Lutheran Medical Center Joins the NYU Langone Family

An Unprecedented Alliance Enhances Local Access to World-Class Healthcare

In the lobby of Lutheran Medical Center, an acute care teaching hospital in southwest Brooklyn’s Sunset Park neighborhood, the word “Welcome” greets visitors in seven languages—English, Arabic, Spanish, Chinese, Russian, Italian, and Yiddish—reflecting an institution that is not only gracious in its hospitality, but caring in every sense of the word toward the highly diverse community it serves. Sunset Park is a microcosm of the successive immigration waves that have transformed New York City, with nearly half of its residents foreign born.

This spring, it was NYU Langone Medical Center’s turn to offer a warm embrace. In an unprecedented alliance, NYU Langone welcomed Lutheran Medical Center—now known as NYU Lutheran Medical Center—into the family, creating a clinically integrated healthcare network that provides access to NYU Langone’s vast array of specialty and surgical care. The hospitals of NYU Langone and its new affiliate will share the same parent corporation: NYU Langone Health System.

NYU Lutheran Medical Center, a 468-bed hospital founded in 1883, is a New York State Certified Level 1 Trauma Center and a New York State Designated Regional Stroke Center. The NYU Lutheran system includes Lutheran Family Health Centers (a network...
Collaboration in the Fight against Cancer

To advance global collaboration in the fight against cancer, NYU Langone Medical Center and the Technion—Israel Institute of Technology have received a $9 million gift from Laura and Isaac Perlmutter, both Medical Center trustees, to fund two major, joint research endeavors.

The first grant will finance six cancer-focused research projects led by investigators from both NYU Langone and the Technion. Another grant will be used to establish a state-of-the-art research facility on the Technion campus in Haifa, Israel, that will support these and other research projects.

The gift continues the efforts of the Perlmutter family and educators who champion projects in the fight against cancer. In January 2014, they made an extraordinary gift of more than $50 million to advance cancer research and treatment at NYU Langone. As part of that gift, NYU Langone renamed the NYU Cancer Institute, a National Cancer Institute-designated cancer center, the Laura and Isaac Perlmutter Cancer Center.

of 66 sites including the largest school-based clinic system in the state) Lutheran Augustana (a comprehensive extended care and rehabilitation center), the Lutheran Community Care Organization (a licensed home-care agency), and three subsidized senior housing developments. The institution is a nationally recognized leader in cultural competence, with a staff that is more than 60% bilingual, and the hospital offers Chinese, Arabic, and Orthodox Jewish community liaisons to help patients navigate the healthcare system.

Collaboration between the two institutions has already begun. Through its affiliation with NYU Langone, NYU Lutheran and NYU Lutheran Family Health Centers now offer a broad range of pediatric specialty services, along with subspecialty care for complex cases at the Medical Center’s main campus. By enhancing local access to world-class medical care, this affiliation paves the way for both institutions to address the changing healthcare environment, which is shifting from hospital-based to ambulatory care.

“We are thrilled to collaborate with NYU Langone and enthusiastic about what these expansions mean for Lutheran, our patients, and the community we serve,” says Wendy Z. Goldstein, president and CEO of NYU Lutheran. “This is a major commitment to ensuring that the highest level of complex care is provided in our community by world-class specialists.”

“This is an exciting new chapter in the history of both institutions,” notes Robert I. Grossman, MD, the Saul J. Farber Dean and CEO of NYU Langone. “As a pioneer in the movement to expand outpatient services into neighborhood settings, NYU Lutheran gives us the opportunity to extend our expertise to a larger number and broader spectrum of patients. In turn, we offer NYU Lutheran and its patients a vast range of medical and surgical specialties and subspecialties, and access to world-renowned research and cutting-edge clinical trials.”

NYU Lutheran Medical Center at a Glance

Inpatient admissions (annual): 26,500
Emergency Department visits (annual): 66,400
Births (annual): 3,900
Employees: 4,100
Accreditations: Fully accredited by the Joint Commission
Certifications: Level I Trauma Center, New York State Designated Regional Stroke Center; FDNY Office of Medical Affairs Certified Cardiac Arrest Center
Visit nyulangone.org/nyulutheran
NYU Langone’s West Side Story

NYU Langone Ambulatory Care West Side—located just west of Broadway in Hell’s Kitchen, one of Manhattan’s most vibrant neighborhoods—is part of an ever-expanding constellation of sites that enable patients to be treated where they live and work. In addition to primary care, the practice provides allergy/asthma, cardiology, colorectal surgery, dermatology, endocrinology, gastroenterology, gynecology, and infectious diseases and immunology services. “What sets us apart,” says Medical Director Oliver Pacifico, MD, “is that we started out small and have maintained that intimate feel in what is now a multispecialty outpatient center.”

