulatory care centers, opened its doors on the Upper East Side of Manhattan—yet another example of how NYU Langone Medical Center is extending its reach. Women are the primary users of our health-care system, yet for a variety of complex reasons, they have traditionally faced greater challenges in obtaining high-quality care. The Tisch Center for Women’s Health is designed to change that. The center provides comprehensive, personalized primary and specialty care, taking a holistic approach to caring for the women in our lives.

Children also hold a special place in our hearts, and in October, we celebrated an extraordinarily generous \$50 million gift from the Hassenfeld family, led by longtime Medical Center Trustee Sylvia Hassenfeld.

The gift will be used primarily to fund the Hassenfeld Pediatric Center, our first comprehensive facility devoted to the treatment of children, and also to support a wide range of pediatric healthcare services. Since the first babies’ ward in the US opened here in 1885, NYU Langone has been in the forefront of caring for children. The Hassenfeld Pediatric Center will carry that distinguished tradition well into the 21st century.

Robert I. Grossman, MD



HJD Establishes Joint Preservation Center

NYU Langone Medical Center’s Hospital for Joint Diseases has established the Joint Preservation Center of New York (JPC), the first program of its kind in New York City to use multidisciplinary clinical and research expertise to identify the best individualized treatment to reduce symptoms, restore function, and slow or halt the onset of degenerative arthritis and avoid the need for joint replacement. “The aging population is working longer and leading more active lives. Injuries to joint cartilage are increasingly becoming a common source of pain and disability for roughly 2 million Americans each year,” explains Laith Jazrawi, MD, associate professor of orthopaedic surgery, chief of the Division of Sports Medicine, and co-director of the JPC. “Our goal is to advance orthopaedic research and clinical care to help our patients maintain or return to their active lifestyles.”

Another important aspect of the JPC is that it enables patients to participate in the advancement of treatment and research on joint conditions by enrolling in the Joint Preservation Registry. The registry will allow researchers to analyze tissue and/or fluid samples recovered from consenting patients during the course of their treatment. Combined with outcomes data, this will provide a true and effective basis for comparisons between operative and nonoperative joint-preserving procedures at the JPC. “The combination of advanced surgical and nonsurgical techniques, specialized radiographic analyses, and tailored physical therapy with an active clinical and basic science research department represents a new era for managing joint-related problems,” says Eric Strauss, MD, assistant professor of orthopaedic surgery and co-director of the JPC.

NYU Langone Holds Third Annual Neuroscience Symposium

On the evening of October 25, trustees, faculty members, and distinguished guests gathered at the Joan and Joel Smilow Research Center for the third annual Druckenmiller Neuroscience Symposium. The event, attended by special guests Fiona Druckenmiller, an NYU Langone trustee, and her husband, Stanley, was made possible by a \$100 million gift from the Druckenmiller Foundation in 2009 that established the institute. The program featured presentations by six leading neuroscience researchers from NYU School of Medicine and New York University.

John Golfinos, MD, chair of the Department of Neurosurgery, discussed how advanced computer processing and MRI technology enable neurosurgeons to “navigate the brain” by mapping out its complex motor systems with unprecedented precision and clarity.

Andre Fenton, PhD, professor of neural science at New York University, explained his research into the important role that cognitive control training in early adolescence could play in developing the brain to attenuate or overcome the effects of mental illnesses, such as schizophrenia, that may emerge in adulthood.



Dr. Glenn Saxe, chair of Child and Adolescent Psychiatry.



Beatrice De Gra

For Patients with Complex Congenital Heart Disease, a New Cardiovascular Care Unit

The baby boy seemed healthy at birth, but when he was two-and-a-half weeks old, his pediatrician detected a heart murmur and recommended to his mother that she take him to a cardiologist. Before the appointment, the infant took a turn for the worse. His mother rushed him to a nearby hospital, where he went into shock. After stabilizing the child, the hospital called in pediatric cardiac specialists from NYU Langone Medical Center. Their diagnosis: coarctation (narrowing) of the aorta and ventricular septal defect (a hole in the heart)—two of the most common life-threatening congenital heart defects, affecting some 35,000 American children annually.

Yet in one way, the child was lucky. The next day, on July 18, NYU Langone’s new six-bed Congenital Cardiovascular Care Unit opened its doors, and he became one of its first patients. Two days later, Ralph Mosca, MD, professor of cardiothoracic surgery and pediatrics, and chief of the Division of Pediatric and Adult Congenital Cardiac Surgery, performed open-heart surgery to correct the infant’s heart abnormalities.

“The new unit will enhance NYU Langone’s capabilities to provide the best care for patients with complex congenital heart disease in a family-centered environment,” explains Achi Ludomirsky, MD, the Andrall E. Pearson Professor of Pediatric Cardiology and director of the Division of Pediatric Cardiology. Located on 15 East in Tisch Hospital, the unit provides specialized pre- and postoperative care for congenital heart disease patients ranging in age from 34 gestational weeks to 21 years old. It also treats patients who have undergone complex interventional cardiovascular procedures, and children with life-threatening arrhythmias or heart failure.

The unit is equipped with state-of-the-art monitoring, imaging, and diagnostic technology; OR-grade lighting; ventilators in every room to allow for emergency surgical procedures and interventions; and a surgical scrub sink. Its single-bed rooms are equipped with sleeping sofas for parents, who have 24-hour access to their child. The unit offers a “well-gelled” interdisciplinary team whose coordinated approach enhances patient safety and comfort, says Sujata Chakravarti, MD, assistant professor of pediatrics and the unit’s medical director.

