Sustaining Excellence: National Recognition Sets Us Apart; U.S. News & World Report Edition; House Staff Appreciation Week; Inpatient Protected Time; Connecting Future Physicians; Inspired MD Summit; Innovations in Medicine featuring Jeremy R. Beitler, MD, MPH; Historian Is In

March 2025

INSIDE Medicine

The Newsletter of the Department of Medicine

A Message from the Chair, Steve Abramson

Sustaining Excellence: National Recognition Sets Us Apart

The Doximity voting period for *U.S. News & World Report* (USNWR) rankings is again upon us. While Doximity votes contribute to program reputation and are crucial, it is important to remember that the final USNWR division rankings are primarily determined by objective measures of quality and safety. We are exceptionally proud that all our ranked divisions have achieved a place in the USNWR Top Ten nationally. This remarkable achievement, given the vast number of programs nationwide, is a testament to the dedication and expertise within each division. Similarly, NYU Langone's overall No. 1 Vizient ranking for Quality and Safety among academic medical centers meaningfully reflects the exceptional care across divisions delivered by the physicians of our Department of Medicine. These national rankings underscore the collective impact of our work, highlighting the expertise and dedication of department members. Leadership, innovative programs, and talented individuals set us apart in our commitment to the missions of care, education, and research. Taken together, in these challenging times, our shared commitment to excellence unites us, and is reflected in our national recognition. In this issue of the Newsletter, we proudly highlight programs and individuals within each of our divisions that have risen to the Top Ten nationally. We ask all eligible members to cast your Doximity vote to support your division's national achievements.

Vote Now for U.S. News & World Report Best Hospitals Survey on Doximity

Ranked #1 in Pulmonology & Lung Surgery

Division of Pulmonary, Critical Care, and Sleep Medicine

In July of 2024, it was announced that NYU Langone Health Pulmonary and Lung Surgery was tied for #1 in the US in the 2024-2025 “Best Hospitals” rankings by *U.S. News & World Report*. We are proud to have attained the #1 ranking in the country and recognize this as a multidisciplinary achievement of our physicians, nurses, advanced practitioners, respiratory therapists, and other providers.

We strive to become the top Pulmonary Division nationally by enhancing our national reputation, improving our quality metrics, and increasing clinical services offered across Manhattan, Brooklyn, and Long Island.

We take great pride in the fact that—together with our Thoracic Surgery colleagues—we offer the highest level of medical care with low rates of morbidity and mortality despite the complex pulmonary issues facing our patient population throughout the greater New York City region.

One major reason for this remarkable rise in national ranking is the quality, breadth, depth, and growing recognition of our subspecialty clinical and research programs.

- **Luis F. Angel, MD**, and our team of superb transplant pulmonologists have established our NYU Langone Health Lung Transplant Program the as #1 program in the country for survival rates and wait times.
- Our NYU Langone Health Bronchiectasis and Non-tuberculous Mycobacterial Disease Program—led by **Doreen J. Addrizzo-Harris, MD**—was selected as a “Clinical Center of Excellence” by the COPD Foundation and hosted the World Bronchiectasis Congress and the North American Bronchiectasis and NTM Symposium.
- Led by **Philip J. Choi, MD**, we have the premier regional Chronic Respiratory Failure and Home Ventilation Program with outpatient and inpatient consultations and collaborations with Neurology.
- Our Interventional Pulmonology team, under the leadership of **Jamie L. Bessich, MD**, is established as a national leader in both robotic-assisted bronchoscopy and bronchoscopic lung volume reduction.
- We have expanded our Asthma, Interstitial Lung Disease, and COPD programs and established collaborations with our Translational Lung Biology Laboratory**,** directed by **Leopoldo N. Segal, MD**.
- Our Adult Cystic Fibrosis Program is growing substantially with the recruitment of a new Director and the implementation of novel modulator therapies and plans for cutting-edge gene therapy clinical trials.
- **Jeremy R. Beitler, MD, MPH**, and the ASPIRE clinical trials team are national leaders in multicenter critical care clinical trials for acute respiratory distress syndrome and sepsis. These trials are offered at the NYU Langone Health Manhattan and Brooklyn campuses as well as at Bellevue.
- Our Pulmonary Oncology Research Team has established NYU Langone Health as a world leader in intratumoral and intranodal therapies for thoracic malignancies including viral immunotherapy trials for refractory non-small cell lung cancer and first-in-human NCI-funded trials of Bronchoscopic Cryo-Immunotherapy in early-stage and advanced lung cancer.
- We are expanding our NYU Langone Health Lung Cancer Screening and Lung Nodule programs with the recruitment of **Anil Vachani, MD**, from Penn, a nationally renowned expert in lung cancer screening access and lung nodule management, as our new Pulmonary Section Chief at the VA NY Harbor Healthcare System.

Ranked #2 in Cardiology, Heart & Vascular Surgery

Leon H. Charney Division of Cardiology

The Leon H. Charney Division of Cardiology is laser-focused on delivering the highest quality cardiovascular care in the country. Our team of heart specialists, along with our ancillary healthcare providers and staff, work together to prevent, detect, and treat all conditions that affect the cardiovascular system—and to do so in an integrated system that focuses on patient satisfaction and clinical outcomes. This approach applies to patients along the spectrum of cardiovascular care—from early detection and prevention, through inpatient care for acute illness, to personalized rehabilitation programs designed to mitigate disease progression and enhance the quality and/or quantity of life. Through this integrated approach, we have consistently delivered among the best outcomes in the country for a spectrum of nationally reported cardiovascular measures, leading to our designation as the #2 hospital in the nation and #1 hospital in New York State for Cardiology, Heart & Vascular Surgery.

The keys to our success include: 1) an abiding sense of mission for our patients; 2) teamwork; 3) continuous reappraisal of best practices; and 4) investment in biomedical investigation and education. Our sense of mission means that every patient we encounter is treated like a relative or close friend, with attention to detail. Teamwork is critical—an integrated approach encompassing the entire cardiovascular team is essential for achieving the best outcomes in the country. Another important element of our success is our ongoing evaluation of our successes and shortcomings, allowing us to identify areas for improvement in real time. And finally, to be a leader in cardiovascular care we must push the boundaries of what is possible—and this is only possible through robust translational and clinical investigation. Our investigative team is second to none—with substantial support coming from the NIH, from foundations such as the American Heart Association, and of course through philanthropy from so many of our grateful patients. Equally important are our trainees, who oftentimes are the major interface between our broader healthcare system and the patients themselves. Only by recruiting the most promising trainees in the country into our fellowship training programs and inculcating them with our sense of mission can we expect to sustain ourselves as amongst the very hospitals in the country for cardiovascular care.