HONORS & AWARDS

NYU School of Medicine Ranked among Top 15 Nationwide and No. 2 in New York by U.S. News & World Report

NYU School of Medicine has ranked no. 14 in the nation for research and no. 2 in New York out of 130 medical schools nationwide on the 2016 U.S. News & World Report’s “Best Graduate Schools” rankings. This is the first time the School appears in the top 15, representing a gain of five places from a 2015 ranking of no. 19 and 20 places from a 2007 ranking of no. 34. This rise over the past 10 years is one of the fastest increases in the history of the survey.

In recent years, NYU School of Medicine has garnered national attention through its multifaceted new curriculum, or C21 initiative. This year, the School, in collaboration with the American Medical Association, launched a new Health Care by the Numbers curriculum that exposes medical students to clinical data across NYU Langone’s physician network of practices and challenges them to think about healthcare cost and quality from a population perspective. The School is also known for its emphasis on individualized education, such as three-year MD and dual degree programs.

U.S. News & World Report uses a range of statistical factors to evaluate a school’s faculty, students, and research enterprise. The analysis includes assessments by deans and residency directors, research funding, and the grade-point averages and MCAT scores for incoming students. A key factor in the school’s top 15 ranking was its large jump in research funding in 2014, the last full year reported by the National Institutes of Health. Other aspects include an increase in the median MCAT score and undergraduate GPA for admitted students.
Innovative Techniques for Hip Replacement and Artery Disease

A Silent Threat
Most people with peripheral artery disease don’t know they have it, but it can be detected early with a simple screening test and treated effectively with new surgical techniques.

Peripheral artery disease (PAD), in which plaque restricts blood flow in the legs, is a marker for increased risk of heart attack or stroke. When the disease is caught early, it’s often controllable with lifestyle changes and medication.

If those approaches fail, surgery is required, and until recently, the options were limited. In severe cases, the only recourse was a vascular bypass, using grafted blood vessels to create a detour around the blockage. That operation is much harder on patients and can be dangerous for those with cardiac conditions.

In recent years, however, surgeons have acquired new tools and techniques that reduce the need for bypass surgery and treat PAD more effectively. “Today,” says Mark Adelman, MD, the Frank J. Veith, MD, Professor of Vascular and Endovascular Surgery and chief of the Division of Vascular and Endovascular Surgery, “we can often salvage limbs that might have been lost to amputation just 5 or 10 years ago.”

**The latest breakthroughs:**

- **Reverse Attack.** Endovascular surgeons used to approach PAD from just one direction, inserting a wire through the groin and working downward, but calcified plaque near the groin sometimes forms a barrier. Now, surgeons can enter at the foot or ankle, where plaque tends to be softer. By working both upward and downward at the same time, the chances of penetrating plaque to allow treatment are much better.

- **Chemical Weapon.** Stents can open plaque-obstructed arteries but can also spur growth of scar tissue, which eventually reblocks the artery. To prevent that, surgeons now use stents that contain chemotherapy drugs. “Chemo may sound scary,” says Dr. Adelman, “but the drugs are in microscopic doses, so there are no side effects.”

- **Arterial Snaking.** Atherectomy, which removes plaque from artery walls using a tiny drill inserted through a catheter, has a new tool. An abrasive burr mounted off-center works with centrifugal force to spin at up to 60,000 rpm, removing more plaque with greater precision.

**Same-Day Hip Replacement**

**Dr. Roy Davidovitch** recently performed a minimally invasive anterior approach hip replacement on a patient who was discharged later that day—a first in New York City.

**“The goal of this approach is to return patients to their normal level of activity as quickly as possible and minimize postoperative discomfort,” says Dr. Roy Davidovitch.**

NYU Langone Medical Center recently became the first academic medical center in New York City to initiate a same-day hip replacement program. On the morning of January 22, orthopaedic surgeon Roy Davidovitch, MD, performed an anterior approach hip replacement on a patient who was discharged later that afternoon from NYU Langone’s Hospital for Joint Diseases.

“With advances in soft-tissue-sparing techniques, such as the anterior approach, and innovative pain-management protocols, patients are able to recuperate in the comfort of their own homes, much like they do after outpatient arthroscopy procedures,” explains Dr. Davidovitch, director of the Hip Center at NYU Langone. “The goal of this approach is to return patients to their normal level of activity as quickly as possible and minimize postoperative discomfort.”

About 332,000 Americans undergo a total hip replacement each year, according to the Centers for Disease Control and Prevention, principally to treat chronic pain and mobility issues caused by age-related wear and tear, arthritis, fractures, and other conditions. Traditional hip replacement surgery requires dividing muscles and tendons from the femur to surgically access the hip joint from the side and implant the replacement.

Postsurgery hospital stays typically range from two to three days. For the minimally invasive anterior approach, Dr. Davidovitch accesses the femur through a three-inch incision in the front of the hip joint. Since muscles and tendons are not cut to access the hip, there’s less postsurgical pain, and the implanted joint has a more natural feel. This allows patients to become mobile more quickly and recover faster. Most patients resume their normal activity level within six weeks.

Dr. Davidovitch was the first surgeon in New York City to perform the minimally invasive anterior approach.