“The complexity of care is high,” says Dr. Chakravarti, the first member of what will be a 24/7 team of intensivists dually trained in pediatric cardiology and critical care medicine. Despite the severity of their conditions and the complexity of their treatments, many patients have surprisingly short stays. A week after surgery, the child with two heart defects was able to return to his family. Some patients go home within days.

The Shape of Things to Come

With a Fresh New Logo, NYU Langone Hopes to Turn an Unmistakable Brand into an Unforgettable One

The more things change, goes the saying, the more they stay the same. Sometimes, this is a good thing. NYU Langone Medical Center's logo is a case in point. In the early 1980s, the Medical Center adopted a logo that served as a familiar emblem for three decades: a violet disk with the words "NYU Medical Center" inside. When the institution was renamed "NYU Langone Medical Center" in April 2008, our logo needed to reflect that new identity. So it was adapted to include the name of the chairman of our Board of Trustees, Kenneth G. Langone, in honor of the transformational gift made by him and his wife, Elaine.

Partly due to the size and complexity of the Medical Center, more than 50 variations of our logo and countless shades of violet disks have sprouted up throughout the institution over the years. Now, there will be a single logo and the same single shade of violet. The new logo bears all the hallmarks of a successful institutional icon: conceptual clarity, visual simplicity, and graphic versatility.

Take a close look. The words "NYU Langone" are prominent in size and color because this is the shorthand phrase we have come to be known by—a familiar "brand" we hope will become a household name. The disk has given way to a three-dimensional one, but the letters "NYU" still lie within it—a reminder that the essence of who we are and the nature of our mission have not changed and never will. Also, the disk is open and dynamic, conveying not just movement, but momentum. The look is classic yet modern, and the message is that as we strive to become a world-class academic medical center, our future is wide open, and our reach has no bounds.



Two years in development, the logo was designed and streamlined with input from many who know the institution well, including those who place their trust in us. In focus groups of consumers, 77% of participants found it "visually appealing," 72% called it "distinctive," and 68% said that it "fits the institution." As one branding expert has noted, "Emotional brands are the charismatic brands people can't live without. Take a brand away, and people will find a replacement. Take an emotional brand away, and people protest its absence. These superevolved brands make

deep emotional connections. Empathy, commitment, and passion are the intimate connections that win undying loyalty." Interestingly, nearly 52% of those introduced to the new logo described it as "passionate."

Over the next 12 months, the new logo will be phased into our campus and off-campus signage and various internal and external communications. It will become a ubiquitous sight, gracing our buildings and business cards, our white coats and Web pages. Best of all, it will be a vivid reminder that the more things have changed, the more they have remained the same.

Santa's Helper

Through His Tragic Loss, a Man Finds New Meaning in the Holidays



For more than 20 years, Jeffery Zwiebel (far left) has arranged for the Santa Claus from Macy's department store to visit patients in Tisch Hospital's pediatrics unit during the holidays.

A six-year-old boy, a patient in the pediatric unit of Tisch Hospital at NYU Langone Medical Center, listens to the distinct sound of bells outside the playroom. Just then, a large man sporting a fluffy white beard and matching eyebrows, with bells on his boots, appears in the doorway. The boy looks with amazement at the man and his entourage—hospital staff, onlookers, and an elf named Shortcake Jingleberry. "Meeeeeerrry Christmas!" bellows Santa, who has just arrived from the North Pole, via Macy's department store at Herald Square.

When Santa hands the boy a boxed set of *Where's Waldo?* books, the board game *Puppy-opoly*, and a Hot Wheels toy, he starts to investigate his gifts, unable to contain a smile. Several adults in the room ask: "Now do you believe in Santa?" Slightly overwhelmed, he looks at the floor and nods shyly. "Well," Santa says gently, "I believe in *you*."

The pediatric unit has been graced by a yuletide visit from Santa for more than 20 years. He dispenses books, watches, iPods, toy cars, puzzles, makeup sets, and stuffed animals. Youngsters—some weak from

illness, others self-conscious because they've lost their hair—sit up in bed, flashing a smile as they glimpse Santa and gush over their presents. When Santa asks what they'd like for Christmas, their reply is not typical: "To be with my friends" or "To get better" or "To go home." Santa hugs their parents, too, and often whispers something in their ears, bringing them to tears.

Keeping a low profile, usually at the back of Santa's entourage, is a man elegantly dressed in black. His name is Jeffery Zwiebel, and many years ago he sat here at the bedside of his daughter, Heather, who was battling leukemia. "You would give anything to switch places with your child," says Zwiebel, "but you can't." Heather died the next year, on November 3, 1986, at the age of five.

As the holiday season revved up a couple of years after Heather's death, her heartbroken dad knew there were families caring for their own sick children in the hospital during the most festive time of year. Though Zwiebel, an executive in the apparel industry, is Jewish, he's always been a fan of Christmastime, and "gets a kick" out of Santa Claus. So he decided to collaborate with the Medical Center's Department of Child Life Services and Macy's department store to arrange for Santa to visit the pediatric unit. The fund he established pays for scores of gifts—so many, in fact, that toys are distributed to patients long after the holidays. Festivities are also sponsored by the NYU Langone Auxiliary.

"I do this for my love for her," Zwiebel says of Heather, whom he describes as an "old soul." After a spinal tap, he recalls, she thanked her doctor for his efforts to cure her. In one of Zwiebel's favorite photographs of his daughter, Heather is leaning against a sofa wearing a cowgirl costume. Her flaming red hair, which she lost twice during chemotherapy, is strikingly beautiful. Zwiebel was unable to attend the holiday celebration in the unit for its first few years—it was just too painful. But eventually he found the strength, and now, just like Santa, he gets as much joy as he gives.