Our subspecialty teams are world-renowned and include some of the leading clinicians and investigators in cardiovascular medicine.

- Center for the Prevention of Cardiovascular Disease. Led by **Jeffrey Berger, MD**—faculty in our center focus on the identification of individualized therapeutics to address traditional and novel cardiovascular risk factors.
- Heart Rhythm Center. Led by **Larry Chinitz, MD**—faculty in this program address virtually all forms of heart rhythm disorders. Among the busiest centers in the country, the Heart Rhythm Center is often home to first-in-human novel therapeutic devices, including leadless pacemakers.
- Advanced Heart Failure and Transplantation Program. Led by **Alex Reyentovich, MD** in collaboration with cardiothoracic surgeons in the NYU Langone Health Transplant Institute, our Heart Failure and Transplant Program is nationally known for its short wait times before transplantation and its best-in-the-nation outcomes for transplant recipients. NYU Langone Health is also a leader in multi-organ transplantation (heart, kidney, other organs) and is pushing the boundaries of transplantation medicine with xeno-transplantations using genetically modified pig hearts.
- Interventional Cardiology Program. Under the direction of internationally prominent interventional cardiologist **Sunil Rao, MD**, our interventional cardiologists address all forms of coronary and peripheral vascular disease. Our faculty has some of the lowest mortality rates in the country for patients who are present with acute heart attacks.
- Structural Heart Disease Program. Led by dually trained cardiothoracic surgeon and interventional cardiologist **Mathew Williams, MD**, in close collaboration with our structural imaging team led by **Muhamed Saric, MD, PhD**, this program offers non-surgical therapy for a range of structural and valvular heart problems. This program is one of the busiest in the country and is involved in numerous clinical trials of novel devices.
- Our Division of Cardiology and NYU Langone Health Heart is also home to numerous additional leading subspecialty programs, including our Hypertrophic Cardiomyopathy Program (**Mark Sherrid, MD**, Director); Cardio-Rheumatology Program (**Michael Garshick, MD**, Director); Adult Congenital Heart Disease Program (**Dan Halpern, MD**, Director); Cardio-Obstetrics Program (**Anais Hausvater, MD and Dan Halpern, MD**, directors); our Soter Center for Women's Heart Disease (**Harmony Reynolds, MD**, director); and our Cardio-Oncology Program (**Michelle Bloom, MD**, director**).** Each of these programs includes faculty with extensive experience in patient care, buttressed by active clinical and translational investigation helping to move the field forward.

Ranked #2 in Geriatrics

Division of Geriatric Medicine and Palliative Care

In July 2024, NYU Langone Health Geriatrics was ranked #2 in the US in the *2024-2025 Best Hospitals* rankings by *U.S. News & World Report*. This prestigious recognition highlights the exceptional work of our faculty and staff, and we remain focused on continued innovation and improvement as we strive to claim the #1 position.

Our national ranking is a testament to the collective efforts of our dedicated faculty, whose work extends beyond our institution. Our faculty presents nationally, publishes extensively, and leads impactful quality improvement initiatives that are transforming care in geriatrics. We are motivated by our shared commitment to excellence, always with our patients' best interests at heart. The recognition we have received from our peers reflects this unwavering pursuit of excellence.

With strong institutional support for aging-related care and a spirit of collaboration that is unique to NYU Langone Health, our faculty are united in our mission to develop inter-specialty clinical programs across the system and to attract top-tier clinical talent to lead these initiatives. We are equally committed to training the next generation of leaders in the field and conducting groundbreaking research with outcomes that will have a national impact.

Our ranking is built on the strength of our clinical, research, and education programs. Some of our recent accomplishments include:

- Clinical Expansion: In August 2023, we launched the NYU Langone Health Geriatric Medicine Associates Consultative Geriatrics Clinic at the 41st Street Ambulatory Care Center, led by **James M. Lai, MD**, expanding our outpatient services and enhancing collaboration across specialties.
- Clinical Growth: **Lauren A. Parker, MD**, has spearheaded our efforts to strengthen our presence at NYU Langone Health Hospital – Brooklyn, and **Sara Zalcgendler, MD**, introduced a novel Geriatrics ED program at Tisch/Kimmel. Our clinical growth includes a 30% increase in faculty hiring and raised awareness of geriatrics principles among subspecialty colleagues.
- Fellowship Programs: Our fellowship programs—Geriatric Medicine led by **Nina Blachman, MD**, Hospice and Palliative Medicine led by **Susan E. Cohen, MD**, and Integrated Geriatrics and Palliative Care led by **Rebecca Lazarus, MD**—along with upcoming Mid-Career and Leadership Fellowships, position us as leaders in addressing workforce needs and preparing the next generation of geriatrics leaders.
- Research Excellence: Our research portfolio guided by the leadership of **Joshua Chodosh, MD**, is bolstered by flagship projects like the $2,390,552 CDC-funded BOLD Public Health Center of Excellence on Early Detection of Dementia and the $54,719,036 NIH/NIA-funded U-19 project, ED-LEAD. These initiatives, in collaboration with national partners, extend our impact across the country.

As we continue to build on these achievements, our commitment to delivering the highest standard of care, advancing research, and educating future leaders remains steadfast. Together, we are forging a path toward the future of geriatrics, one marked by innovation, excellence, and a deep commitment to improving the lives of our patients.

Ranked #5 in Diabetes & Endocrinology

Holman Division of Endocrinology, Diabetes, and Metabolism

NYU Langone Health (NYULH) is consistently ranked among the top five programs in the country for endocrinology and diabetes care by *U.S. News & World Report*. The Holman Division of Endocrinology, Diabetes, and Metabolism continues to advance patient care, research, and education, solidifying its reputation as a national leader in endocrine and metabolic disorders.

Our division offers state-of-the-art treatments for a broad spectrum of endocrine disorders, including diabetes, thyroid disease, calcium and bone disorders, pituitary disease, and metabolic conditions. Our multidisciplinary team works closely with surgical and medical specialists, leveraging cutting-edge technologies to provide personalized, evidence-based treatments that improve patient outcomes across NYU Langone Health's Manhattan, Brooklyn, and Long Island campuses.

