

# INSIDE *Medicine*

October 2021

The Newsletter of the Department of Medicine



## ***“Once a chief...”***

*A message from the chair, Steve Abramson*

At the annual induction dinner for new NYU Chief Residents it is traditional for the chair, in an almost tongue-in-cheek manner, to apprise each incoming class that *“Once a chief, always a chief.”* That is, the attributes for which chief residents are chosen—leadership, commitment to education and clinical care—are lifelong behaviors, which not surprisingly presage the careers of these outstanding individuals. Medicine chief residents, highly selected from the cohort of graduating house officers, are not only essential for their leadership of the residency program, but many go on to become prominent faculty both at NYU and elsewhere.

This issue of the Newsletter highlights the return to NYU of two such

outstanding former senior chief residents, Ofole Mgbako and Greg Katz. Ofole was recruited back from Columbia to pursue a career in HIV research and serve as Section Chief of Infectious Disease at Bellevue. Ofole will also serve an important role as a leader in the Institute of Excellence in Health Equity. Greg, a graduate of our Cardiology Fellowship, left to enter practice, and returns to serve as an associate program director and Tisch Site Director for the residency program. Greg and Ofole share a palpable excitement about their return to NYU. “Greg was my chief resident,” recalls Ofole, highlighting the impact of the chief on each resident’s experience. As Ofole notes regarding his decision to leave Columbia: “NYU is really focused on growth and innovation,” and Greg adds that “NYU is a really special place, and it has a lot of special people.” We are so pleased that Greg and Ofole, looking at NYU from the outside, were attracted back to NYU to assume leadership roles. This issue also highlights the promotions of Drs. Fritz Francois, Brian Bosworth, Adriana Quinones-Camacho, and Kevin Eaton to important leadership positions in NYU Langone Health. We note that Dr. Francois, like Drs. Mgbako and Katz, was also a former NYU chief resident. Together the new leadership positions of these NYU chief “alumni” fulfill the prediction made at their respective inductions years before, *“once a chief, always a chief...”*

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## Drs. Gregory Katz and Ofole Mgbako on Returning to NYU Langone

**Gregory Katz, MD**, and **Ofole Mgbako, MD**, first connected during their internal medicine residency training, where Greg served as senior chief resident in 2015-2016 and Ofole in 2017-2018. After divergent paths that took them through fellowships and clinical positions, they have both returned to the Department of Medicine. Here, we speak to them about why they decided to come back, the camaraderie and mutual respect that has carried forward since their residency days, and what makes NYU unique as they continue to develop their careers.

Below is an excerpt, and the full conversation can be [read here](#).

### **Did you know that the other was thinking of coming back?**

**Greg Katz:** NYU is a really special place, and it has a lot of special people. Hearing that Ofole was coming back was another institutional sign that the right people are being valued. And it was certainly a piece of my equation, because of what it said about our leadership. That Ofole is somebody who was being brought in to do the role that he's doing is an action that speaks louder than words.

**Ofole Mgbako:** I found out that Greg was coming back a little bit after I made my decision. Hearing that validated my decision, because I took it as a sign that things are falling into place. So many of these transitions in life are marked and characterized by your community and the people around you and who you're going through those

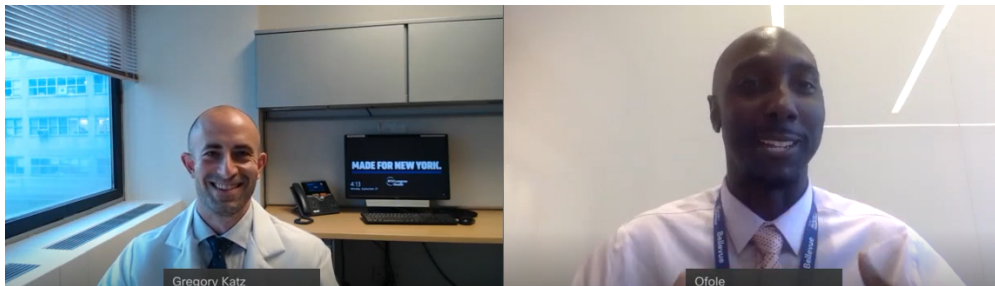
transitions with.

