

# STONY BROOK MEDICINE TODAY

For Alumni and Friends of Stony Brook University School of Medicine • Spring 2011



Renowned experts  
Drs. Jeffrey Hellinger and  
Michael Poon lead  
world-class imaging program



*Kenneth Kaushansky, MD*

## A Message from the Dean

Although I began my role as Senior Vice President of the Health Sciences and Dean of the School of Medicine less than a year ago, I already feel welcome and engaged, and impressed by the energy, intellect, and creativity of a great many members of our campus and our community with whom I have had the pleasure to interact. Stony Brook University is truly an exceptional place that I am certain will live up to our scientific, educational, and clinical missions with great distinction in the coming years. In short, I am honored to contribute in any and all ways I can.

*Medicine Today* serves as a forum to highlight the contributions of the students, staff, and faculty of the Health Sciences at Stony Brook University, and to call attention to many of the activities taking place on our campus. In this edition you will read of Dr. Michael Poon's work using a 320-slice CT scanner, a cutting-edge device that Michael is pushing to its fullest potential with innovative programs that greatly improve how we diagnose patients with coronary artery disease and other cardiac conditions. His efforts in imaging the heart are part of a much broader Stony Brook goal to develop biomedical imaging on many fronts with colleagues within the School of Medicine, with faculty members on West Campus, and with our colleagues at Brookhaven National Laboratory. And with the recruitment of Dr. Jeffrey Hellinger, pediatric imaging capabilities are being expanded, including the development of the Advanced Imaging and Informatics Laboratory at Stony Brook University Medical Center, for which he is director.

You will also read of the efforts of Dr. Jorge Benach, Chair of the Department of Molecular Genetics and Microbiology, and members of his department to better understand the origins of and generate innovative treatments for emerging pathogens and vector borne diseases, both at home and afar. And you will learn about Dr. John Shanley's experiences with healthcare in Haiti as that country continues to struggle with the ravages of "Mother Nature," as part of much larger global medicine efforts taking place here at Stony Brook. And right here at home, you will "meet" Dr. Margaret McGovern, our Chair of Pediatrics, and learn of her efforts to not only bring important new research and teaching initiatives to Stony Brook but also to launch the construction of a Children's Hospital on our campus, because Long Island's children deserve a hospital devoted to them.

I hope you enjoy this issue of *Medicine Today* and that you all have an opportunity to contribute to making the Health Sciences at Stony Brook University second to none!

A handwritten signature in black ink that reads "Kenneth Kaushansky". The signature is fluid and cursive, with a large, sweeping flourish at the end of the name.

Kenneth Kaushansky, MD  
Senior Vice President, Health Sciences  
Dean, School of Medicine





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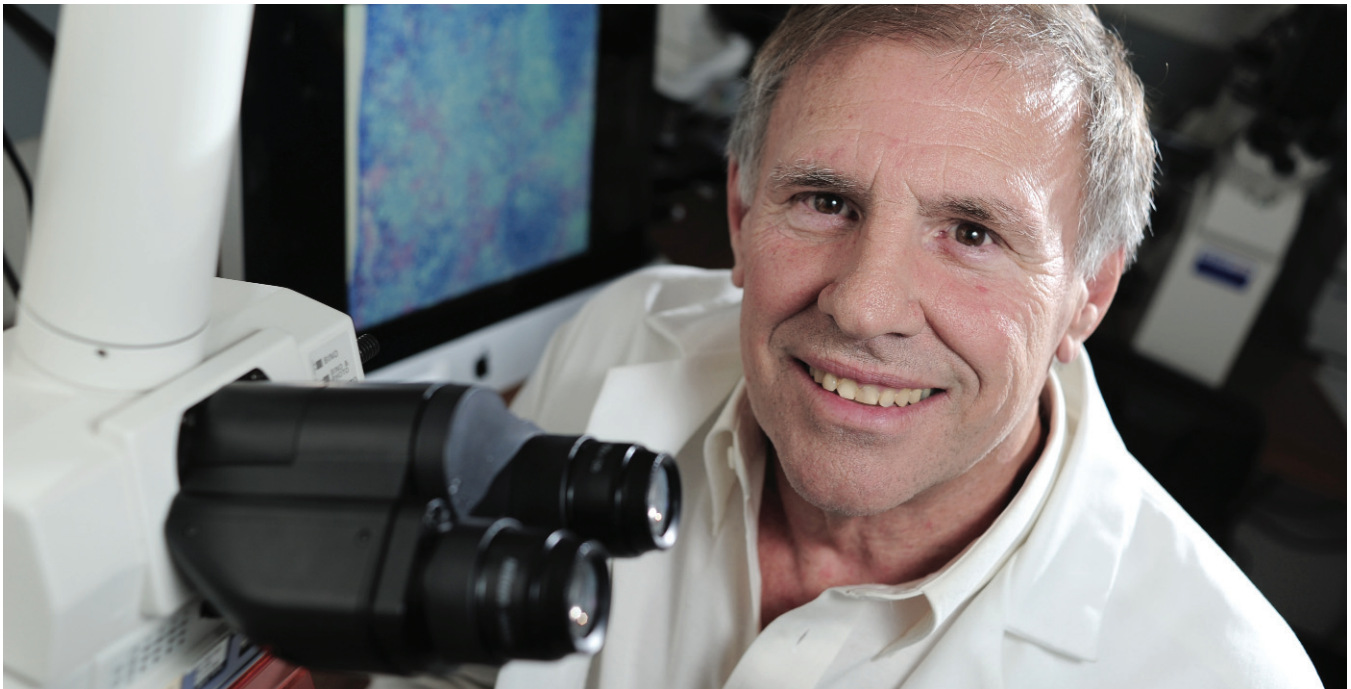
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Cover photo: Drs. Hellinger and Poon at the 320-slice CT scanner  
Photographer: Sam Levitan

