Dr. Megan Sykes, a transplant from Harvard, joins the P&S team.
Faculty should contact their departmental administrators to update their addresses, which are obtained through the Columbia University personnel system.

P&S is available online at www.cumc.columbia.edu/news/journal

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On the cover:
The work of Megan Sykes, M.D., who joined P&S last year to head Columbia’s new Center for Translational Immunology, focuses on development of methods to coax the immune system to better tolerate transplanted organs. When the success of the Sachs-Sykes protocol she co-developed – transplanting a kidney with some of the donor’s bone marrow – was reported, it was described as research that could “change the whole game of transplantation.” Dr. Sykes joins a Transplantation Initiative group that has already been a game changer in transplantation care. Photo by Steffen Thalemann. Stories, Page 16.

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Lee Goldman, M.D.
Executive Vice President for Health and Biomedical Sciences and Dean of the Faculties of Health Sciences and Medicine

Michael Sellers
Director of Communications
College of Physicians & Surgeons

Alumni should update their addresses by writing the Alumni Association at the address above or calling the alumni office at (212) 305-3498.

Faculty should contact their departmental administrators to update their addresses, which are obtained through the Columbia University personnel system.

All others with address changes should contact CUMC Communications at (212) 305-3900.
Dear P&S readers,

I am pleased to report that our new curriculum has been earning rave reviews all around – from students, faculty, and clerkship directors alike – but the most unexpected praise may have come from Dr. Ron Drusin, vice dean for education, who said, “This January was a happier January than most. There is an excitement in the hallways about the restructured curriculum, which is refreshing to see.”

Our revised schedule has given additional meaning to the term new year with a milestone ceremony occurring this year in January instead of June. In January, we held the Steven Z. Miller Student Clinician’s Ceremony to welcome the Class of 2013 into its Major Clinical Year. This group of students – the index class for our new curriculum – completed a condensed 16 months of fundamentals courses, which will be followed by the clinical year, then 17 months of electives and selectives, including a four-month scholarly project. (You can read more about the January ceremony in this issue’s P&S News section.)

The excitement that brightened our early winter months continued into March when we learned that every fourth-year student participating in the annual residency match had indeed matched. (The residency match results are posted on the P&S online website, www.cumc.columbia.edu/news/journal.) It is the first time in recent memory that we had a 100 percent match rate. This is a testament to the quality of our students, the strength of our teaching, and the rigor of our student advisory program.

Our parallel strengths in research and clinical care are illustrated by this issue’s cover story focusing on our Transplantation Initiative. Through the recruitment of gifted and well-supported faculty (including our cover subject, Dr. Megan Sykes), a commitment to focused collaboration, and innovative approaches to the science and art of transplantation, we have made great strides in improving the experience and outcomes for transplant recipients. We are proud to join with NewYork-Presbyterian Hospital in taking a leading role in building on our impressive shared legacy in the field. We are grateful, as always, to our generous friends – current and future – for supporting this worthy endeavor.

With best wishes,

Lee Goldman, M.D., Dean
lgoldman@columbia.edu
Dear Editor,

We applaud your presentation in the article of Annalisa, the young woman with a brain injury (cover story, “To the Edge and Back. Quick Diagnosis of Rare Disease Leads to Remarkable Recovery,” Fall 2010 issue). Brain injury is a complex phenomenon that requires not only an interdisciplinary approach, but a creative one as well. A team made up of knowledgeable and talented professionals is key, as each discipline brings a unique approach that should be appropriately acknowledged. For that reason, we were disappointed that the article mistakenly identified Annalisa’s therapist as a physical therapist, when Nancy Coles Donahue is in fact an occupational therapist and a graduate of Columbia University’s Programs in Occupational Therapy.

Rehabilitation is an area that is often misunderstood. Patients requiring rehabilitation services may have disabilities in physical, cognitive, and/or psychosocial functioning. While many professionals may address the “physical” challenges a patient has, occupational therapy addresses the cognitive, social, and emotional ones as well. For brain-injured individuals OT plays a critical role helping these individuals with complex needs to resume participation in important roles in their lives as family members, students, workers, etc.

Occupational therapy is a field that enables individuals to regain their function in everyday life. Therapists use participation in tasks and roles to allow for productivity within a personally relevant context, such as activities of daily living, work/education, social participation, or leisure. Ms. Coles Donahue’s use of playing basketball was not happenstance. After a careful analysis of Annalisa’s physical status, cognitive abilities, and past/present interests and after extensive interaction with her family, Ms. Coles Donahue knew that she needed to adapt basketball for therapeutic purposes. This is what occupational therapy is about: using what is important to the patient and understanding how to adapt it from a variety of structural and functional arenas so that the patient will be motivated to not only engage in the therapeutic process, but also to progress toward functional goals.

The academic background of occupational therapists includes basic sciences such as human anatomy, physiology, neurosciences, kinesiology, and coursework in medical and psychiatric conditions, human development across the lifespan, and OT evaluation/treatment interventions. This produces a health care professional uniquely qualified to work with a wide variety of medical and psychiatric diagnoses and in a variety of settings (hospital, school, work, and community-based).

The occupational therapy degree programs at P&S have been in existence since 1941, and the clinical division of occupational therapy has been an integral part of the hospital since the 1930s. We look forward to seeing this valuable health profession continue to be recognized by P&S for its contributions to the patients it serves.

Janet Falk-Kessler, Ed.D., OTR/L, FAOTA
Director, P&S Programs in Occupational Therapy

Leslie Kane, MA, OTR/L
Manager of Occupational Therapy, NYPH/Columbia
HELEN RANNEY

Dear Editor,

I would like to add a brief note to the beautiful appreciation of Helen Ranney by Alan and Geraldine Schechter (In Memoriam, Fall 2010 issue). I knew Helen since I was a youngster. She was a friend, colleague, and in his later years, physician to my father, David Rittenberg. I remember the days when Helen’s robust laughter would ring through the biochemistry labs. I want to emphasize an aspect of her large personality that stood out: her humor. She was the ideal physician to my father, seeing him through many years of serious cardiac illness. Somehow, Helen always made her patient feel better. She was much more than a dispenser of medicine; she was a true physician. She loved a good story or joke and her peals of laughter were infectious. I remember one occasion when using lab equipment for disguise, she smuggled in a very dry martini to his bedside – and it did more for him than all the other medications. Tonight I’ll hoist one of my own in memory of this extraordinarily great woman.

Stephen Rittenberg’63 /// Via e-mail

MORE ABOUT “THE SILVER FOX”

Dear Editor,

The first day of “Medicine Rotation.” We were scared little rabbits facing the big-bad-wolf, the awesome Dr. Robert Loeb. (“Remembering Dr. Loeb,” Fall 2010 issue)

Patient number 1. An excellent presentation, at least I thought so, by J.M. Dr. Loeb turns to the hapless J.M. and says, “Now, Mr. M., what does this patient have, something you or I could easily have?”

J.M. answers without missing a beat, “Syphilis sir.”

J.M. became a distinguished ophthalmologist, now retired.

Bob Maslansky’56

Retired Clinical Professor of Medicine
Division of Substance Abuse & Alcoholism
NYU School of Medicine

Dear Editor,

There are two memories of Dr. Loeb I wish to share with your readers. The first is, perhaps, one of the greatest put-downs of Dr. Loeb ever perpetrated (verb intended) and the other was Dr. Loeb putting me down.

The first happened during rounds. I think it happened at the fourth or fifth bed on the right. Making rounds with us that morning was a most distinguished visitor from England, a world-wide authority on hypertension. Now, it was more than scuttlebutt in those days that cardiology was not Dr. Loeb’s forte. At any rate, after the presentation of the case, Dr. Loeb decided he would conduct his own auscultation. Approaching the patient, he asked him to lift his shirt, and then he auscultated by applying his naked ear to the patient’s cardiac area.

Having completed his auscultation, he stepped back and suggested to the distinguished visitor that he also might wish to auscultate. The professor, accepting his offer, reached into the pocket of his white coat, took out a stethoscope, and, approaching the patient, he casually said, “In England, we prefer to do it this way.”

My personal put-down was in a class session where everyone knew, months in advance, that, eventually, Dr. Loeb would ask each of us, in open class, one question. We prepared as best we could and then sat helplessly by as one after another of us was grilled. When he came to me, he asked what were the most common cancers that spread to bone. Having, along with everyone else in the class, long ago memorized the answer, I began to reply and, most unwisely, interspersed my answers with slight, but I believed, very pregnant, deliberative, pauses to impress him with my thought processes. When, I got to No. 3, he said, “Verdesca, stop that hesitation. I know you have them memorized, cold. Let’s hear them that way.” Humiliated, I complied.

Sure, he scared us, but so did many others – but few with such good reason.

Arthur S. Verdesca’55 /// Via e-mail

STEPHEN RITTENBERG '63 // Via e-mail

REMEMBERING DR. LOEB

Arthur S. Verdesca'55 /// Via e-mail
Dear Editor,

…one or two more memories of Dr. Robert Loeb, truly a great man in so many respects.

‘Post Hoc Ergo Propter Hoc’

During my third-year medical clinical clerkship I was correctly spotted early on by Dr. Loeb as being the son of one of his medical interns 30 years previously.

When queried at bedside by Dr. Loeb in front of the usual semicircle of house staff and uncomfortable classmates as to why a middle-aged Harlemite offered her left hand to shake his right hand, her right being acutely swollen by rheumatoid arthritis, I proffered that she was probably left handed, which set off a dreaded and immediate “Fiddle-dee-dee.” But, ha, in my defense, wasn’t she now indeed “left-handed?”

What goes around comes around so I had another chance to astound a month later and when sought out by Dr. Loeb to name a childhood disease with fever and a subsequent diffuse body rash (mind you he might have included “common”) and as for one familiar with, and terrified by the newly emerging ricketsial menace on Long Island, I offered her left hand to shake his right hand, which set off a dreaded and immediate “Fiddle-dee-dee.”

“Darn, I was just trying to highlight a serious malady that my classmates in the group should be aware of and, besides, I thought we were on a higher plane than discussing just plain ol’ measles. Not dissuaded by shaking heads, sussurrations and classmates stepping backwards to avoid me, I finished the clerkship further unscathed and fully determined to become in time a fine internist, although having been president of the Columbia College debate council, I had my first episode of stage fright when presenting to Dr. Loeb.

In marked contrast to his student teaching, Dr. Loeb was known by us neophytes to be extremely tolerant and supportive of his house staff.

Ernest Schwartz’51 /// Scarsdale, N.Y

Dear Editor,

In presenting a case to Dr. Loeb in 1952 he observed to me the patient had “joint mice” and asked, “Dr. Neely, how would you get rid of them?” Terrified, knowing he never accepted “I don’t know,” I blurted out, “Maybe we should put a piece of cheese down there.” Loeb scowled at me and wracking my brain for the answer. He could only come up with two causes, whereupon Dr. Loeb said, “Marshall, stop looking out the window and say ‘I don’t know, Dr. Loeb.’”

All I could do at that point was face him and repeat “I don’t know, Dr. Loeb.”

David Marshall’55 /// Via e-mail

Dear Editor,

I have a vivid memory of the first full day of my internship at Presbyterian Hospital, after graduating class of ’59. It was the day scheduled for Dr. Loeb to make clinical rounds with housestaff and students and I was the target intern. To prepare, I stayed up most of the night memorizing the clinical histories of my 16 newly assigned patients, focusing on the beds on the right hand side of the ward — since Dr. Loeb always started with the right bed on the right.

That morning, like clockwork, we approached the first patient on the right and I began my presentation, only to have Dr. Loeb stop me mid way in the history. He said, “Seems you know this patient quite well — let’s move to the next patient.”

This was then repeated at the next bed and the next until we reached the eighth patient and I began to falter. At this point, with me in a complete panic, he said “Hillman, you have lasted longer than any other first-day intern. Congratulations.”

Robert Hillman’59 /// Via e-mail

Dear Editor,

Dr. Loeb was a charismatic clinician and bedside teacher. Besides a perfect memory for students’ names and faces, he had a photographic memory of the medical literature. On rare occasions he displayed his sense of humor. One day, on 3rd year medicine ward rounds, at the first bed on the right, my classmate, John Decker, 6’5” (?), placed his hands on the patient’s bedside curtain railing. Dr. Loeb immediately remarked: “Mr. Decker, some of us are closer to our ancestors than others.” Despite his bedside theatrical gifts, Dr. Loeb was a subdued grand rounds speaker. It was believed he had a mild case of stage fright. I sympathized with him in this regard. Despite having been president of the Columbia College debate council, I had my first episode of stage fright when presenting to Dr. Loeb.

Ron Pfister and I showed up in his office one morning, Neely, you really got me on that one.

Visiting P&S five years later he passed me in the hall, said as if it had happened yesterday, “Good morning, Neely, you really got me on that one.”

Ron Pfister and I showed up in his office one morning and asked him if we could go to London for our fourth year medical elective. He picked up the phone, called transatlantic (a big deal then) to his cardiology friend, Dr. John McMichaels at Hammersmith Hospital, and fixed us up for the summer with the comment, “I wish more young people would drop in here with such enterprising ideas.” After 35 years my class distributed faculty comments originally made on each of us for prospective internship. Dr. Loeb said of me, “I like Dr. Neely, I want him on medicine, make him a doctor.” I sat down and cried.

Unfortunately I have a surgical disposition and went elsewhere.

Ollie Cobb’56 /// Via e-mail

Dear Editor,

Here is another anecdote about Dr. Loeb:

I decided to take an elective in medicine at the Francis Delafield hospital which was across the street and down a bit from the Harkness Pavilion.
Dear Editor,

A few more for your file.

1. After Dr. Loeb retired he was invited as a visiting professor to make teaching rounds with medical residents at Cornell (long before anyone was thinking about New York-Presbyterian Hospital). He got photographs of the group in advance and startled them, calling them by name when asking questions. I was told he called only one person by the wrong name (close match) but they were used to a professor (Alex Bearn) who never remembered anyone’s name!

2. I moved to my current address on East 82nd Street in 1972 to discover that Dr. Loeb lived in the adjacent building. I would meet him on the street always afraid he would ask me a medical question. He remembered my name but we only talked about non-medical subjects.

Larry Scharer’58 /// Via e-mail

Dear Editor,

I was delighted to read the article written by Dr. Lawrence Norton, who graduated a year after I did, about his fond as well as not so pleasant memories of Dr. Robert F. Loeb (Winter/Spring 2010 issue).

I too fell under the spell of this magnificent teacher’s aura and consider him now, in my 78th year, to be the “most remarkable person” that I have ever met! Reader’s Digest used to have a monthly feature about “Remarkable People” and I am now surprised that Dr. Loeb, aka “The Silver Fox,” was never the subject of this usually highly laudatory journalism.

Perhaps it is because of the fact that about a third of my classmates hated him, another third worshiped him, and the rest seemed to have mixed feelings. From the praise-full brief memoirs in your fall issue as well as some scowful Letters to the Editor in this same issue, it appears that this ratio still holds true although none of these contributions were from any of my 1957 classmates.

I must confess that I was in awe of Dr. Loeb, although he did come close to throwing me out of school in my junior year. This event will be the subject of a subsequent letter from me!

Allan E. Jackman’57 /// Mill Valley, Calif.

Editor’s Note: A remembrance of Dr. Loeb by Dr. Jackman can be found online at www.cumc.columbia.edu/news/journal
for international health. In 1985, I moved on to the
Aga Khan University in Karachi, Pakistan, as profes-
sor and chairman of the Department of Commu-
unity Health Sciences, the beginning of 10 years in
this fine Muslim university.

There is no need for me to proceed with further
chapters in my history. The above is to document
what is to me a remarkable story of how Professor
Loeb definitively shaped the professional life of
one of the P&S students-interns-residents.

Thank you for this opportunity.

John H. Bryant’53 /// Charlottesville, Va.

Dear Editor,

I write in response to articles and letters about
Dr. Robert F. Loeb by Lawrence M. Norton’58
(Winter/Spring 2010) plus follow-ups in Fall 2010.

I studied under Dr. Loeb, both as a P&S student and
as intern and resident in medicine at Presbyterian
Hospital. I enjoyed the familiar stories about him
cited in P&S. The versions I recall had other student
protagonists, suggesting that the stories are now
legend. But I submit that the stories are not the man.

Now, as then, many decry Dr. Loeb’s volatile teach-
ing techniques. He was not always popular, nor
was he trying to be. Dr. Loeb was a brilliant and
compassionate physician. He was also an investi-
gator and a scholar who imposed a rigorous dis-
cipline on himself. He expected medical students
and house officers to live up to equally high stan-
dards. Even as we students devoutly hoped to es-
cape a Loeb reprimand, we learned that the way
to avoid one was to study and be prepared.

For those of us privileged to have attended them,
Dr. Loeb’s morning rounds with residents in his
office were challenging learning experiences. Per-
haps there we came to understand the relevance of
basic and clinical research to clinical practice.
Thanks to Dr. Loeb and other P&S faculty mem-
bers, I discovered that I had a taste for clinical in-
vestigation, and subsequently pursued a career in
academic medicine. I think that is what Robert F.
Loeb as teacher was all about.

Dudley F. Rochester’55
Professor Emeritus
University of Virginia School of Medicine

Dear Editor,

If I come across one more extensive, encomiastic
dissertation about Robert F. Loeb (e.g., “The Silver
Fox” by Lawrence Norton’58, Winter/Spring 2010
issue) I might be tempted to ignite my whole
P&S collection. Loeb (his hair, not his eyebrows
or lashes, white) was the most Mephistophelian,
student-bashing fellow I ever encountered dur-
ing my long academic life. In agreement with
the renowned Spanish philosopher José Ortega
y Gasset’s assertion (“Mission of the University”)
that students, not professors, are the most impor-
tant (and distinguishing) elements of universities,
I believe that Loeb did more harm than good, to
almost everybody concerned. So much that, part-
ing from a Monday morning traumatic experience
during one of his amphitheater lectures, in front of
the whole class, I dedicated to him several pages
of an autobiography, in Spanish, published by the
I summarized the Monday Blues Syndrome, quot-
ing from Pablo Neruda’s poem, “Walking Around”:

That’s why the day, Monday, flares up like petroleum
when it sees me arrive with the face of a jailbird, a sight.

Like an old, wounded wheel, it howls right
through its spectrum,
taking hot, bloody steps as it reaches the night.

(my translation)

I ended the sad account, after confirming for the
reader Loeb’s vindictive streak via my proctor’s
declaration, with: “Meanness often nests in the
soul of the powers that be, I thought, as I dis-
tanced myself from the Department of Medicine,
determined to never again return to that place.”

Victor M. Torres’51 /// Via e-mail

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Richard Mayeux, New Chair of Neurology

Richard Mayeux, M.D., a P&S faculty member since 1978, became the new chair of the Department of Neurology at P&S March 1, 2011. He succeeds Timothy Pedley, M.D., chair since 1998, who earlier this year announced plans to step down. Dr. Mayeux also becomes neurologist-in-chief of NewYork-Presbyterian Hospital/Columbia University Medical Center.