**CONTACT:** To find a joint replacement specialist, call 646-501-7300

**CONTACT:** To find a doctor who treats peripheral artery disease, call NYU Langone’s Division of Vascular Surgery at 212-263-7311.
The Most Important Facts You Need to Know about Carpal Tunnel Syndrome

This common nerve disorder can lead to permanent weakness in the hand and fingers. Here are some tips to keep that from happening.

Get evaluated and treated as soon as symptoms appear.

Carpal tunnel syndrome (CTS) occurs when the median nerve is compressed as it runs through the carpal tunnel—a passageway at the wrist formed by bones and ligaments. It usually results from swelling or thickening of the tissue that covers the neighboring tendons. Because the nerve supplies sensation to the palm side of the thumb, index, middle, and ring fingers, the first symptoms are numbness and tingling in those digits, which worsens when the wrist is flexed. You often wake up feeling a need to shake out your hand. “When people sleep, their wrists are usually relaxed in flexed positions,” explains Martin Posner, MD, chief of the Division of Hand Surgery in the Department of Orthopaedic Surgery at NYU Langone Medical Center. “That compresses the nerve even more.” Eventually, the numbness may be accompanied by searing pain, and you may have trouble forming a fist or grasping small objects. Get evaluated and treated early, because over time, damage to the median nerve can become irreversible.

The cause may not be repetitive strain.

CTS can be triggered by any condition that causes swelling in the carpal tunnel, including pregnancy, menopause, obesity, diabetes, hypothyroidism, and rheumatoid arthritis.

Women are three times more likely to develop the disorder. Although studies show an association with repetitive manual labor, there’s less evidence for the popular belief that typing can cause the syndrome. Still, some experts believe that good ergonomics is a smart precaution. “Get the right desk and the right chair, and position your hands to avoid stressing your wrists,” advises neurologist Jaydeep Bhatt, MD. For guidelines, visit www.osha.gov/SLTC/etools/computerworkstations.

A diagnosis can usually be made from an examination, but not always.

A doctor can often diagnose carpal tunnel syndrome by taking a clinical history and performing a simple exam. In more severe cases or when symptoms are less clear-cut, electromyography may be needed to measure nerve damage and pinpoint the origin of your symptoms (a herniated disc in the neck, for example, can lead to similar discomfort).

You may be able to be treated while you sleep.

Wearing a wrist splint while you sleep and avoiding strain on the wrist and hand can often clear up symptoms within a few weeks. You may also be given a steroid injection into the carpal tunnel to reduce swelling. “Acupuncture can be similarly effective,” notes Alex Moroz, MD, director of musculoskeletal rehabilitation at Rusk Rehabilitation.

If symptoms persist or if hand muscles are weakening, surgery may be necessary. Through an incision in the palm, a ligament is cut to relieve pressure on the nerve. Patients can typically return to work within a few days but should avoid strenuous activities for six to eight weeks.

TWO EXPERTS ON TWO DIFFERENT APPROACHES TO TREATMENT

"As a conservative approach, acupuncture can be very effective, though the mechanism is not clearly understood. It has very potent anti-inflammatory properties, so it probably works by reducing inflammation of the nerve. The nerve lives in a narrow canal, and when the nerve gets inflamed, it swells up, making that space even tighter. If you can unswell the nerve, symptoms improve.”

Physiatrist Alex Moroz, MD, director of musculoskeletal rehabilitation at Rusk Rehabilitation

"The only time surgery is advisable for CTS is when the muscles are weak. If surgery does become necessary, it should be performed as open surgery. Endoscopic surgery, a less invasive approach preferred by some surgeons (though none at NYU Langone), requires smaller incisions, but it does not allow the surgeon to see the median nerve as he or she is operating. This increases the risk of damage.”

Orthopaedist Martin Posner, MD, chief of the Division of Hand Surgery

Image: Spencer Sutton / Science Source

CONTACT: To find a doctor who treats carpal tunnel syndrome, call NYU Langone’s Physician Referral Service at 888-769-8633.
Stopping Strokes

Tisch Hospital’s Comprehensive Stroke Care Center has been honored for its excellence in stroke treatment and rehabilitation. Here’s why.

Neurologists who treat strokes have a motto: Time is brain. From the moment a blood clot blocks an artery in the brain (the most common cause of stroke), the organ’s cells start dying by the millions. Even if the patient survives, he may suffer severe cognitive or neurological damage, perhaps even lose the ability to walk or speak. “It’s a race against the clock,” says neurologist Koto Ishida, MD, medical director of Tisch Hospital’s Comprehensive Stroke Care Center. “We’re not just trying to save lives. We want patients to go home with little or no disability.”

That takes extraordinary teamwork as well as cutting-edge technology, and NYU Langone Medical Center is a recognized leader in both areas. The Medical Center was named Manhattan's first primary stroke center in 2005. For the past four years, it has received the Gold Plus designation in stroke care from the American Heart Association/American Stroke Association’s Get with the Guidelines®–Stroke program, an honor reserved for hospitals using the most advanced practices and procedures. NYU Langone was also named one of America’s top 10 hospitals for its neurology and neurosurgery programs in the 2014–15 U.S. News and World Report rankings.