A key factor in our national recognition is the strength and innovation of our clinical and research programs:

Diabetes and Obesity Program – Led by **Lauren H. Golden, MD**, this program develops individualized treatment plans for diabetes and obesity management.

- The program integrates medical therapy, lifestyle interventions, and bariatric surgery when appropriate to optimize patient outcomes.
- It is at the forefront of type 1 diabetes care, incorporating advanced insulin pump technologies, continuous glucose monitoring systems, and novel approaches to delaying or preventing disease onset in high-risk individuals. **Nandini Nair, MD**, and **Joanne H. Bruno, MD, PhD**, oversee inpatient diabetes care, ensuring seamless management of complex cases.
- Clinical research programs in collaboration with preventive cardiology and entitled “CHOlesterol Reduction in Diabetes” are exploring how marked cholesterol reduction changes indices of cardiovascular risk in patients with type 1 and type 2 diabetes.
- The Diabetes Research Program led by **Ann Marie Schmidt, MD**, has pioneered studies of the receptor for advanced glycation end products in diabetes complications.
- The program in Translation Obesity Research led by **Jose O. Aleman, MD, PhD**, explores differences in fat cell biology after weight loss.

Thyroid Program **–** Directed by **Sumedha Chablani, MD**, NYULH is a leader in interventional endocrinology, offering minimally invasive procedures for thyroid conditions.

- NYULH was among the first in the US to apply radiofrequency ablation technology to select small thyroid cancers and large, noncancerous thyroid nodules.
- The program provides thyroid artery embolization as an alternative to surgery for large goiters, prioritizing function preservation and minimizing scarring.

Metabolic Disorders Program – Led by **Ira J. Goldberg, MD**, this program specializes in complex lipid disorders and metabolic complications of chronic diseases.

- The program focuses on conditions such as hypertriglyceridemic pancreatitis, cachexia, and frailty associated with cancer, heart failure, and renal disease. Our physicians use the most advanced therapies and participate in clinical trials to develop new medications.

- The research program directed by **Dr. Goldberg** studies the interaction of circulating lipids with the arterial wall.
- **Marcus D. Goncalves, MD, PhD**, a recent recruit to NYULH**,** directs a clinical and laboratory program to understand the causes of unintentional weight loss and the use of appetite-enhancing therapies.

NYULH continues to be a pioneer in endocrine and metabolic disease treatment, driven by groundbreaking research, leading-edge technology, and a collaborative, patient-centered approach.

Ranked #5 in Gastroenterology & GI Surgery

Division of Gastroenterology and Hepatology

The GI Division, along with GI Surgery, has seen tremendous growth in expertise across its clinical, educational, and research missions. This is evidenced, in part, by the rise in its *U.S. News & World Report* "Best Hospitals" ranking from #37 in 2012 to #5 in 2024.

Highlights of newly launched state-of-the-art subspecialty programs and services—integrating clinical, research, and educational missions—over this period include:

Led by clinical chief **Seth A. Gross, MD**, and section chief **Melissa Debordeaux, MD, MS**, a GI hospitalist model of care and enteral access team and total parenteral nutrition program, led by **Jennifer Katz, MD,** were instituted as part of the GI inpatient service at Tisch/Kimmel, to provide the best patient outcomes and experience. This GI hospitalist model of inpatient care has also been implemented at NYU Langone Hospital-Brooklyn and Long Island (LI).

The IBD Center, led by director **David P. Hudesman, MD**, launched in Manhattan in 2020, features IBD-specific services in gastroenterology, surgery, nutrition, psychosocial support, med-surg inpatient service, and collaborations with rheumatology, dermatology, pediatrics, and ob-gyn. The Center has expanded to LI, Brooklyn, and Westchester. New recruit **Michael Dolinger, MD**, director of pediatric IBD, will collaborate to expand the transition of care between the pediatric and adult IBD programs. The IBD research arm, led by co-director **Jordan E. Axelrad, MD, MPH**, and **Adam S. Faye, MD, MS**, includes a robust IBD biobank, registry, and database as the foundation for its growing IBD research initiatives.

The Pancreatic Disease Program, led by **Tamas A. Gonda, MD**, in collaboration with surgery and oncology leadership, **Christopher Wolfgang, MD, PhD**, and **Paul E. Oberstein, MD**, advances and integrates hepatobiliary care in gastroenterology, radiology, anesthesiology, surgery, and oncology to

provide innovative options in screening, diagnosis, and treatment in pancreatic disease. Its collaborative approach to research includes biobanks, registries, translational research, and ongoing clinical trials.

The Center for Esophageal Health, led by medical director **Abraham R. Khan, MD**, and surgical director **Tanuja Damani, MD**, offers the most advanced diagnostic testing and treatment options for patients with conditions such as chronic GERD, Barrett's esophagus, swallowing disorders, and lung disease. This includes advanced motility testing, interventional endoscopic therapies, and robotic surgical options. **Rita Knotts, MD, MS**, has initiated a training curriculum for fellows and a collaborative clinical program with lung transplant. The Center services are also available on LI and Brooklyn.

Under chief of endoscopy, **Gregory B. Haber, MD**, the Division provides over 50,000 endoscopies per year and offers the full range of procedures, including interventional endoscopy for the most complex cases such as swallowing disorders, precancerous conditions, and malignancies. Together under the leadership of **Dr. Gross**, director of outcomes research **Aasma Shaukat, MD, MPH**, section chief at Brooklyn **Adam J. Goodman, MD**, and new director of endoscopy at Tisch/Kimmel **Nikhil Kumta, MD, MS**, its research and innovation efforts focus on improving quality in endoscopy; new endoscopic technologies (eg, AI); new screening modalities (eg, blood-based testing for colon cancer); and disparities in care and outcomes.