A Remembrance of Things Past

To Improve Their Minds and Satisfy Their Souls, Alzheimer's Patients Sing Their Hearts Out

Lin Jacobson filled a cooler with juice and icepacks and took her husband, Manny, 82, by the hand to the cross-town Manhattan bus stop, hoping that the bus would come before he overheated, as he is prone to do on sweltering summer days. As Jo Abrams tended to her husband, Herman Gruder, 84, she tried to keep him from becoming agitated, as he often does when he becomes confused. Norma Engle, 90, greeted her daughter with delighted surprise, having forgotten that Suzie has picked her up every Thursday for weeks to take her from an assisted living facility in the Riverdale section of the Bronx to St. Peter's Church on 54th Street and Lexington Avenue. There, Norma, Manny, Herman, and eight other patients with Alzheimer's disease, accompanied by their caregivers, assemble for chorus rehearsal. But theirs is no ordinary chorus.

Believed to be the first of its kind, this chorus of people with dementia and their family members and friends, who have dubbed themselves "The Unforgettables," is part of a pilot research study being conducted by Mary Mittelman, DrPH, research professor of psychiatry and director of psychosocial research and support at the Center of Excellence on Brain Aging at NYU Langone Medical Center. Most of the estimated 5.3 million Americans who suffer from Alzheimer's disease and other degenerative brain diseases are cared for at home by family members, who can become so devastated by the daily stress of their caregiving role that they are sometimes referred to as hidden victims. "Alzheimer's generally lasts for 5 to 15 years," notes Dr. Mittelman. "Now that we're diagnosing dementia earlier and earlier, we need to find ways to help these caregivers maintain their relationships with their ill loved one and find ways to still enjoy life together."



Joshua Bright

Dr. Mittelman believes that people with dementia and their family members and friends can all benefit from participating in normal, pleasurable activities together. Hence, the chorus is a performance group, not a sing-along. Under the direction of Tania Papayannopoulou, a conductor and music therapist, they rehearsed once a week over three summer months. Papayannopoulou and co-conductor Dale Lamb prepared 18 songs with the group, ranging from Beethoven's classic "Ode to Joy" to the folk song "Home on the Range." They taught them the nuances of modulation ("Sing high. Sing low."), enunciation ("I'm going to Louisiana . . ."), and the role of rhythm in melody. "You are fabulous!" one man blurted out to her. "No, you are fabulous!" she replied.

"A familiar song can bring back a feeling of identity," explains Papayannopoulou. These people can hear a song, go back 40 or 50 years, and feel something of what they did back then. That emotion may last a moment or maybe an hour, but some of the caregivers report that the impact is greater than anticipated. "I can tell you that I've been despondent at times," says Lin Jacobson, 75, Manny's sole caregiver. "This has been more than a ray of sunshine in our lives. I've noticed a difference in Manny. He is a happier person. He sings all day. He even remembers the words. He is easier to take care of."

At their debut concert in September, in the sanctuary of St. Peter's, a modern chapel with soaring

ceilings and skylights that afford glimpses of the surrounding skyscrapers, the singers sat facing an audience of 100 or so friends and guests, and video cameras from a documentary film crew and a local news affiliate. Suzie Engle beamed in a bright red dress. Maria Turetsky waved to her family. Monica Rogalski handed her husband, Chester, a glass of water before they sang.

"This is about belonging and overcoming anything that is negative," Papayannopoulou told the audience, encouraging them to sing along, snap their fingers, and clap. "Now, I have a treat for you," she said halfway through, introducing Leonard Trent, who had never had voice lessons before joining the chorus. Trent performed a solo of Noel Coward's "I'll See You Again," his magnificent tenor voice filling the room. "I said to a reporter, 'I defy you not to cry,'" recalls Dr. Mittelman. "Too late," she responded.

"Nobody wants this to end," says Jo Abrams. When the pilot study concluded, the participants agreed to contribute to help pay the conductors and rent of the church space so that they could continue to meet and sing. "This has been a wonderful opportunity," says Lin Jacobson. "The Alzheimer's community is usually viewed as consumers of healthcare. This is our time to give back."

Web Extra: for a Q&A with Dr. Mary Mittelman, see "Caring for the Caregivers" at www.newsandviews-digital.com.

The Kindness of Strangers

Her Liver in Acute Failure, Shari Kurzrok Was Living on Borrowed Time. Then Fate Intervened.



Sasha Nialla

Robby and Shari Schnall with their newborn daughter, Alexis.

In 2005, Shari Kurzrok was sailing through life with a flourishing career in public relations and wedding bells on the horizon. Then came the storm. While celebrating the Fourth of July, she felt a twinge of pain in her abdomen. Over the next 10 days, she grew so weak that she could barely walk the block and a half to her doctor's office. Tests suggested a liver problem, but her doctor wasn't overly concerned. Get some rest, he told her, and you'll be fine. That evening, Shari collapsed at home. Paramedics whisked her to a nearby hospital, where her family was stunned to learn that her liver was failing and she needed a transplant as soon as possible.

Kurzrok was transferred to the Mary Lea Johnson Richards Organ Transplant Center at NYU Langone Medical Center and listed as "Status 1" on the national transplant waiting list, meaning that she probably wouldn't survive longer than a week. Days, then weeks, passed with no donor in sight. NYU Langone's transplant team, experts in stretching time, kept Kurzrok alive with plasma exchanges and dialysis treatments, which cleared the toxins from her blood. But as August approached, her brain began to swell, a sign that time was running out. "That's usually what kills patients with acute liver failure—cerebral edema," explains Lewis Teperman, MD, associate professor of surgery and director of transplant surgery. Dr. Teperman and his team perform about 50 liver transplants each year, with the highest survival rate of all the major transplant centers in New York City.