“We’ve assembled an outstanding group of specialists in a wide range of fields,” explains Steven Galetta, MD, the Philip K. Moskowitz, MD, Professor and Chair of the Department of Neurology. “Together, they provide the best continuum of care for stroke patients in New York City.” Three additional neurologists were recently hired to ensure round-the-clock coverage, 365 days a year. At any given time, 14 specialists are now on call. Since time is of the essence, protocols have been developed with the new Ronald O. Perelman Center for Emergency Services to ensure swift, accurate diagnosis and treatment. When an ambulance picks up someone with possible stroke symptoms (see box), EMS personnel call in an alert while en route to the Ronald O. Perelman Center for Emergency Services, where a CT scan is quickly performed.

The first line of attack for busting clots in the brain is an intravenous dose of the anticoagulant tPA, which must be administered within four-and-a-half hours of onset to be effective. Neurointerventionalists may also try injecting tPA directly into an artery near the stroke site or removing the clot with a suction catheter or a tiny scoop called a stent retriever (see illustration). “Every minute counts,” Dr. Ishida stresses.

“At the end of the day, it’s all about who’s taking care of you,” says Dr. Galetta. “Our specialists are not only brilliant physicians, but totally responsive to the needs of the patient.”

CONTACT: Visit nyulangone.org/strokecenter

The Stroke Center is supported, in part, by Medical Center Trustee Thomas Montag and his wife, Janet.

How to Tell If Someone Is Having a Stroke

Symptoms can vary depending on where a stroke is happening in the brain, but they are known to strike very suddenly and may include:

• Numbness, tingling, or weakness of the face, arms, or legs—especially on one side of the body
• Confusion and difficulty speaking or understanding
• Vision changes in one or both eyes
• Problems with walking, balance, or coordination
• Severe headache with no known cause
A POWERFUL WEAPON TO COMBAT STROKES

While the anticoagulant tPA can dissolve smaller blood clots, it’s often ineffective against those blocking the brain’s major arteries. Mechanical devices for removing bigger clots first appeared a decade ago, but none reliably improved outcomes. A breakthrough came in 2012, however, when the FDA approved a device called a stent retriever (shown above). The stent—an expandable wire-mesh tube—is attached to a catheter and threaded up an artery to the brain. When it reaches the stroke site, it traps the clot and pulls it away. A study published last January in The New England Journal of Medicine found that about one-third of stroke patients treated with both tPA and the new devices recovered enough to live independently, versus one-fifth of those treated with tPA alone. “That’s a game changer,” explains Dr. Ishida. NYU Langone was an early adopter of stent retrievers, and they serve as a powerful weapon in the Medical Center’s arsenal to combat strokes.
A Team Approach for Replacing Heart Valves

One of the procedures made possible by NYU Langone Medical Center’s state-of-the-art hybrid OR—equipped for both surgery and catheterization—is transcatheter aortic valve replacement (TAVR). TAVR allows a narrowed, stiffened valve to be replaced through a catheter, a minimally invasive approach requiring moderate sedation and two small incisions. About 250,000 Americans are estimated to suffer from severe aortic stenosis, which limits blood flow from the heart. Without a valve replacement, half will not survive more than two years after the onset of symptoms.

Mathew Williams, MD, director of the Heart Valve Center prepares to insert the compressed replacement valve into the catheter. Dr. Williams has performed more TAVRs than any surgeon in the US.

Photographer: Bud Glick
Guided by X-ray fluoroscopy, interventional cardiologist James Slater, MD, the Robert and Marc Bell Professor of Cardiology, inserts a catheter in an artery in the groin and threads it up into the heart.

Using 3-D echocardiography, Muhamed Saric, MD, PhD, director of echocardiography, guides the positioning and deployment of the replacement valve in real time.

The artificial valve, enveloped in a metal scaffold, or stent, collapses to the width of a pencil, allowing it to fit inside an artery.
Triumph over Infertility

When Nature Doesn’t Cooperate, Science Offers Hope to Couples Who Are Unable to Conceive

During her 20s and 30s, award-winning CNN correspondent Kyra Phillips’ career was taking off. When she divorced without children at age 38, the globe-trotting journalist realized she might never have the children she’d always wanted. “I remember experiencing a massive anxiety attack,” she says of the moment this reality hit home.

Phillips knew her odds of getting pregnant were declining every year. As a woman ages, her stockpile of eggs dwindles—from 600,000 at puberty to 18,000 at age 40—and as those remaining eggs grow older, more of them may become chromosomally defective. But in 2010, when she married Fox News anchor and correspondent John Roberts, she felt hopeful about having a family.

Roberts wanted children, too, but the couple knew they would need help to conceive. Roberts, who had had a vasectomy, required surgery to extract his sperm, and Phillips, who failed to get pregnant during her first marriage, suspected fertility problems. So Roberts introduced her to his friend Jamie Grifo, MD, PhD, chief of the Division of Reproductive Endocrinology at NYU Langone Medical Center, who helped them understand that they still had options.