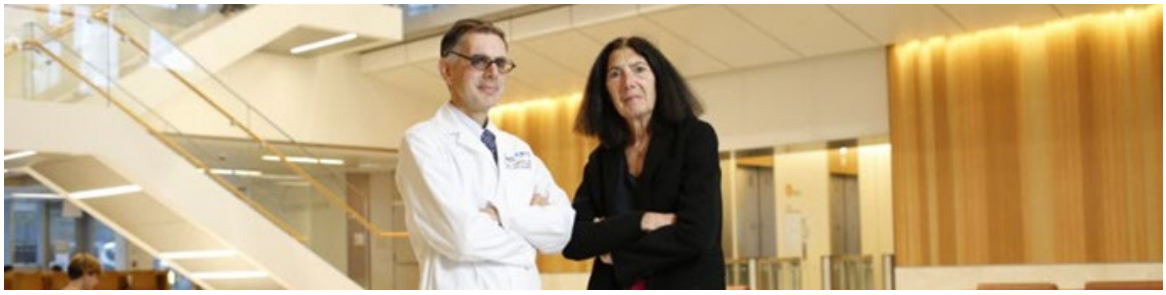
In collaboration with the Transplant Institute, the Division's Liver Care and Transplant Program, led by medical director of liver transplant **Patrick Northup, MD**, and medical director of live-donor liver transplant **AnnMarie Liapakis, MD**, has expanded to include live-donor liver donation and offices across Manhattan, Brooklyn, Queens, LI, New Jersey, and Westchester. In FY24, the program provided 113 liver transplants. According to the Scientific Registry of Transplant Recipients, NYU Langone is now ranked #1 in New York and among the top programs in the nation in liver transplant.

The Division has expanded its gastroenterology fellowship, currently led by program director **Andrew E. Dikman, MD**, to 20 fellows and launched advanced fellowships in advanced endoscopy, transplant hepatology, and IBD led by program directors **Lauren Khanna, MD, MS, Saikiran Kilaru, MD**, and **Lisa B. Malter, MD,** respectively.

It is also important to note the significant role of our hospital leadership and teams, including the hospitalist teams, in providing the highest quality of inpatient care.

Ranked #9 in Rheumatology

Division of Rheumatology



The Division of Rheumatology at the NYU Grossman School of Medicine stands on a legacy of commitment to patient care and scholarship. Under the current leadership of **Jill P. Buyon, MD**, the division continues to excel and is recognized among the top ten programs in the nation. The diversity of expertise across the faculty provides mentorship as we foster the next leaders in the field. Our robust NIH research portfolio continues to be a cornerstone of the program with over $8M in current awards. The 56 abstracts presented at the 2024 American College of Rheumatology annual meeting are reflective of the breadth and strength of the clinical and research programs within the division including:

- Our Psoriatic Arthritis Center, led by **Jose U. Scher, MD**, **Rebecca Haberman, MD**, and **Soumya M. Reddy, MD**, recently celebrated its 10th anniversary and provides care to over 1000 patients. Our formal biorepository of 350 patients and over 1300 samples has helped elucidate the pathogenesis of psoriatic disease, highlighting the key role of the skin and gut microbiome and mapping the cellular and molecular features of psoriatic skin and synovium. Our team is leading the first-ever clinical trial aimed at preventing the development of psoriatic arthritis, utilizing new technologies to predict early response to treatment, and studying the role of pain in disease perception and experience.
- Our Systemic Lupus Erythematosus Program, led by **Jill P. Buyon, MD**, **Peter M. Izmirly, MD**, **H. Michael Belmont, MD** & **Amit Saxena, MD**, has a formal specimen and matches phenotypic lupus evaluation (SAMPLE) cohort with over 1200 lupus patients enrolled. Our work has provided advances in the contribution of the microbiome to lupus nephritis, the approach to anti-SSA/Ro pregnancies, and the identification of autoantibodies that affect DNA degradation. Trials opened this year led by our faculty include an assessment of the safety of hydroxychloroquine withdrawal in elderly lupus patients and the efficacy and safety of the herpes zoster vaccine. Enrollment of patients into trials applying cell-based therapies has commenced with full intensity.
- **David B. Beck, MD, PhD**, leads our Inflammatory Disease Genetics Program, which seeks to identify the genetic causes of human diseases and has recently discovered novel regulatory pathways critical for immune activation. We are also participating in the first-ever multi-center, stage 2 international clinical trial in VEXAS.
- The NYU Langone Judith and Stewart Colton Center for Autoimmunity, directed by **Jose U. Scher, MD**, has fostered 11 invention disclosures, 1 commercialization, and 1 biotech partnership during the past 10 years. Active studies range from exploring immune response mechanisms in organ transplants to developing innovative diagnostic tools for early autoimmune disease detection.
- Under the leadership of **Michael H. Pillinger, MD**, and **Michael Toprover, MD**, our Crystal Diseases Study Group remains influential in the field, including participating in the collaborative launch of TRUST, an NIH-funded, multicenter clinical trial to test two different strategic approaches to gout treatment and the recently completed, multi-center VA STOPGout trial established the relative utility of the two main gout treatment (urate-lowering) therapies.
- Our Osteoarthritis Program directed by **Steven B. Abramson, MD**, **Jonathan Samuels, MD**, and **Mukundan G. Attur, PhD**, is using serum proteomics to predict OA progression. They are also leading a team exploring the genetic and immuno-inflammatory factors that influence post-COVID complications.

We continue to focus on our formidable pipeline for future rheumatology leaders, built upon exceptional talent and anchored in our successful NIH T32 and our newly established research fellowship track which expands the training period from 2 to 3 years, enriching the experience in clinical, basic, or translational research. In the inaugural class, three of our four entering fellows selected this track.

House Staff Appreciation Week

A Week of Appreciation and Community

From February 24–28th, NYU Langone Health celebrated House Staff Appreciation Week, a special time dedicated to recognizing the invaluable contributions of our residents and fellows. Organized by the Physician Wellbeing Committee, Graduate Medical Education Office, the Gold Humanism Society (NYU), and Bellevue's Committee for Interns and Residents, this weeklong event fostered a spirit of gratitude and support for the trainees who are essential to our institution.

The week's celebrations kicked off with a grab-and-go breakfast across all sites, offering residents and fellows a warm start to the week while providing an opportunity to connect with colleagues and be recognized for their dedication. Pet Therapy Day brought moments of joy and relaxation as therapy animals visited designated locations, giving house staff a welcome break from the demands of patient care. Midweek, a house staff lunch allowed trainees from various specialties to come together, recharge, and strengthen the sense of community within NYU Langone Health. Thursday's Culture of Wellbeing activities focused on mental health, resilience, and self-care, providing valuable discussions and wellness initiatives to help house staff maintain a healthy work-life balance while navigating the challenges of training.

Each department also held events to show their appreciation for their House Staff members. Within the Department of Medicine, the Internal Medicine Residency Program went above and beyond to honor house staff with a series of thoughtful events. On February 28th, the program hosted a dedicated breakfast across all sites, ensuring that internal medicine trainees at Tisch-Kimmel, Bellevue, Brooklyn, and Manhattan VA started their day with a hearty meal in recognition of their hard work. In the afternoon, an Ice Cream Social provided a well-deserved treat, with Chief Residents distributing ice cream across all three locations. Later that evening, the celebration continued with a special delivery of cookie platters to the night teams, ensuring that even those working late shifts felt the appreciation and gratitude of their colleagues and mentors.