All the while, Kurzrok slipped in and out of consciousness. "The nurses did everything for me—they brushed my hair, gave me sponge baths, and helped position me in bed," she recalls. "I was 31 years old and cared for like a baby." On August 6, a suitable donor became available. Dr. Teperman and his team of specialists, a dozen strong, gathered in the OR to begin the complex process of removing Kurzrok's diseased liver and replacing it with the donor organ, matching blood vessel for blood vessel. Even for such an experienced team, the procedure is never routine. "No two livers are exactly alike," notes Dr. Teperman. He eventually determined that Kurzrok had Wilson's disease, a rare

genetic disorder in which excess copper accumulates in the liver. The first symptoms usually appear during adolescence. If detected early, the disease can be treated with medication. In some cases, however, it emerges without warning well into adulthood, after the liver has been irreparably damaged.

With a new liver, Kurzrok is essentially cured. But her life isn't quite the same. To prevent her body from rejecting the organ, she is on lifelong immunosuppressant therapy, which can have significant side effects. Favorite indulgences, like eating sushi and sunbathing, are now forbidden. "These are small sacrifices for what I've been given," she says. "I can breathe, I can walk, I can go to the movies and ride my bike. I've been given a second chance, and I don't want to take that for granted."

Kurzrok and her fiancé, Robby Schnall, were married in October 2005, as originally planned, with Dr. Teperman as a guest of honor. Local newspapers dubbed her "the miracle bride." Another miracle occurred earlier this year. With assurances from her physicians that she could have a healthy baby and wouldn't pass along her genetic condition, Kurzrok became pregnant. The only concern was that one of her medications was associated with birth defects. Dr. Teperman prescribed a substitute and saw her through several rejection episodes. A healthy baby girl, Alexis, arrived on August 3, three days short of the sixth anniversary of her mom's lifesaving surgery. For their daughter's middle name, Shari and Robby chose Nadia because in Russian it means "hope"—their way of honoring the donor.

Every August 6, Kurzrok takes a moment to give thanks for her good fortune. But that day also brings a touch of sadness—the reminder that it was a young woman's death that gave her the gift of life. "An 18-year-old girl's parents, during the most tragic time of their life, decided to donate their daughter's organs," says Kurzrok. "That's the real miracle."

Good Bug, Bad Bug

Q&A with Dr. Philip Tierno, Jr., Director of Clinical Microbiology and Immunology

Philip Tierno, Jr., PhD, clinical professor of microbiology and pathology, is a leading authority on bad microbes and good hygiene, and author of the book *The Secret Life of Germs*. With concerns about multidrug-resistant staph infections and emerging diseases on the rise, news & views met recently with Dr. Tierno to get his insights about microbial misconceptions, and his advice for a jittery nation.



Dr. Philip Tierno, a man of many microbes.

What's the biggest misconception about bacteria?

People equate germs with disease and danger. But of the 60,000 or so groups of germs found on our planet, only about 1 to 2% are potentially pathogenic, and that's what all the fuss is about. Good germs, which are the bulk of these microbes, are performing very important tasks: They help us develop immunity, they help digest food in our digestive tract, and they provide vitamins through their metabolism. Microbes produce more than 90% of the oxygen on earth. Without them, there would be no life as we know it.

What are the biggest contributors to the rise of antibiotic-resistant bacteria?

The clinician, bar none. Four billion prescriptions are written annually in America, half of which are for antibiotics. The Centers for Disease Control and Prevention estimate that more than half of the prescriptions for antibiotics are unnecessary or inappropriate. Second, we use 25 million pounds of antibiotics in the agricultural industry and only 3 million pounds to treat infectious diseases. We feed them to animals, assuming that when you have too many in a crowd, they get sick. But this sort of a prophylaxis is dangerous. Lower

down on the list is the general population's abuse of antibiotics—taking expired prescriptions, taking a family member's prescription, or not completing the full course of a prescription.

What makes a bug a superbug?

Superbugs are highly antibiotic-resistant. In other words, when we fail to kill them effectively or have limited drugs to use against them, you get germs like methicillin-resistant *Staph aureus* (MRSA) and vancomycin-resistant *Enterococci* (VRE).

Now that MRSA is an epidemic, what can the average person do to avoid it?

When you have a cut or an open wound, apply an antiseptic and cover it with a bandage. Don't say, "Oh, it's only a scratch," because sometimes a scratch could be a conduit to a serious illness—or worse. Secondly, it's not a good idea to share things like uniforms that contact the skin. Sharing sports equipment, such as football or baseball gear, has also been shown to transmit MRSA. The most important thing is to practice good hand hygiene. Hand washing has been shown to be very effective because 80% of all infections are transmitted by direct and indirect contact.

Is antibacterial soap helpful?

Under ordinary conditions, such in the home or office, you don't need antibacterial soap if you do a good job with regular soap and water. Wash your hands, top and bottom, in between your fingers, and under your fingernails, to the song "Happy Birthday" sung twice consecutively. An antibacterial soap does kill microbes, so it can be used after handling foods like raw vegetables or meat, which are known to contain pathogens, or if you take care of a sick person, an invalid, or a young child.

Pathogenically speaking, what's the most dangerous place in the home?

Look at the toilet and the kitchen sink, and you'd probably pick the toilet as being dirtier, but it's quite the opposite. In that sink, you clean animal carcasses and vegetable matter, both of which contain pathogens. The sponge, which is also very dirty, can easily cross-contaminate surfaces. Disinfect sponges periodically by soaking them in a mixture of one whiskey glass of bleach per quart of water. Bleach is the cheapest and most effective sanitizing agent.