A highly respected clinician and educator, Dr. Mayeux has led research into the genetic basis and epidemiology of Alzheimer’s disease and other neurodegenerative diseases. He has led a federally supported, population-based investigation of Alzheimer’s disease and other age-related disorders known as the Washington Heights-Inwood Community Aging Project for the past 22 years. This study has provided information on the rates and risk factors for these diseases among elderly from African-American, Caribbean Hispanic, and white populations. This study uncovered the relationships between Alzheimer’s disease and environmental and medical risk factors, the genotypic variability of apolipoprotein-ε risk among different ethnic groups, and the relationship of alterations in lipid metabolism and risk of dementia.

More recently he was one of the lead scientists in a multinational effort that identified genetic variants in the SORL1 and SORCS1 as putative genetic risk factors for Alzheimer’s disease. He is currently the national director of the National Institute on Aging Family Study of Alzheimer’s Disease and one of the leading investigators in the National Institute on Aging Alzheimer’s Disease Genetic Consortium.

His P&S appointments have included serving as the Gertrude H. Sergievsky Professor of Neurology, Psychiatry and Epidemiology; director of the Gertrude H. Sergievsky Center, a center devoted to the epidemiological investigation of neurological diseases; and co-director of the Taub Institute for Research on Alzheimer’s Disease and the Aging Brain. Dr. Mayeux has been elected to the Association of American Physicians, the American Epidemiological Society, and the Institute of Medicine. Other honors include the Leadership and Excellence in Alzheimer’s Disease Award from the National Institute on Aging and the 2007 Potamkin Prize from the American Academy of Neurology.

He received the John Stearns Award for Lifetime Achievement in Medicine in 2008 from the New York Academy of Medicine and the Henry Wiss newski Lifetime Achievement Award in Alzheimer’s Disease Research in 2009 from the Alzheimer’s Association.

Dr. Mayeux is a graduate of the University of Oklahoma College of Medicine. After training in internal medicine at Boston City Hospital, he completed a neurology residency at Columbia.

New Chief Operating Officer

Effective March 1, 2011, Mark McDougle is chief operating officer for Columbia University Medical Center. Formerly executive vice president and chief operating officer of Maimonides Medical Center in Brooklyn, Mr. McDougle has more than 30 years of experience in managing hospitals and clinical practices.

At CUMC, Mr. McDougle will lead medical center operations, including facilities, student services, information technology, and human resources, and oversee the faculty practice organization, ColumbiaDoctors.

At Maimonides, Mr. McDougle is credited with leading the institution’s general growth over the past seven years and for implementing a $120 million inpatient facilities rebuilding program, Brooklyn’s first full-service stroke program, and a new cancer center.

“Mark’s experience overseeing and expanding operations at large health care organizations makes him a great fit for CUMC,” says Lee Goldman, M.D., executive vice president and dean. “CUMC’s research, education, and patient care programs are growing, and Mark’s leadership will help guide that growth.”

Before joining Maimonides in 2003, Mr. McDougle was chief operating officer and interim president of Long Island College Hospital. He also held senior management positions at St. Luke’s-Roosevelt Hospital Center, the New York City Health and Hospitals Corporation, and the New York City Department of Mental Health. He earned his master’s degree in public health from the University of North Carolina and his bachelor’s degree from Ohio State University.
P&S this year has five sets of siblings enrolled, including one family with three members. Five of the students, including two sisters but not twins, are in the first-year class. Clockwise from right: Mabo Imoisili’14 and Omoye Imoisili’13, who is only 14 months older than her brother • Ukachi Emeruwa’14, Iheanacho Emeruwa’13, and Ezinne Emeruwa’14 (Ezinne, at age 20, is the youngest student in P&S) • Elizabeth “Betsy” Bailey’11 and Lucy Bailey’14 (Betsy was originally part of the Class of 2010 but took an additional year to earn an MPH) • Damani Taylor’11 (originally in the Class of 2010) and Dyese Taylor’12 • David Bejar’13 and Susana Bejar’14 (Susana is one year older but took two years off before starting medical school)
IOM’s Newest Member

Riccardo Dalla-Favera, M.D., the Percy and Joanne Uris Professor of Pathology, professor of genetics & development, and director of the Herbert Irving Comprehensive Cancer Center and the Institute for Cancer Genetics at Columbia, was elected last fall to the Institute of Medicine.

Dr. Dalla-Favera, who joined P&S in 1989, has been one of the foremost scientists in the field of molecular oncology for more than 30 years. His work yields new insights into the origins of human malignancy and novel strategies for the treatment of cancer patients. In particular, his discoveries represent much of the current knowledge on the genetic lesions and biological mechanisms responsible for human B cell lymphoma, a major group of cancers that develop in white blood cells. The molecular lesions identified by Dr. Dalla-Favera have led to the development of diagnostic tests and are being tested as targets in clinical trials with lymphoma patients.

Membership in the Institute of Medicine, established in 1970 by the National Academy of Sciences, is considered to be one of the highest honors in the fields of health and medicine because election recognizes individuals who have made major contributions to the advancement of the medical sciences, health care, and public health.

A New Transition Point

The Class of 2013 in January marked its move to bedside learning after spending only 16 months in pre-clinical classroom education. The new curriculum inaugurated with the Class of 2013 shortened the pre-clinical curriculum, prompting the move of the transition ceremony – the Steven Z. Miller Student Clinician’s Ceremony – from June to January.

Because of the change, two classes are in clinical rotations at the same time and sharing their major clinical year. The Class of 2012, which is in the last half of its MCY, and the Class of 2013 have separate rotations but more preceptors were added to accommodate the additional students doing rotations. In some cases, students are sharing interns because of a limited number of patients in hospital settings. Rotations in ambulatory settings are not as crowded.

“Verbal feedback has been good. We are hearing that our second-year students are well-prepared for their clinical rotations after their first months at P&S,” says Ron Drusin, M.D., vice dean for education. “Informal feedback from students also has been good. So far, I’m pleased with how things are going.”

The meaning of the ceremony remains unchanged. The Jan. 4 ceremony helped students reconnect with the humanistic values that drew them to medicine. Arnold Gold, M.D., professor of clinical neurology and of clinical pediatrics and co-founder of the Arnold P. Gold Foundation, which created the ceremony 14 years ago, told students to focus on the art of caring, not just the science of medicine. “Humanism is not an add-on. It is an integral part of good medical care,” Dr. Gold said. “Always remember that medicine is about one human being caring for another human being.”

While most students are nervous and excited at the beginning of the major clinical year, Jonathan Barasch, M.D., Ph.D., associate professor of medicine and of pathology & cell biology, reminded students that anxiety belongs to the patient, not to the physician. “In a blink of an eye, you too will be making diagnoses, establishing treatment plans, and guiding your patients through a nightmare,” he said.

Illness takes away a person’s identity, leaving them naked and scared, Dr. Barasch said. “The most important thing is that we not leave our patients naked. We re-clothe them with all of our knowledge and with all of our energy.”

Several awards were presented during the ceremony. Thomas J. Garrett, M.D., professor of clinical medicine and course director of “The Body: In Health and Disease,” was named Teacher of the Year by the Class of 2013. Kelly Swaim’13 received the Greg Grove Award for his efforts in promoting activities that provide relaxation for busy students. Elizabeth Godbey’13 received the American Society of Clinical Pathology Award for general academic excellence and promise.

Unlike previous transition ceremonies, awards for resident teaching were not given by the current third-year class – the Class of 2012 – because the class will not finish rotations until June. Those awards will be given next January, when awards that honor house staff who have served as role models will be given by both the Class of 2012 and the Class of 2013.
A Milestone for Irving Scholars

With the new class of Irving Scholars – faculty who will serve from 2011 to 2014 – 100 faculty members have now been chosen as scholars supported by Herbert and Florence Irving since the program was founded in 1987. The program in the Irving Institute for Clinical and Translational Research rewards individuals based on submission of proposals reflecting independent, well-designed, and well-developed initiatives in clinical investigation. The 2011 Irving Scholars, who each receive a three-year career development award, were announced at a luncheon in November 2010, which also commemorated Herbert Irving’s birthday. The 2011 Irving Scholars surrounding Mr. and Mrs. Irving are, from left, Hannah Wunsch, M.D., Herbert Irving Assistant Professor of Anesthesiology and Epidemiology (Mailman); Marcella Donovan Walker, M.D., Herbert Irving Assistant Professor of Clinical Medicine; Michael T. Yin, M.D., Florence Irving Assistant Professor of Clinical Medicine; Jason D. Wright, M.D., Florence Irving Assistant Professor of Obstetrics & Gynecology; P. Christian Schulze, M.D., Ph.D., Florence Irving Assistant Professor of Medicine; and Edward D. Huey, M.D., Herbert Irving Assistant Professor of Psychiatry and Neurology.

Students Revive a Journal

P&S students have again begun publishing a peer-reviewed medical journal. The new publication, named the Columbia Medical Review, takes up where the P&S Medical Review left off in 2003.

The P&S Medical Review was published by P&S and public health students from 1993 to 2003. “We have changed our name to the Columbia Medical Review in order to encourage students and faculty from schools other than P&S to read and contribute to the journal. However, it is out of deference to the many excellent issues published by our predecessors that we are starting our journal at Volume 10, Issue 1,” wrote Clement Marshall’13, editor-in-chief, in the inaugural issue, dated Spring 2011.

The publication plans to publish original scientific research articles, scientific reviews, and other articles by students and faculty. The inaugural issue has a travel narrative, an essay, faculty and student spotlights, original research, scientific reviews, and book reviews.

One of the stated purposes of the periodical is to allow students to experience the process of critically reviewing, editing, and publishing scholarly articles. Future issues will publish results of the scholarly projects required of all students beginning with the Class of 2013.

Several P&S students (most from the Class of 2013) and M.D./Ph.D. students serve as editors of the publication. Several faculty members sit on the faculty advisory board, and other faculty members serve as additional advisers.

The journal can be found online at http://juno.cumc.columbia.edu/psreview.

More Online

More news, including the results of the 2011 residency match, is online at www.cumc.columbia.edu/news/journal
Essential Art for Medical Students

In 1979, Armand Hammer’21 donated a sculpture, “Essentia,” to P&S. It was placed in the lower level reading rooms of the Augustus C. Long Health Sciences Library within the Hammer Health Sciences Center, a building that bears his name and the name of his father, Julius’1902.

The bronze sculpture depicts the musculature of a graceful female figure. When the library’s lower levels were remodeled recently, the sculpture was placed into storage and seemingly forgotten.

It has since been installed in the entrance to the anatomy lab. The setting is, in a way, a return home for the piece. The sculptor, Marion Young, created the bronze’s clay model in the gross anatomy lab at UCLA. The bronze’s vibrant pose was drawn from a live model who was a professional ballet dancer.

“Invariably when I came into work, there would be four or five students standing around the model chatting,” the sculptor wrote in a recent letter. “If I was sculpting, they would watch politely and they seemed to know when and how to ask questions. Their interest was just wonderful. They felt inspired by me — I felt inspired by them.”

Today’s students love the sculpture, says Paulette Bernd, Ph.D., course director of clinical gross anatomy and professor of clinical pathology & cell biology. In e-mails, students have called it “beautiful,” “stunning,” and with an “elegance [that] is breath-taking.”

Going Abroad for Global Health

P&S students all have their own reasons for traveling abroad, but the 100-plus students who gathered in November 2010 at the Health Around the World poster session agreed on one thing: Just do it.

The session, organized by the International Health Organization at P&S and the Global Health Forum at Mailman, gave interested students the opportunity to learn more about internships and how to get involved in global health. Several students used posters and PowerPoint presentations to discuss their experiences abroad.

“This is the first poster session we’ve held and we’re very pleased with how it went,” says Lauren Anderson, a Mailman master’s degree student, who organized the event with David Martin’13 and Sue Gu’13. “We want to raise awareness of global health issues, and we think hearing from your peers about their work abroad will encourage more students to pursue experiences in other countries.”

For some students, going abroad is the initial step toward a career in international health.

For others, such as Imina Gawlas and Katie Rosenwasser, both members of the Class of 2013, a summer at a rural community clinic in South Africa gave them their first experiences with patients. “That’s something we never thought we’d get to do after just one year of medical school,” Ms. Rosenwasser says.

The idea of volunteering abroad was implanted early in the mind of Kevin Carey’13, who remembers stories told by his father’s Peace Corps friends. He decided to spend his summer at an AIDS clinic in the Dominican Republic to shadow physicians and experience the rich culture of a country that so many Washington Heights residents call home. “It’s helped give me a greater understanding of the lives of many of the patients I’ll see in the next few years of medical school,” says Mr. Carey.

Peter Muennig, M.D., assistant professor of health policy & management at Mailman, spoke about his international experiences. “Students who are not used to living with a river and a bucket as the primary shower can find it difficult to adjust at first. On the other hand, a good deal of aid is delivered from compounds with French bistros. The trick is to find the middle road.”
Anyone who knew Glenda Garvey will not soon forget her, and now current and future generations of Department of Medicine house staff, fellows, and faculty who never met her will be linked to her legacy through the Glenda Garvey Medical Society, the department’s alumni association.

Dr. Garvey was a paragon of the department’s tradition of excellence and dedication, says Donald Landry, M.D. (1983), Ph.D., the Samuel Bard Professor and Chair of the Department of Medicine. Dr. Garvey, who died in 2004, led a “life dedicated to excellence in clinical medicine and medical education, a life dedicated to patients and families, to medical students and physicians-in-training.” Dr. Landry and the department’s vice chairs and division chiefs voted to establish the Glenda Garvey Medical Society as a way to honor “everything for which she stood,” says Dr. Landry.

The society was inaugurated in October 2010 at the department’s first reunion of current and former chief residents. “The society,” says Dr. Landry, “will provide a link within the Department of Medicine for former and current Columbia residents, fellows, and faculty to promote excellence in clinical medicine and medical education and provide a network for career advancement.” P&S students in the internal medicine interest group will be associate members.

A member of the society anonymously donated funds to finance the reunion of chief residents and to support the society’s website. At the reunion, Dr. Landry announced the creation of the Columbia Firm System to provide a formal advising program for residents. Four firms were created, each under the direction of a chief resident. The firms will identify mentors for career development and provide a structure for personalized advising to improve clinical education and support professional development. Weekly lunches and social events will provide opportunities for residents to be resources for each other throughout their training. Each firm was named to honor Columbia faculty members whose commitment to the education and training of medical residents is widely recognized: John Loeb, M.D., professor emeritus of medicine and former vice chairman of medicine; the late Glenda Garvey (1943-2004), the late Abbie Knowlton (1918-1997), and the late Harold Neu (1934-1998).

Dr. Garvey, a 1969 P&S graduate who trained at Presbyterian Hospital, spent her entire career at her medical alma mater. During her nearly four decades at Columbia, she was director of the hospital’s intensive care unit for many years, program director for the hospital’s infectious diseases fellowship from 1994 until stepping down due to illness in 2003, and interim chief of the Department of Medicine’s infectious diseases division from 1994 to 1999. She directed the third-year medical clerkship program for students for 20 years and developed many other courses and electives for medical students. At the time of her death she was professor of clinical medicine.
The American Association for the Advancement of Science has elected Saul Silverstein, Ph.D., professor of microbiology & immunology, as a Fellow. He was one of 503 newly elected fellows recognized for significant contributions to the advancement of science, including achievements in research, teaching, or communicating science.

Columbia's 2010 Louisa Gross Horwitz Prize was awarded to Thomas J. Kelly of Memorial Sloan-Kettering Cancer Center and Bruce W. Stillman of Cold Spring Harbor Laboratory for their combined work to understand how genetic material replicates. Their research guides current study of how this process goes wrong when cancer occurs. They were honored in February 2011 after giving Horwitz lectures on the medical center and Morning-side campuses. Dr. Kelly has been director of the Sloan-Kettering Institute since 2002. Dr. Stillman has been president of Cold Spring Harbor Laboratory since 2003. Each year since its inception in 1967, the Louisa Gross Horwitz Prize has been awarded for outstanding basic research in the fields of biology or biochemistry. Of the 82 Horwitz Prizes awarded so far, 42 of the recipients have gone on to receive Nobel Prizes.

The Swartz Prize for Theoretical and Computational Neuroscience has been awarded to Larry Abbott, Ph.D., the William Bloor Professor of Neuroscience, Physiology & Cellular Biophysics, and Biological Sciences and co-director of the Center for Theoretical Neuroscience at P&S. The prize, presented by the Society for Neuroscience and supported by the Swartz Foundation, recognizes an individual who has produced a significant cumulative contribution to theoretical models or computational methods in neuroscience.

P&S and Columbia University's Postbaccalaureate Premedical Program have formed a new partnership that will allow select Columbia postbac premed students to enter P&S before they complete the traditional three-year postbac premed program. P&S began accepting applications in January 2011 for next year’s entering class. This is the only linkage program agreement between P&S and a postbaccalaureate program, but Columbia’s premed program has linkage agreements with 10 other medical schools, allowing qualified students to accelerate their application process.
Understanding and Treating MDS

An internationally known specialist in the blood disorder myelodysplastic syndrome, Azra Raza, M.D., has been recruited to P&S and has launched the MDS Center to provide patients with the latest treatments and access to the newest clinical trials. Columbia’s MDS team cares for about 300 patients, making it the largest individual MDS program in the country.

Dr. Raza was professor of medicine and chief of hematology at the University of Massachusetts until she was recruited to ST. Vincent Comprehensive Cancer Center.

MDS encompasses a group of bone marrow disorders marked by ineffective function of a myeloid stem cell, which is responsible for producing about 50 billion red cells, white cells, and platelets in the body each day. When the number and quality of the stem cells decline, production of blood cells becomes disorderly and ineffective and patients become severely anemic. In about one-third of patients, the disease transforms within months or a few years into acute myelogenous leukemia, one of the most prevalent and aggressive forms of leukemia.

Because MDS is relatively rare – only 10,000 to 15,000 new cases are diagnosed each year in the United States – most hematologists see only a handful of patients a year, not enough to conduct clinical trials or detailed molecular studies. The MDS Center at Columbia, recognized as a Center of Excellence by the MDS Foundation, sees patients who travel from all over the country to receive the latest therapies and to participate in research studies.

While conducting MDS research and treating patients for more than two decades, Dr. Raza developed a tissue repository containing more than 50,000 samples from MDS patients. “Our group is unique in our single-minded dedication to this field,” says Dr. Raza, professor of clinical medicine-oncology. “Since we began our work in the 1980s, we have built a national registry with a large enough patient population that enables us to conduct meaningful clinical trials. And we have vast experience in treating patients.”

Several cutting edge clinical trials are ongoing at the MDS Center, including those for patients with early-stage disease who are being treated with natural substances such as coenzyme Q10 and turmeric/licorice. Patients also travel to the center to participate in molecular and genetic studies of their bone marrow, which help shed light on their particular form of MDS and allow for individualized therapies.

Research studies at the MDS Center are always done with the goal of finding improved therapies. Dr. Raza says, and her work has already led to new treatments. Dr. Raza was the first to discover that MDS is caused by the premature death of bone marrow cells and that cell death is caused primarily by the inflammatory cytokine, TNF-alpha. Based on those findings, she pioneered the use of several anti-TNF drugs, including thalidomide. The success of thalidomide in a subset of MDS patients, as shown by her team, resulted in FDA approval of the drug Revlimid for MDS patients with certain chromosomal abnormalities.