# A Formidable Weapon Against 21st Century Microbes:

The CID Conducts Translational Research on Emerging Pathogens,  
Agents of Biodefense, and Ongoing Vector Borne Diseases



*Jorge L. Benach, PhD, at work in his laboratory.*

**W**hen you talk to Jorge L. Benach, PhD, Director of the Center for Infectious Diseases (CID) at Stony Brook University and a SUNY Distinguished Professor and Chair for the Department of Molecular Genetics and Microbiology, his casual and calm demeanor becomes energized when the topic of dangerous and potentially deadly microbes comes up. This is because he has investigated and tracked emerging pathogens and vector borne disease his entire life. In 1983, Dr. Benach was the first to isolate from patients the spirochete that causes Lyme disease. He and Stony Brook colleagues have since advanced their work on Lyme disease, and 10 years ago formed the CID.

The CID is now a large research operation that employs 55 scientists and carries out basic and applied investigations on Lyme disease, other emerging diseases, and 21st century microbes. According to Dr. Benach, the CID is largely federally

funded and has brought in approximately \$47 million to the institution since 2000. This includes a \$22 million eight-year grant from the National Institutes of Allergy and Infectious Diseases of the National Institutes of Health, and numerous individual support grants for the CID's seven full-time researchers, totaling more than \$27 million. The overall mission of the CID is to conduct interdisciplinary research in many areas of infection and host response to infection.

"Infectious diseases have been around since the dawn of humanity, and they remain a major cause of death worldwide. So despite advances in medicine, infectious diseases in the 21st century remain a real problem that requires much attention from the scientific and medical communities," says Dr. Benach. "We have the scientific expertise and collaborative spirit within the CID and the entire School of Medicine to make an impact on infectious disease discovery and infection control in our region,





Left to right: Researchers A. Wali Karzai, PhD, and James Bliska, PhD, examine bacteria; Martha Furie, PhD, and David Thanassi, PhD, view images of macrophages; Adrianus van der Velden, PhD, and Erich Mackow, PhD, working in a biosafety cabinet, isolate white blood cells.

and beyond, for many years to come.” CID researchers are investigating many pathogens, including some that have caused past epidemics, such as the pathogen of typhoid fever, and others considered as potential agents of biodefense in an age where bioterrorism is a real threat. Specifically, some of the pathogens under investigation include *Yersinia pestis*, the agent of plague; *Escherichia coli*, agents of intestinal and urinary tract infections; *Francisella tularensis*, the agent of tularemia (rabbit fever); *Salmonella*, agents of typhoid fever and salmonellosis; and hantaviruses, a group of agents that cause viral hemorrhagic fever.