As a token of appreciation, each resident received a personal thank-you note signed by attendings, associate program directors, site directors, and chief residents from across all of our sites and program. Additionally, an appreciation video created by the Internal Medicine Residency Program was posted to our Instagram (@nyugsom_imres).

House Staff Appreciation Week was a resounding success, reinforcing the Department of Medicine's deep gratitude for our trainees. A heartfelt thank you to all our residents and fellows for your dedication to our mission. We appreciate you and your outstanding contributions this week and every day.

Inpatient Protected Time

Residents Engage in Case-Based Learning Across Specialty Areas

At NYU Grossman School of Medicine, Inpatient Protected Time (IPT) was launched in September under the leadership of Margaret R. Horlick, MD, MHPE, Director of the Internal Medicine Residency Program, to enhance residency education. This initiative provides trainees with dedicated learning time twice a week to deepen clinical knowledge and refine decision-making skills. Held every Tuesday and Thursday, these structured half-day sessions focus on subspecialty teaching, emerging medical concepts, and clinical reasoning, allowing residents to engage in case discussions, review pivotal literature, and interact with expert faculty without competing patient care demands.

IPT fosters an immersive academic environment where trainees step away from ward pressures and focus entirely on learning. With medical knowledge expanding and clinical demands increasing, protected educational time is vital. Through IPT, residents sharpen critical thinking, gain exposure to cutting-edge research, and refine clinical reasoning in a collaborative setting.

Sessions cover high-yield topics to prepare residents for exceptional patient care. A recent IPT session on Pulmonary Embolism (PE), led by faculty from the Division of Pulmonary, Critical Care & Sleep Medicine, exemplified the program’s impact. Division Director Daniel H. Sterman, MD, provided an overview of advances in PE diagnosis and management, setting the stage for deeper discussions on clinical decision-making.

Following Dr. Sterman’s presentation, Anthony Andriotis, MD, Associate Program Director, and Executive Chief Resident Sharnendra Sidhu, MD, guided residents through the case of a young woman with intermediate-risk PE. Faculty, including Drs. Andriotis, Ezra E. Dweck, Allison A. Greco, Ronald M. Goldenberg, and Radu Postelnicu, led discussions on risk stratification, treatment options, and real-world

clinical challenges. Residents critically assessed whether anticoagulation alone was sufficient or if escalation to advanced therapies was warranted.

The session also featured a journal club led by Drs. Andriotis and Sidhu, analyzing two landmark PE trials: Pulmonary Embolism International Thrombolysis Study (PEITHO) and AiM, Plan, and act on LIFestYles (AMPLIFY). Having reviewed the studies in advance, residents dissected objectives, methodologies, and clinical implications. Faculty facilitated discussions on thrombolytics, anticoagulation regimens, and individualized risk-benefit assessments, translating findings into practical patient care strategies.

For trainees, IPT offers an invaluable opportunity to develop expertise in a structured, distraction-free environment. Zisha Twerski, PGY-1 resident in the Preliminary Medicine track, shared, “I love inpatient protected time—it’s a rare chance to learn without the pressures of patient care. In just three hours, you engage in rich scientific discussions with world experts, chief residents, and co-interns.” He added, “I particularly enjoyed this session—watching faculty debate complex cases and critically analyze data is an invaluable learning experience.”



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Connecting Future Physicians

Medical Student Networking Event with Residents Brings Insight and Connection

First-year medical students connect with house staff from the Internal Medicine Residency Program at the networking event

On February 5th, first-year medical students gathered with house staff from the Internal Medicine Residency Program for a networking event, entitled “What is Internal Medicine Residency Really Like?” The event was curated by resident leaders, Matthew Haller, MD, Maya Rosenberg, MD, and Peter Zhang,

MD, to foster mentorship, provide insight into residency life, and strengthen the sense of community among students and residents at NYU Grossman School of Medicine.

The evening began with a lively panel discussion, moderated by Dr. Haller (PGY2) and Milna R. Rufin, MD, Clinical Assistant Professor, Director of Medical Student Engagement, and Site Director of the Internal Medicine Residency Program at NYU Langone Health Internal Medicine Associates. A group of seven outstanding residents with diverse clinical and research interests shared their experiences, offering valuable guidance on everything from choosing a specialty to navigating the challenges of residency.

The panelists included:

- Cal DiMaggio, MD (PGY3, bound for primary care)
- Alyssar Habib, MD (PGY2, interested in gastroenterology)
- Leah Kim, MD (PGY1, interested in gastroenterology)
- Durga Kullakanda, MD (PGY3, bound for hospital medicine)
- Maya Rosenberg, MD (PGY2, interested in hematology/oncology)
- Carolyn Wilson, MD (PGY2, interested in hepatology)
- Peter Zhang, MD (PGY2, interested in cardiology)

The panelists provided candid reflections on their journeys, giving students an inside look at what has made their experience at NYU Grossman School of Medicine so rewarding and formative. Discussions touched on clinical decision-making, work-life balance, mentorship, and the unique culture of support and collegiality within the Internal Medicine Residency Program.

Medical students took full advantage of the opportunity to ask thoughtful questions, leading to dynamic conversations about specialty choices, research opportunities, and career planning. Panelists emphasized the importance of finding strong mentors, embracing unexpected opportunities, and maintaining a mindset focused on growth and a love of medicine throughout the training process.

Following the panel, students and residents continued their conversations over a networking dinner, where attendees had the chance to connect in a more informal setting. Many students expressed appreciation for the opportunity to interact with residents who had recently navigated the same career decisions they now face. Martin Bouldo, a first-year medical student and co-leader of the Internal Medicine Interest Group, said the evening was “absolutely enlightening!” He continued, “It was a great opportunity to learn from and chat with the people we want to be in a few short years!”

The event highlighted the collaborative and supportive environment that defines the Department of Medicine residency experience, fostering mentorship and lifelong learning in an open and welcoming space. Through engaging discussions and meaningful connections, the evening served as a valuable step toward building excitement about Internal Medicine for these future physician leaders, leaving many students inspired about the path ahead.