“We use a very rational approach with evidence-based medicine to find ways to use existing drugs better and to identify new targets for drug development,” Dr. Raza says. “This is our mission and what I have dedicated my life to.”

Valve Replacement Procedure Helps Sickest Patients

For people who are otherwise healthy, an operation that replaces the aortic valve dramatically reduces symptoms and saves lives. But for many with severe aortic stenosis, especially those over age 80, co-morbidities such as lung or kidney disease make the surgery too risky.

Now these patients have another option: TAVI, a procedure that employs a less invasive catheter to insert a bioprosthetic valve within the patient’s own aortic valve. Developed by a team led by Columbia cardiologists, TAVI significantly lowers rates of death among patients who are too ill to undergo surgery for aortic stenosis.

An estimated 5 percent of people over age 75 suffer from aortic stenosis, a disorder characterized by an abnormal narrowing of the aortic valve. When the valve narrows, less blood can leave the heart. The increasing numbers of older patients will increase the incidence of aortic stenosis. About 300,000 Americans suffer from severe aortic stenosis, but about 30 percent are not referred for surgical therapy.

“We’re seeing more and more people in this situation, where there is really no good treatment,” says Martin Leon, M.D., professor of medicine and director, Center for Interventional Vascular Therapy. Dr. Leon and Craig Smith, M.D., chair of surgery, are co-principal investigators of a multicenter clinical trial (PARTNER) that is testing the valves.

The replacement valve is made of bovine pericardial tissue leaflets hand-sewn onto a metal frame and implanted via a catheter into the left ventricle. It is then positioned inside the patient’s existing valve using a balloon to deploy the frame, which holds the valve replacement in place. The procedure eliminates the need for cardiopulmonary by-
pass and its associated risks. The operation takes about 90 minutes and has a recovery period of only a few days, compared with open heart surgery, which takes four to six hours and can require a two- to three-month period of recovery.

In October 2010, the first results of the PARTNER trial were published in the New England Journal of Medicine. One-year data showed that TAVI, compared with standard therapy, resulted in a 20 percent lower absolute mortality difference in patients who were not candidates for surgery for the disease.

To get more information about TAVI and enrolling in PARTNER, contact Martin Leon at 212-342-3617

Program Assists Women with Psychiatric Conditions Linked to Reproduction

An estimated one in eight women experiences depression during or after pregnancy, yet most women are undiagnosed and untreated. The Women's Program in Psychiatry seeks to address that deficit and to help women during a vulnerable time in their lives.

"Depression is the No. 1 complication of childbearing," says Elizabeth Fitelson, M.D., director of the new Women's Program in Psychiatry. "Women are routinely screened for gestational diabetes and hypertension—which occur in about 5 percent of pregnancies—but not for depression, which occurs in about 15 percent of pregnant women."

Women are at risk for depression during and after pregnancy because of the accompanying dramatic hormonal changes.

"Becoming a parent can be a wonderful, transformative process, however childbirth can also be quite stressful," says Dr. Fitelson, instructor in clinical psychiatry. "When hormonal changes are coupled with the great responsibility of parenthood the woman is now assuming—and when sleep deprivation is added to the mix—this time is clearly one that can present a particular risk for mood and anxiety problems."

The Women's Program grew out of interest on the part of residents in the adult psychiatry program in 2007 to learn more about diagnosing and treating perinatal and postpartum depression. An ensuing elective turned into a small consultation service. Today, the program has expanded and is able to serve a much greater number of women and address women's mental health needs across the reproductive spectrum, including pregnancy, menstruation, infertility, pregnancy loss, parenting, and menopause.

This year, the Women's Program created a new consultation liaison service, run by Lucy Epstein Hutner, M.D., associate director of the program and assistant professor of clinical psychiatry, to treat hospitalized obstetric patients. John Sahs, M.D., associate director for community services and administration and associate clinical professor of psychiatry, has also expanded the capacity of the program to treat pregnant and postpartum women on an outpatient basis. The program's psychiatrists are working with the Department of Obstetrics & Gynecology to develop a formal screening mechanism for every pregnant and postpartum patient seen at Columbia.

"The response has been overwhelming, pointing out the extent of the unmet need," says Dr. Fitelson. "Usually, women today are out of the hospital very quickly after giving birth—about 48 hours for a regular delivery and five days for a C-section—so their emotional problems often go unnoticed. Now that Dr. Hutner is seeing hospitalized patients it's made a big difference for obstetricians and for their patients."

The repercussions of not treating depression during pregnancy and the postpartum period are high: Depression during pregnancy is associated with higher rates of loss of the fetus, low birth-weight babies, preterm labor, and delivery complications such as preeclampsia and forceps delivery. Children of mothers with untreated depression also receive more psychiatric diagnoses, have a greater number of acting-out behaviors, and endure more cognitive and behavioral delays.

A research component, under the leadership of Catharine Monk, M.D., the Irving Assistant Professor of Clinical Psychology in Psychiatry, has been investigating the effects of maternal depression on fetal development, as well as the effects of interventions on outcomes for both mothers and children.

"We know that doctors often don't discuss symptoms of mental illness with their patients and that patients are often reluctant to bring up this subject on their own," says Dr. Fitelson. "At the Women's Program, we feel passionately that the pregnancy and postpartum period is a time to intervene for the good of the woman, her child, and the entire family."

The Women's Program provides care at several sites, including Columbia University Medical Center, Columbia Eastside at East 60th Street, and the Ambulatory Care Network Clinics in Washington Heights. More information and appointments are available by calling 212-305-0365
The Transplantation Initiative

The Departments of Surgery, Medicine, Pathology, and Pediatrics build on a tradition of innovation

By Robin Eisner
Organ transplantation that prolongs and dramatically improves quality of life is nearly a daily occurrence at Columbia University and NewYork-Presbyterian Hospital. Both Columbia and the hospital are longtime leaders in transplantation science and innovation – first successful pediatric heart transplant, development of novel approaches to liver transplantation, and refinement of multivisceral surgery – and have joined together to form a Transplantation Initiative that builds on their shared leadership and further stimulates progress in the science and patient care fronts of the field.

Since 2007, the Transplantation Initiative has pursued its goals to optimize clinical quality, improve the business and organization functions, and advance the science of transplantation across organ systems, says the Initiative’s leader, Jean Emond, M.D., the Thomas S. Zimmer Professor of Reconstructive Surgery, vice chair of the Department of Surgery, and a transplant surgeon at Columbia since 1997.

(Continued on page 18)
A community has long existed among the 300-plus physicians, researchers, nurses, and other health care professionals working in heart, lung, liver, kidney and other organ transplantation at NewYork-Presbyterian, which routinely leads the nation in the number of transplants it performs annually when transplants at the Cornell site of NYPH are counted. The Initiative now formalizes these relationships and common objectives.

An initiative relies on similarities, and the transplant programs share many characteristics, values, and processes. In the Transplantation Initiative, each program cares for people with end-stage organ failure, evaluates patients regarding their eligibility for transplant, and handles the logistics of recovering organs from deceased and living donors. Each deals with preoperative, postoperative, and long-term aftercare of transplant patients and strives to improve quality and outcomes. Each works to maintain the health of rather ill patients while waiting for organs and takes the lead in improving access to donor organs because New York has the nation’s longest waiting list for organs. Each also must comply with strict federal and state regulatory processes throughout the transplant process.

“The clinicians who care for end-stage organ failure and transplant patients in the different organ systems have more in common than the clinicians in their respective specialty areas in medicine, such as cardiology, digestive and liver diseases, nephrology, pulmonology, and surgery,” says Robert S. Brown Jr., M.D., M.P.H., the Initiative’s medical director, chief of the Center for Liver Disease and Transplantation, and the Frank Cardile Professor of Medicine and Pediatrics (in Surgery).

Why an Initiative?

The Initiative put into place frameworks that centralize procedures and identify best practices applicable across different organ systems. A unified database, for example, has improved the collection of enormous amounts of data – waiting list information, clinical evaluation, and outcomes – required for regulatory bodies. A Quality Council meets monthly with representatives from each of the organ system divisions. While some council projects, such as decreasing bacterial infections, extend across the organs and benefit from everyone’s input, other projects are more organ-specific, such as improving abdominal fluid removal in liver transplant candidates. Each project defines a quality problem, designs an intervention, and measures results.

The Initiative also sponsors a speaker series on transplantation, holds transplantation grand rounds, and in October 2010 held its first research symposium to showcase translational and clinical research in transplantation by Columbia faculty. It highlighted, among others, the groundbreaking work of Megan Sykes, M.D., who was recruited from Harvard in May 2010 to head the new Center for Translational Immunology, which now has more than 50 scientists and staff.

Inducing Tolerance

Dr. Sykes, also the Initiative’s director of research, is the Michael J. Friedlander Professor of Medicine and also professor of microbiology & immunology and surgical sciences (in surgery). She is developing methods that coax the immune system to accept donor organs from humans and potentially from other animals without the use of immunosuppressant drugs, which have many side effects. (See accompanying article, Page 22)

Columbia is a leader in developing medical and immunological techniques to utilize suboptimal kidneys, hearts, livers, and lungs. “You might not want to use a kidney from a 65-year-old for a young person, but for a 75-year-old, such a kidney could be a godsend, lasting eight to 10 years.”

“The recruitment of Dr. Sykes, a world-class scientist, resulted from a consortium of the Departments of Medicine, Surgery, Pediatrics, Pathology, Microbiology & Immunology, the Naomi Berrie Diabetes Center, the Herbert Irving Comprehensive Cancer Center, and the hospital pooling resources to support her vision of research,” says Donald Landry’83, chair of medicine and the Samuel Bard Professor of Medicine, who led the effort to bring her to Columbia.
Addressing the Organ Shortage

Dr. Sykes’ pioneering research on inducing tolerance may help address the organ shortage, a key priority of other Columbia clinicians too.

Drs. Emond and Brown have advanced the surgical, medical, and ethical principles that make it possible to use part of a liver from a living donor, rather than relying on the limited number of deceased donor livers for transplantation. A major ethical issue with living donation is whether donors suffer long-term health consequences from having part of their livers removed. Another concern is how much the recipient benefits. Since 2002, Dr. Emond has been co-chair of a multi-center National Institutes of Health-sponsored study called A2ALL, Adult to Adult Living Donor Liver Transplant Cohort Study, which researches donor and recipient medical outcomes. Results so far have shown that removing part of a liver from a healthy person is safe and that recipients of a living donor liver have better long-term outcomes than those who wait for a deceased donor liver on the waiting list. “Since you don’t have to wait for the organ, you are doing the transplant at the best time for the patient,” Dr. Emond explains. The study, which has already generated more than 20 papers, was renewed for five more years in 2008.

Using less than optimal organs in certain patients has been another way to address the organ shortage. Columbia clinicians are at the forefront of developing medical and immunological techniques to utilize suboptimal kidneys, hearts, livers, and lungs. “You might not want to use a kidney from a 65-year-old for a young person,” says Lloyd E. Ratner, M.D., director of renal and pancreatic transplantation and professor of surgery, “but for a 75-year-old, such a kidney could be a godsend, lasting eight to 10 years.” Living kidney donation, removal of antibodies to overcome immunological incompatibilities between a donor organ and recipient, and kidney swap operations that involve multiple donors and recipients are other ways to augment kidney availability that Dr. Ratner and the Columbia team have pioneered. “We are very aggressive in using kidneys rejected by other institutions and using multiple strategies to benefit our patients,” says Dr. Ratner.

James V. Guarrera, M.D., surgical director for adult liver transplantation and assistant professor of surgery, is completing a clinical trial this year to evaluate a method to enhance suboptimal deceased donor livers for transplantation. The technique, ex vivo hypothermic machine perfusion, provides the donor liver with continuous circulation of hypothermic preservation solution rich in nutrients and antioxidants that improve the organ’s viability. Dr. Guarrera is currently the only investigator worldwide using this technique in a clinical setting and his pioneering work has been federally funded continuously since 2003. In the current phase 2 trial, 19 patients have received extended criteria donor livers treated with ex vivo perfusion.
Clinicians who care for end-stage organ failure and transplant patients have more in common than clinicians in other areas of medicine. The Transplantation Initiative centralizes procedures and identifies best practices across different organ systems.

with excellent outcomes. Results from the earlier phase 1 trial of 20 patients were published in and featured on the cover of the American Journal of Transplantation in February 2010. This study showed patients with the perfused livers had shorter hospital stays and fewer complications. "It is likely that in the near future our ex vivo perfusion method will be adopted by other centers and increase the liver donor pool as well as improve patient outcomes," Dr. Guarrera says.

Frank D’Ovidio, M.D., Ph.D., associate surgical director of the lung transplant program and assistant professor of surgery, is the principal investigator at Columbia for the FDA trial testing ex vivo lung perfusion to improve assessment of suboptimal lungs. The ex vivo lung perfusion method is being tested for inadequately managed and questionable lungs when harvested. "Unfortunately to date only 20 percent of donors have lungs suitable for transplantation. Ex vivo lung perfusion will increase that number by better assessment of the lungs and possibly by treating the lungs and improving their quality," Dr. D’Ovidio says.

**LVADs**

Improving care of patients with end-stage disease who are waiting for a transplant or even ineligible for a transplant also is a priority of the Initiative. Ten years ago, Columbia pioneered the use of a left ventricular assist device, LVAD (HeartMate I), as a viable permanent alternative for patients with heart failure who were not eligible for a transplant. Before this landmark research, LVADs were used only as a bridge to transplant.

Columbia is testing the next generation of LVAD devices. Columbia now offers as a bridge to transplant and as a destination therapy the HeartMate II, which has a preferred continuous flow versus the pulsed flow of the earlier model, is smaller, and lasts longer. Columbia is one of the leaders of a national clinical trial enrolling patients for the third-generation DuraHeart LVAD as a bridge to transplant. DuraHeart also has continuous flow and flow chamber inside the pump designed to be gentle on circulating blood to prevent clots.

Donna Mancini, M.D., the Sudhir Choudhrie Professor of Cardiology, professor of medicine, medical director of cardiac transplant, and director of the Center for Advanced Cardiac Care, is a leader of an NIH-funded study called REVIVE-IT, to study another third-generation, continuously pumping

Auxiliary partial deceased donor liver transplants are being pioneered to treat acute liver disease in children. After half a donor liver is transplanted into a patient, the patient’s own liver regenerates over time, antirejection drugs are discontinued, and the donor organ dies.
LVAD as an end-stage treatment in patients ineligible for transplant. Patients are given the device, called HeartWare, earlier in their disease to see how they manage compared with medical treatment.

For now, LVADs are not as good as a heart transplant for eligible patients, but as the technology improves, LVADs may help patients ineligible for transplant improve enough to have a transplant.

Expanding the Frontiers of Transplantation Surgery

LVADs exemplify Columbia innovation for techniques to help patients needing new organs. Tomoaki Kato, M.D., chief of abdominal transplantation, surgical director for the liver and gastrointestinal transplant program, and the Edwin C. and Anne K. Weiskopf Professor of Surgical Oncology, is extending the frontiers of transplantation surgery itself. Before joining Columbia in 2008, he was the first surgeon to perform a multivisceral ex-vivo surgery that removed six organs – stomach, pancreas, spleen, liver, small bowel, and large bowel – to treat cancer in a patient in Miami whose tumor was obstructing three major arteries. Dr. Kato removed the organs from the patient and placed them in cold preservation fluid. As the organs lay outside the body, Dr. Kato cut the tumor from the arteries and rebuilt the blood vessels with synthetic material. He replaced the organs and reconnected the arteries as autotransplants. After joining Columbia in 2008, he performed two six-organ ex-vivo surgeries in children.

Although Dr. Kato has unique expertise in ex-vivo, multivisceral transplants, he considers himself first a surgeon who performs liver and abdominal transplants and tries to improve transplantation methods in the more traditional arena, too. He is pioneering, for example, auxiliary partial deceased donor liver transplants to treat acute liver disease in children. After half a donor liver is transplanted into the patient, the patient’s own liver regenerates over time, antirejection drugs are discontinued, and the donor organ dies. Dr. Kato also collaborates with Dr. Sykes in animal research intended to induce tolerance in liver transplantation.

An Initiative’s Future

Most initiatives aspire to be a university-designated center. Columbia has institutional structures, such as centers and institutes, for multidisciplinary programs that span multiple departments. Official university centers need a $10 million endowment, so Drs. Emond, Brown and their colleagues are raising money for a transplantation center that will further enhance the Initiative’s innovative programs and enable it to continue to recruit the best and the brightest physicians, scientists, and fellows to perform the clinical and research marvels in transplantation that made Columbia a leader in the field. “With Dr. Sykes’ work on tolerance and the other work we are doing we are on the cusp of revolutionizing transplantation,” Dr. Emond says. “As the full potential of these advances is realized, patients with previously fatal conditions will be able to look forward to long and healthy lives.”
Megan Sykes admits to feeling a bit nervous when the patient, a 22-year-old woman, checked into Massachusetts General Hospital eight years ago for an experimental kidney transplant procedure.

The patient had already endured one kidney transplant after her own failed 10 years earlier. But the 25 antirejection pills she took each day led to high blood pressure, osteoporosis, and cataracts. Her suppressed immune system also allowed viral warts to sprout all over her body, even on the soles of her feet, which made even short walks excruciating. Her doctors reduced her intake of immunosuppressive drugs to reduce the side effects, but her body started to reject the kidney.

Instead of opting for a second, conventional kidney transplant, the patient volunteered for a new type of transplant that Dr. Sykes and her team at Harvard developed and believed would free her from antirejection drugs for the rest of her life. The procedure, a double kidney and bone marrow transplant, had worked in a few severely ill patients with myeloma who otherwise would have died.

Organ transplant patients cannot live without the powerful antirejection drugs that restrain their immune system from attacking their new organ, but many patients cannot live well with them. With a weakened immune system, patients are vulnerable to deadly or debilitating infections, cancer is a constant threat, and long-term use can cause heart disease, diabetes, osteoporosis, and other diseases.

“Often patients who get an organ transplant are trading one chronic disease for another,” Dr. Sykes says. “We can’t underestimate how patients value the prospect of living without drugs. For them, it is immense.”

Antirejection drugs also fail to completely stop the immune system from attacking the organ. This chronic attack destroys about half of all transplanted kidneys within eight years; even fewer hearts and lungs last that long.

“There are certainly people out there with transplants who have lasted 40 years or more,” Dr. Sykes says, “Transplant can be life-saving and transformative for many, but unfortunately that’s not the uniform outcome.”
That’s why immunologists like Dr. Sykes are trying to trick the patient’s immune system into recognizing the transplanted organ not as a foreign object, but as its own. The immune system’s ability to distinguish “self” from “non-self” first drew Dr. Sykes to the field when she was an internal medicine resident in Canada.

“I remember seeing, for the first time, patients with autoimmune diseases, and it fascinated me how the immune system learns to single out foreign cells, and how that system goes awry in autoimmunity and attacks the patient instead,” Dr. Sykes says. “An exaggerated form of that attack occurs in transplant patients when the immune system turns against donated organs.”