What precautions can be taken to reduce pesticide residue on produce?

You can't totally eliminate pesticides, particulates, and microbes, but you can reduce the amount. Firm vegetables (celery, etc.) or fruits with an outer skin (apples, pears, cherries, etc.) should be washed or soaked, then rinsed and wiped dry. More delicate fruit (berries, grapes, etc.) should be soaked for 10 minutes in water containing one tablespoon of lemon juice or white vinegar per quart, then rinsed. Leafy vegetables should be soaked in water, washed leaf by leaf, then rinsed. Some studies have shown that *E. coli* can become internalized into the leaf, so no amount of washing will eradicate it, but cooking will certainly kill the bacteria. Soil-laden vegetables (carrots, potatoes, turnips, beets, etc.) should be scrubbed with a vegetable brush, then rinsed.

How can you lower the risk of food poisoning when you dine out?

Check online for the latest health department inspection report on the establishment. Wash your hands prior to eating or drinking, or use an alcohol gel. Avoid self-serve food buffets and salad bars. Don't eat raw foods, such as meats, eggs, and seafood. Stay away from unpasteurized beverages or cheeses, unless you know they were properly aged. Observe how the waiter and other personnel handle the food. Make sure hot food is served piping hot. If something tastes even slightly off, send it back. Bon appétit.

Web Extra: for an article about two renowned microbiologists from different centuries who have collaborated on a medical mystery, see "A Storied Buried Treasure" at www.newsandviews-digital.com.

Treating the Whole Woman *(continued from page 1)*

In September, that dream became a reality when NYU Langone Medical Center opened the Joan H. Tisch Center for Women's Health. Located in an 18,000-square-foot facility at 207 East 84th Street, off Third Avenue, the new center gathers physicians and staff from 18 medical specialties. "Our goal is to provide comprehensive, state-of-the-art, personalized primary and specialty care," says Dr. Goldberg, the center's medical director. "Our physicians are dedicated to treating the whole woman in a single, convenient private-office setting."

The new center, which includes the Benmosche Family Medical Director's Suite, is designed to address a long-standing problem: women are the primary users of our healthcare system, accounting for two-thirds of the office visits made to doctors, and the main health decision-makers for their families, yet ironically they have a harder time obtaining high-quality care for themselves. Studies have shown that regardless of the patient's social status, medical professionals more frequently dismiss or minimize women's complaints, give them less thorough examinations for symptoms similar to those of men, and are less responsive to their questions.

Why? Because the healthcare system has historically been based on male patients, Dr. Goldberg explains. Until recently, she notes, female research

subjects were limited to studies on infertility or reproduction; they were routinely barred from other studies, based on a belief that their complex hormonal system would muddy results, making them inapplicable to the general population. It was also feared that drugs and other treatments might threaten fertility or perhaps even damage a fetus if a subject were pregnant. Thus, the findings of male-centric studies have formed the foundation of medical training and clinical practice. But that will soon change. Under new Food and Drug Administration guidelines, half of all subjects in major drug studies must be female.

Some maladies strike women as hard as men, notes Dr. Goldberg, but manifest themselves quite differently. Cardiovascular illness, for example, has traditionally been considered a man's disease, yet in developed countries, more women than men die of heart disease. In the US, it's the leading killer of women, claiming more lives each year than lung and breast cancer combined. For women, the symptoms of a heart attack tend to be more subtle, and therefore easy to miss—or dismiss. Instead of crushing chest pain, they are more likely to experience lightheadedness, fatigue, shortness of breath, or discomfort in the neck, shoulders, and upper back. As a result, women are

more apt to be diagnosed and treated after extensive heart damage has already occurred, and thus are more likely to die. Women also suffer disproportionately from obesity, depression, and autoimmune disorders.

The center's clinical services include cardiovascular care, internal medicine, breast health, dermatology, endocrinology, otolaryngology, gastroenterology, gynecology, mental health, neurology, orthopaedics, plastic surgery, podiatry, pulmonology, rheumatology, and urology. Its diagnostic services include mammography, colonoscopy, pulmonary function tests, cardiac stress tests, echocardiograms, X-rays, and ultrasound. Physical rehabilitation and therapy are also available.

Because of medicine's long neglect of women's health and the complex physiology of the female body, says Dr. Goldberg, caring for women requires a holistic approach. With a full spectrum of specialties under one roof, she adds, staff can better coordinate their efforts, conferring with each other in person, ensuring that tests are not duplicated, and creating a seamless continuum of care. "Finally," says Dr. Goldberg, "we can treat the whole woman in a single setting and empower her to take charge of her health through patient education."

Microbe Hunters Place Staph in the Crosshairs

If you can't kill your enemy, taking away a few key weapons might be the next best thing, especially if your foe is a pervasive and potentially deadly microbe that is quickly gaining resistance to most antibiotics. Doctors have struggled to contain the *Staphylococcus aureus* (*S. aureus*) bacterium and hard-to-treat variants, like methicillin-resistant *S. aureus*, or MRSA. Initially, MRSA infections rarely appeared beyond hospitals and other healthcare facilities caring for susceptible patients. However, the recent emergence of a community-acquired form that can strike healthy people has dramatically raised the stakes as the global health threat grows.

The bacterium, which normally lives on the skin or in the nose of about 25% of the population, can infect almost any body tissue if given the opportunity. "Once *S. aureus* gains access to the blood or deeper tissues, it becomes one of the most successful bacterial pathogens we know," says Victor Torres, PhD, assistant professor of microbiology. A clinical counteroffensive, however, could gain new momentum from a series of discoveries by Dr. Torres and his collaborators. In one finding, published in *Molecular Microbiology*, the researchers showed that in mice, a potent toxin in MRSA and other *S. aureus* strains is essential for wiping out a major portion of the cellular defense network. Without this immune cell killer, known as leukocidin A/B (LukA/B), the disarmed bacteria become more susceptible to white blood cells. Thus, the hunters become the hunted.