**Thomas Wolfe famously wrote that “You can’t go home again.” What made you want to come back to NYU? What was the pull?**

**OM:** It was clear to me from the conversations I was having that NYU is really focused on growth and innovation [and] that they wanted to invest in me as a person, as a leader, and as a clinician. That was difficult to pass up, particularly early in one's career trajectory. And then all of the wonderful people who are still here—I think those two things together made it very attractive.

**GK:** Everybody who takes care of patients has the opportunity to do that job, and then you can do one other thing... I realized for me it's being an educator and being involved in the molding and the growth of young physicians as they go from an unformed gatherer of information to somebody who subconsciously synthesizes and makes decisions. The opportunity to be involved in that process on a day-to-day basis was the thing that drew me back. To be involved in the life of residents as they are working to grow into physicians was something that I'm just thrilled that I'm able to do.

### [READ THE FULL INTERVIEW](#)



**THE ADVISOR IS IN**

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**David Oshinsky, PhD**

*Director, Division of Medical Humanities*

*Professor of History, NYU*



## **How Previous Epidemic Diseases Compare to Covid-19**

One of the more interesting, and understudied, questions regarding our current pandemic relates to its uniqueness. How does it differ from deadly diseases of the past? Here are three examples.

### **SMALLPOX**

While not a respiratory disease, smallpox does travel through the air, carried by a cough, a sneeze, or contaminated objects. At its height, it was far more dangerous than COVID, with a mortality rate approaching 30 percent. Indeed, smallpox has the odd distinction of being both the deadliest disease in human history and the only one to be wiped from the earth.

What made its eradication possible? Unlike COVID, smallpox has no animal hosts or silent carriers; its symptoms are immediate and unmistakable; and its surviving victims are immune for life. Over time, public health experts came to understand that not everyone needed to be vaccinated against the disease—just those from areas where the virus was circulating. As a result, surveillance and containment became the key strategies in the global eradication campaign. By 1980, selective vaccination, relying on the original cowpox vaccine developed by Edward Jenner in 1796, had ended smallpox for good.

### **POLIO**

The media today is fond of making comparisons between COVID and polio, most often concerning vaccine hesitancy. Polio remains the leading example of a disease tamed by a united citizenry that raised the funds to develop two effective vaccines — the killed-virus Salk vaccine and the live-virus Sabin vaccine. America's parents even volunteered their children for the largest vaccine trial in American history, involving close to two million participants.

What is missing from current media accounts are the vital differences between polio and COVID. Poliovirus is far more stable than SARS Cov-2, meaning that



serious mutations are rare. It has no animal hosts; it is spread by oral-fecal contact; and it preys mainly upon children. The one similarity between these diseases is that both rely on silent carriers—those showing no symptoms—to spread the virus. Which means that, unlike smallpox, mass vaccination is essential to the eradication of polio. While the number of cases worldwide has dropped dramatically over the years, the leading hotspots—Afghanistan, Pakistan, Nigeria—have one particular roadblock in common: Vaccine rejection based on the violent religious fundamentalism of groups like the Taliban and Boko Haram.

### **GREAT INFLUENZA 1918-1919**

Last month, the United States reached a depressing medical milestone: The number of COVID-related deaths, now exceeding 700,000, surpassed the number of influenza-related deaths in 1918-1919. Both outbreaks came in multiple waves—three for the Great Influenza, two-and-counting for COVID-19—and both viruses spun off deadly variants. The first influenza wave, emerging in the spring of 1918, was relatively mild, but an altered strain appeared that fall, killing tens of thousands in a matter of weeks. While it is tempting to draw comparisons between COVID and the Great Influenza, the differences are starker and more revealing. For one thing, the highest percentage of deaths in 1918 occurred within the 18-40 age group—the reverse of today. Perhaps the best explanation claims that the powerful immune systems of younger people went into overdrive in response to an unrecognized invader, creating a cytokine storm that literally drowned the lungs in mucus and dead cells. With no vaccine to prevent the disease, and no antibiotics to treat the bacterial pneumonia responsible for a majority of the 1918 influenza deaths, the medical community stood helpless against the onslaught.

Other options proved successful, however—masking, social distancing, crowd control. A major study of mortality rates during the 1918 pandemic, published in *JAMA*, showed that American cities which intervened early, enforced these restrictions strictly, and kept the lid on the longest fared better than cities that didn't. In our polarized society today, it's a lesson worth remembering.