Dr. Sykes’ strategy for preventing attack on donated organs relies on creating a chimeric immune system within the patient, part donor and part recipient. At the same time the patient receives the donor kidney, the patient also receives some of the donor’s bone marrow. Bone marrow cells establish the immune system, then re-educate the patient’s own immune system to treat the new kidney as friend, not foe.

David Sachs at Harvard first came up with the idea about 30 years ago and tried it in mice. The technique worked, but the methods used to prepare recipients for the double transplant were too risky to attempt in patients. When Dr. Sykes joined Harvard in 1990 from the NIH, she devised new, less toxic methods. The Harvard team first tried these methods with myeloma patients who needed both transplants: bone marrow to cure their cancer and a kidney to cure the kidney failure the cancer had caused. Lots of techniques for inducing tolerance have succeeded in mice, only to fizzle when tried in larger animals or people. But the Sachs-Sykes protocol worked. The first patient, who had only months to live, is still alive today, 12 years later, without any antirejection drugs.

By 2002, the team was ready to try the procedure in less ill patients who only needed a kidney. The 22-year-old woman’s preparation for the double kidney/bone marrow transplant was arduous. A massive regimen of chemotherapy administered a week before transplant suppressed the bone marrow and an injected antibody to T cells cleared the cells from the body to stop their attack of the new kidney. Local irradiation of the thymus also destroyed that organ’s T cells. To prevent a deadly infection, the patient was kept in isolation until the day of the surgery.

Nine months after surgery, the woman was taken off antirejection drugs and has not needed them since. Once unable to walk, she has now run several marathons.

When the case was reported in the New England Journal of Medicine in 2008, along with results from four other patients, the research was hailed as “landmark work” and a “huge advance” that could “change the whole game of transplantation.”

It is the only time researchers have successfully induced tolerance in patients receiving organs from unrelated, mismatched donors (the source of most solid organs for transplant). If the methods can be extended more broadly and the outcomes are long-lasting, the success is expected to rival the clinical impact of the first successful organ transplant a half-century ago.

At the new Columbia Center for Translational Immunology, Dr. Sykes is trying to improve the methods that bring about tolerance. Blood samples from double transplant patients arrive in her own lab once or twice a week for analysis. And research continues into devising less arduous protocols for establishing chimerism. The lab is truly translational: Ideas are first tested in mice before moving to larger animals and then to people.

The ability to move research from bench to bedside is one of the main reasons Dr. Sykes of the donor’s bone marrow disappear within a few weeks of implantation.

She believes the kidney collaborates with the bone marrow to generate tolerance to itself, but the mechanisms are not completely clear. Because of this mystery, along with uncertainty about long-term outcomes and the still-dangerous prep patients undergo before transplant, Dr. Sykes says, “we’re not moving to patients faster because of appropriate caution.”

So far, the techniques have been tried only with kidneys, for which there are living donors. Part of Dr. Sykes’ focus at Columbia will be expanding the trials to include livers. Dr. Sykes also is developing techniques that might someday allow the use of animal organs for human transplantation. When she and her colleagues transplanted both the thymus and a kidney from a pig into a non-human primate, they were able to achieve tolerance to the xenotransplant.

Dr. Sykes knows that organ transplant patients are anxious for more progress. “I often think of the first patient in our trials. She was in her 50s, on dialysis, and she said she didn’t want to live any longer. She just hoped her transplant would let her live a few months to see her daughter get married. Twelve years later, she’s lived a lot of good years since then. Seeing patients live normal lives – that’s a huge motivation for this work.”

"Often patients who get an organ transplant are trading one chronic disease for another.”

Megan Sykes agreed to join Columbia in part because of “the enthusiasm of the physicians to try innovative ideas.”

One of her lab’s biggest challenges is to determine why the transplant patients tolerate their new organs. In mice, the donor’s bone marrow becomes permanently etched into the recipient and leads to life-long acceptance. “Now if you want to know about people, it’s not so simple,” Dr. Sykes says. “The puzzle is that the chimerism in people is only temporary. All signs
A few blocks away from the George Washington Bridge bus terminal, around the corner from Broadway and 176th Street, sits the Washington Heights CORNER Project. The waiting area looks like many other community centers, with an array of magazines stacked on tables and racks displaying educational flyers about AIDS prevention and domestic violence.

But this is no ordinary community center. The CORNER Project – Community Outreach & Resources, Needle Exchange & Harm Reduction – serves injection drug users and people with HIV/AIDS in Washington Heights and provides syringe exchange services, safer injection supplies, and safer sex supplies. It also connects individuals with a variety of other community services. The program is based on the principle of harm reduction – minimizing the damage done by drug use by acknowledging that if you cannot stop it, you can at least make it safer.

As the only city-licensed harm reduction program north of 125th Street in Manhattan, the CORNER Project serves a large population with a wide array of medical needs. That is what drew Devon Callahan’12 and Sarah Adkins’12 to volunteer there as outreach workers during their first year as medical students and, ultimately, to found the Columbia University Harm Reduction Outreach Network – CUHRON, a pioneering primary care clinic within the auspices of the CORNER Project.

"From the statistics I’ve seen, about half the people who use or are addicted to heroin in the U.S. are in New York City," says Mr. Callahan. “Washington Heights has historically been one of the busier spots for drug use in the city. We felt like there wasn’t a need for another general free clinic for underserved people in this area, but we thought we could be much more useful if we could provide care on-site to the participants of the CORNER Project.”

As medical students, though, they couldn’t just start seeing patients without supervision. "It was a catch-22: We couldn’t start the clinic without a physician committed to supervising it, but it was hard to get a physician to commit without a program," says Mr. Callahan. So he and Ms. Adkins approached James Spears, M.D., and David Rosenthal, Ph.D., both of whom play key roles in Columbia’s Center for Family and Community Medicine. They recommended Carmen Dominguez-Rafer, M.D., assistant clinical professor of medicine, as CUHRON’s medical director.

"Once she agreed, it was a fairly quick process," says Mr. Callahan. “We held our first official clinic during the first week in August 2010.” Staffed entirely by medical students under Dr. Dominguez-Rafer’s supervision, CUHRON now sees walk-in patients every first and third Tuesday evening of the month. A clinical student is paired with a preclinical student for the initial patient history and exam;
after they discuss the patient's needs, they present their findings to Dr. Dominguez-Rafer, who then meets with the patient.

NOT YOUR TYPICAL PRIMARY CARE CLINIC

So far, each clinic has averaged eight or nine patients. “We see a lot of musculoskeletal complaints, abscesses, wound care, and people concerned about ongoing chronic conditions like hypertension, testing for hepatitis C, and so on,” Mr. Callahan says. “There are some people with a history of endocarditis from drug use who are concerned about numbness in an arm or palpitations. We do a lot of bread and butter primary care as well as issues specific to drug use.”

CUHRON is not a typical primary care clinic, where patients come in, wait to get a history, physical exam, a clinical assessment, and treatment plan as directed primarily by their physician. “Some people coming in to be seen aren’t amenable to doing a full hour or two-hour visit,” says Mr. Callahan. “They might have only wanted to come in for 20 minutes because they had this wound in their arm, and they wanted to be sure it’s not infected.”

The students discovered this difference during their first clinic session, when half the patients who showed up to be seen left without finishing the loop of care. After that, students began establishing a “contract” with each participant, asking them up front how long they were willing to stay, then doing their best to deliver care within these parameters.

“This is not your typical patient panel or approach to patients,” says Dr. Dominguez-Rafer. “You can’t be here with an agenda of forcing them to do what you think they should do. They won’t stay long, so you have to ask them, ‘What’s most important to you today?’”

The experience at CUHRON exposes medical students to the core principles of family medicine – providing competent and compassionate medical care to a patient while identifying and working to address the psychosocial and/or economic determinants that play a major role in the patient’s response to health care. “Here the medical student truly understands the meaning of patient-centered care, i.e., going to where their patients feel ‘safe’ in a community-based setting, understanding the life issues complicating the patient’s medical concerns and being sensitive to and respectful of that, and attending to the patient’s needs and agenda – and not only that of the health care provider – together with the invaluable assistance of the social workers on site,” says Dr. Dominguez-Rafer.

The unique setting builds skills that the students might not develop in their more traditional practice situations. “We’ve had to triage patients and assess what they’re coming in for, not what we think they should be coming in for,” says Mr. Callahan. “We’re doing a lot of creative thinking about providing the best care in non-traditional settings, which is difficult. It hones our interviewing skills.”

Follow-up with these patients is also not what most medical students have come to expect. Patients who need additional care, such as blood work or imaging, are referred to Dr. Dominguez-Rafer, who has set aside the fourth Tuesday evening of every month to meet with CORNER Project patients at the Farrell Family Health Center.

“If they show up at Farrell, it’s a big win,” says Dr. Dominguez-Rafer. “One woman came in for a skin condition and it was all I could do to keep her there for 30 minutes, but she thanked me profusely. I’ve had another patient come back two times, and he’s allowed us to do shots and take blood. I’m hoping to see him at my next follow-up session to go over his results. It’s really the tip of the medical glacier. You have to work your way in to get them to trust you enough to help them.”

A LONG-TERM COMMITMENT

That need to build trust through consistency makes CUHRON a serious commitment for any medical student. “We ask that people pledge to work with the clinic for the entire time that they’re in medical school,” says Mr. Callahan, who notes that the program currently has about 10 to 15 student volunteers. “We think it’s important, considering the population we’re working with and the difficulties they’ve encountered historically in dealing with the medical system, to establish rapport and continuity of care by having the same people there every time the clinic’s open.”

CORNER Project Program Director Taeko Frost understands the importance of that commitment. “We have one participant who came in for the first clinic and he saw Devon, who’d been volunteering here for three years,” she says. “He said, ‘Oh, I wanna see that doctor. I know him. I’d trust him with my life.’”

Ms. Frost acknowledges the difficulty that medical professionals face in working within a harm reduction program. “It’s counterintuitive to the Western medicine perspective. Someone is doing something that is clearly harmful to their health, and you have to be able to try to help them while talking candidly about their drug use and not saying ‘You have to stop.’ The principle of harm reduction is meeting people where they’re at.”

“Before Devon and Sarah started volunteering, there had been a huge barrier to receiving health care services for our participants,” Ms. Frost says. “They may not be able to make it to appointments at another location. They may not have ID to get insurance. The whole concept of bringing the services to the CORNER Project takes away the barriers of insurance and making and remembering appointments.”

The kind of care CUHRON provides is not glamorous, says Dr. Dominguez-Rafer. “It can be frustrating, and it’s an enormous commitment. So it’s great to see medical students so interested in trying to help people who are marginalized and have few resources. I want to help fuel the fire of that commitment if I can.”

The program does more than serve the participants of the CORNER Project and further the education of a small, committed cadre of medical students. It also advances the mission of Columbia as a whole. “A lot of the headlines about Columbia are about research discoveries, and those are very important,” says the Center for Family and Community Medicine's Dr. Rosenthal. “But work like this shows that Columbia can be a positive community presence for people who get overlooked.”
Graduate School Life

A look at work from the labs of CUMC’s graduate program

Graduate Studies in a Rapidly Evolving Field

By Boris Reizis, Ph.D.
Associate Professor of Microbiology & Immunology

For more than three decades, the graduate training program in microbiology and immunology of infectious diseases has prepared young researchers for the rapidly evolving field. The wide spectrum of training and research in the program includes the most basic and universal aspects of cell biology and genetics in model microbial organisms; hard-core bacteriology and virology with the emphasis on host-pathogen interaction; and the newly reinvigorated focus on the immune system development and function.

Following the arrival two years ago of the new chair of the Department of Microbiology & Immunology, Sankar Ghosh, Ph.D., the program has been expanded and revitalized, with several stellar junior faculty members recently joining its ranks. In addition, the newly established Columbia Center for Translational Immunology under the direction of Megan Sykes, M.D., offers training opportunities in the translational aspects of research. A rigorous schedule of weekly external speaker seminars and work-in-progress seminars gives trainees excellent opportunities to develop the essential “big picture” thinking abilities. Just as importantly, the social atmosphere of the program has benefited from a weekly happy hour and an annual two-day retreat.

The program’s long-standing tradition of excellence can be best exemplified by one of the recent graduates, Eleni Mimitou. Eleni hails from Greece, where she attended Aristotle University in Thessaloniki – what a starting point for a naturalist! As an early indicator of the great things to come, she was the four-time winner of the Greek State Scholarship Foundation annual award for the best academic record in her department.

After joining the Columbia program in 2005, Eleni started working in the lab of Lorraine Symington, Ph.D., on the fundamental aspects of DNA damage response in the yeast model system. She quickly set her sights on a longstanding problem in the field, the mechanism of double-strand break processing, and began the search for new regulators of the process. These studies identified Sgs1, a member of the highly conserved RecQ family of helicases, as the long sought double-strand break processing activity. Notably, Sgs1 is the yeast ortholog of human BLM helicase, which is mutated in Bloom’s syndrome patients with broad predisposition to cancer. Thus, Eleni’s findings in yeast suggested an entirely novel explanation for the role of BLM in human cancer prevention.

The study was published in 2008 as an article in Nature, has been highlighted in mini-reviews in several other journals, and has been cited more than 140 times. For this achievement, Eleni received the Richard C. Parker Memorial Award, a high honor awarded by the microbiology & immunology program for innovative and outstanding work. Following graduation with distinction, Eleni has started postdoctoral training in a top lab at Memorial Sloan-Kettering Cancer Center. We will undoubtedly see more great science from Eleni and wish her luck in her promising career.

Recent years have witnessed the merger of classical microbiology and immunology into a joint discipline focused on host-pathogen interactions. This is becoming increasingly evident in the work of our students, many of whom study the pathogenesis of the same diseases, such as viral infections from either the pathogen’s or the host’s side. Kanako (Kana) Lewis is a fifth-year graduate student in the Reizis lab who studies plasmacytoid dendritic cells (pDCs), a unique immune cell type specialized in antiviral responses. Before joining the program, Kana conducted stem cell research in Japan, studied human viral infections at the Canada Health Research Agency, and helped decipher the genome of papaya at the University of Hawaii. Through these diverse experiences Kana developed the resilience and flexibility that proved crucial in her thesis work.

After pursuing a promising project on pDC development for two years, she conclusively proved the initial hypothesis to be incorrect. Undeterred, Kana kept pressing toward the big challenge in

Kanako “Kana” Lewis, a fifth-year graduate student in the Boris Reizis lab  Picture by Yunan Xie

Graduate School Life
the field – a mouse model that would constitutively lack pDCs in the steady state. She successfully generated such “pDC-less” mice and used them to uncover an entirely novel role of pDCs in the adaptive immune response to chronic viral infections. In addition to the mechanistic insight, these findings have broad implications for the pathogenesis and therapy of such human infections as HIV and hepatitis C. Moreover, Kana’s research path illustrates the value of motivation and persistence as key success factors in graduate research.

One of the most exciting developments in the program has been the successful recruitment of excellent new students for several years in a row. This reflects the effort of the current director of graduate admissions, malaria expert David Fidock, Ph.D. Incoming students are a perfect match for the junior faculty who have joined the program: The students jump start research in the new labs and in return get undivided attention and first-hand training from the faculty. Take Nilushi De Silva, a second-year student studying signal transduction in lymphocytes under the supervision of Ulf Klein, Ph.D. Nilushi graduated with first class honors from the University of Melbourne in Australia, where she studied potential drug targets of the malaria parasite. At Columbia, her research interests turned to immunology and she was the first graduate student to join the newly established Klein lab. Ulf Klein is an immunologist and cancer researcher of outstanding record, having trained in the famous immunology lab of Klaus Rajewsky and subsequently in Riccardo Dalla-Favera's cancer research lab at Columbia. Under Dr. Klein's supervision, Nilushi is investigating the transcription factors and signaling cascades governing the key event in an immune response: the differentiation of lymphocytes into antibody-producing plasma cells. The extensive proliferation and genome modification involved in this process pose grave danger of malignant transformation, and Nilushi's research investigates the mechanisms of both normal differentiation and malignancy.

We are hopeful that the work by Nilushi, Kana, and their fellow graduate students will keep our program at the forefront of microbiology and immunology research for years to come.
After a year as assistant dean for admissions, Stephen W. Nicholas, M.D., became associate dean for admissions, a position commonly referred to as “dean of admissions,” in July 2010. He succeeded Andrew Frantz’55, who held the position for nearly 30 years before his death in June 2010. Dr. Nicholas talks with P&S about taking over a role held for so long by one individual.
What has it been like taking over a position that was defined for so long by one person?

Dr. Frantz was highly regarded for his dedication and talent in choosing students for acceptance to P&S. He was a master at screening and an extremely careful reader of applications. He set an example that I work to uphold every day. When it came down to it, and all things being equal, he would ultimately base his decision on the answer to this question: “If I were sick, would I want this person to come into my room as my physician?” That remains one of my guiding principles.

You have been a member of the P&S Admissions Committee since 2001. Why did you want to be a part of this endeavor?

I was honored to be asked by Dr. Frantz to join the admissions committee a decade ago and even more honored to become assistant dean in 2009. To have a hand in choosing students who will go on to become great physicians is a job I view with a certain amount of reverence. Being involved with admissions has been one of the joys of my career.

Last year P&S had more than 7,000 applicants, the highest in its history, and invited more than 1,200 for interviews. You personally interviewed 181 of those applicants. What do you look for when you interview potential students?

Actually, I like to think I don’t interview students, I have conversations with them. This is an important distinction. I start from a premise of great respect – I don’t shoot questions at the applicant, but rather speak with them in a relaxed way that gets to the heart of who they are, what their passions are, what makes them sparkle. I never ask anyone, “Why do you want to be a doctor?” That question feels almost like an accusation. Over the course of our 45-minute talk, the person’s motivation inevitably becomes clear. Gradually, I’m able to discern who they are and what brought them to this point in their lives.

Is there an ideal P&S applicant?

There really is no mold. As a group, the students we interview are incredibly bright and accomplished, but since we have to make choices, we look for that person who will bring something extra to our school, who will add to the effervescent atmosphere that I think makes P&S unique. Often, the successful applicant hasn’t made a straight trip from college to medical school. We look for evidence of compassion and selflessness. We don’t want someone who has straight As and high scores but no soul. The person who seems to be motivated mostly by “What’s in it for me?” won’t be successful here.

There’s a wonderful Anne Sexton poem that I like to quote that says a lot about humbleness, a trait we look for:

The doctors should fear arrogance
more than cardiac arrest.
If they are too proud,
and some are,
then they leave home on horseback
but God returns them on foot.

P&S encourages students to participate in extracurricular activities. Are students attracted to P&S for this reason?