Like Phillips, more and more women are turning to in vitro fertilization, or IVF, the process by which an egg and sperm are fertilized in a laboratory and then implanted in a woman’s uterus. A recent report by the Society for Assisted Reproductive Technology found that in 2012, doctors in the US performed 165,172 IVF procedures, producing 61,740 babies—about 2,000 more than the year before. It was the highest percentage of babies born through IVF ever reported.

In 2012 at NYU Langone, Dr. Grifo and his team performed 1,289 IVF cycles, producing 509 babies—one of the country’s highest rates.

While science can help, IVF doesn’t always work, and it requires weeks of hormone injections, which can be physically and mentally draining. Dr. Grifo, who compares the emotional intensity of the process to chemotherapy treatments, believes a healthy mind-set is critical. “I encourage my patients to focus on the things they can control, like eating well, not overdoing alcohol and caffeine, and exercising in moderation,” he says. “You’ll feel better knowing

Misconceptions about Conception

1. If you’re young and fertile, it’s easy to get pregnant.

FALSE. For many couples, it can take more than a year. “We all know couples who conceive the first time they try,” says Dr. Grifo. “They’re the ones who talk.” But it’s normal for couples to try for as long as 13 months. A large percentage of embryos don’t have the proper number of chromosomes they need to develop into a fetus. “It’s nature,” Dr. Grifo says. “This is why farmers throw down 100 seeds to get 20 plants. Some sprout, some don’t.”

2. Eggs don’t freeze very well.

FALSE. Frozen eggs work about as well as fresh ones. The American Society for Reproductive Medicine classified egg freezing (oocyte cryopreservation) as an experimental procedure until 2012, but the data has established that it can be an effective way to preserve fertility. In a recent study, Dr. Grifo and his colleagues found that embryos from frozen eggs did not have more chromosomal abnormalities and resulted in about the same percentage of live births.
that you’re doing everything you can and accepting what you can’t control.”

That advice helped Phillips endure two failed IVF cycles and two miscarriages before she finally became pregnant with twins. “Jamie is so honest and ethical,” says Phillips. “He helps you feel confident but realistic.” It’s an attitude embraced by Dr. Grifo’s entire team, and the results show. In a study of nearly 500 women who had frozen their eggs at the NYU Langone Fertility Center, a process that involves the same hormone injections as IVF, 53% found the experience empowering.

On Dr. Grifo’s counsel, Phillips explains, she committed herself to the three Ps: patience, persistence, and profanity. “You need to vent,” she says jokingly. Phillips credits her ultimate success with IVF not just to a good attitude and good science, but also to her positive lifestyle changes. “I quit smoking, changed my diet, and worked on calming my mind and body through meditation and acupuncture,” she recalls.

Her only regret is that she didn’t make those changes sooner. She learned that there was so much more she could have done in her 20s and 30s to preserve her fertility—such as freezing her eggs, an increasingly popular option among younger women without fertility issues. “Up to 30% of my patients are healthy women who want to freeze their eggs, effectively putting their biological clock on ice,” says Dr. Grifo, whose research helped pioneer a state-of-the-art technique for freezing and thawing unfertilized eggs.

To empower women of all ages to be proactive in preserving their fertility, Phillips has teamed up with Dr. Grifo to publish a book, The Whole Life Fertility Plan: Understanding What Affects Your Fertility to Help You Get Pregnant When You Want To. “It didn’t seem right that the first time anyone taught me how to take care of my fertility was when I was sitting in a fertility clinic at 40,” writes Phillips.

Dr. Grifo hopes the book will educate a broader audience about fertility issues and the modern advances that can help address them. “We often assume that having children is a God-given right,” says Dr. Grifo, “but it’s not. It’s a gift, a privilege, a miracle—and I’m honored to be a part of it.”

3. **Youth confers fertility.**

**FALSE.** “When young couples can’t conceive,” notes Dr. Grifo, “about 40% of the time no reason can be found.” Some of the most common causes in young women are uterine fibroids, endometriosis, and damage to the fallopian tubes due to sexually transmitted infections (STIs), such as chlamydia. Poor ovarian reserve—not having enough good-quality eggs left—can be an issue even for women in their 20s. Practicing safe sex and getting tested regularly for STIs can help young people preserve their future fertility.

4. **When it comes to embryos, fresh are better than frozen.**

**FALSE.** Pregnancy outcomes improve when embryos are frozen. In the process of in vitro fertilization, Dr. Grifo explains, hormones are used to stimulate the ovaries to produce many eggs. But these hormones can also affect the lining of the uterus, making it harder for an embryo to attach and result in a successful pregnancy. One study showed that embryo implantation rates more than doubled when embryos were frozen, then later thawed and transferred to the woman’s uterus sometime after she had undergone ovarian stimulation.

