

INSIDE *Medicine*

January 2021

The Newsletter of the Department of Medicine

Saul J. Farber MD Program in Health Equity

A message from the chair, Steve Abramson

In June of last year, Fritz Francois joined me in the newsletter Chair's Message, "A Clarion Call for Justice," in which we addressed the shame of systemic racism, and made a commitment that the Department of Medicine would put words into actions. As part of these efforts, I am delighted to announce that, through the efforts of Drs. David Stern and Mitchell Charap, we have received a generous gift to establish the *Saul J. Farber MD Program in Health Equity*. As many of you know, Saul Farber was chair of the Department of Medicine and director of medicine at Bellevue for 32 years, where he devoted his career to the training of physicians and the medical care of the underserved.

The new Farber Program in Health Equity will enable us to build upon ongoing efforts to combat the systemic bias that so severely impacts the health of our underserved communities. The program will be directed by a newly established *Saul J. Farber Director and Associate Chair for Health Equity*, and build upon the foundations of our existing DIMOND program. The new associate chair and the team will be named shortly.

Building upon the DIMOND program, and working collaboratively with the NYU Office of Diversity Affairs, under Joe Ravenell, and the Institute for Excellence in Health Equity (IEHE), under Gbenga Ogedegbe, the Farber Program will work to address structural racism in the health care system. Initiatives will include support for faculty members from underrepresented groups to lead research efforts in health equity; funding a leadership position to oversee a health equity track in our residency program; providing faculty mentorship to residents conducting health equity work; and

promoting leadership and mentorship programs.

Just as the members of the department respond bravely to the pandemic, we must now work together to address embedded racism, develop leaders and promote health equity both through the delivery of clinical care and research. The launch of the *Saul J. Farber MD Program in Health Equity* will be one important component to achieve these goals.

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Pictured, left to right: Dr. Vivek Murthy, Interventional Pulmonology attending; Dr. Daniel daCosta, Interventional Pulmonology fellow; Dr. Daniel Serman (Not pictured: Rosemary Schlager, RN, Pulmonary Research Nurse)

Novel Lung Cancer Trial Breaks New Ground

An important new clinical trial, focused on boosting lung tumor response to immunotherapy, is underway at NYU Langone, led by Dr. Daniel Serman, Director of the Division of Pulmonary, Critical Care and Sleep Medicine at NYU Grossman School of Medicine along with Dr. Charu Aggarwal of Thoracic Medical Oncology at the Abramson Cancer Center of the University of Pennsylvania.

The novel LuTK02 clinical trial is a multicenter Phase IIA clinical trial of intratumoral delivery of gene-mediated cytotoxic immunotherapy (GMCI) via endoscopic or percutaneous route for patients with advanced non-small cell lung cancer refractory to treatment with immune-checkpoint inhibitors. GMCI involves the injection into the tumor micro-environment of a recombinant, replication deficient adenoviral vector carrying the herpes simplex thymidine kinase (HSVtk) gene. This so-called “suicide” gene is activated by oral valacyclovir

to produce an immune-stimulatory cell death.

The trial is sponsored by Candel Therapeutics, but coordinated through the Office of Scientific Research at NYU Langone Health. At NYULH, the LuTK02 clinical trial is an exemplar of collaborative science within the NYU Langone Lung Cancer Center involving Interventional Pulmonology, Thoracic Medical Oncology, Thoracic Radiology, and the Precision Immunology Laboratory.

“For me, this has certainly been the culmination of a lot of collaborative work that we have been doing over the last 20 years,” Dr. Sterman says. “The great hope is that we will have less invasive, safer, and more effective ways of treating lung cancer in the future.”



The Advisor Is In: Tips on How to Remain Creative

From *Auntie Mame* and *Molly's Game* to offerings at NYU Langone, including the Master Scholars Program in Humanistic Medicine seminars, Dr. Michael Tanner suggests ways to remain creative and incorporate the arts into one's busy life as a physician.

[Continue reading](#)



Student Essay: "To All My Residents"

"It's so true that one's experience as a medical student, and arguably even more as an intern, is shaped 90% by one's team...."