S. aureus, blamed for 19,000 deaths every year in the US alone, wields ample firepower. Upon infection, some strains can unleash dozens of proteins, including multiple toxins. "*Staphylococcus* is an armory in which each of these toxins is a



loaded weapon that could be used under different circumstances," explains Dr. Torres. In a follow-up study, also published in *Molecular Microbiology*, the researchers showed how a master regulator may coordinate the extensive bacterial arsenal, in part through a second-in-command. The emerging picture suggests that when *S. aureus* numbers are limited early on, a subordinate regulator called Rot gets the go-ahead to spur the pro-

duction of proteins that help the bacteria hide out in the body. Once the bacterial army reaches critical mass, a master regulator called *agr* effectively takes over, leading a surge in the production of LukA/B and other critical toxins that attack the immune system.

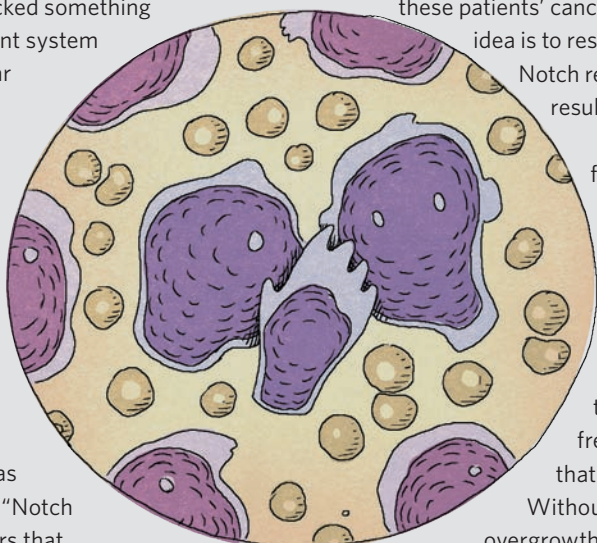
Most drug companies have focused on killing the bacteria outright, but *S. aureus* has outmaneuvered many of those efforts through antibiotic resistance. The two studies at NYU Langone Medical Center have helped to identify alternative targets that might be more reliably taken out by vaccines or chemicals, thereby impeding the microbe's ability to cause disease. "These kinds of strategies are borne of desperation," says Bo Shopsin, MD, PhD, assistant professor of medicine and microbiology, and a collaborator on both studies. "The traditional targets don't always work so well, and the bugs keep becoming more and more resistant, so we have to get more creative about ways to modify the course of the disease."

Dr. Shopsin cautions that neutralizing weapons like LukA/B or regulators like Rot may not be enough to fully subdue *S. aureus*. In combination, however, the counterattacks may finally weaken the pathogen enough to let the immune system move in for the kill.

Myeloid Leukemias Yield Their Secrets

On rare, fortunate occasions, a class of cancers suddenly yields its secrets, opening the way, perhaps, toward specific, effective treatments. That may now be the case for myeloid leukemias, thanks to a line of research begun three years ago in the blood-cancer biology lab of Iannis Aifantis, PhD, associate professor of pathology. Dr. Aifantis and postdoctoral researcher Camille Lobry, PhD, set out to breed mice whose blood-forming marrow cells lacked something called the Notch signaling pathway. This basic and ancient system of chemical communication is found in most multicellular organisms. In humans, it guides, among other functions, immature marrow cells to become mature blood cells. Gene mutations that cause an overabundance of Notch signals promote a type of T-cell leukemia. But what would happen to immature marrow cells if their Notch signals were shut off?

To the researchers' surprise, the Notchless-marrow mice died young, of a condition resembling a different human leukemia: chronic myelomonocytic leukemia (CMML), which features the overproliferation of myeloid white blood cells, such as monocytes and granulocytes. Dr. Lobry's finding, published in *Nature*, was the first big clue to the origins of the myeloid leukemias. "Notch signaling is complicated," he explains, "but it now appears that when it's overdone, too many T-cells are produced, and when it's shut off completely, too many myeloid cells are produced. In the latter case, restoring at least some level of Notch signaling might help a lot."

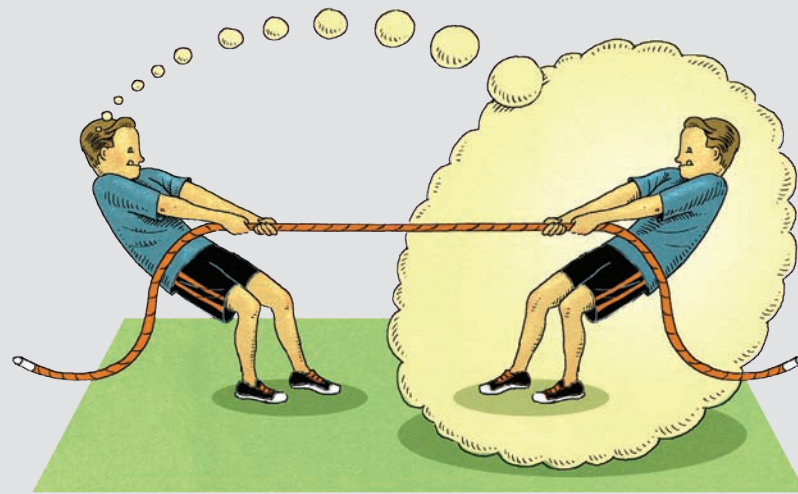


Dr. Aifantis and his colleagues, in collaboration with the laboratory of oncologist Ross Levine, MD, at Memorial Sloan-Kettering Cancer Center, have found Notch signaling disruptions in a significant fraction of CMML patients, and a near-100% shutdown of Notch signaling in patients with acute myeloid leukemia (AML), a deadlier cancer to which CMML often progresses. The good news is that Notch signaling in these patients' cancerous cells may be effectively repairable with drugs. "Our

idea is to restore the effects of Notch signaling by stimulating the existing Notch receptors," says Dr. Lobry. "We've had some very promising results with this strategy in our myeloid leukemia mouse models."