Read "[The Long History of Vaccine Mandates in America](#)," Dr. Oshinsky's recent essay in the *Wall Street Journal*

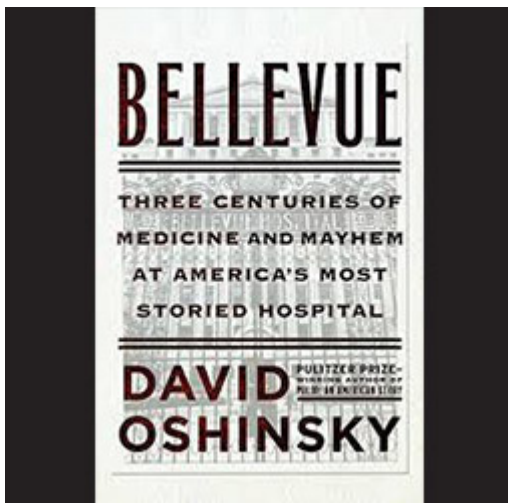
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## Flashback Photo

The photo above features the Class of 2009-2010 from our Internal Medicine Residency Program. Do you recognize a colleague? Are you in the photo yourself? We'd love to identify all of the alumni in the photo who are still at NYU Langone. Click on the photo for a closer look.

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## Patient Experience Book Club

NYU Langone Health's Patient Experience Book Club, led by Dr. Katherine Hochman, brings faculty, staff, trainees, and students together to



## Chiefs' Clinical Inquiry Corner

Chief residents of the NYU Langone Internal Medicine Residency give quick-and-easy, evidence-based answers to interesting questions posed

discuss and reflect upon important issues in patient care through the lens of literature. November's book will be *Bellevue: Three Centuries of Medicine and Mayhem* by David Oshinsky.

[Sign up for a session](#)

by house staff, both in their clinics and on the wards.

[Read more on \*Clinical Correlations\*](#)

## NEWS & AWARDS

### Leadership Changes

As announced by Dean Grossman on October 13, and excerpted below, several members of the Department of Medicine are stepping into new leadership roles:

**Fritz François, MD**, will succeed Robert Cerfolio, MD, MBA, as executive vice president, vice dean, and chief of Hospital Operations. Fritz has led transformative efforts around Value Based Management, guided the opening of Kimmel Pavilion and Hassenfeld Children's Hospital, and served as a frontline architect of key operational initiatives to standardize quality patient care, proactively develop patient safety risk reduction strategies, and improve patient satisfaction, among many other achievements.



Fritz's leadership during the Covid-19 pandemic enabled our institution to coordinate preparedness and response efforts across our campuses. He has led efforts to address health disparities through medical education and serves as a collaborator and advisor for the NYU Langone Institute of Excellence in Health Equity

**Brian Bosworth, MD**, who has been serving as associate chief medical officer and chief of medicine at Tisch Hospital, will assume the chief medical officer role for our Manhattan main campus. Brian is a professor of medicine, Division of Gastroenterology. He has expanded and made key changes to the medicine service including a reorganization that fostered and enhanced patient-centered care and trainee



education. Brian has been a mentor for numerous students, residents, and fellows, and his inspirational leadership was instrumental in our unparalleled patient care during the pandemic. He has served as the president of the New York Society for Gastrointestinal Endoscopy and is the American College of Gastroenterology Governor for Manhattan.



Taking over for Dr. Bosworth as chief of medicine at Tisch Hospital will be **Adriana Quinones-Camacho, MD**, assistant professor and assistant chief of medicine. Adriana completed her cardiology fellowship at NYU Grossman and has been on our faculty since 2013. As the inaugural member of Tisch Hospital's inpatient cardiology service, she has been instrumental in establishing, developing, and growing the service, which now includes several full-time faculty.



She currently serves as medical director of the Kimmel 12 inpatient unit, the first location on our Manhattan main campus to care for patients with acute Covid, and she helped develop a unit-level process to triage and manage these patients. She is the assistant medical director of Patient Placement and Progression and the Comprehensive Transfer Center. She currently serves as vice chair for the Quality Improvement Committee, which focuses on improving the delivery of high-quality, safe, and equitable care to our patients.