Julia Greenberg, winner of the Clerkship Award For Outstanding Essay In Philosophy of Medicine, recalls an encounter between a patient and resident, one that taught by example and inspired deep admiration.

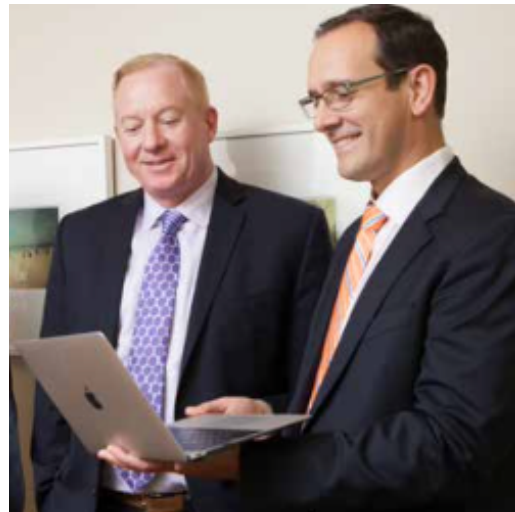
[Read the essay](#)



The Historian Is In: Nobel Laureates Walked Our Halls

Four members of our faculty—one of them a graduate of our medical school as well—have been awarded the Nobel Prize in Medicine or Physiology. Had it not been for the Nobel's arcane rules and a bitter rivalry, there would have been more.

[Continue reading](#)



Family Health Centers at NYU Langone: Innovation in Community Care

The Family Health Centers at NYU Langone, founded in 1967, has grown to become one of the largest Federally Qualified Health Center networks in the nation. Isaac Dapkins, MD, Chief Medical Officer, talks about the evolution of its unique model of care.

[Continue reading](#)

NEWS & AWARDS

Heart Transplant Program at NYU Langone Ranked the Nation's Top Program

For 2020, the mandatory Scientific Registry of Transplant Recipients (SRTR) ranked the heart transplant program at NYU Langone Health the [top program in the country](#) (#1 out of 144). This ranking is based on post-transplant and wait list survival as well

as wait times.

The estimated probability for surviving a heart transplant performed at NYU Langone Health is 97.83 percent, which is higher than its risk-adjusted expected rate of 89.81 percent and national average of 91.67 percent. This is a remarkable feat for a program that did their first heart transplant 3 years ago.

The program's success is a testament to multidisciplinary collaboration and a commitment to excellence and innovation. Led by **Drs. Alex Reyentovich and Claudia Gidea** on the medical side and Drs. Nader Moazami and Deane Smith on the surgical side, the program has become a national leader in utilizing hepatitis C positive donors, utilizing donors after circulatory death (or DCD), and is the leading program for dual organ (heart) transplants in the Northeast, including the first combined heart/lung transplant in 15 years in New York City.



Comprehensive Inflammatory Bowel Disease Center Opens



In December, the state-of-the-art, comprehensive Inflammatory Bowel Disease Center opened its doors, providing a space for patients with Crohn's disease and ulcerative colitis to receive advanced care from a multidisciplinary team of specialists. Led by director **Dr. Feza Remzi** and co-director **Dr. David Hudesman**, the IBD Center team features the integration of gastroenterology, surgery, nutrition, psychosocial support, ostomy care, and all needed services and care.

Historic Photos Document the Evolution of Medicine

The **Stanley B. Burns M.D.** Historic Medical Photography Collection was recently acquired by the Harvey Cushing/John Hay Whitney Medical Historical Library at Yale University. Dr. Burns, a faculty member in the Division of Medical Humanities, began collecting photographs that document the evolution of medicine in 1975, and has amassed more than a million images. Yale's acquisition includes more than 15,000 of these images, as well as Dr. Burns' papers, containing over 50 years of his work in the medical humanities and medical history.

"The Burns Collection is one of the most compelling and comprehensive visual records of medical history ever assembled," says Melissa Grafe, the John R. Bumstead Librarian for Medical History and head of the Medical Historical Library, the medical library's special collections repository. "It shows how deeply medicine is interwoven in human lives."