The P&S Club is a big draw for many students. We have around 80 extracurricular student clubs – in music, theater, advocacy, religion, sports, you name it. If a club doesn’t already exist, someone will start it. No peer institution has anything nearly this expansive. Since the P&S Club was founded in 1894, P&S has been caught up with the idea that good physicians have passions outside of medicine. I strongly believe this to be true. In November, I saw the Bard Hall Players production of “Crazy for You.” The lead, Michael Ayers, was a theater major from Duke and a member of Actors’ Equity; Joshua Marr, a supporting actor, was a professional opera singer before medical school. All the actors were doing very well academically and brimming with talent onstage. It was such a pleasure to watch these talented young people. One of the end points we’ve used to measure whether our new curriculum is too intense is whether students still have time for P&S Club activities. They do, so this tells me that our curricular intensity is not excessive.

Are you planning changes to the admissions process?

I don’t feel that sweeping changes need to be made. On the big issues, we are doing extremely well. For a long time now, women have been admitted in equal numbers to men. Minority recruitment is up, thanks largely to the work of Dr. Hilda Hutcherson.

About Steve Nicholas

Academic titles:
professor of clinical pediatrics (P&S) and professor of clinical population and family health (Mailman School of Public Health)

Other responsibilities:
fourth year global health scholarly projects, health sciences student rotations in the Dominican Republic

Arrival at Columbia:
“the hottest, muggiest June you can imagine, in 1981” (for pediatrics residency at Babies and Harlem hospitals)

Roots:
native of Wyoming (“I wore my cowboy boots for a long time, but I took them off eventually.”)

Undergraduate studies:
Casper College, University of Wyoming

Undergraduate major:
zoology (“though I secretly yearned to be a photojournalist or a poet”)

Medical school:
University of Colorado, graduated with honors, Alpha Omega Alpha

How he interviews:
“Imagine it’s a bright Sunday afternoon and we’re walking down a garden path, chatting. Half the sun comes from you, and half comes from me. At its best, a good conversation is close to a duet.”

Most interesting remark from an applicant:
“Who knew that interview day could be so enjoyable?”

Most interesting question asked by an applicant:
“I know you are an AIDS specialist. How did you learn to deal with dying children?”

Greatest number of admission interviews in one day:
“22. As a pediatrician, I’m fond of saying there are only four numbers that matter: one, two, three and lots. That was indeed lots of interviewees.”

What surprises applicants most about their visit to P&S:
“the irrepresible effervescence of our students, the centrality of the P&S Club, the cultural richness of Washington Heights and Harlem”

Roots:
native of Wyoming (“I wore my cowboy boots for a long time, but I took them off eventually.”)
One of the things I am trying to improve is what we do for applicants on the day they come to visit us. For decades, the day has involved an interview, lunch, and a tour given by current students. Our students continue to be our best salesmen. Nevertheless, it seemed to me we could do a better job of making the day feel a bit more welcoming.

Now, students gather in the admissions suite – a room that can get a bit crowded but is also warm and cozy – and I speak with them as a group. I ask applicants to introduce themselves. I assure them that even though the number of applicants we have is pretty overwhelming, I want them to know that we look at each person as an individual, that at P&S it’s not only about great grades and MCAT scores. I mention details from their application that prove I’ve read it carefully. I try to reduce their nervousness and make them feel special. I’ve heard that applicants appreciate this new aspect of the day.

You recruited the first 10 students this year for the new Columbia-Bassett track. Describe that process.

The response to this program has been amazing. We had 753 applications for 10 slots. Students do their basic science curriculum at P&S and then spend their major clinical year at Bassett Hospital in Cooperstown, a lovely area upstate that provides health care for eight surrounding economically depressed counties. Bassett is full of thoughtful, committed, community-oriented people who have created a remarkable health care model where each student has a panel of patients that he or she follows over time, along with an attending. The hospital has always attracted a subset of P&S students interested in rural health care, primary health care, and the outdoor life and those who do clinical work there always come back raving about the place. It’s been fascinating to review the applicants to this program, many of whom are themselves from rural areas in many different parts of the country.

You’ve been a pioneer in the care and treatment of HIV-infected children and an advocate for the medically underserved for 25 years, and you created innovative community-based educational experiences in Harlem, Washington Heights, and the Dominican Republic. Even before that, you made caring for children with AIDS your mission, since your arrival at Columbia for a pediatrics residency at Babies Hospital in 1981, the start of the AIDS epidemic. Are you still involved in this work?

I’ve been involved with building an AIDS program in La Romana, Dominican Republic, since 1999. In 2006 I stepped down from my position as director of pediatrics at Harlem Hospital and went to the Dominican Republic, along with my wife and four children, to spend a Fulbright scholarship year further improving the International Family AIDS Program. I still go there regularly, but now that the program is fully up and running I’m not needed as much. The clinic introduced the first AIDS treatment for pregnant women and long-term AIDS care and treatment for families in the Dominican Republic. The Caribbean has the second highest rate of AIDS in the world, after sub-Saharan Africa. The most satisfying thing about this program is that we have managed to bring the rates of mother-to-child transmission down to those comparable to New York City, which is to say a 99 percent reduction. Because the program in the Dominican Republic is working well, I was able to step away to take on this new challenge in admissions, but global health will continue to be an important part of my life.

You’ve become admissions dean at a time of uncertainty and transition in medicine. What do you tell potential students who express concern about this?

There’s a great New Yorker cartoon where Adam and Eve are rushing from the Garden of Eden clutching their fig leaves and he says to her, “I think we’re in a period of transition.” We are in a period of transition, but certain things won’t change. The core value at the center of medicine, this wonderful agreement that patients have with their physicians that allows us to listen with a compassionate ear to utmost secrets, that allows us to touch, examine, and even invade their bodies in the hopes of improving their health, that is a very sacrosanct relationship that will never change. If doctors get up every morning and the first thing they think about is the quality of life of their patients, then they have come into medicine for the right reasons and those reasons will withstand changes in the landscape.
Faculty

Chu Huai Chang, M.D., professor emeritus of radiation oncology and former chief of radiation therapy, died Nov. 27, 2010.

Richard Druss, M.D., clinical professor of psychiatry and a supervising and training analyst at the Center for Psychoanalytic Training and Research, died Oct. 4, 2010. See Alumni In Memoriam Class of 1959 for more information.

Roberta Jeager, M.D., assistant clinical professor of psychiatry and a member of the Center for Psychoanalytic Training and Research, died Dec. 7, 2010. See Alumni In Memoriam Class of 1966 for more information.

Irene E. Loewenfeld, Ph.D., former faculty member in ophthalmology, died Oct. 9, 2009. She was considered the world’s foremost expert on the eye’s pupil.

Barbara Neuhaus, Ed.D., retired director and associate professor of occupational therapy, died Jan. 8, 2011.


Alumni

Class of 1939

Herbert M. Olnick, a retired radiologist, died July 25, 2010. Dr. Olnick had been affiliated with Georgia Hospital in Macon, Ga. His love for his profession remained undiminished long into his retirement. When asked on an alumni questionnaire if he would still become a doctor if he had it to do all over again, he replied, “Yes, can I start now?” He is survived by his wife, Praise, a daughter, a son, and five grandchildren.

Class of 1941

John D. Ryan, a retired general surgeon, died Sept. 6, 2010. Dr. Ryan served in World War II with the Bellevue Affiliate Unit of the U.S. Army’s First General Hospital. Serving in both England and France, he was later awarded the French Croix de Guerre. Dr. Ryan pursued a private surgical practice and maintained affiliations with Stamford Hospital and the former St. Joseph’s Hospital in Stamford, Conn., where he also served as director of the surgical division, president of the medical staff, and a member of the board of directors. Dr. Ryan is survived by his wife, Kathleen, two daughters, five sons, 10 grandchildren, and a great-grandson.

Class of 1943D

Harold R. Mancusi-Ungaro, a retired pediatrician, died of malignant melanoma on Sept. 5, 2010. Dr. Mancusi-Ungaro served in World War II. He came from a long line of doctors, rounding out the 12th generation, and passed on the torch to his son, a plastic surgeon. He had been a member of the staff of the Department of Pediatrics at Mountainside Hospital in Montclair, N.J., where he pursued a private practice and treated generations of the same family, retiring after three decades. He was recipient of the 1993 Gold Merit Award of the Medical Society of New Jersey. A passionate cook in his free time, he perfected his mother’s and grandmother’s Italian recipes. Preceded in death by his first wife, Freda, survivors include his second wife, Sheila; a daughter, a son, and three grandchildren. A loyal alumnus and generous supporter of the medical school, Dr. Mancusi-Ungaro recalled in an alumni questionnaire: “I chose P&S over two other schools and have never regretted it. I still regard the faculty back then as fine a group, not only of physicians, but also as teachers, as could be. In all my life experiences I have always been proud to say that I am a graduate of P&S.”

Class of 1945

Alan E. Baum, a retired radiologist, died Oct. 10, 2010. Dr. Baum served in the U.S. Navy during both World War II and the Korean Conflict. He pursued a private practice for more than half a century in Oyster Bay, N.Y. Professor of clinical radiology at SUNY in Stony Brook, he served as chief of the Department of Radiology at the Veterans Hospital of Northport, N.Y. Dr. Baum was a past president of the New York Chapter of the American College of Radiology and the Long Island Radiological Society. He is survived by his wife, Cecelia, a daughter, two sons, and grandchildren and great-grandchildren.

Class of 1946

Richard L. Fenton, a retired orthopedic surgeon, died Oct. 5, 2010. Dr. Fenton was a veteran of the Korean conflict, during which he served as a captain in the U.S. Army. A past president of the Westchester County Medical Society, he also served as a former president of the Phelps Memorial Hospital Medical Board. He is survived by his wife, Ruth, two daughters, a son, four grandchildren, and a great-grandchild.

Edward R. Howe died March 21, 2007. A retired ob/gyn, he had been affiliated with Hartford Hospital. He is survived by his wife, Wendy, two daughters, and two sons.

Harold Rosegay, a retired neurosurgeon, died May 19, 2010. Dr. Rosegay served as chief of the Department of Neurosurgery at Letterman General Hospital in San Francisco. Preceded in death by his wife, Mary Louise, he is survived by two daughters, four sons, and two grandchildren.

Class of 1947

Frank C. Dresdale, a former member of the clinical faculty in the Department of Medicine at Robert Wood Johnson Medical Center in New Brunswick, N.J., died Nov. 30, 2010. He was 87. Dr. Dresdale pursued a private practice in internal medicine in Plainfield, N.J., where he also served as a senior attending staff physician at Muhlenberg Regional Medical Center. He was a past president of the Union County Medical Society. Preceded in death by a son, he is survived by his wife, Doris, a daughter, two sons, and six grandchildren.
Judith P. Sulzberger ’49
Grande Dame of Medical Philanthropy
1923-2011

Judith P. Sulzberger ’49, a visionary physician-philanthropist who applied her medical knowledge to advance research at P&S and elsewhere, died of pancreatic cancer on Feb. 21, 2011. She was 87. Dr. Sulzberger was best known at P&S as the driving force behind the Columbia Genome Center that bears her name.

A former member of the Board of Directors of the New York Times, the newspaper in which her family holds a majority interest, Dr. Sulzberger served on the boards of numerous organizations, including the Wildlife Conservation Society, the Rainforest Alliance, and the Pasteur Foundation (the New York-based branch of the Institut Pasteur in Paris). At Columbia, to which she was committed heart and soul, she served on the CUMC Board of Visitors, the P&S Alumni Steering Committee, and the Health Sciences Advisory Council.

Medicine captured her imagination early on as a young child, when she battled scarlet fever, a life-threatening illness. She sharpened her fascination for science in an accelerated three-year program at Smith College, earning her B.A. while transitioning to P&S in her fourth year. Her medical and P&S lineage, in fact, reached back to her great-great-great grandfather, Dr. Daniel Levi Maduro Peixotto, Class of 1819, one of the foremost New York physicians of his day.

Putting her career on a hiatus to raise a family, she returned to medicine in 1957 as a member of the Department of Pathology at Cornell. In subsequent years she maintained affiliations with several hospitals and clinics in New York and Stamford, Conn., then pursued a private internal medicine practice in East Hampton. For a time she also wrote a medical column for the East Hampton Star and eventually brought her writing talents to the P&S Journal, for which she worked as a roving reporter and writer-in-residence. Her column, “P&S Revisited,” was a must-read, communicating the excitement of cutting edge bench work and clinical scientific advances.

It was at P&S that her attention turned to genetics, a subject that truly captured her imagination and would later inspire a novel, “Younger,” published in 2003. Dr. Sulzberger also wrote and published occasional verse. At P&S she authored the first printed description and produced the text of a video on genetics to translate the manifold mysteries of the then nascent project for a general, albeit medically trained, public. And when genome studies at Columbia mushroomed into something more than the maverick work of a few isolated labs, Dr. Sulzberger provided the guidance, the seed money, and ongoing support for what would become the Judith P. Sulzberger ’49 Columbia Genome Center, where she also pitched in to work on special projects. One such project was a study of the genetic code of the mosquito that carries malaria conducted jointly by the center and the Pasteur Institute.

Her generosity to P&S included the endowment of the Isidore S. Edelman Professorship in Biochemistry and Molecular Biophysics, named for the center’s founding director and former chair of biochemistry, and significant support for celiac disease research, bioterrorism research, a genomic autism study, and the Campaign for Diversity, among other areas.

A member of the P&S Alumni Association Council and for some years chair of the Class of 1949, Dr. Sulzberger also was a major donor to scholarships. She was one of the principal sponsors of the Nolting Student Loan Fund, named in honor of Dr. Anke Nolting, associate dean of alumni relations and development. For many years she hosted visiting alumni at her home in Lubec, Maine, and mentored medical students in conjunction with the Home Away from Home Program.

Her philanthropy was university-wide, extending to the Columbia Initiative in Systems Biology, the Mailman School of Public Health, Barnard College, and the School of Journalism.

Among many encomia earned in the course of her career, Dr. Sulzberger received the 2001 Gold Medal for Mentorious Service to P&S and its Alumni Association and the 2002 Columbia University Alumni Federation Gold Medal for Distinguished Service. In 2005 she was named Chevalier of the French Legion of Honor for her work with the Pasteur Foundation.

Dr. Sulzberger is survived by her husband, Budd Levinson, two sons by an earlier marriage, a stepdaughter, two stepsons, four grandchildren, and several step-grandchildren. – Peter Wortsman
Class of 1947

George N. Hazlehurst, a retired internist and psychiatrist, died April 26, 2004. He served in the U.S. Army Medical Corps. Dr. Hazlehurst conducted research in psychosomatic medicine. He pursued a private practice for many years in Phoenix, where he was affiliated with the Arizona State Hospital and the Arizona Tuberculosis Sanatorium. He is survived by his wife, Edith, five daughters, and two sons.

Class of 1949

Victor G. Fellows, an ophthalmologist, died Oct. 18, 2010. At the time of his death, at age 87, he was thought to be the oldest practicing ophthalmologist in San Francisco. A past president of the Pacific Coast Oto-Ophthalmological Society, he had been a member of the clinical faculty in the Department of Ophthalmology at California-Pacific Medical Center. Outside of medicine and his family, he was passionate about physical fitness, travel, wines, Shakespeare, and opera. He combined these various passions on memorable bike riding trips to France and Italy. Survivors include his wife, Audrey, a daughter, two sons, and seven grandchildren.

Class of 1950

Lee E. Bartholomew, a retired rheumatologist, emeritus professor of medicine, and head of the Division of Rheumatology at Albany Medical College, died Oct. 16, 2010. He served in the U.S. Naval Reserve at the Philadelphia Naval Hospital. Active in numerous professional organizations, Dr. Bartholomew served on the board of directors of the Northeast New York Chapter of the Arthritis Foundation. In his free time he loved skiing, sailing, and camping. He is survived by his wife, Frances, a daughter, and a son.

Nathan Poker, a retired radiologist, died Sept. 1, 2010. Dr. Poker was professor emeritus of radiology at Cornell University Medical College, an attending radiologist at New York Hospital, and served for years as a consultant in radiology at Rockefeller University Hospital. He served as a Lieutenant in the U.S. Naval Reserve, assigned to the Pacific Fleet during World War II. There are no known survivors.

Class of 1951

Col. David S. Cooper died May 5, 2009. A retired internist, Dr. Cooper practiced aviation medicine. He served in three wars. He is survived by his wife, Amy.

Charles M. Poser, a distinguished neurologist, died of pneumonia Nov. 11, 2010. A native of Antwerp, Belgium, he fled Nazi-occupied Belgium with his family and, at age 16, volunteered for service at a British military hospital near Dunkirk. The family eventually made its way to New York. But in 1943, after a year at City College, he enlisted in the U.S. Army and fought at Bastogne and the Battle of the Bulge. His division, the U.S. 11th Armored Division, was part of the force that liberated the infamous Mauthausen Concentration Camp in Austria. Returning to the United States, he completed his undergraduate studies and after medical school trained at the New York Neurological Institute under the legendary Dr. H. Houston Merritt. Dr. Poser taught in the neurology departments at the University of Kansas Medical Center, the University of Missouri Medical Center in Kansas City, where he was chief of neurology, then at the University of Vermont College of Medicine, Boston University, and Harvard Medical School. He is best known for developing a definitive system, called the “Poser Criteria,” for measuring and describing multiple sclerosis. The system has been adopted worldwide. An annual lecture in his name has been established by the Stern Center for Language and Learning in Vermont. Other academic honors conferred upon him include the Order of King Leopold, from his native Belgium. In his scarce spare time he loved literature and collected and catalogued sea shells and international military medical insignia and badges. The latter collection is now at the National Museum of Health and Medicine at Walter Reed Army Medical Center. Preceded in death by his first wife, Helene, he is survived by his second wife, Joan, two sons, and a grandson.

Enoch J. Saphire, a retired internist, died April 26, 2007.

Class of 1952

Winifred A. Koelle, a retired internist, died July 30, 2010. She was 84. Born in Batavia on the Island of Java in the Dutch East Indies, she was interned in a Japanese concentration camp during World War II. Later emigrating to the United States, she attended Wellesley College, where she majored in chemistry and won a full scholarship to P&S. After marrying Dr. George Brampton Koelle, emeritus professor at Penn (and former P&S faculty member), she took time to raise her children. She later served as chief of intensive care at Taylor Hospital in Ridley Park, Pa., and following a year spent with her husband teaching on the faculty of Pahlavi University in Shiraz, Iran, she returned to the States to serve as a member of the faculty in the Department of Pharmacology at the University of Pennsylvania School of Medicine and as chief of outpatient medicine at Philadelphia General Hospital. Preceded in death by her husband, she is survived by three sons and two granddaughters.

Nathan Poker, a retired internist, died July 30, 2010. He served in three wars. He is survived by his wife, Edith, five daughters, and two sons.

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Nathan Poker, a retired internist, died July 30, 2010. He served in three wars. He is survived by his wife, Edith, five daughters, and two sons.
Class of 1959

Richard G. Druss, clinical professor of psychiatry at P&S and former director of the Columbia Psychoanalytic Center, died Oct. 4, 2010. A psychoanalytically trained psychiatrist, Dr. Druss was the author of two books, “The Psychology of Illness: In Sickness and in Health” (1995) and “Listening to Patients” (2000). He was the recipient of multiple honors in the course of his career, including the George E. Daniels Award, the Jake O’Connor Award, and the George Goldman Award for Excellence in Teaching. He is survived by his wife, Margery, two daughters, one of whom, Elizabeth ’92 followed in her father’s footsteps in psychiatry, and a son, Benjamin, the Roslyn Carter Professor of Public Health at Emory University Rollins School of Public Health. His father, the late Joseph Druss ’22, was a distinguished otolaryngologist on the faculty at P&S.