The loss of Notch signaling isn't the sole explanation for myeloid leukemias, which often feature disruptions to a second signaling pathway, governed by a protein known as Tet2. Dr. Aifantis and his colleagues have found that about 80% of the CMML tissue samples they tested that have Notch pathway mutations also have Tet2 mutations. Exactly how the disruption of Tet2 signaling contributes to a cancerous overgrowth of myeloid cells isn't yet clear. But the Aifantis-Levine team suspects that Tet2 normally helps free tumor-suppressor genes from epigenetic chemical marks that build up on them in cancer cells and block their expression. Without Tet2, in other words, these natural brakes on cellular overgrowth may be at high risk of deactivation.

"Drugs that can reduce the epigenetic marks on DNA are already in clinical trials for other conditions," notes Dr. Lobry, "and we think they are definitely worth trying in myeloid leukemia patients with Tet2 mutations."



At Rusk, a Treasure Hunt Offers the Greatest of All Prizes—Hope for Recovery

"Someone stole our snack today. Could it be pirates out on the ocean? Let's see what the first clue is." The faces of the five youngsters attending Camp High Five—an intensive two-week therapeutic summer program sponsored by the Rusk Institute of Rehabilitation Medicine—light up at the challenge from occupational therapists Debra Rosenbaum and Lisa Sheikovitz. Before you can say "Captain Hook," they're in the outdoor playground, where a series of clues, all part of the day's treasure hunt, will draw them ever closer to the booty.

It's great fun for this frolicsome group of children, ages 7 through 14. But Camp High Five—conceived four years ago by Miriam Sabbagh, supervisor of pediatric occupational therapy—is not about amusement only, and this is no ordinary group of campers. It consists of boys and girls who have lost movement on one side of the body—a condition known as hemiparesis—due to neurological impairments resulting from strokes, brain tumors, cerebral palsy, and head trauma.

Research has shown that the brain has the ability to remodel itself after injury or disease—a concept called neuroplasticity—and different parts of the brain help damaged areas by recruiting them during purposeful arm/hand movements. On the good arm, each camper wears a removable, colorfully decorated cast throughout each day's three-hour session. Little do the children realize it, but by passing an egg on a spoon, playing tug-o-war and tetherball, doing decoupage, and cutting and pasting pictures, they're improving gross, fine, and sensory motor skills that can help retrain the brain and, hopefully, increase use and movement of the affected limb. Pre- and postcamp testing of each child is used to measure his or her progress.

The ultimate goal is to increase the child's independence in daily activities and boost self-esteem while cultivating social skills. "Our camp is different because it isn't based just on therapy, but on socialization and enjoyment of the outdoors," explains Rosenbaum. "Children often do really well when they get encouragement from other kids doing the same thing."

"Because children have the benefit of brain plasticity, this approach, known as modified constraint-induced therapy, can be quite effective," explains Joan Gold, MD, clinical professor of rehabilitation medicine and director of inpatient pediatric rehabilitation services at Rusk. "It's conservative in that it doesn't involve any medication or surgery, yet it has the potential to improve function in a fun way for children who have already been through a lot."

Back on the playground, the campers have hopscotched from one clue to the next, when Josh exclaims, "I know where it is!" He soon emerges from behind a tree, clutching the treasured bag of booty—tiny bags of cheese snacks. "I'm proud to do the honors," he says, to the congratulations of his camp mates, as several therapists gingerly help him back into his wheelchair.

Even when the activity involves chipping away repeatedly at a hard block of sand with a small hammer—a fine motor drill called a "fossil dig"—the campers are in high spirits. "Boy, this is hard work," says Greg, taking a breather. "But I'm not gonna quit. I know there's a prize in there somewhere."

Champions of Children (continued from page 1)

Hasbro, Inc., the world's second-largest toy company. Since the company's early days, the Hassenfelds have translated their business success into a wide-ranging commitment to improving the lives of children. Hasbro is one of the leading benefactors of children in the US and abroad, and the family's philanthropy extends well beyond healthcare.

Sylvia Hassenfeld recalls a conversation she had in the 1980s with the late Lee Salk, PhD, a noted child psychologist and Hasbro Children's Foundation board member. "Children have no voice, and that's why the work we do for children is so important," he told her.

"The well-being of children is one of our great passions," says Sylvia Hassenfeld. "The first toys Hasbro made were doctor and nurse kits. I like to think that they inspired some youngsters who are now practicing pediatric medicine at NYU Langone. This gift is special to me and to my family."

Sylvia Hassenfeld; her children, Ellen Block and Alan Hassenfeld; and her grandchildren, Laurie Block, Michael Block, and Susan Block Casdin, have been deeply involved with NYU Langone for many years. The family has funded and continues to support NYU Langone's

Stephen D. Hassenfeld Children's Center for Cancer and Blood Disorders, established in 1989. In 1998, Susan Block Casdin, also a board member of KiDS of NYU and the Advisory Board of the NYU Cancer Institute, founded the Hassenfeld Committee, which sets a new fundraising record every year at the annual Adults in Toyland benefit.