[Read an interview with Dr. Burns](#)



Web of Sciences List of Most Highly Cited Researchers



Web of Sciences List of Most Highly Cited Researchers recognizes the world's most influential researchers of the past decade, demonstrated by the production of multiple highly-cited papers that rank in the top 1% by citations for field and year in Web of Science. This year's highly cited researchers from the Department of Medicine are:

- **Edward A. Fisher, MD, PhD, MPH**, Leon H. Charney Professor of Cardiovascular Medicine
- **Judith S. Hochman, MD**, Harold Snyder Family Professor of Cardiology and Director of the Cardiovascular Clinical Research Center
- **Kathryn J. Moore, PhD**, Jean and David Blechman Professor of Cardiology

- **Jeffrey S. Weber, MD, PhD**, Laura and Isaac Perlmutter Professor of Oncology
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Recent Research and Grant News

Researchers, including **Feza Remzi, MD**, director of the Inflammatory Bowel Disease Center, and **Shannon Chang, MD, MBA**, associate director of the Gastroenterology Fellowship Program, found that a long rectal cuff may be a preventable risk factor for pouch failure in patients with inflammatory bowel disease. [Learn more.](#)



Peter Izmirly, MD, was the lead investigator on a study that provides the first national estimate of how many Americans have systemic lupus erythematosus (SLE)—just over 200,000, which comes statistically close to officially reclassifying the illness as a rare disease. [Learn more.](#)



New studies, led by **Sam Parnia, MD, PhD**, director of critical care and resuscitation research, will explore end-of-life cognitive thought & improved cardiopulmonary resuscitation methods. [Learn more.](#)



Gerikit: First Interactive, Full Geriatric Assessment App Launches

A new app, Gerikit, created by **Drs. Nina Blachman and John Dodson**, alongside an MSTAR program summer student, **Ambika Viswanathan** (MS2 at University of North Carolina at Chapel Hill School of Medicine), has launched. This

free app is a step-by-step guide on performing comprehensive geriatric assessments on patients, and will be useful for both learners and practicing clinicians. GeriKit is the first interactive, full geriatric assessment app focusing on seven different areas: cognition, depression, activity, frailty, polypharmacy, falls, and end-of-life-care. It is available now in the [Apple store for free download](#) (Android version will be available soon).



National IBD Course for First-Year Gastroenterology Fellows Launches at NYU Langone

Lisa B. Malter, MD, and colleagues have launched a national introductory inflammatory bowel disease (IBD) course for first-year fellows. The course is offered as an annual one-day program, held in collaboration with the American College of Gastroenterology, in response to a growing need for gastroenterologists specially trained in IBD across the United States. Called *IBD 101: A Primer for First-Year Gastroenterology Fellows*, the educational course is part of a broad effort to establish a national standardized IBD curriculum for gastroenterology fellows.



National Leadership Role for Lawrence Philips, MD

Lawrence Philips, MD, Assistant Clinical Director for Strategic Affairs in the Leon H. Charney Division of Cardiology and Medical Director, Outpatient Clinical Cardiology, FGP, has been elected National Treasurer of the American Society of Nuclear Cardiology, as of January 1, 2021.









From the Palliative Care Section

Palliative care (derived from the Latin root palliare, or "to cloak") is an interdisciplinary medical caregiving approach aimed at optimizing the quality of life and mitigating suffering among people with serious, complex illness.

Communication around Goals of Care

Discussing Goals of Care in the Setting of COVID Infection.

View full graphic [here](#).

C.A.L.M.E.R. - COVID AS STARTING PLACE FOR ADVANCE PLANNING		
C	Check in 	"How are you doing with all of this?"
A	Ask about COVID 	"What have you been thinking about COVID and your situation?"
L	Lay out issues 	"Is there anything you would want us to know if you got COVID/ if your COVID gets bad?"
M	Motivate them to choose a proxy and talk 	"Who would speak for you if things got bad?" "What matters most to you?" "Based on what you've said, I recommend _____. What do you think?"
E	Expect emotion 	"This can be really hard to talk about..." @NATHANAGRAY
R	Record the discussion 	Any documentation can be very helpful to colleagues. "I'll record what you've said. It's very meaningful. Thank you."

NATHAN A. GRAY, MD WWW.VITALTALK.ORG/GUIDES/COVID-19-COMMUNICATION-SKILLS/

TEXT ADAPTED FROM VITALTALK

Communication around CPR

See article [here](#).