**Kevin Eaton, MD**, will be promoted to assistant chief of medicine, succeeding Dr. Quinones-Camacho.

Kevin currently works as a hospitalist at Tisch Hospital and serves as medical director of the Tisch 14 East inpatient unit. He has designed and led numerous high value care initiatives throughout the hospital with a focus on patient care transitions. Additionally, he serves as Clinical Lead for Value Based Management at the Manhattan campus where he works to improve the value and efficiency of care delivery across the system. He received his medical degree from Baylor College of Medicine and completed his residency training in Internal Medicine at The Johns Hopkins Hospital. After residency, he served as Assistant Chief of Service of the Osler Medical Training Program at Hopkins. In that role, he held a critical position as both a resident educator and leader in hospital operations.



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## **Leopoldo Segal, MD, Named Associate Division Director for Research in the Division of Pulmonary, Critical Care, and Sleep Medicine**

The Division of Pulmonary, Critical Care, and Sleep Medicine recently announced the selection of **Dr. Leopoldo Segal** as Associate Division Director for Research. Dr. Segal received his MD from Universidad Nacional de La Plata, Argentina, and his Master of Science from New York University. After internal medicine residency at Morristown Memorial Hospital in New Jersey, he completed his fellowship in Pulmonary and Critical Care Medicine at NYU and pursued a MSCI degree from the NYU CTSI. His research training focused on microbial-host interactions, and he was mentored by Drs. Roberta Goldring, Michael Weiden, and Martin Blaser.



Dr. Segal is the principal investigator of multiple projects obtaining lower airway samples through research bronchoscopies as well as through clinically-indicated bronchoscopy. These projects include subjects with different pulmonary conditions wherein multiple culture-independent assays can be used to uncover bacteria presence in the lower airways and elucidate how they affect the host immune tone. He now leads the NYU Langone Translational Lung Biology Laboratory fostering translational research across different projects within the Division and across with other external collaborators. He currently has federal funding from the NCI, Foundation of the NIH, among other sources, and is the PI of one of the key projects of the NYU Langone/Perlmutter Cancer Center Lung Cancer SPORE application which received a highly favorable review earlier this year.

Dr. Segal is highly regarded regionally, nationally and internationally as a leader in translational research in a variety of pulmonary disorders, and most recently has led efforts to create a critical care biobank of specimens from bronchoscopy and peripheral blood among patients suffering from severe COVID-19 acute lung injury/ARDS. The latter resulted in a highly impactful [publication in \*Nature Microbiology\*](#).

NYU Langone Health, as the Clinical Science Core for the National Institutes of Health's RECOVER initiative, has convened more than 100 researchers from 35 institutions as well as patients to finalize the main study protocols for the adult, pediatric, and autopsy patient groups (cohorts). These protocols will now shape the research in the massive effort to better understand the long-term impact of COVID-19 on patients and the U.S. population, and to develop new approaches to diagnosis and treatment. [Learn more about the initiative](#), led by Stuart D. Katz, MD, director of NYU Langone's heart failure program and principal investigator for the RECOVER CSC.



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## NYU Langone Health Amyloidosis Program

The first World Amyloidosis Day on October 26th marks an important milestone. The last decade has brought many advances in the management of Amyloidosis, which has gone from a fatal disease to being manageable in all of its various forms. At the NYU Langone Health Amyloidosis Program we have put together a world-class multi-disciplinary team including hematologists, cardiologists, neurologists, and nephrologists to collaboratively manage the disease and provide timely access to all contemporary therapeutics including stem cell transplant and solid organ transplantation for the appropriate patients.

In addition to timely comprehensive clinical care across the NYU Langone Health Network we offer access to several important clinical trials, including:

- **CARDIO-TTRansform:** Randomized double blind trial of SC injection of a transthyretin production inhibitor (AKCEA-TTR-LRx) or placebo on top of a background of standard of care (tafamidis)
- **ATTRibute-CM:** Randomized double blind trial of novel oral agent (acoramidis) for management of TTR cardiac amyloid
- **Affirm AL:** Phase 3 randomized trial of a novel “amyloid scavenging” antibody for patients with newly diagnosed AL amyloidosis affecting the heart.