## Discoveries

Investigation of these pathogens and others has already led CID researchers to uncover certain characteristics of organisms that may be implicated in human infection and disease. Examples include the discovery of pili that enhance the ability of some bacteria to cause infection; the development of reagents to identify and immunize against several species of bacteria, including enteric, urinary tract, and respiratory pathogens; the identification of molecular pathways that enhance the ability of hemorrhagic fever viruses to cause blood vessel damage, and the identification of mutant bacteria that may be useful as experimental vaccines.

“Our discoveries thus far regarding the characteristics of dangerous pathogens, in combination with collaborative research using functional genomics, enable us to make use of the complete sequences of the genomes of pathogens to engage in new paradigms of biological functions of these agents, new diagnostics, vaccines, and drug discovery,” says Dr. Benach, commenting on the overall body of work by CID investigators.

In 2008, David Thanassi, PhD, Professor, Molecular Genetics and Microbiology, and a CID researcher, and colleagues at Stony Brook, Brookhaven National Laboratory, Washington University, and the University of London were the first worldwide to capture a view of proteins during translocation across the bacterial outer membrane. This “molecular snapshot,” reported in the journal *Cell*, has provided international infectious disease researchers with a detailed visual of the process associated with protein secretion across membranes, a problem faced by all cells, and helps provide a foundation to understanding certain bacterial virulence factors.

“This method is showing promise to target virulence factors that allow bacteria to cause disease, which could ultimately lead to a new approach to antibiotics,” explains Dr. Thanassi.

His laboratory is employing this method and other research to investigate and understand various mechanisms of virulence protein secretion by bacteria, as well as the functions of secreted virulence factors within the host. He and colleagues center their work on *Escherichia coli*, the predominant causal agent of urinary tract infections. Their secondary focus is research of virulence mechanisms of *Yersinia pestis* and *Francisella tularensis*, the causative agents of plague and tularemia. Both bacteria are highly virulent in humans, partic-

CID researchers are investigating many pathogens, including some that have caused past epidemics.

“We have the scientific expertise and collaborative spirit within the CID and the entire School of Medicine to make an impact...”

—Dr. Jorge Benach

ularly when inhaled. Dr. Thanassi’s laboratory is one of several CID laboratories, many of which collaborate on research initiatives with several School of Medicine Departments as well as University Departments like Biochemistry.

Another research initiative of the CID is the laboratory work of Adrianus van der Velden, PhD, Assistant Professor, Molecular Genetics and Microbiology. His lab is embarking on new experiments that focus on the mammalian immune response to *Salmonella enterica* serovar Typhimurium and *Francisella tularensis*, two agents identified by the U.S. government as potential bioterrorism agents. Dr. van der Velden says that the research will examine how these bacterial pathogens overcome the immune system of the host and whether they suppress the immune system during the disease process.

He illustrates one approach: “We use a combination of cellular and molecular approaches to determine how *S. Typhimurium* infection and *S. Typhimurium* gene expression shape and influence development of the T cell response,” says Dr. van der Velden. “We have been exploring why development of T cell-mediated adaptive immunity to *S. Typhimurium* is slow and inefficient, and whether *S. Typhimurium* play an active role in inhibiting development of protective immunity.”

The research is in its early phases, and Dr. van der Velden hopes that what they discover will lead to novel therapeutics or vaccines against these two potentially lethal microbes.

Erich Mackow, PhD, is spearheading potential vaccine development for hantaviruses, which cause acute respiratory distress termed hantavirus pulmonary syndrome. His lab’s recent studies center on South American Andes virus (ANDV), which is the only hantavirus known to be transmitted from person to person and is highly lethal.

Other specific investigations by CID researchers include: James Bliska, PhD, and colleagues’ work on elucidating the basic mechanisms used by pathogenic bacteria to modulate signaling cascades in host cells, which contribute to infection. The research may provide a framework for the development

of novel antimicrobial agents used to treat or prevent bacterial infections. In the lab of Martha Furie, PhD, scientists are attempting to identify molecular mechanisms that control the movement of white blood cells across the vessel wall in an effort understand how the inflammatory response of the infected host contributes to the development of disease. The lab of A. Wali Karzai, PhD, uses a combination of protein biochemistry, functional genomics, bioinformatics, and structural approaches to determine the biological function and mechanism of action of proteins in gene regulation during the bacterial pathogenesis process.