5. **The older the woman, the less likely she is to conceive, and the more likely she is to miscarry.**

**MOSTLY TRUE.** However, if an embryo is chromosomally normal, older women have the same success rates for pregnancy as younger ones. The chromosomes in a woman’s eggs deteriorate with age, so fertility starts dropping around age 30. By 45, most women cannot get pregnant using their own eggs. But Dr. Grifo and his colleagues have found that when they transferred embryos that had been tested and found to be chromosomally normal, there was no difference at all in the success rates between women under 35 and those over 42.
Finding Her Voice

A Common Cold Nearly Silenced Suzanne Bronski, but Voice Therapy Gave Her Something to Cheer About

Word by word, Suzanne Bronski's quality of life began to slip away. Her troubles began in the winter of 2012, with a cold that left her voice slightly hoarse. Soon, she could barely speak above a whisper. At work, Bronski “croaked” her way through phone calls and meetings. When socializing, she struggled to join in conversation. An endoscopic exam revealed that Bronski had a condition known as unilateral vocal cord paralysis. Something had seriously compromised the nerve controlling one of her vocal cords—the twin inch-long folds of muscle that stretch horizontally across the voice box, just above the windpipe.

Vocalizations are produced when air passes from the windpipe through the vocal cords, causing them to vibrate hundreds of times per second, much like the reed of a wind instrument. “If these tissue folds aren’t perfectly aligned, it’s difficult to create the vibrations that are ultimately shaped into speech by our voice box, jaw muscles, and tongue,” explains otolaryngologist Milan Amin, MD, director of NYU Langone Medical Center’s Voice Center, one of the few programs in the country dedicated to the treatment of throat-related ailments. “Since Suzanne had just recovered from a cold, it’s likely that a virus was to blame,” says Dr. Amin. “In many cases, we never determine the cause.” Dr. Amin typically recommends voice therapy, referring his patients to Shirley Gherson, a voice specialist at NYU Langone's Rusk Rehabilitation.

“It would be reasonable to assume that Suzanne needed to rest her voice,” says Gherson. “But she actually needed just the opposite—activity. I taught her exercises to strengthen and coordinate the muscles of the vocal cords to get the most out of her voice while she waited for her nerve to heal.” Gherson taught Bronski how to perform lip trills (the patient gently exhales while pursing the lips, letting out a brrrrrrrr sound on a given pitch) and pitch glides (the patient hums while sliding the pitch up and down).

Bronski dutifully exercised twice a day, but progress was slow, and she grew increasingly worried that she would need more invasive therapy, such as injections of collagen-like substances to reshape the affected vocal cord. One spring day, she found herself sitting in Gherson’s office, breaking down in tears, wondering whether she would ever get her voice back. “Our voice is a central part of who we are,” notes Gherson, who keeps a box of tissues on hand for these occasions. “It’s how we relate to the world around us. Losing that ability can be very emotional.”

Gherson tapped into Bronski’s psyche to accelerate the healing process. “Suzanne was incredibly compliant with her therapy,” explains Gherson, “but the stress of the disorder had taken a toll. I taught her to relax her breathing, slow down her speech, and let go of bad vocal habits.”

“Shirley really understood my anxiety,” says Bronski. “After that session, I felt more empowered.” Within weeks, her voice started to get stronger. “It was as if someone had turned on my inner microphone.”
Making a Difference in Diabetes

It’s been reported that about a third of the 28 million Americans with type 2 diabetes don’t know they have it. How is that possible?

Dr. Hodak: That’s the problem with type 2 diabetes—it’s a stealthy disease. It takes years to develop and often has no symptoms at all. When your body doesn’t produce enough insulin, or it become resistant to insulin, sugar starts to accumulate in your blood. You might not feel anything at first. But it does affect your health, and it can lead to complications such as kidney damage, loss of vision, and even amputations.

Who’s most at risk, and can you do anything to stop the disease from progressing?

Dr. Hodak: The good news is that you can do something about it. That’s why it’s so important for those at high risk—anyone who is overweight; has a sibling, parent, or grandparent with the disease; or is over age 65—to get their blood sugar levels checked. Eating carefully and maintaining a healthy weight can limit the accumulation of blood sugar, reverse the symptoms of the disease, and delay or prevent complications. Small steps work, but you have to stick with them.

What about medication for diabetes?

Dr. Hodak: Medication can help, too, but it’s not enough to just take a pill. You’ve still got to make major lifestyle changes. It is doable! Patients on medication for diabetes who lose as little as 10 to 15 percent of their body weight usually have markedly improved blood sugar levels. Many of them can significantly decrease or even discontinue their medications. But they’ve got to stick with it for life. I know that can be hard, but there’s usually no sign of a spike in blood sugar, so the consequences of “cheating” tend to be cumulative rather than immediate. That’s why regular self-testing is vitally important.

How can people who have diabetes get help and motivation?

Dr. Hodak: Our new Center for Diabetes and Endocrinology has a talented team of endocrinologists, diabetes educators, nutritionists, mental health specialists, and fitness instructors. They work together to provide all the expertise and services you need.