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Inspired MD Summit

Empowering Physicians in Professional Growth and Leadership

Mark B. Pochapin, MD, leading a panel discussion at the summit

On February 7th, physicians from across the US gathered for the Inspired MD Summit, a one-day event focused on professional growth and leadership development. Now in its second year, the summit provided a unique opportunity for mentorship, networking, and expert-led discussions aimed at helping physicians shape fulfilling careers in medicine.

Led by course director Mark B. Pochapin, MD, the program explored key aspects of leadership, career development, and collaboration. Topics included self-awareness in career decision-making, optimizing communication, and building meaningful mentorship relationships. Attendees gained insights into their leadership styles, reinforcing the role of personal growth in professional success.

Department of Medicine faculty Shannon Chang, MD, MBA; Daniel H. Sterman, MD; and Marc M. Triola, MD, shared expertise on clinical leadership, innovation in medical education, and the evolving healthcare landscape. Each session provided actionable strategies to enhance career development and leadership skills.

Dr. Chang, Associate Professor of Medicine and Director of Operations of the IBD Center, led a discussion on transforming feedback into career growth. She emphasized how physicians can use constructive feedback to improve patient care and advance in their fields. "Feedback is one of the most powerful tools for growth," she noted. "When we see it as an opportunity rather than a setback, we elevate both our careers and the care we provide."

Dr. Sterman, Thomas and Suzanne Murphy Professor of Pulmonary and Critical Care Medicine, presented on team-building and advancing a vision. He highlighted how great leaders cultivate high-functioning teams through mentorship, delegation, and strategic goal setting. "A great leader doesn't just build a team; they inspire and empower it," he explained. "By supporting and challenging one another, we create an environment where innovation thrives and patient care excels."

Dr. Triola, Professor of Medicine and Founding Director of the Institute for Innovations in Medical Education, explored technology's role in human-centered care in his talk, *The Superpower of AI: Optimizing the Human Factor in Medicine.* He discussed how artificial intelligence is transforming medical education and clinical decision-making while underscoring the irreplaceable role of human intuition and empathy. "AI can enhance our clinical practice, but it will never replace the human connection that defines great medicine," he said.

Throughout the day, participants engaged in interactive workshops and networking opportunities, fostering connections that will continue to shape their careers. The event reinforced that leadership in medicine is not just about clinical excellence but also about mentorship, collaboration, and strategic growth.

As medicine evolves, the Inspired MD Summit reaffirmed the importance of lifelong learning and adaptability. Attendees left with renewed motivation to lead with purpose, drive change, and make lasting contributions to their field and patients.

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Innovations in Medicine:

Conversations with Our Expert Faculty

Jeremy R. Beitler, MD, MPH
Director, ASPIRE Program

We spotlight Jeremy R. Beitler, MD, MPH, Director of the ASPIRE Program at NYU Langone Health and a leader in pulmonary and critical care medicine. Dr. Beitler is at the forefront of advancing innovative approaches to patient care, research, and interdisciplinary collaboration. Under his leadership, the ASPIRE Program is shaping the future of pulmonary and critical care medicine by integrating cutting-edge research, novel clinical strategies, and cross-disciplinary partnerships. In this conversation, Dr. Beitler shares insights into the program's mission, its impact on patient care, and the future of innovation in the field.

Can you provide an overview of the ASPIRE Program and what inspired its creation?

The ASPIRE Program, based in the Pulmonary/Critical Care Division of the Department of Medicine at NYU Langone Health, serves as both a national coordinating center for multicenter clinical trials in acute and critical care medicine and a local trials center across NYU's affiliated hospitals, including Tisch-Kimmel, Brooklyn, and Bellevue, with plans to expand to Long Island.

What are the core goals and mission of the ASPIRE Program? What specific challenges in pulmonary and critical care medicine does ASPIRE aim to address?

ASPIRE—"Acute Respiratory Failure & Sepsis Precision Interventions to Raise Health Equity"—aims to identify therapies that accelerate recovery and reduce morbidity in critically ill patients. By tailoring treatments to individual patient phenotypes, the program advances precision medicine in acute respiratory failure and sepsis. One NIH-funded trial exemplifies this approach by studying mechanical ventilation in patients with severe lung injury. Because each patient's lung function varies, standardized ventilator settings can lead to vastly different outcomes. The trial tests whether adjusting ventilator support based on individual lung stretch improves survival, demonstrating ASPIRE's commitment to real-time phenotyping and personalized interventions.

The ASPIRE mission is "to accelerate recovery from critical illness by leading equitable, high-impact clinical trials to improve public health." Achieving health equity in research ensures that study populations reflect diverse patient demographics, preventing disparities in treatment effectiveness. Locally, ASPIRE ensures equal access to clinical trials for patients at NYU Brooklyn, Bellevue, and Tisch-Kimmel. Nationally, as a coordinating center, the program extends this commitment across trial sites in states like Ohio, Georgia, Utah, and California, ensuring broad and equitable participation in critical care research.

How does ASPIRE align with the Department of Medicine and NYU Langone Health's broader vision for patient care and medical innovation?

The ASPIRE Program expands access to cutting-edge therapies for patients receiving care at NYU Langone Health's Tisch-Kimmel and Brooklyn hospitals, as well as Bellevue Hospital. As a leader in acute care clinical trials, NYU Langone provides access to promising therapeutics for hospitalized patients—an infrastructure few hospitals nationwide can match. Building on NYU Langone Health's long-standing leadership in cardiology trials, led by Department of Medicine faculty such as Judith Hochman, Harmony Reynolds, and Stuart Katz, ASPIRE extends this expertise to acute and critical care medicine, focusing on acute respiratory failure and sepsis.

ASPIRE also takes an innovative approach to precision medicine by incorporating a clinician's perspective. While precision medicine is often associated with genetic or transcriptomic analysis, ASPIRE defines it as ensuring the right treatment reaches the right patient at the right time. Many clinically relevant data points that guide real-world decision-making are often excluded from trials. By designing studies with a clinician's mindset, ASPIRE bridges this gap, addressing the specific questions that matter most in patient care.

How does the program integrate research, technology, or novel clinical approaches?

Our "applied" approach to precision medicine is ripe for technological innovation. In acute and critical care, the clinical diagnostic tests we use often fail to distinguish whether an organ is injured or just not functioning as it should. For instance, a patient might have breathing difficulty because there is lung injury, or simply because there is fluid build-up in the lungs from poor heart or kidney function. Developing tests that could specifically identify if a patient has acute lung injury could help us target therapies to those patients likeliest to benefit. We plan to incorporate real-time molecular phenotyping into our trials to help identify and validate new diagnostics, demonstrating that their measurement is clinically useful to individualize therapies.