Anesthesiologist Seymour Wallace died Aug. 25, 2010, of complications from diabetes and kidney failure. He served as a navigation officer in the U.S. Merchant Marine. Dr. Wallace taught on the faculty of Stanford University Medical School and practiced anesthesia at El Camino Hospital. He was a past president of the California Society of Anesthesiologists and of the Northern California Anesthesia Society. In his free time he sailed, gardened, and flew kites. He is survived by his wife, Flora, and a daughter.

Class of 1960

Peter J. Cohen, a noted anesthesiologist and legal scholar, died Aug. 14, 2010. In the course of his career, Dr. Cohen, who held a J.D. from Georgetown University Law Center, chaired the departments of anesthesiology at the University of Colorado and the University of Michigan, taught in the anesthesiology department at the University of Pennsylvania, and was an adjunct professor of law at Georgetown Law Center. Among his areas of particular interest, in which his knowledge of medicine and law conjoined, was the cause of legalization of the medical use of marijuana. He served for a decade as the chairman of the D.C. Medical Society. His wife, Cynthia, two daughters, a son, and six grandchildren survive him.

Christopher V. Rowland, a psychiatrist from Jamaica Plain, Mass., died June 11, 2009. No information about survivors is available.

Class of 1961

Joel Ginsberg, an ophthalmologist in private practice in Hauppauge, N.Y., died April 1, 2010. A member of the Society of Military Ophthalmologists, he was affiliated with St. Catherine Hospital in Smithtown, N.Y. His most memorable post-medical school experience, as he wrote on an alumni reunion questionnaire, was “being able to restore sight to people whose vision had been severely impaired by cataracts.” He is survived by his wife, Sheila, a daughter, and two sons.

Arnold Marglin, an internist specializing in endocrinology, died Aug. 26, 2009. Dr. Marglin, who pursued a solo practice and taught on the clinical faculties at Boston and Northeastern universities, also held a Ph.D. in chemistry from Rockefeller University. He was affiliated with South Shore Hospital in Weymouth, Mass. He is survived by his wife, Phyllis, and two daughters.

Class of 1966

Roberta K. Jaeger, a psychiatrist in private practice and a training and supervising analyst at the Columbia University Center for Psychoanalytic Training and Research, died Dec. 7, 2010. Among her extra-medical interests was hip hop music. Survivors include her companion, Peter Hochstein, a daughter, a son, and two granddaughters.

Class of 1967

Richard Banyard, a retired ophthalmologist, died Aug. 21, 2010. Dr. Banyard served in the U.S. Navy. A member of Greenwich Ophthalmology Associates, he was a former chief of the Department of Ophthalmology and former chief of staff at Greenwich Hospital. He also served as a past president of the Greenwich Medical Society and the Fairfield County Medical Society. Dr. Banyard received the 2009 President’s Award of Greenwich Hospital. Survivors include his wife, Sandra, two daughters, two sons, and six grandchildren.

Class of 1977

Paul K. Woolf, a pediatric cardiologist, died Nov. 3, 2010, of complications from cancer. He was a member of the faculty at New York Medical College, where he received an Excellence in Teaching Award, a Pediatric Resident Award, and an Extraordinary Achievement Award. Dr. Woolf was instrumental in the building of the Maria Fareri Children’s Hospital at Westchester Medical Center. For more than two decades he volunteered with the Rotary Club Gift of Life Program on medical missions to treat children in Uganda, El Salvador, Russia, Siberia, China, and the Philippines. He is survived by his wife, Elizabeth, and two sons.

Class of 1977 Ph.D.

David A. Ruggiero died Sept. 3, 2010, at his home in West Haven, Conn., after a long illness. After graduating from Queens College, David received M.A., M.Phil., and Ph.D. degrees from Columbia after initially starting in the M.D./Ph.D. program. He completed a postdoc fellowship at Cornell and was on the faculty there for nearly 20 years. He returned to P&S in 1998 with joint appointments in psychiatry and anatomy. After making contributions to understanding cardiovascular/ cardiorespiratory control mechanisms, he worked on SIDS, then studied the effect of anti-inflammatory peptides on gut and brain relating to autism and developmental disorders. He edited two editions of “The Human Nervous System” with Charlie Noback. More information about his career and his life is available in the Remembrances section of P&S online (www.cumc.columbia.edu/news/journal/).
NELSON LEVY: THE CHEMISTRY OF SUCCESS

By Peter Wortsman

Back in his childhood hometown of Bound Brook, N.J., Nelson Levy’67, a chemistry wunderkind, earned the nickname “Nitro-Nelly” after whipping up a batch of nitroglycerin in his basement and bringing it in for fifth-grade show-and-tell. His passion for chemical reactions has never waned. At age 69, the academic immunologist turned pharmaceutical researcher and entrepreneur still gets a bang out of science.

As vice president of pharmaceutical research at Abbott Laboratories, Dr. Levy introduced a “project-oriented” approach and a commitment to “rational drug design,” transforming a previously moribund research operation into a powerhouse of productivity that helped push six major FDA-approved drugs down the pipeline. Thereafter, as president of Fujisawa Pharmaceutical Company (now Astellas Pharma), he breathed new life into the North American subsidiary of the Japanese pharmaceutical giant. Ultimately opting to go solo, he helped start 19 companies, most in the fields of biotechnology and pharmaceutical research; 14 are now profitable and seven have been acquired by public companies.

P&S caught up with the scientific entrepreneur for a conversation at his home in Lake Forest, Ill., on a brisk November morning.

“I’m a Scientist… We Think Differently”

A lean and lanky man of athletic build and restless temperament, Nelson Levy bicycles, coaches baseball, works out, and runs to unwind. A dancer in his teens who regularly rocked on the popular television program “American Bandstand,” he and his wife, Louisa, still strut their stuff at weddings and galas, “the first to take to the dance floor and the last to sit down.” But even seated, his face is in perpetual motion, flashing smiles and frowns and various and sundry indications of surprise and impatience. “I’m a scientist,” he grins, “we think differently.”

That different bent of mind was sparked early on by a childhood chemistry set, from which he soon graduated to perusing the textbooks and manuals recommended by the inorganic chemist who lived next door. In seventh grade he taxed the patience and the know-how of his junior high school science teacher with questions about valences. Science consumed his emotions as well as his intellect. His mother, who had been diagnosed with Hodgkin’s disease when he was 1 and given one year to live, pulled through for 18 difficult years, living to see her only child enter college. The lab was his intellectual refuge, a place to escape and seek scientific answers in the face of his mother’s suffering.
As a Scholar of the House in his last year at Yale, Dr. Levy studied the biochemistry of insect metamorphosis, specifically silkworms, preparing, as it were, to burst out of his own cocoon.

Medicine seemed the right career choice, though to this day he still harbors doubt as to whether he wouldn’t have been happier just doing basic science in the lab. Drawn to P&S with the promise of being able to pursue research, a new curriculum instituted in his first year precluded that possibility. Already married at the time to his first wife, moonlighting as a lab tech and a two-hour commute from their home in New Jersey put a heavy toll on his medical school experience. Still, he credits P&S with giving him an outstanding clinical education. Among his revered mentors were Dr. John Loeb, chief resident in medicine at the time, now professor emeritus of medicine (“the smartest guy in the medical center!”); the late Dr. Arthur Wertheim, the attending on his rotations through Goldwater Hospital on Welfare Island, with whom he also pursued research on lipid electrophoresis; and urologist Hans Zinsser Jr. ’42, who took a personal interest in him and encouraged and helped mold the direction of his research. He eventually gravitated toward surgery, because, as he put it, “I perceived the surgeon as being able to do everything the medicine guy does, only more.”

Dr. Levy pursued a surgical internship at the University of Colorado in Denver. There he spent half the year with the legendary transplant surgeon, Dr. Thomas Starzl, scrubbing in with him on the world’s first successful liver transplant.

From Seminal Studies at the NIH to a Doctorate at Duke

The war in Vietnam was raging abroad, and, like a number of his contemporaries, Dr. Levy applied to the National Institutes of Health as an alternative to military service. He was accepted in 1968 as one of only 25 research associates out of thousands of applicants. At the NIH Dr. Levy found a scientific oasis in which he really thrived.

A memento of that time, the framed first page of an article, “Model for Genetic Repair in Man,” which he published in 1971 in the journal Nature, hangs on his study wall. The first paper in the world on in vivo genetic repair, it helped launch the field of cytogenetic engineering, in which four Nobel prizes have since been awarded. In this time before gene cloning, he used the technique of cell fusion to transfer the gene for the fifth component of complement to the cells of mice bred to lack this gene. He then propagated the repaired cells in vitro and infused them back into the mice. He published extensions of this work in the Proceedings of the National Academy of Sciences in 1973. At the NIH, he also published the first paper on the role of viral infection in the etiology of endocrine disease.

By his own admission, Nelson Levy is a man of restless intellect. “I didn’t want to be a geneticist, to keep slogging it out mapping mouse genes.” In retrospect, he faults himself for not sticking with it. But other tantalizing challenges lay ahead.

Next stop: Durham, N.C. Dr. Levy arrived at Duke University wearing four hats: as NIH Special Fellow in Immunology and Immunochemistry, graduate student in immunology, resident in the Department of Neurosurgery, and assistant professor in the Department of Microbiology and Immunology. He earned a Ph.D. in immunology in 1973, pursuing research on the immune response to human brain tumors, and became a tenured associate professor in 1976. His lab conducted studies on the immune response to human cancers, the virology/immunology of multiple sclerosis, and the role of the brain in controlling the immune system. The author of 132 scientific papers, he coordinated and taught an immensely popular course on medical immunology for graduate students and advanced medical students.

But the same restlessness that first attracted him to scientific inquiry, and the same desire for answers that led him to surgery, would drive him to make a major career change. In 1981 he left Duke and academia to accept the position of vice president for pharmaceutical research at Abbott Laboratories in Abbott Park, Ill. There is a clear dichotomy, according to Dr. Levy, between the roles of academia and industry: “The university’s mission was, and I believe still is, the creation of knowledge. Industry’s mission is the creation of products and profits.” (Indeed, he decries “the blurring of this distinction as academia focuses more and more on product-oriented research and the creation and monetization of intellectual property.”) He wanted to be directly involved in the process of discovering effective pharmaceutical products.

TAKING SCIENCE TO INDUSTRY

In a 1997 P&S alumni reunion questionnaire, Dr. Levy cited, among his most memorable postmedical school experiences, “the exhilaration and pride in making a successful transition from academia to industry.” To Dr. Levy it was a dream come true to “really dig in and bring together all the disciplines that go into discovering a drug.” Unlike in academia, with its departmental orientation and what he perceived as insular fiefdoms, industry allowed him to unite under common purpose theoretical, analytical, and synthetic chemistry with the broad range of biological and biochemical sciences. “The science, and the potential of the science, was breathtaking – and real.”

At Abbott he took over what had been a dormant research operation that had not discovered a drug in more than 22 years and thoroughly revamped the system. Replacing endless meetings with a “walking around” style of management, he eliminated many institutional hurdles and, most importantly, scrapped a management-by-incentive system that rewarded the quantity of activity and replaced it with a milieu that encouraged, nourished, and rewarded creativity and scientific excellence. Abandoning traditional disciplines, he reorganized the scientific staff into multidisciplinary divisions, pushing Abbott to become the first company in the industry with a “project-oriented” research operation. The results spoke for themselves. Dr. Levy initiated programs that produced such successful drugs as Hytrin, a revolutionary...
treatment for benign prostatic hyperplasia; Biaxin, a new class of macrolide antibiotic; Depakote, an important drug for epilepsy and several psychological disorders; and Norvir, the first HIV protease inhibitor, among others.

And though he left academia, he never stopped being an educator. Dr. Levy still teaches innovative methods of R&D management, entrepreneurship, and intellectual property management to business students and senior executives as a senior fellow of the Kellogg Innovation Network at the Kellogg School of Management at Northwestern University.

Taking Management Know-How on the Road

Leaving Abbott in 1984, he became an independent consultant to various commercial entities, including Fujisawa Pharmaceutical Company, the North American subsidiary of Japan’s third largest pharmaceutical concern. In 1992 he took on the reins as president of Fujisawa in America. Despite being directed to reduce the sales force by almost 40 percent he conceived and implemented a novel management and sales incentive system that actually boosted sales and profits. Among the company’s greatest successes under Dr. Levy’s watch was FDA approval for FK506 (now known as Prograf), a leading immunosuppressant for transplant patients and individuals suffering from various autoimmune disorders.

After a decade in the pharmaceutical industry, it dawned on Dr. Levy that what he really wanted was to run his own show and call the shots. “I came to the realization that I can’t work for anybody but myself.”

As the founder and CEO of CoreTechs Corp., an umbrella organization for the development of early-stage, science-based technologies and companies, he now devotes all of his time to implementing his own exit strategy-independent paradigm for growing businesses. Among the companies he helped create, perhaps his favorite commercial brainchild is a $50 million operation, based largely in Russia, engaged in the full range of pharmaceutical chemistry and the world leader in the creation and marketing of chemical compound libraries for high-throughput screening and the hit-to-lead chemistry that follows.

Dr. Levy currently serves on the board of directors of one public and four private companies and on the scientific advisory boards of three publicly owned companies.

In closing, the interviewer inquired what the seasoned scientific entrepreneur made of the joint M.D./M.B.A. degree programs now offered at P&S and other medical schools. “An M.B.A. certainly gives you tools,” Dr. Levy allows with some hesitation, “but some say it actually dulls your business instincts.”

“Do you think it would have dulled yours?”

He pauses to reflect. “If you’re gonna take the leap, as I did, I think you should first be a clinician and/or scientist for a while, develop the instincts. If I had gone into business right after earning my M.D., I would have had nothing but two letters after my name.”

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HOW TO MAKE A LASTING IMPACT TOMORROW, TODAY: MEET THE P&S ALUMNI LEGACY CHALLENGE

We all hope to perpetuate what really matters, to make a difference in this world. The legacy of P&S alumni includes their impact on patients and loved ones whose lives were touched by a timely diagnosis, the right medicine prescribed, a successful intervention. It also includes the students they mentor and the residents they train. They’re all part of a tradition established in 1767 and honed by subsequent generations who learned from the best and followed in their footsteps, putting those principles into practice.

Now, thanks to the generous pledge of a group of P&S alumni who prefer to remain anonymous, every alumnus who cares about perpetuating that medical tradition can leave a lasting legacy by helping current and future students afford a P&S education. It’s called the P&S Legacy Challenge.

P. Roy Vagelos’54, the former CEO of Merck and current chairman of the “Defining the Future” capital campaign at P&S and Columbia University Medical Center, has called it “a win-win situation for the student, for you, and for P&S.” A former scholarship recipient himself, Dr. Vagelos acknowledges that “so many of us wouldn’t be where we are without the help of alumni.” He feels very strongly about the mutual benefits of largesse for donor and recipient: “It permits you to plant a seed of kindness and watch it bear fruit.”

If you want to help relieve the financial burden of today’s financially strapped students, but think you can’t afford to commit a large gift at this time to endow a named scholarship, think again!

All you need to do is name P&S in your will or estate plan or create a life income gift for as low as $30,000, designated for scholarships, and our anonymous alumni donors will immediately match your planned gift by adding a third of its value to establish a scholarship fund at P&S today. Pledge or make a life income gift of more than $150,000, and it will be matched by $50,000 and endowed immediately in your name or the name of anyone you would like to memorialize. And, of course, you can add to it anytime you wish.

Ephraim Engleman’37 met the challenge. Dr. Engleman, who turned 100 in March 2011, still follows his philosophy of life, “Enjoy your life’s work, whatever it is, or don’t do it!” The first rheumatologist to set up practice in San Francisco, he still keeps an eye on the Rosalind Russell Medical Research Center for Arthritis, which he founded at the University of California at San Francisco. Part of his medical mission, he believes, is “passing on the blessings I’ve received.” The P&S Legacy Challenge gave Dr. Engleman an optimal opportunity to do what he’d been planning on doing for a long time. He made provisions in his will to set up a scholarship fund in his name. Why? “It’s very simple. I happen to be an alumnus of a great medical school and want to do what I can to help P&S keep teaching medicine the way I learned it.”

For Shannon Nees’11, such kindness has made a difference. Her generous financial aid package includes a scholarship established, thanks to the Legacy Challenge, by Anneliese L. Sitarz’54. Ms. Nees was thrilled to meet with Dr. Sitarz, a distinguished pediatric oncologist and professor emeritus of clinical pediatrics at P&S. “I sat next to her at a dinner and was able to talk to her about her career, the advances she helped bring about, the young lives she helped save, and about her being a woman in medicine.” Ms. Nees is contemplating a career in pediatric urology.

The Challenge has been catching on among alumni at various stages of their career. “I had what I consider to be an incredibly rewarding life, in no small part due to the generosity of P&S,” recalls Muriel C. Kowlessar’51, professor emeritus of pediatrics at the Medical College of Pennsylvania. “I grew up during the Depression, and my parents were about as economically depressed as anybody could have been. As a woman and as a minority person, I really would not have anticipated back then having the life I’ve had.”

A graduate of Barnard College, Dr. Kowlessar still fondly recalls her P&S interview with then dean of admissions, Dr. Aura Severinghaus, who complemented his decision to accept her with a full scholarship. Now widowed and retired, Dr. Kowlessar wants to repay the kindness. “It occurred to me that I was comfortably enough fixed in retirement that I could probably share some of my good fortune with young people.” In 2009, thanks to the Legacy Challenge, Rochelle Hartley’11, a native of Jamaica, became the first Kowlessar Scholar.
Alfred Scherzer’63, a developmental pediatrician on the faculty at the State University of New York at Stony Brook, is likewise grateful to Dr. Severinghaus and to P&S. Dr. Scherzer, who also holds a B.A., an M.A. in public health and a Ph.D. in education, all from Columbia – “My veins are running with Columbia blue!” – had been working overseas teaching public health principles to local community leaders when it struck him, at age 30, that he wanted more than anything was to be a physician. A letter to P&S elicited a thoughtful reply and the invitation to stop by when he returned to the States. When finally they met, Dr. Severinghaus said: “Look, you’re going to have a heck of a time as an older student. You’ll have to bone up a bit.” Struggling for the first year, Dr. Scherzer met the challenge.

“Whatever I did in this world, it’s thanks to P&S. I want to give others that same opportunity. I was going to give in any case. The Legacy Challenge inspired me to do it now.” Dr. Scherzer committed his gift to the Class of 1963 50th anniversary scholarship fund. “I would urge everyone who has had a positive experience at P&S to honor that experience with his or her support.”