A Tender Lullaby
For a Young Patient, Music Therapy in the OR Ensures a Soothing Journey

As a member of the Sala Institute for Child and Family Centered Care within the Hassenfeld Children’s Hospital, music therapist Joseph Lee can usually be found strumming his guitar and singing songs to young patients in various units of NYU Langone Medical Center, engaging and distracting them as they undergo sometimes painful medical treatments or procedures. One day last summer, however, Lee was called upon to use his therapeutic musical skills in an unusual setting: one of Tisch Hospital’s operating rooms.

The patient was a five-year-old boy who suffers from developmental delays, which make him easily agitated. In the preop unit, Lee quickly discovered that the sound of his guitar was overstimulating for the little boy, so he turned instead to the gentle plinking of a digital piano on his iPad. He also took cues from the boy’s parents and from the boy’s grandmother, who helped lead nearly an hour of comforting music as the boy was prepped for his eye surgery. Song after song, the boy remained engaged, expressing his likes and dislikes as the music played on.

“Tis child has always had a dramatic response to song,” explains the boy’s surgeon, pediatric ophthalmologist Emily Ceisler, MD, who has treated him since infancy. “I will do whatever I can to make a child happier, which helps me to better examine and treat him.”

So Dr. Ceisler and anesthesiologist Joanna Koenigsberg, MD, were delighted to have Lee keep singing to the little boy as he was wheeled into the OR, right up until the moment he drifted off to sleep. Swept up in the spirit of the moment, Dr. Ceisler, Dr. Koenigsberg, and the entire OR team joined in as Lee sang “Twinkle, Twinkle, Little Star.” When the little boy came to in the postanesthesia care unit, he awoke just as he had fallen asleep—to the sounds he loves and the smiles of those who love him.
Stalling BRCA Tumors

Researchers at NYU Langone Medical Center have discovered a way to dramatically slow the growth of cancers fueled by mutations in genes known as BRCA1 and BRCA2. Women who carry these deadly mutations have an increased lifetime risk (up to 85% higher) for developing breast cancer and a risk for ovarian cancer that is up to 40% higher.

Researchers led by Agnel Sfeir, PhD, an investigator at the Skirball Institute of Biomolecular Medicine and a member of the Laura and Isaac Perlmutter Cancer Center, both at NYU Langone, examined the protective tips of chromosomes, known as telomeres. Without telomeres, the cell’s DNA repair machinery would misdiagnose the chromosome tips as damaged and mistakenly mangle them in the repair process. In mutated cells, telomeres decay and stick together, triggering this repair machinery, which causes a massive reshuffling of the genetic material within the chromosomes. The result is often cancer.

The researchers, describing their findings in *Nature*, discovered an enzyme, called POLQ, that fuels the genetic mix-up among tangled telomeres. Blocking POLQ activity in mice and human cells, the scientists found, cut the rate of cancerous growth in half. “One way to kill these particular types of cancer cells is to deplete POLQ,” Dr. Sfeir says. The biologists believe that this strategy will ultimately reveal new ways to treat BRCA1 and BRCA2 cancers.

Protecting Livestock from Mad Cow–Like Disease

An experimental vaccine has the potential to protect livestock and possibly even humans from a brain and spine disorder similar to mad cow disease. Researchers at NYU Langone Medical Center, collaborating with scientists at other institutions, have successfully vaccinated a deer against chronic wasting disease (CWD), a fatal condition that has swept through deer populations throughout the United States over the past few decades.

The vaccine fully protected one deer from subsequent exposure to CWD and significantly delayed the disease onset in four others. The breakthrough, reported in the journal *Vaccine*, suggests a promising new method to protect animals and, potentially, humans from a collection of related diseases caused by highly infectious proteins called prions.

“This is the first time this has been done in a species that is naturally at risk of prion infection,” says neurologist Thomas Wisniewski, MD, the Lulu P. and David J. Levidow Professor of Neurology, the study’s senior author. Although the vaccine didn’t fully protect all inoculated deer, Dr. Wisniewski says newer formulations could significantly boost the level of prion antibodies and offer greater protection.

More Skin, More Sun, More Melanoma

Dermatologist David Polsky, MD, PhD, was a postdoctoral fellow when a photo of 1890s beachgoers made him wonder how changing fashion trends may have fueled the rise of melanoma, the most dangerous form of skin cancer. Dr. Polsky, now the Alfred W. Kopf, MD, Professor of Dermatologic Oncology in the Ronald O. Perelman Department of Dermatology at NYU Langone Medical Center and a member of the Laura and Isaac Perlmutter Cancer Center, undertook a wide-ranging study, perusing a century’s worth of catalogs from Sears, Roebuck & Company, as well as consumer ads, and mathematically charting the decreasing body coverage provided by swimsuits and sportswear as the 20th century progressed. They also surveyed evolving medical research on UV light, analyzed economic trends relating to changes in work and leisure habits, and the growing misconception that tans are healthy. The result, recently published in the *American Journal of Public Health*, offers an unprecedented analysis of the socioeconomic factors that have contributed to the steady rise of this once-rare cancer, which strikes some 97,000 Americans annually, killing one-tenth of them. “Public education is key to reducing melanoma’s incidence and mortality,” explains Dr. Polsky. “It’s not enough for physicians to urge people to use sunscreen and cover up; he insists. “We really need the glamour set to say: ‘Bronze isn’t beautiful—it’s dangerous.’”
Adults in Toyland Casino Night