How does ASPIRE foster collaboration among different specialties?

The best science is always collaborative. While our program lives in the Pulmonary/Critical Care Division, our work touches on several medical disciplines. Acute respiratory failure and sepsis are often precipitated by infections, opening avenues to collaboration with our infectious disease colleagues. They also regularly are accompanied by multi-organ dysfunction, creating potential collaborations with virtually every other medical discipline. Respiratory failure is encountered in all critical care specialties (anesthesia, surgery, trauma, cardiology, neurology), and partnering across disciplines to ensure the spectrum of disease is

captured will be critical to our program's success. More broadly, we also believe strongly in collaboration amongst different medical professions. Our core team includes physicians, pharmacists, respiratory therapists, and nurses. When we design a trial, we incorporate all these unique perspectives, When we launch a trial, we liaise peer-to-peer with clinical teams, leading to more effective implementation of the study through partnership that is essential to rigorous and safe conduct of clinical trials in the acute care setting.

Are there opportunities for trainees, researchers, or clinicians to engage with the program?

Absolutely. We intend for the ASPIRE Program to become a training pipeline for acute care clinical trialists. The data generated from our multicenter clinical trials creates many opportunities for secondary analyses from rigorously phenotyped participants, who often also have banked biosamples available. We welcome collaborations from the expert scientific community at NYU Langone Health, and believe strongly that team science leads to better research and greater potential for major breakthroughs.

How does ASPIRE translate research into direct patient benefits?

By providing access to promising therapeutics for highly morbid acute illness. Acute respiratory failure and sepsis are among the most common causes of death in the US. Access to clinical trials is access to care. By providing access to clinical trials not previously available at NYU Langone Health, we are providing patients additional therapeutic options they can consider in deciding what is best for them. Importantly, the goal is to provide the opportunity for patients to make the choice that's best for them. For our program, we consider it a "win" to provide that opportunity. Regardless of whether an individual patient decides its right for them to join a trial, the "win" is their having that choice to make.

What do you hope the long-term impact of the program will be on the field of pulmonary and critical care medicine?

We of course want to identify and advance treatments that improve the health of patients, a primary goal of any trials program. We hope our "applied" approach to precision medicine can facilitate accelerated therapeutic discovery even before the genetic or molecular drivers of various critical illnesses are fully elucidated. Structurally, we hope our approach to execution of clinical trials can serve as a model for the field: expanding access to trials beyond the quaternary academic referral center to also include affiliate hospitals that serve other communities.

The Digital Pulse

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Historian Is In

It's been a month of dramatic setbacks for the public health community. Since taking office, President Trump has signed an executive order withdrawing the US from the World Health Organization, proposed massive cuts in federal funding for medical research, scrubbed government websites intended to "promote gender ideology" from contraception to sexually transmitted diseases, and strongarmed Republican senators to confirm Robert F. Kennedy, Jr., a prominent vaccine skeptic, as Secretary of the Department of Health and Human Services.

Kennedy has already claimed that nothing will be “off-limits” in his department, and he has postponed a regularly scheduled meeting of the expert committee that advises the CDC on vaccine policy—the first time this has ever happened—in what seems a complete reversal of his carefully planned confirmation testimony. As expected, leaders of the anti-vaccine movement he’s championed over the years have moved immediately to push the most radical parts of his agenda. In 2021, at the height of the pandemic, Kennedy petitioned the FDA to revoke its authorization of all Covid vaccines, describing them as “the deadliest ever made,” and claiming they weren’t needed because better treatments—ivermectin and hydroxychloroquine— were widely available.

Dangerous junk science, to be sure. But Trump’s presidential victory, coupled with Kennedy’s appointment, has brought it front and center. In a number of so-called “Red States,” politicians are not only attempting to halt Covid vaccinations, but to criminalize the process. In Montana, the state legislature just debated (and fortunately defeated) a bill to ban all mRNA vaccines by making it a misdemeanor to administer the shots. And in neighboring Idaho, a bill currently being debated will ban all aspects of mRNA, from research to vaccines to gene therapies for a multitude of diseases. Idaho being Idaho, the bill protects “other mammals” as well.

It’s no laughing matter, of course. Should the bill become law, residents will have to leave the state to seek treatment. And legislation of this sort is guaranteed to spread elsewhere. The irony is that there are aspects of mRNA technology, such as CRISPR, that do raise serious questions and will require ethical guardrails. But it’s hard to imagine a mature discussion of the nation’s moral and physical advancement in our current environment. And that’s the biggest worry of all.

David M. Oshinsky, PhD
Professor, Department of Medicine
Director, Division of Medical Humanities

Featured Student Essay

Stars in the Margin

I know now what David Foster Wallace meant by,
“My chest bumps like a dryer with shoes in it.”
Each thud is a reminder of the weight,
the unsaid words hovering,
as I search for a voice,
for a thread to connect us,
in this fragile space.
I sit beside you,
ink flowing onto grid-lined pages as you tell your story.
My pen marches along,
keeping beat with the heart spilling,
the rhythm of grief in every stroke,
a hesitant dance between silence and sound.

Not to speak anymore,
but to place words next to one another mutely
and watch them settle,
filling the space between breaths,
between the moments of stillness
that stretch like shadows in late afternoon.

I scribble stars in the margin—
a small beacon, a promise,
a reminder to return to this page
and study the soul squeezed into centimeter squares,
to remember you not just as a history,
but as a heartbeat, a story, a life lived.

Each detail a thread,
accented by the imaging and lab results that seal your fate,

and I wonder,
how to honor the weight of this moment,
how to cradle your sorrow
without drowning in it myself.

So I write,
filling the silence with ink and intention,
the notebook my companion,
holding the echoes of a life,
a testament to the fragility of our connection,
and the heaviness of this goodbye.

A Reflection on the Poem

During the medicine clerkship, I was presented three times with terminally ill patients for whom palliative care was determined to be the only remaining intervention.

One – a patient who arrived in the emergency department, hours after discharge from the same hospital following a new terminal diagnosis. He spoke of feeling like he was drowning, of laying down in bed and being unable to breathe. The differential diagnosis included either an exacerbation of heart failure or the weight of his grief at his impending death, setting in with an overwhelming panic.