Like Dr. Scherzer, Eliza Miller’12, a third-year medical student, came to the study of medicine relatively late. Ms. Miller, a mother of three and a successful dancer and choreographer, had a career behind her when she decided to shift emphasis. She had always dreamed of being a doctor, but the dream got sidetracked by other interests along the way. “P&S was one of the few medical schools,” she says, “where I didn’t feel the need to explain my background in the arts.” The presence of other older students and accomplished performing artists on the student body and the sense, as she put it, of “walking in the footsteps of giants in medicine” made her feel she was “in the right place.” A generous financial aid package has made it possible for her to go through medical school with fewer loans and “the freedom to choose a specialty based on what I love, not on finances alone.”

She hopes one day to return the favor. “I could imagine establishing a scholarship to help with childcare-related expenses for older students with children,” she smiles. “Medical school is so stressful already, as is parenting, so I’d love to be able to help ease the burden for future medical student parents.”

To orthopedic surgeon Shearwood McClelland’74, support for P&S was a powerful way of paying tribute to a parent who inspired him to pursue a dream. Currently at the peak of his game, Dr. McClelland took advantage of the Legacy Challenge to establish a scholarship fund in the name of his mother, the late Mrs. Zenobia Pruit McClelland, whose memory he wished to perpetuate in a way that would have been meaningful to her and would really make a difference. Dr. McClelland, who benefited from scholarship support when he was a medical student, is professor of clinical orthopedic surgery at P&S and director of orthopedic surgery at Harlem Hospital Center. A member of the medical school’s admissions committee, he is a past president of the P&S Alumni Association.

Establishing the scholarship fund “was one of the most satisfying decisions I have ever made,” he told to date, the newsletter of the “Defining the Future” Campaign. “I am proud to have an opportunity to give back to my medical school that so tremendously impacted my professional life and, at the same time, to be giving forward to future generations of P&S students who will, almost certainly, share my gratitude and appreciation for a truly superb educational experience.”

Supporting P&S was a family matter in more ways than one to the late Andrew G. Frantz’55, professor of medicine and associate dean of admissions. The chairman of his class ever since graduation, he subsequently played a key role in selecting generations of P&S students, and he maintained close associations with many of them. He felt strongly that financial worries should not prevent the brightest candidates from applying. His mother, the late Virginia Kneeland Frantz’22, who was also a revered member of the faculty, left funds in her will for a scholarship. Taking advantage of the Legacy Challenge, he recalled, “I multiplied my mother’s gift by a fairly hefty sum,” and shortly before his death in June 2010, he lived to enjoy the knowledge that his own legacy would be perpetuated in the form of the Andrew G. Frantz’55 Scholarship.

Many others have met the challenge, including Robert Silbey’55, William Fleming’61, and Walter E. Berger III’67.

There’s still time to make your mark on the future. The anonymous pledge to match gifts only runs through Dec. 31, 2011.

The P&S Legacy Challenge is only one form of planned giving. Other philanthropic vehicles, each with their own unique tax advantages and other benefits, may better suit your needs. These include pooled income funds, charitable remainders, annuity trusts, and gifts of real estate, to name only a few.

For more information, contact
Laura R. Tenenbaum, director of development, gift planning, at (212) 342-2108
givingwell@columbia.edu
**CLASS OF 1943**

A new gift of $50,000 was made by Paul Bilka to show his continuing support of student aid, which now totals more than $1 million; this money will be added to the Paul J. and Madge M. Bilka Scholarship Fund.

**CLASS OF 1945**

A pledge of $100,000 was made by Herbert Sandick to establish the Pearl Eister and Herbert Sandick Scholarship.

**CLASS OF 1949**

See Alumni in Print to read about a book co-edited by William Nyhan, research professor at the University of California, San Diego. During his long career at UCSD, Bill served as founding chair of the Department of Pediatrics, led the department for 17 years, then headed the department’s Division of Biochemical Genetics. Bill, who also has a Ph.D., is one of the founding fathers of the field of mitochondrial and metabolic diseases. A pioneer in the study and treatment of metabolic diseases in children, including rare disorders, Bill first described Lesch-Nyhan syndrome, a condition caused by a defective gene on the X chromosome. The syndrome, characterized by self-mutilating behaviors such as lip and finger biting and/or head banging, is named for Bill and his medical student, Michael Lesch, a Columbia faculty member who died in 2008; they reported the disease in 1964. Bill is also known for identifying underlying deficiencies for many difficult-to-diagnose disorders, then developing successful nutritional treatments.

**CLASS OF 1957**

After Allan E. Jackman retired from 40 years of internal medicine practice in San Francisco at the end of 2003, he enrolled in the Fromm Institute, a school for non-matriculating senior citizens founded in 1977 on the campus of the University of San Francisco, a Jesuit school located just east of Golden Gate Park. “The Fromm Institute,” Allan writes, “was the first school west of the Mississippi devoted to lifelong learning for older and retired individuals who wish to keep up with this rapidly changing world via a wide variety of interesting and eclectic courses taught by a very intelligent, diverse faculty, many as brilliant, if not more so, than those I encountered at Columbia College.” The school’s weekly publication, “From the Rooftop,” encouraged students to submit interesting remembrances, and Allan wrote in a 2005 issue about “founding” with Robert Loeb. The piece is included in the online archive of remembrances at www.cumc.columbia.edu/news/journal/.

**CLASS OF 1958**

Arthur J.L. Strauss received the 2010 Lifetime Achievement Award from the Myasthenia Gravis Foundation of America for fundamental research in the disease. He began his research as a medical student and continued as an NIH postdoctoral fellow. The award was given for his discovery (in 1960) of complement-fixing antibodies to a striational antigen in skeletal muscle, visualized by immunofluorescent microscopy. The award was presented at the foundation’s annual meeting in May 2010. Art has maintained membership in the Myasthenia Gravis Foundation of America for the past 45 years. He created and funded an annual prize in memory of his research mentors at P&S, Drs. William Nastuk (physiology), Beatrice Seegal and Konrad Hsu (microbiology). This prize is awarded annually at P&S graduation to recognize a student who exemplifies participation in student/faculty collaboration. Art is a board-certified practicing psychiatrist in New Orleans.

**CLASS OF 1961**

Peter Banks, longtime National Pancreas Foundation board member and professor of medicine at Harvard Medical School, in November 2010 received the American Pancreatic Association’s Vay Liang and Friska Go Award for Lifetime Achievement. Peter joined Harvard in 1967 and in 1973 became director of clinical gastroenterology and director of the Center of Pancreatic Disease at Brigham and Women’s Hospital. Peter has received numerous awards, including the Jerry S. Trier Award for Excellence in Clinical Teaching at Harvard Medical School and Brigham and Women’s Hospital (1999) and two awards from the American Gastroenterological Association—the Distinguished Educator Award in 2000 and the Outstanding Achievement in Clinical Gastroenterology Award in 2006.

**CLASS OF 1964**

The American Retina Foundation has named Mark E. Hammer as president. Mark is a partner in a private practice in Tampa, Fla., and has more than 25 years of experience with all types of vitreoretinal conditions. He is a clinical associate in ophthalmology at the University of South Florida, has published numerous papers, and has lectured extensively on retinal diseases. He recently received a master’s degree in business administration from the University of South Florida. He is a member of the
James B. Herrick Award, to Elliott M. Antman, was presented to him by the American Heart Association. The award was given to Antman in November 2010 during the association’s annual scientific sessions. 

CLASS OF 1974

See Alumni in Print to read about a book by John R. Peteet, associate professor of psychiatry at Harvard Medical School. He is a psychiatrist at Brigham and Women’s Hospital and Dana-Farber Cancer Institute and former chair of the Corresponding Committee on Religion, Spirituality, and Psychiatry of the American Psychiatric Association.

See Alumni in Print to read about a book by Yvonne Thornton’s latest book, “Something to Prove: A Daughter’s Journey to Fulfill a Father’s Legacy.” The book follows up on her national bestselling book, “The Ditchdigger’s Daughters,” which was published in 1995, translated into 19 languages, featured on “Oprah,” and made into a TV movie. Her father, Donald Thornton, demanded that all five of his daughters not only excel in school, but go on to become doctors. Four of them did; the other, Donald Thornton, demanded that all five of his daughters not only excel in school, but go on to become doctors. Four of them did; the other became a lawyer instead. “Something to Prove” picks up where “The Ditchdigger’s Daughters” left off. Her website is www.doctorthornton.com.

CLASS OF 1975

Garth Ballantyne has been appointed chief of surgery at Lawrence & Memorial Hospitals in southeastern Connecticut. His expertise is in laparoscopic surgery, bariatric surgery, robotic surgery, and surgery for colorectal cancer. His previous positions were at Hackensack University Medical Center and at Yale. He received an M.B.A. from Yale.

Ellise Delphin has been appointed unified chair of anesthesiology at Montefiore Medical Center and Albert Einstein College of Medicine. Her previous position was chair of anesthesiology at New Jersey Medical School and, before that, at P&S, where she directed cardiothoracic anesthesiology and the cardiothoracic intensive care unit and served as executive director of operating rooms. Ellise has an M.P.H. from Columbia as well as an M.D.

CLASS OF 1976

See Alumni in Print to read about a book by Jay Lifkowitz, professor of clinical pathology & cell biology at P&S. The New York chapter of the Arthritis Foundation gave its 2010 Lifetime Achievement Award to Melvin P. Rosenwasser for outstanding contributions in his field and for ongoing commitment to the fight against arthritis. Mel is chief of the orthopedic hand and trauma service and the Robert E. Carroll Professor of Orthopedic Surgery at P&S. At P&S online (www.cumc.columbia.edu/news/journal/), in an article titled “A Different Kind of P&S Tradition,” you can read about his daughter Katie Rosenwasser’13 climbing to the top of Mount Kilimanjaro in 2010, a climb Mel and three other members of the Class of 1976 – Andrew Bowe, Shepard Hurwitz, and Steve Barnett – completed in 1988.

CLASS OF 1977

See Alumni in Print to read about a book co-edited by Susan Rattner, professor of medicine and professor of community and family medicine at Jefferson Medical College in Philadelphia. Susan also is vice dean for academic affairs and undergraduate medical education at Jefferson.

CLASS OF 1978

Andrew Bowe, professor of medicine and professor of community and family medicine at Jefferson Medical College in Philadelphia. Susan also is vice dean for academic affairs and undergraduate medical education at Jefferson.

CLASS OF 1979

Susan Rattner, professor of Orthopedic Surgery at P&S. At P&S online, read about a book co-edited by Susan Rattner, professor of medicine and professor of community and family medicine at Jefferson Medical College in Philadelphia. Susan also is vice dean for academic affairs and undergraduate medical education at Jefferson.

CLASS OF 1980

A Fellow of the American College of Surgeons, with 225 papers and 46 book chapters to his credit, Warren Grundfest is a firm believer in translational medicine. He is on the faculty at UCLA, not only in the Department of Surgery but also as a professor of engineering, bioengineering and electrical engineering. In addition he sits on the board of directors at UCLA’s Center for Advanced Surgical and Interventional Technology. He has worked with lasers, optics, angiography, and microendoscopy. He is also involved with prosthodontic and robotic surgery.

See Alumni in Print to read about a book co-edited by Susan Rattner, professor of medicine and professor of community and family medicine at Jefferson Medical College in Philadelphia. Susan also is vice dean for academic affairs and undergraduate medical education at Jefferson.

CLASS OF 1981

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CLASS OF 1982

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CLASS OF 1983

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CLASS OF 1984

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CLASS OF 1985

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CLASS OF 1986

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CLASS OF 1993

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CLASS OF 1994

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CLASS OF 1995

See Alumni in Print to read about a book co-edited by Susan Rattner, professor of medicine and professor of community and family medicine at Jefferson Medical College in Philadelphia. Susan also is vice dean for academic affairs and undergraduate medical education at Jefferson.

CLASS OF 1996

See Alumni in Print to read about a book co-edited by Susan Rattner, professor of medicine and professor of community and family medicine at Jefferson Medical College in Philadelphia. Susan also is vice dean for academic affairs and undergraduate medical education at Jefferson.

CLASS OF 1997

See Alumni in Print to read about a book co-edited by Susan Rattner, professor of medicine and professor of community and family medicine at Jefferson Medical College in Philadelphia. Susan also is vice dean for academic affairs and undergraduate medical education at Jefferson.
Warren has founded several companies and has consulted for a number of major corporations. In his words “...the current state of medicine requires interdisciplinary solutions.”

**CLASS OF 1983**

Scott Breidbart has been appointed chief medical officer at Empire Blue Cross/Blue Shield. A pediatric endocrinologist by training, Scott served as vice president at Health Net. He holds an M.B.A. from Pace University and resides in Mount Kisco, N.Y.

**CLASS OF 1984**

Israel Lowy, who also has a Ph.D. from Columbia (1991), has been appointed vice president of clinical sciences and translational medicine at Regeneron Pharmaceuticals in Tarrytown, N.Y. Izzy was among several senior team members appointed in September as part of the company’s significant growth, including the hiring of more than 350 new employees in 2010. The new leaders are expected to support Regeneron’s plan to bring an average of four to five new fully human monoclonal antibodies into clinical development each year over the next eight years. Izzy will work with preclinical research groups to identify the most promising new therapeutic antibodies to advance to clinical development and will oversee early stage clinical trials. “We are hiring more physicians and senior development scientists … who have the specific background and expertise required to help identify promising targets and shepherd the new antibodies through clinical development,” said George D. Yancopoulos ’86 Ph.D. ’87 M.D., executive vice president and chief scientific officer of Regeneron Pharmaceuticals and president of Regeneron Research Laboratories. Another P&S alumnus, William Roberts ’83, is a longtime member of the leadership team of Regeneron. Alumnus P. Roy Vagelos ’54 has been appointed chairman of the board of Regeneron since 1995.

**CLASS OF 1988**

See Alumni in Print to read about a book co-authored by Deborah Cabaniss. Deborah, who has been at Columbia since medical school, is clinical professor of psychiatry at P&S and director of psychotherapy training.

**CLASS OF 1998 PSY**

See Alumni in Print to read about a book co-authored by Sabrina Cherry, a graduate of Columbia’s Center for Psychoanalytic Training and Research. A graduate of Harvard Medical School, Sabrina is associate clinical professor of psychiatry at P&S.

**CLASS OF 1989**

Michael K. Gilson has been appointed scientific advisor at Ansaris, a division of Locus Pharmaceuticals. Mike is also professor at UCSD’s School of Pharmacy and Pharmaceutical Sciences and director of the university’s new Drug Discovery Institute. Before joining UCSD he was on the faculty of the Center for Advanced Research in Biotechnology in Rockville, Md. His research interests include molecular recognition, physical chemistry, statistical mechanics of biomolecules, chemical and biological databases, and informatics. He received a Ph.D. from Columbia in 1988.

Lawrence Gordon, medical director of the New York Center for Advanced Parathyroid Surgery at St. Anthony Community Hospital, has been named a fellow of the American College of Surgeons, founded in 1913 to raise the standards of surgical practice. Larry’s ENT practice is in Goshen, N.Y.

**CLASS OF 1990**

See the Remembrances section of P&S online (www.cumc.columbia.edu/news/journal) for a piece Ainat Benjamini wrote about Glenda Garvey. Ainat was a resident in medicine at Columbia from 1990 to 1994. She is now a non-invasive cardiologist in private practice in Rockland County, N.Y.

**CLASS OF 1991**

NinePoint Medical, a company that develops in vivo pathology devices, announced in October 2010 establishment of its corporate headquarters in Cambridge, Mass., with Charles Carignan as president and CEO. NinePoint plans to develop and commercialize a portfolio of medical devices designed to enhance the examination of dysplastic, pre-cancerous, and cancerous cells. Expansion plans include a manufacturing facility at its Cambridge headquarters. The company’s first focus is on developing devices for the examination of the gastrointestinal tract that would allow gastroenterologists and offsite pathologists to review advanced tissue images during biopsies and other therapeutic and diagnostic procedures in real time. In December, the company announced that it had entered into an intellectual property licensing agreement with Massachusetts General Hospital for certain exclusive rights in multiple fields to 188 patents and patent applications owned by the hospital, the largest IP agreement for medical device technology in the hospital’s history. The patents and patent applications will support NinePoint’s high resolution optical imaging platform, which is based on a next-generation optical coherence tomography technology. Before joining NinePoint, Charles was executive vice president and chief medical officer of Novasys Medical Inc., chief medical officer at Boston Scientific, and vice president of clinical research and medical affairs at Conceptus.

Daniel Schechter and his family have been living in Geneva, Switzerland, since April 2008. He heads the Pediatric Psychiatry Consultation-Liaison and Parent-Infant Research Units at the University of Geneva Hospitals. In December 2010, he was promoted to associate professor of psychiatry, Faculty of Medicine, University of Geneva. He remains adjunct assistant professor of psychiatry at P&S. His main research project in Geneva – examining individual differences in child outcomes and maternal-child endophenotypes in the context of violence-related maternal PTSD – was accepted by the Swiss National Science Foundation’s National Center of Competence in Research “Synapsy.” This multi-institutional center is the largest federal mental health research grant ever awarded in Switzerland. Dan, the 2010 recipient of the Norbert and Charlotte Rieger Psychodynamic Psychotherapy Award given by the American Academy of Child and Adolescent Psychiatry, is co-editor of “Formative Experiences: The Interaction of Caregiving, Culture, and Developmental Psychobiology” (see Alumni in Print).

**CLASS OF 1992**

Barbara Wirotstko has been appointed chief medical officer of Altheos Inc., a biopharmaceutical company focused on the treatment of glaucoma and ocular hypertension. Barbara is a clinical adjunct associate professor of ophthalmology in the Moran Eye Center of the University of Utah, a Fellow of the American Academy of Ophthalmology, and member of the Association for Research in Vision and Ophthalmology, Women in Ophthalmology, the American Glaucoma Society, and the National Association of University Women. Barbara sits on the editorial board of Acta Ophthalmologica and recently received a Distinguished Alumni Award from Columbia’s Edward S. Harkness Eye Institute.

Michael Argenziano, associate professor of surgery at P&S, has been named director of the cardiothoracic surgery fellowship program at Columbia.
CLASS OF 1993 M.D./PH.D.

Roy Chuck joined the Albert Einstein College of Medicine and Montefiore Medical Center in New York City in 2009 as University Chairman and Henrik Professor of the Department of Ophthalmology and Visual Sciences. In December 2010 he received the Melvin Jones Humanitarian Award from the Lions Club International Foundation. That same month, he learned he had been awarded an annual unrestricted $100,000 grant for his department from the Research to Prevent Blindness Foundation. NYC, the other recipients of this grant in NYC are Columbia, Cornell, and Mount Sinai. Roy returned to New York City from Baltimore, where he was the Tom Clancy Professor of Ophthalmology at Johns Hopkins University and director of refractive surgery at the Wilmer Eye Institute.

CLASS OF 1996

Gregory H. Dorn has been named president of First DataBank, a subsidiary of Hearst Business Media, which provides drug databases used within information systems. His previous position was as executive vice president of Zynx Health, which now serves more than 1,700 hospitals in the United States. Greg received an M.P.H. from UCLA. His new position is based in San Francisco.

Mathew R. Williams, assistant professor of surgery (in medicine) at P&S, was appointed associate director of the cardiothoracic surgery fellowship program at Columbia.

CLASS OF 1998

See Page 45 to read about Matt Iseman.