[Click here for more information on the NYU Langone Health Amyloidosis program](#)

To refer a patient, please call 646-501-0119 or email #NYUAmyloidosis (or

[NYUAmyloidosis@nyulangone.org](mailto:NYUAmyloidosis@nyulangone.org)

If there are patients you want to discuss, please call Alex Reyentovich (Cardiology) at 646-708-2492, Faith Davies (Heme/Onc) at 501-551-0530, or Gareth Morgan (Heme/Onc) at 501-258-6723

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### **Renee Williams, MD, MHPE, Elected to AAMC's Group on Diversity and Inclusion Steering Committee**

**Renee Williams, MD, MHPE**, was recently named the Northeast Region representative for the Association of American Medical Colleges (AAMC) Group on Diversity and Inclusion (GDI) Steering Committee. The GDI supports the efforts of AAMC-member institutions and academic medicine to realize the benefits of diversity and inclusion in medicine and biomedical sciences.



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### **Ashira Blazer, MD, MSCI, to Co-Chair American College of Rheumatology's New DEI Subcommittee**

**Ashira Blazer, MD, MSCI**, will serve as co-chair of a new diversity, equity, and inclusion subcommittee, formed under the auspices of the ACR/ARP's Collaborative Initiatives (COIN) Special Committee. The 13-member group will explore strategies to increase diversity in the rheumatology workforce pipeline and reduce implicit bias in such organizational processes as speaker recruitment and abstract review. [Learn more.](#)



## **Lynn Buckvar-Keltz, MD, and Ann Garment, MD, Recognized by ACP During Women in Medicine Month**

In celebration of Women in Medicine Month, **Lynn Buckvar-Keltz, MD**, and **Ann Garment, MD**, were recognized by ACP members as physicians who are making a positive impact on the women in medicine community by working towards gender equality in medicine and supporting the advancement of women in medicine.



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### **DIMOND TULA Health Equity Research Awardees**

The DIMOND TULA Health Equity Research Award is comprised of four research awards for residents and fellows who hold underrepresented identities —one specifically for research in health equity and the others for projects led by members of the NYU Department of Internal Medicine Organization for Nurturing Diversity (DIMOND). The awards are sponsored by the Department of Medicine's Saul J. Farber MD Program in Health Equity and TULA Skincare, which was founded by Roshini Rajapaksa, MD. Four projects, all with DIMOND faculty mentorship, were each selected to receive a \$10,000 grant:

- "Disparities in Outpatient Parenteral Antimicrobial Therapy Complications" - Christina Kaul, MD (Fellow, Infectious Diseases), Jenny Yang, MD
- "Determining Sexual Orientation and Gender Identity Data Best Practices for Transgender Populations through Participatory Action Research" - Samuel Dubin, MD, Gabrielle Mayer, MD
- "Virtual, Longitudinal, In Depth Teaching of Anti-Racism to Residents" - Blen Girmay, MD, Elaine de Leon, MD, MHS
- "Addressing Barriers to Healthcare among Cisgender Gay and Bisexual Men using Anabolic-Androgen Steroid (AAS)" - Eric Kutscher MD, Arslaan Ari Arshed, MD, MS, MHA



## Division of General Internal Medicine & Clinical Innovation

**Milna Rufin, MD**, started her time at NYU as an undergraduate, and then earned her medical degree at Weill Cornell Medical College. She completed her internship and residency at NYU's Primary Care Internal Medicine Residency, where she distinguished herself with multiple awards, including Intern of the Year in 2017, Resident of the Year in 2018, and induction into the Gold Humanism Honor Society in 2019.



After serving as Chief Resident during the early stages of the pandemic, Dr. Rufin remained at NYU as both a primary care attending in the Faculty Group Practice and as a hospitalist at Tisch/Kimmel. She is dedicated to patient care, medical education at all learner levels, and humanism in medicine. This year, she is thrilled to launch "The Internist's Salon Series," a new faculty education program for the DGIMCI community, so please stay tuned for more updates on learning opportunities with Dr. Rufin!