We spoke of this grief together. He was afraid to die, wanting to continue “reaching for more minutes” each time his symptoms waned and he could see beyond his pain. I was not equipped to comfort him as I would have liked.

Two – a veteran who joyfully told me stories of his youth, fully aware of his dwindling time remaining. He was a Brooklyn lawyer who had helped restaurants get liquor licenses, more or less legally. He married his wife after knowing her for 6 months. His life was complete.

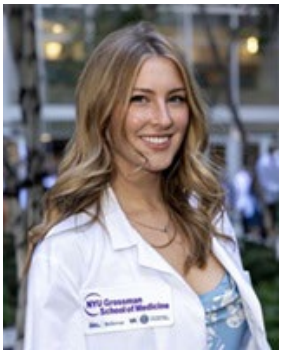
Three – a young patient who, over the course of three days, was determined by the transplant team, then oncology, then radiation oncology to be ineligible for further therapy. I sat by his bed and told him the news: *There are no surgeries to be done. Oncology can’t offer you any therapies. Radiation oncology can only offer palliative treatment.* My team had attempted to prepare him for this possibility, but speaking it into existence was excruciating. I watched as he grew more agitated and heard his voice catch in his throat. I cried for him, his wife, and his 7-year-old son in the hall.

Every day since, he has suggested a new potential therapy, a new non-toxic diet plan, a new strategy to kill the cancer from the inside. I have tried to strike a gentle balance between honesty and hope through my responses. His hope of recovery still has not diminished, but a true acceptance of his condition is also yet to come.

Death scares me. I know far less about the process of looking death in the eye and preparing for the impending end of life than the patients I am trying to guide through it. I do not know what makes someone approaching their end feel satisfaction and fulfillment versus fear and discontent, or what makes a life feel complete versus abbreviated by death. However, I am acutely aware of the privilege that it is to walk with these patients during this time. Through our conversations, I learn about the preciousness and brevity of life. I learn what it looks and feels like to approach death, what they think about, what they fear, even (in some cases) what they look forward to. In return, I carry these patients' stories with me and promise myself to revisit the notes I've scribbled about their lives and stories—to honor their memory, the vulnerability they shared, and the profound lessons they've taught me about what it means to both live and die.

I wrote the above poem, Stars in the Margin, inspired by the heaviness, wordlessness, and helplessness – yet simultaneous gratitude – I felt in caring for the third patient described above.

Rebecca Lisk is a second-year medical student at NYU Grossman School of Medicine interested in pursuing a career in plastic and reconstructive surgery. She graduated from Harvard University in 2021 with a degree in computer science. After graduating, she spent two years prior to medical school writing software for surgical robotics and conducting computational population health research. She is excited to continue developing both her surgical and clinical skills throughout clerkships. In her free time, she enjoys playing tennis, skiing, trying new restaurants, and spending time with her friends.



News & Awards

Faculty Honors

Leon H. Charney Division of Cardiology

Chiara Giannarelli, MD, PhD, has received an NIH award RECOVER OTA-21-015J for her work on "SARS-CoV-2 Neuroimmune Vascular Reservoirs in PASC."

Division of Gastroenterology & Hepatology

Gregory B. Haber, MD, has been named recipient of highest award of the American Society for Gastrointestinal Endoscopy (ASGE), the Rudolf Schindler Award, for his career accomplishments in endoscopic research, teaching, and service.

Aasma Shaukat, MD, MPH, has been named recipient of the Distinguished Endoscopy Research Mentoring Award of the ASGE, for her outstanding contributions to developing and nurturing the next generation of endoscopic researchers.

Division of Hospital Medicine

Anjali A. Nigalaye, MD, has been appointed to the Society of Hospital Medicine Public Policy Committee.

Division of Nephrology

Michal L. Melamed, MD, was chosen to speak at the National Kidney Foundation's 2025 Greater New York Annual Symposium held at NYU Langone Health.

Division of Pulmonary, Critical Care, and Sleep Medicine

Doreen J. Addrizzo-Harris, MD, has been named the Fiona and Stanley Druckenmiller Professor of Pulmonary, Critical Care and Sleep Medicine. Dr. Addrizzo-Harris has also been promoted to Chair of the Care Center Network for the Bronchiectasis and NTM Association.

George Friedman-Jimenez, MD, DrPH, has been elected to a 4-year term on the Board of Scientific Counselors of the National Institute for Occupational Safety and Health (NIOSH/CDC). He has also been elected to a 4-year term on the Safety and Occupational Health Study Section of NIOSH.

Elyse LaFond, MD, has been named a Firm Chief and the Assistant Clerkship Director for the Internal Medicine Clerkship in the NYU Grossman School of Medicine.

Upcoming Events & CME

CME: 18th Annual Clinical Research Methodology Course
March 7, 7:40am – 4:10pm
Details and registration link here

CME: Transforming Hospital Medicine Through the Care Continuum: Leveraging Emerging Technology to Revolutionize Care
March 11-12, 2:00pm – 5:00pm
Details and registration link here

CME: 18th Annual Clinical Research Methodology Course
March 13, 9:00am – 12:20pm
Details and registration link here

CME: Advances in Home Mechanical Ventilation: From the Iron to Artificial Lung
March 14-15, 7:30am – 12:50pm
Details and registration link here

CME: NYU Langone Seminar in Advanced Rheumatology
March 20-21, 7:00am – 6:00pm
Details and registration link here

CME: Ultrasound for Rheumatologists and Other Musculoskeletal Providers: Beginner and Intermediate Levels
March 22-23, 7:30am – 3:15pm
Details and registration link here

CME: Sarcoidosis: Navigating Complexities of Multidisciplinary Care
March 26, 8:00am – 5:15pm
Details and registration link here

CME: Big Gut Seminars: Focus on Complex Inflammatory Bowel Disease
March 28, 7:00am – 6:00pm
Details and registration link here

CME: The 2nd Annual New York Sleep Conference: Cutting Edge Topics in Sleep Medicine
April 10-11, 7:00am – 6:00pm
Details and registration link here

CME: Venous Thrombosis Update 2025
April 11, 7:15am – 4:30pm
Details and registration link here

CME: Asthma, Airways and the Environment
April 24, 7:30am – 4:35pm
Details and registration link here

CME: 5th Annual Cardiometabolic Risk in Inflammatory Conditions: Emerging Insights and Treatment of Inflammation in Cardiovascular Disease
April 25, 7:45am – 3:30pm
Details and registration link here

Select Publications

Leon H. Charney Division of Cardiology

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