Talking about cardiopulmonary resuscitation – CPR

C – check for comprehension

- “I had a chance to read your chart and talk to the other doctors involved in your care. It would help me, however, if you could tell me what the other doctors are saying.”
- “What have the doctors told you might happen with this infection?”

P – permission to proceed

- “One of the things I like to do with all patients in the hospital is talk to about what if they get sicker. That allows me to make sure the care is focused on their values. **Would it be ok if we spend a couple of minutes talking about what if you get a lot sicker?**”

R – restrict the conversation to discuss CPR

- “If something should happen and cause your heart to stop and you stopped breathing, regardless of what doctors do, there is only a **7% chance of surviving to discharge (discharge does not mean going home as it can be SAR or SNF) with normal brain function and a 93% chance of dying.** Some people wouldn’t want to go through all the machines, being in the ICU and CPR. They would say ‘Just keep me comfortable and let me go.’ Other people would say, ‘I would be willing to go through anything for a chance to get through this and get home. **What kind of person are you?**”

Make a recommendation based on their answer:

- “Would it be okay if I made a recommendation?”
- “I’d suggest we keep treating you and hope things get better. If you got so sick that your heart stopped and you died, I’d suggest we do not do CPR and breathing machines.”
- “What do you think about that?”

Of note, the above [statistics](#) are derived from a population of critically ill patients with COVID. Mortality is affected by age, the particular clinical scenario and the presence of other comorbidities. We recommend that you tailor this conversation to your particular patient.

Additional Resources:

[VitalTalk COVID Resources](#)

[COVID-19 Rapid Response Resources](#)

Addressing Provider Burnout

Burnout is defined as “a syndrome characterized by high emotional exhaustion, high depersonalization (i.e. cynicism), and a low sense of accomplishment from work.

The COVID-19 pandemic both exacerbates the pre-existing causes of burnout and adds its own stressors due to patient volume, the unique nature of this illness, incomplete information, and uncertainty about the future.



You are not alone.

A few pearls:

- The basic ADLs are non-negotiable.
- Remember that you are alive – that there is breath and a life force in you; this can be as simple as a single deep, calming breath.
- Literally, shake your body out. Our bodies can store trauma and intense experiences, which the simple act of shaking can release.
- On your way to work, set an intention for the day; e.g. “Today, I am going to lead by example” or “Today, I am going to make someone smile.”
- Find opportunities for gratitude; e.g. the patient that is extubated, the way that your team is coming together.
- Return to your values and purpose – remember why you got into this work in the first place, and why you are here doing this.

Find more information on burnout linked below:

["We Are in a War": Mitigating Burnout in COVID-19](#)

[Palliative Care Team and Individual Stress Mitigation Strategies](#)

[Taking Action Against Clinician Burnout](#)

Upcoming CME Activities

Controversial Topics in Sarcoidosis

March 4-5

Course Directors: Rany Condos, MD; Kerry Hena, MD; Alex Reyentovich, MD

Virtual Webinar ~ [Learn more](#)

14th Annual NYU Langone Clinical Research Methodology Course

March 17, 8:30am - 1:00pm

Course Directors: Yusuf Yazici, MD

Virtual Webinar ~ [Learn more](#)

NYU Langone Seminar In Advanced Rheumatology

March 18-20, 8:45am - 1:15pm

Course Directors: Steven Abramson, MD; Jill Buyon, MD; Bruce Cronstein, MD;
Michael Pillinger, MD
Virtual Webinar ~ [Learn more](#)

**Advanced Topics for Ultrasound in Rheumatology and Musculoskeletal
Medicine**

March 20, 12:35pm - 6:05pm

Course Directors: Jonathan Samuels, MD

Virtual Webinar ~ [Learn more](#)

Big Gut Seminars: Focus on Complex Inflammatory Bowel Disease

March 26, 7:35am - 3:30pm

Course Directors: David P. Hudesman, MD; Lisa B. Malter, MD; Feza Remzi, MD

Virtual Webinar ~ [Learn more](#)

We welcome your announcements of awards, honors, publications,
presentations, new programs, and events. Email us at
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