## Division of Geriatric Medicine and Palliative Care

**Dr. Nina Ricci** (formerly Loghmanieh) joined our faculty in September 2021. Dr. Ricci will serve as the associate director of palliative medicine at NYU Langone, Manhattan and service chief at Tisch. Dr. Ricci graduated from New York College of Osteopathic Medicine, and went on to Internal Medicine residency at HHC Coney Island Hospital. In 2013, she joined NYU as a Fellow of Hospice and Palliative Medicine. The same year she also completed the Bioethics and Medical Humanities Certificate Program from Albert Einstein College of Medicine with Cardozo Law School. Directly following fellowship, Dr. Ricci joined Northwell Health Staten Island University Hospital, initially as associate director and later as the director of the Department of Palliative Care, where she built a multidisciplinary palliative care consultation service from the ground up.



Dr. Ricci returns to NYU looking to continue her career growth in the field of Palliative Medicine. Her interests include improving the overall quality of individualized care provided to patients with serious illness, integration of palliative

care services into critical care and emergency medicine as well as the operational growth and development of Palliative Care programs.

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## Featured Student Essay: "Question Everything"

Will Schreiber-Stainthorp's "Question Everything," winner of the Clerkship Award for Outstanding Essay in Medical Science, explores the power of questions: those we ask our teachers, our patients, our colleagues, our peers—and ourselves.

[Continue reading](#)



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# EVENTS & CME

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## **7th Annual Hot Topics in Simulation Education Virtual Symposium** **October 22, 11:00am - 4:45pm**

This one-day symposium draws top simulation educators, experts and researchers from around the country who lead a lively day of plenary sessions, panels, discussions, poster presentations and breakout sessions. [Register here.](#)

## **2021 Rudin Fellowship Project Showcase** **October 25, 5:30pm**

Established in 2014, the Rudin Fellowship supports students and trainees in pursuing individualized and interdisciplinary research in medical humanities and bioethics. The showcase will [feature work from the current cohort of 10 extraordinary fellows](#) and will give retrospective highlights of the fellowship's achievements over the past seven years. There will be medical history, bioethics, narrative medicine, and more. [RSVP here.](#)

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## **Upcoming CME Activities**

## **New York Point-of-Care Ultrasound Course**

October 28-29

Course Directors: Harald Sauthoff, MD (NYUGSOM); Linda M. Kurian, MD (Hofstra/Northwell)

At the NY SIM Center, with both NYU and guest faculty

[Learn more](#)

## **Sixth Annual Medical Education Innovations & Scholarship Day**

November 1, 8:15am - 5:15pm

Presented by the Educator Community

A hybrid program of virtual and in-person sessions

[See the program](#) ~ [Register](#)

## **The NYU Langone Critical Care Cardiology Symposium**

November 5, 7:45am - 5:10pm

Course Directors: Carlos Alviar, MD; Christopher Barnett, MD; Samuel Bernard, MD; James Horowitz, MD; Jason Katz, MD, MHS; Eugene Yuriditsky, MD

Virtual Webinar ~ [Learn more](#)

## **Imaging in Adult Congenital Heart Disease**

November 19, 7:45am - 3:15pm

Course Directors: Dan Halpern, MD; Adam Small, MD

Virtual Webinar ~ [Learn more](#)

## **Big Gut Seminars: Focus on Complex Liver Disease**

November 19, 8:45am - 4:30pm

Course Directors: Nabil Dagher, MD; Ira Jacobson, MD; Sonja Olsen, MD; James Park, MD

Virtual Webinar ~ [Learn more](#)

## **Irwin D. Mandel Advances in Cardiovascular Risk Reduction: Improving Treatment for Patients with Diabetes**

December 2, 7:45am - 5:00pm

Course Director: Arthur Schwartzbard, MD

Virtual Webinar ~ [Learn more](#)

## **Bronchiectasis and Non-Tuberculous Mycobacteria Symposium**

December 7, 7:45am - 4:05pm

Course Directors: Doreen Addrizzo-Harris, MD; Ashwin Basavaraj, MD; David Kamelhar, MD

Virtual Webinar ~ [Learn more](#)

## **Seventh Annual NYU Langone Advanced Seminar in Psoriasis and Psoriatic Arthritis**

December 10, 8:00am - 2:30pm

Course Directors: Andrea Neimann, MD; Soumya Reddy, MD; Jose Scher, MD

Virtual Webinar ~ [Learn more](#)

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We welcome your announcements of awards, honors, publications, presentations, new programs, and events. Email us at [DOMcommunications@nyulangone.org](mailto:DOMcommunications@nyulangone.org).

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