Adults in Toyland Casino Night raised almost $1 million—a record—for pediatric psychosocial programs at the Stephen D. Hassenfeld Children’s Center for Cancer and Blood Disorders and for expansion of facilities and faculty recruitment within the Department of Pediatrics. More than 600 guests attended the event, held at The Plaza Hotel on February 26.

New Appointments

Benjamin Neel, MD, PhD, has been named the Laura and Isaac Perlmutter Director of the Laura and Isaac Perlmutter Cancer Center, a National Cancer Institute–designated cancer center. He joins NYU Langone Medical Center from the Ontario Cancer Institute at Princess Margaret Cancer Center, where he served as director, and from the University of Toronto, where he was professor of medical biophysics. Dr. Neel earned a PhD in viral oncology from The Rockefeller University and an MD from Cornell University Medical College, completing his residency and postdoctoral training at Beth Israel Deaconess Medical Center. He later held the William B. Castle Chair of Medicine at Harvard Medical School.

Jeffrey Weiser, MD, a leading expert on respiratory infections, has been appointed chair of the Department of Microbiology. Dr. Weiser joins NYU Langone Medical Center from the University of Pennsylvania’s Perelman School of Medicine, where he served as professor of microbiology and pediatrics, and helped develop technology to produce a widely used vaccine against pneumonia. His research explores the many variables that influence a pathogen’s ability to infect the respiratory system. Dr. Weiser earned an MD from Harvard Medical School, then completed a residency in pediatrics at the University of Washington and postdoctoral training at Oxford and The Rockefeller University.

Fiona Howard Levy, MD, has been appointed executive director of the Sala Institute for Child and Family Centered Care within the Hassenfeld Children’s Hospital. Dr. Levy comes to NYU Langone Medical Center from the Cohen Children’s Medical Center of New York, where she served as the chief quality officer for the pediatric service line and as vice president, North Shore–LIJ Health System. A leader in national pediatric quality circles, Dr. Levy serves as the chair of the Patient Safety Team for the Child Health Patient Safety Organization and The Children’s Hospital Association Quality and Performance Committee of the Board of Trustees.

Daniel Sterman, MD, has been appointed director of the Division of Pulmonary, Critical Care, and Sleep Medicine in the Department of Medicine. Internationally recognized for his research on cancer immunotherapy and translational research in thoracic oncology, Dr. Sterman was previously on the faculty of the Perelman School of Medicine of the University of Pennsylvania, where he served as chief of the Section of Interventional Pulmonology and Thoracic Oncology, and codirector of the Penn Mesothelioma and Pleural Program. He received his MD from Cornell University Medical College and served his internship, residency, fellowship, and postdoctoral research fellowship at the University of Pennsylvania.

Cheryl Pegus, MD, has been appointed director of the Division of General Internal Medicine and Clinical Innovation in the Department of Medicine and associate chair for clinical innovation. Dr. Pegus has served as medical director of the Cardiovascular Risk Factor Group at Pfizer, Inc.; national medical director/clinical product head for Aetna, Inc.; and chief medical officer of Walgreen Co. She is president of the Founder’s Affiliate of the American Heart Association. Dr. Pegus earned her MD from Cornell University Medical College, completing her residency in internal medicine and a fellowship in cardiology at New York Hospital–Cornell Medical Center.
Baby Boom

More than 5,000 babies come into the world each year at NYU Langone Medical Center, and “it’s special every single time,” says Flavia Contratti, RN, senior nurse clinician, who has overseen thousands of births since she arrived in 1984. She’s one of the reasons NYU Langone Medical Center was designated a “Baby-Friendly” facility by the World Health Organization, in recognition of outstanding care for infants, mother–baby bonding, and breastfeeding. NYU Langone has a particular expertise in high-risk birth, so even the most jittery expectant mothers know they’re in good hands. Here are some interesting facts about the babies born here.

93%
Percentage of labor and delivery nurses with a bachelor of science degree or higher.

BIGGEST BABY EVER BORN AT NYU LANGONE
13 LBS.

15 ounces
Weight of the youngest and smallest surviving premature infant.

:60
Less than a minute
Shortest labor.
“The mother walked off the elevator and gave birth in the vestibule,” says Contratti.

54
Age of oldest mother to ever give birth. She delivered twins.

28%
Percentage of babies born by cesarean delivery (compared with 31% nationwide).

600
Number of newborns cared for in our KIDS of NYU Langone Neonatal Intensive Care Unit every year.