CLASS OF 2000

Gaurav Aggarwal has been promoted to partner at Panorama Capital, a Silicon Valley-based venture capital firm. Gaurav previously was a principal with the firm since its founding. He will continue to invest in emerging life sciences companies. He serves on the board of directors of Alvine Pharmaceuticals, Hyperion Therapeutics, and Nextwave Pharmaceuticals. Before joining Panorama, Gaurav was at KBL Healthcare Ventures, where he focused on venture investments in biopharmaceutical and medical device companies.

CLASS OF 2000 PSY

See Alumni in Print to read about a book co-authored by Anna Schwartz, a graduate of Columbia’s Center for Psychoanalytic Training and Research. Anna, who received her M.D. degree from Weill Cornell, completed a psychiatry residency at Columbia in 1994 and is now assistant clinical professor of psychiatry at P&S and director of the adult psychoanalytic psychotherapy program at the Center for Psychoanalytic Training and Research.

CLASS OF 2001

Kristen Hanssen Goodell has joined the medical staff of Winchester Hospital in Winchester Mass., where she is a member of the Medford Family Care practice. She completed a general surgery internship at Tufts-New England Medical Center in Boston, a family medicine residency at Tufts in Malden, and a faculty development fellowship in the Tufts Department of Public Health and Family Medicine in Boston. In addition to her private practice, she is a course director and vice chair of the curriculum committee at Tufts University School of Medicine. She is a member of the American Academy of Family Physicians, Massachusetts Medical Society, and the Society of Teachers of Family Medicine.

CLASS OF 2003

Michelle Au is an attending anesthesiologist at St. Joseph’s Hospital in Atlanta. She completed a residency in anesthesiology in 2008. As an undergraduate at Wellesley College, she was a weekly humor columnist and cartoonist for the Wellesley News and for the past 10 years has written online about her experiences in a blog, “The Underwear Drawer,” that has been featured on WebMD, the Student Doctor Network, Metafilter, and Revolution Health. Her medical comic strips have been featured at dozens of academic medical centers. She is married to classmate Joseph Walrath, with whom she has two sons, Cal and Mack. Read more about Michelle at www.MichelleAu.com or follow her at twitter.com/scutmonkey.
Judith Joseph is a third-year resident in psychiatry at Columbia. In September 2010 she and four other recipients of the American Psychiatric Association/Substance Abuse and Mental Health Services Administration Minority Research Fellowship presented a workshop on cultural competency at the World Psychiatric Association’s International Congress in Beijing. Dr. Joseph is originally from Trinidad and her co-presenters have roots in Africa, Mexico, China, and India. Dr. Joseph’s focus at the workshop was on identifying tools that psychiatrists can use to provide culturally competent care. Judith, who also has an MBA from Columbia, aspires to a career in global health. She organized November 2010’s “Global and Public Mental Health Symposium” at Columbia as part of her participation in the global and public psychiatry resident interest group. Her SAMHSA award also has funded other initiatives, including a medical Spanish course for psychiatry residents, a cultural formulation workshop, a documentary on mental illness and pregnancy, research on treatment delays in bipolar disorder, a website to raise awareness of mental illness among adolescents, and a cultural competency course for psychiatry residents and medical students at a university hospital in Australia. She will begin a child and adolescent psychiatry fellowship at NYU in July 2011.

Andrew Kitchen has been named instructor in general clinical medicine at P&S; he will work as a hospitalist in general medicine.

Eun Soo Kwak has become an instructor in general clinical medicine at P&S; her responsibilities will be working as a hospitalist.

Kara Nugent has been appointed instructor in clinical pulmonary medicine at P&S; she will be involved with general medicine and primary care.

Wilson Quezada has become an instructor in clinical pulmonary medicine at P&S; he will be affiliated with the Lung Transplant Center.

Andrew S. Bomback has been appointed to the Division of Nephrology in the Department of Medicine at P&S as assistant professor of clinical medicine. His interests are glomerular diseases, the role of aldosterone in proteinuric kidney disease, and the impact of obesity and the metabolic syndrome on resistant hypertension and chronic kidney disease.

Benjamin Lebwohl has been named instructor in clinical medicine in the digestive and liver division of the Department of Medicine at P&S; his clinical research will focus on gastroenterology and celiac disease.

Hilary Yegen Robbins has been named instructor in clinical pulmonary medicine at P&S; she will be associated with the Lung Transplant Center.

CLASS OF 2005
Cappi Lay has been appointed instructor in clinical emergency medicine at P&S; his special interest lies in neurological emergencies.

CLASS OF 2007
Cristina Brickman is now an instructor in clinical general medicine at P&S; she will function as a hospitalist in medicine.

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What started as a one-year sabbatical after an internship in Denver turned into a new career for Matt Iseman’98, standup comic and one of the hosts of “Clean House” and other shows on TV’s Style Network.

Instead of residency and fellowships on a CV, his résumé lists appearances on “NCIS,” “The Drew Carey Show,” and “General Hospital” (but not as a doctor, he is quick to add), a small role in a movie (“Transformers 2”), hosting duties for a variety of TV and radio programs, appearances on national commercials, and stand-up comedy routines.

Because he finished his internship in internal medicine at the University of Colorado, Matt is licensed to practice primary care medicine in California. 

“When people ask for medical advice, though, I tell them, ‘My Dad is on speed dial.’” Dad is Michael Iseman’65, widely regarded as the nation’s leading expert in pulmonary TB and a renowned researcher in drug-resistant TB and other mycobacterial diseases. The elder Dr. Iseman has been a faculty member at the University of Colorado and National Jewish Health in Denver for several decades.

“Dad is semi-retired, but it’s hard to keep him out of the hospital. I’m proud of him,” says the younger Iseman, who planned to change to emergency medicine after spending a year in California but found a new calling instead. “I loved the cerebral aspect of medical school, but the day-to-day life in internal medicine was not what I expected. I found joy in stand-up comedy. Medicine is a calling but I didn’t feel that way about it.”

He is proud of his close P&S friends and fellow 1998 graduates who are building successful careers out of their calling: John Friedewald (nephrologist) at Northwestern, Peter Angevine (neurosurgeon) at P&S, and Jeff Gaca (cardiothoracic surgeon) at Duke. “So many of my classmates and friends ended up being fantastic doctors. The fact that I left medicine makes me appreciate even more the friends who stayed through residencies and fellowships.”

A graduate of Princeton, like his father, Matt visited several medical schools before deciding to attend his father’s medical alma mater too. “What I really liked about Columbia was the students, a well-rounded group of people. I wanted to be around people who had interests outside of medicine.”

He performed stand-up comedy for the first time in 1996 at open mic night at West End Gate near the Morningside campus. He also performed at P&S coffee houses – but as a musician. He recalls performing a mock blues song with classmate Ajay Kirtane (a cardiologist at P&S). Our class was full of great musicians. “I look back on that time and have great memories.”

After performing comedy for 11 years in California, Matt knows that some people consider his medical education a waste. He doesn’t see it that way. Surviving the discipline of medical school – even graduating AOA – prepared him well for California, a land of “no.” Knowing he graduated from medical school helps him keep rejection in perspective. “I know I can do anything.” He jokes, however, that his recurring role on the daytime drama “General Hospital” was not as a doctor. “How good a doctor am I when I couldn’t even get cast as a doctor?”

As one of the hosts since 2006 of “Clean House,” a home makeover show, and its spinoff, “Clean House Comes Clean,” Matt is described as the “go to guy,” the show’s jack of all trades “I guess they figured if this guy’s a doctor, he should be able to do anything.”

Through his own health care odyssey, he found a way to mix medicine and comedy. Diagnosed with rheumatoid arthritis at age 32, Matt now uses his humor to raise awareness about RA and raise funds to support research. “I’m lucky to have this disease at a time when new treatments are available, and I’m glad to be able to give back through my work. I’ve come full circle and get to touch people in this new way.

“P&S taught us to be compassionate, but that is always easier to do after you have become a patient. Being a patient has been illuminating,” he says. In addition to having an agent who gets the more traditional Hollywood work for him, Matt has a medical booker who arranges appearances for doctor groups or charities. His message: Laughter can be another form of medicine for patients and caregivers.

Matt, who turned 40 in January 2011, can’t precisely pinpoint his comedic roots, but he enjoyed being the class clown and worked hard to entertain people, including Super Night at P&S. “My mom was far too encouraging. She laughed at everything I said. Laughter is like oxygen to me.”

In addition to the “Clean House” franchise, Matt has performed with the Groundlings, a sketch comedy group, joined USO tours to entertain troops in Iraq, Afghanistan, Korea, Bosnia, and Hungary, and was one of 10 comedians chosen to perform at the 2002 Winter Olympics. Other credits include hosting “Casino Night” on the Game Show Network and “Scream Play” on E!

He currently hosts a new program, “Sports Soup with Matt Iseman,” on Versus, the sports-oriented cable television network. The network describes “Sports Soup” as “The Soup” meets “The Daily Show” meets “Sports Night” for sports. His CD, “I Want a Happy Ending,” was released in 2005. It includes a track, “I'm a Doctor (But I Don't Play One on TV).” He is working on his next release, a DVD titled “Almost All Grown Up.”

More information about Matt Iseman can be found on his website, www.mattiseman.com.
Inherited Metabolic Diseases: A Clinical Approach
William L. Nyhan ’49
Springer, 2010

Dr. Nyhan and two other editors (Georg F. Hoff- man and Johannes Zschocke) have published a book that helps physicians understand the explosion of insights in the field of metabolic disease that have shed new light on diagnostic and treatment options. The book starts with an overview of the major groups of metabolic disorders, includes algorithms with questions and answers, incorporates numerous graphs, and offers an expanded index. It includes clinical and diagnostic details and offers helpful advice for emergency situations, such as hypoglycemia, hyperammonemia, lactic acidosis, or acute encephalopathy. A guide helps clinicians with a rapid differential diagnosis of signs and symptoms and also helps clinicians know when not to suspect metabolic disease.

Depression and the Soul: A Guide to Spiritually Integrated Treatment
John R. Peteet ’73
Routledge, 2010

In “Depression and the Soul,” Dr. Peteet approaches the problem of depression within a larger context. He reviews current concepts of successful living relative to the heart (emotion and volition), the mind (cognition and coping), and the soul (the self in relation to transcendent reality). Subsequent chapters explore the relationship between depression and the context of a patient’s entire life, taking into consideration how the existential struggles of depressed individuals engage their spiritual lives. The author reviews empirical literature on depression and spirituality, compares the perspectives of various spiritual traditions or world views and summarizes ways that spirituality and depression interact, as a basis for helping clinicians provide more comprehensive treatment.

Scheuer’s Liver Biopsy Interpretation (8th edition)
Jay H. Lefkowitch ’76
Saunders Elsevier, 2010

Near the end of his pathology residency at CUMC, Dr. Lefkowitch completed fellowship training in liver pathology under Peter J. Scheuer at the Royal Free Hospital in London. Scheuer, one of the world’s great liver pathologists, wrote the first edition of his textbook, “Liver Biopsy Interpretation,” in 1968. The first textbook to provide a practical and logical approach to interpreting changes seen down the microscope when examining a liver biopsy, it became the standard textbook in the field. After Dr. Lefkowitch returned to Columbia, Scheuer asked him to co-author the fifth through seventh editions of the book. Scheuer died in 2006, so the latest edition was a solo effort by Dr. Lefkowitch. The book was re-named “Scheuer’s Liver Biopsy Interpretation” to honor Peter Scheuer’s legacy.

Professionalism in Medicine: A Case-Based Guide for Medical Students
Susan L. Rattner ’78
Cambridge University Press, 2009

In the sequel to her acclaimed memoir, “The Ditchdigger’s Daughters,” Dr. Thornton continues the story of her journey toward the goals her father set for her in childhood, the same goals she set for her own children. By chronicling her life as doctor, wife, and mother, Dr. Thornton reveals the challenges of balancing a flourishing medical career with managing a home and raising children. She carries on her father’s ambition in describing the ups and downs of her career as the first African-American woman in the United States to be board-certified in maternal-fetal medicine while also attending her children’s chess matches, crafting Halloween costumes, and somehow finding time to learn how to tango.
Dr. Rattner and her fellow editors (John Spandorfer, Charles A. Pohl, and Thomas J. Nasca) have compiled 72 cases, commentaries, videos, and literature-based reviews to help students explore the challenges inherent in medical professionalism. The cases illustrate the everyday professionalism dilemmas encountered by students from pre-clinical years and clinical rotations and by physicians in multiple specialties. Each case is followed by commentaries by writers involved in health care decisions related to that case but who represent a variety of perspectives. The book’s authors—physicians, medical students, medical ethicists, lawyers, psychologists, nurses, social workers, pharmacists, health care administrators, and patient advocates—are from 46 medical schools and other organizations.

*Psychodynamic Psychotherapy: A clinical manual*
Deborah Cabaniss’88, ’96 PSY, Sabrina Cherry’98 PSY, and Anna Schwartz’00 PSY (co-authors)
Wiley, 2011

Dr. Schechter is one of four editors (with Carol M. Worthman, Paul M. Plotsky, and Constance A. Cummings) who compiled the writing of nearly 70 experts (including Columbia’s Myron Hofer and the late Christoph Wiedenmayer) on the formative effects of children’s early life experiences. Multidisciplinary case studies focus on specific periods of development when caregiving and cultural practices may have a lasting impact on the brain and on behavior. Chapters include exploration of how social experience interacts with neurodevelopmental disorders; implications of early life stress or trauma; and the cultural shaping of sexual development and gender identity. In the final section, the editors offer a fresh appraisal of child-rearing practices, clinical interventions, and global public health policy with implications for the mental health and well-being of children throughout the world.

*Formative Experiences: The Interaction of Caregiving, Culture, and Developmental Psychobiology*
Daniel S. Schechter’91
Cambridge University Press, 2010

This practical guide to the technique of psychodynamic psychotherapy, co-written with fellow P&S psychiatry faculty member Carolyn Douglas, includes instruction on listening, reflecting, and intervening by providing clinically relevant and accessible aspects of theories of treatment processes. Workbook style exercises allow readers to practice what they learn in each section. “Psychodynamic psychotherapy offers people a chance to create new ways of thinking and behaving in order to improve the quality of their lives,” says Dr. Cabaniss. The book is a good guide for psychiatry residents, psychology students, and social work students, but also offers practicing clinicians a new way to think about psychodynamic psychotherapy.

*This Won’t Hurt a Bit (and Other White Lies): My Education in Medicine and Motherhood*
Michelle Au’03
Grand Central Publishing, 2011

Dr. Au’s story of how she grew up and became a doctor is not just another mommy-lit memoir; unlike other medical memoirs, her book details her struggles to maintain a life outside of the hospital, in the small amount of free time she has. When Michelle and her husband have a baby early in their medical residencies, she explores the demands of being a parent and being a physician, two all-consuming jobs in which the lives of others are very literally in her hands. Her stories prove that the creation of a new doctor (and a new parent) is far messier, far more uncertain, and far more gratifying than one could ever expect.

Alumni may send books for this section to:
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Gershwin’s “Crazy For You” was Bard Hall Players’ latest musical in its 47th year as part of the P&S Club, and it was no small undertaking. Our initial goal was to choose a musical that showcased our school’s dancers and choreographers as well as the musicians and singers that the fall shows are known for. After settling on the 1940s tap-dancing and gun-slinging in “Crazy For You,” Shobhit Singla’13 and I, both new directors, focused on equipping ourselves with extremely talented music directors (Kim Stanford’13 and Eric Bank’13), a phenomenal choreographer (Peggy Tseng’13) and a dedicated pit conductor (Ben McVane’13) who worked very hard to put Gershwin on the stage and in our ears. Of course we saw the hangups that any show runs into, but the lights and set went up. Mics were hung. Programs and posters arrived, and nerves were calmed as our first performance went on with great success.

This show was successful as more than just a musical, though. Anne Holland’13 (the show’s producer), Shobhit, and I along with past presidents have sought to include actors/singers/dancers from other schools and departments in the CUMC community, and this year we were particularly fortunate to have members from seven different schools and departments, including members of all four classes currently at P&S. We also discovered a huge amount of talent in the P&S Class of 2014 and among them found our new BHP presidents, stage veteran Michael Ayers and energetic Yale alum Hayley Born. We have no doubts that they will continue to uphold BHP’s reputation with their own set of stellar shows in the coming year, the first of which will be Shakespeare’s “The Winter’s Tale.” We look forward to seeing you at the next BHP show. – Justin Ward’13

Pulitzer Prize-Winning Author Junot Díaz Speaks at CoSMO Fundraiser

At a November 2010 benefit for CoSMO, the Columbia Student Medical Outreach clinic, Junot Díaz discussed his family’s ordeal with cancer. He spoke about being a child immigrant in New Jersey and living through his brother’s treatment for leukemia. In 1981, his brother’s first year with the disease, the family did not have the benefit of an interpreter to help his mother – who spoke no English – understand cancer and the treatments her son was undergoing.

Mr. Díaz won the Pulitzer Prize in 2008 for the novel, “The Brief Wondrous Life of Oscar Wao.”

“When I think of the desperate need for interpreters, I always think of that first year on ‘cancer planet,’” invoking the term he uses to describe the way the disease overtook his family’s life. “I’m still amazed that my brother survived that first year.” Having access to a nurse practitioner fluent in Spanish during the second year of his brother’s illness, he said, “made ‘cancer planet’ this thing that was already terrifying and so deeply charged with uncertainty slightly less dark and slightly more clear. I know my brother survived the next seven years of chemotherapy because we finally found someone who not only helped us communicate, but also brought to us the information and skills that a family like ours had not had. She became the person who advocated for us when we couldn’t advocate for ourselves.”

Mr. Díaz read a selection from his novel and answered questions from the audience in the nearly full Alumni Auditorium.

The CoSMO benefit, sponsored by the Black & Latino Students Organization, the Office of Diversity, and the Program in Narrative Medicine, raised more than $5,500 for the student-run clinic.
In December 2010 Congress enacted a new law which will affect estate and income taxes. This is an especially good time to review your estate plan to ensure it meets your goals. During this time, we hope you will remember the impact P&S had on your education, career and life and take this opportunity to provide for future P&S generations. The P&S Legacy Challenge will match all planned gifts made for scholarship support by P&S alumni or their spouses. It’s easy:

- You name P&S in your will or estate plan, or create a life income gift, valued between $30,000 and $1,000,000 and designate it for scholarships.

- Notify Director of Development Laura Tenenbaum in the Planned Giving office of the nature of your gift by calling 212.342-2108 or by email at givingwell@columbia.edu.

- A group of your fellow alums will immediately match your planned gift by adding 1/3 of its value to a scholarship fund at P&S today. If the planned gift is more than $150,000, a new endowed scholarship fund will be named now in your honor.

These 3 simple steps result in a partial scholarship being awarded to a deserving student in your name during the next academic year. In addition, you will be invited to attend the annual P&S Legacy Dinner to meet current scholarship students. You will also be eligible for membership in Columbia’s 1754 Society, honoring all who have made a planned gift to Columbia.

The P&S Legacy Challenge ends on December 31, 2011.