In celebration of the Hassenfelds' gift, a uniquely festive, child-friendly event was held on Sunday, October 2, aboard the Intrepid Sea, Air & Space Museum. Amid icons of American history, hundreds of guests—a third of them children—marked this milestone in NYU Langone's history. TV journalist Barbara Walters served as the emcee, and Mayor Michael Bloomberg visited to offer his congratulations. Magicians, caricaturists, face painters, and balloon artists were on hand to keep kids of all ages entertained, and familiar characters, including Elmo and Mr. Potato Head, mingled with the crowd.

The Hassenfeld gift comes on the heels of another generous donation to pediatric care: a lead gift from Trudy Elbaum Gottesman and her husband, Robert Gottesman, and KiDS of NYU toward building a new Pediatric Emergency Care Center within the new Center for Emergency Services.

Highlights of the Hassenfeld Pediatric Center

Entrance (Ground Floor)

Pediatric patients and their families will arrive at a separate, dedicated Hassenfeld Pediatric Center entrance on 34th Street, featuring a child-friendly lobby.

Pediatric Procedures Center (Fourth Floor)

The perioperative unit will consist of private, child-friendly pre-op preparation and recovery bays, with space for family at the bedside. The center will include ORs, a catheterization lab, and two procedure rooms.

Family Center (Seventh Floor)

The Family Center will host orientation activities for future patients, child life activities and performances for current patients, and support, education, and respite services for families. It will also provide conference space. Family members sleeping in their child's room will be provided with shower stalls and laundry facilities.

Inpatient Rooms (Eighth and Ninth Floors)

The acute pediatric inpatient unit will be located on the eighth floor and the pediatric critical care unit on the ninth floor. Each floor will have 34 private rooms with bathrooms, each with a "family zone" featuring a sleep-in couch, storage, and Web access.



Clockwise from top left: Sylvia Hassenfeld and Dean and CEO Robert I. Grossman, MD. Mayor Michael Bloomberg. Hassenfeld family members (left to right) Alex Casdin, Kinsey Casdin, Ellen Block, Michael Block, Laurie Block, Susan Block Casdin, and Blaisdell Casdin. Dr. Catherine Manno, Dr. Elisabeth Cohen, and Dean and CEO Robert I. Grossman, MD. Barbara Walters and Alan Hassenfeld.

NYU Cancer Institute Annual Gala

NYU Langone Medical Center's Cancer Institute held its annual gala on October 3, raising \$3.2 million—more than double the amount raised last year. The gala, held at Manhattan's Plaza Hotel, honored Abraham Chachoua, MD, the Jay and Isabel Fine Associate Professor of Oncology, and Robert H. Benmosche, president and chief executive officer of American International Group, Inc.

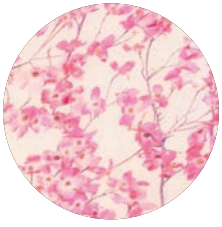
"Over and over again, our physicians, scientists, and caregivers begin with the patient," said Lori Fink, chair of The Cancer Institute's Advisory Board and a Medical Center trustee since 2003. "We never lose sight of the knowledge that although every patient is unique, we all share the need for compassion, support, respect, and love."

Over 600 supporters, a record, attended the event, which was hosted by Robert I. Grossman, MD, dean and CEO of NYU Langone Medical Center, and chaired by Lori and Larry Fink and The Cancer Institute Advisory Board.



Clockwise from top left: Phyllis Barasch, Martin and Connie Silver. Dr. William Carroll and Dr. Abraham Chachoua. Dean and CEO Robert I. Grossman, MD; Robert Benmosche; and Larry Fink. Lori Fink.

Inside This Issue



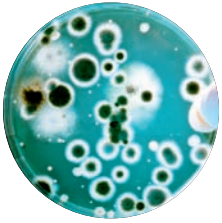
Treating the Whole Woman Women are the primary users of our healthcare system and the main health decision-makers for their families, yet ironically they have a harder time obtaining high-quality care for themselves. With the opening of NYU Langone's Joan H. Tisch Center for Women's Health, all that will change. [page 1](#)



The Shape of Things to Come Over the next year or two, a new logo bearing all the hallmarks of a successful institutional icon—conceptual clarity, visual simplicity, and graphic versatility—will be phased into every aspect of our community, from buildings to business cards, from white coats to Web pages. [page 3](#)



A Remembrance of Things Past Believed to be the first of its kind, a chorus of people with dementia and their family members and friends is part of a pilot research study being conducted by Dr. Mary Mittelman. At their debut performance in September, "The Unforgettables" truly lived up to their name. [page 4](#)



Good Bug, Bad Bug People equate germs with disease and danger. But of the 60,000 or so groups of germs found on our planet, only about 1 to 2% are potentially pathogenic. Dr. Philip Tierno, Jr., director of clinical microbiology and immunology, offers insights into microbial misconceptions, and advice for a jittery nation. [page 5](#)

NEWS & VIEWS

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Top right: Dean and CEO Robert I. Grossman, MD; Master Scientist Ruth Lehmann, PhD; Master Educator Mel Rosenfeld, PhD; Master Clinician Frederick Feit, MD; and Medical Center Board Chairman Kenneth G. Langone. Center left: Dean Grossman and Michael Bloom, honorary member of the Alumni Association, class of 2012. Center middle: Dr. Mel Rosenfeld. Center right: Steven Abramson, MD, vice dean for education, faculty, and academic affairs. Bottom, far right: William R. Berkley, trustee of NYU Langone Medical Center and recipient of the Valentine Mott Founders Award.