### **On the Forefront of Vector Borne Diseases, Worldwide Infections**

The CID remains ideally positioned in terms of expertise and geography to study diseases transmitted by vectors, according to Dr. Benach. With more than 25 years of Lyme disease data and insight at their fingertips, CID scientists are now studying how the spirochetal bacterium that causes Lyme disease interacts with the blood and other tissues of the patient to learn more about the way it spreads in the body, and just how it causes diseases of the skin, heart, joints, and nervous system.

Diarrheal and urinary tract infections cause much morbidity and mortality worldwide. A large amount of research focuses on gram-negative bacteria that cause these infections. These microbes are a source of infection contributing to child mortality in some regions of the world, and can lead to chronic debilitating conditions in children and adults. CID scientists have developed experiments on how these intestinal and urinary tract microbes interact with their hosts to cause disease. Groundbreaking CID laboratory work has shown that there is a “crosstalk” in vitro between these bacteria and the cells that they invade.

Dr. Benach says that the CID has made a strong commitment to translational research that is reflected by its ties to other departments in the School of Medicine, especially Pediatrics, the University, and work with Brookhaven National Laboratory. In addition, the CID integrates its discoveries with its mission to teach medical, dental, and graduate students, fostering a collaborative environment of training based on research results.

While the future of infectious disease in the 21st century remains uncertain in terms of which emerging pathogens will be most dangerous or widespread, Dr. Benach is confident that the CID has the right infrastructure, scientific talent, and collaborative partnerships to conduct any necessary research. As always, the goal of these investigations, he says, is to help diminish or halt the damage of microbes found regionally or worldwide that cause infection. ■



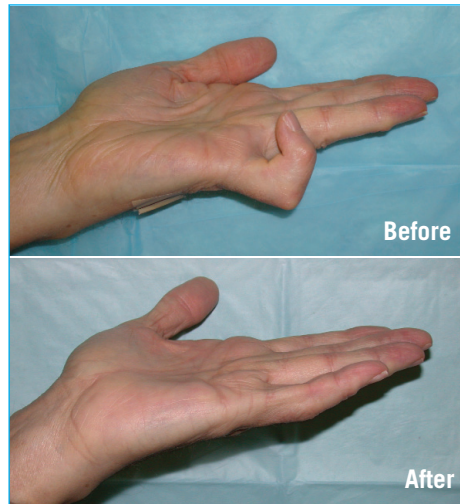
# Orthopaedic Researchers Receive FDA Approval for Treatment of Hand Disorder

Xiaflex® is the First Approved Nonsurgical Treatment for Dupuytren's contracture.

The dedicated work of orthopaedic researchers Marie A. Badalamente, PhD, Professor of Orthopaedics at Stony Brook University School of Medicine, and Lawrence C. Hurst, MD, Professor and Chair of Stony Brook University Medical Center (SBUMC) Department of Orthopaedics and Chief of the Division of Hand Surgery, has resulted in the discovery of a new minimally invasive method for treating a debilitating hand disorder that affects millions worldwide. Xiaflex® (collagenase clostridium histolyticum), received U.S. Food and Drug Administration (FDA) approval in February 2010 for use in treating Dupuytren's contracture.

Xiaflex, an injectable form of the enzyme collagenase manufactured by Auxilium Pharmaceuticals, Inc., is the first FDA-approved nonsurgical treatment for Dupuytren's contracture, a condition caused by progressive accumulation of collagen that deforms fingers and limits motion. Eventually collagen build-up produces cords in the hands of patients causing the fingers to be bent and unable to extend. This reduces finger dexterity to a high degree, so that common activities such as typing, cooking, and even shaking hands can become difficult. The condition is more common in people of Northern European ancestry, more men than women, and increases in incidence with advancing age, diabetes, epilepsy, smoking, and excess use of alcohol.

"The FDA approval is monumental in that patients with Dupuytren's contracture now have an alternative treatment that does not require surgery and has been shown in clinical trials to be very effective," says Dr. Hurst, Co-Principal Investigator of the study leading up to FDA approval. Recently, the new treatment received favorable consideration from the European Medicines Agency's Committee for Medicinal Products for Human Use.



*After treatment with Xiaflex, the cord is released, restoring finger dexterity in a patient with Dupuytren's contracture.*

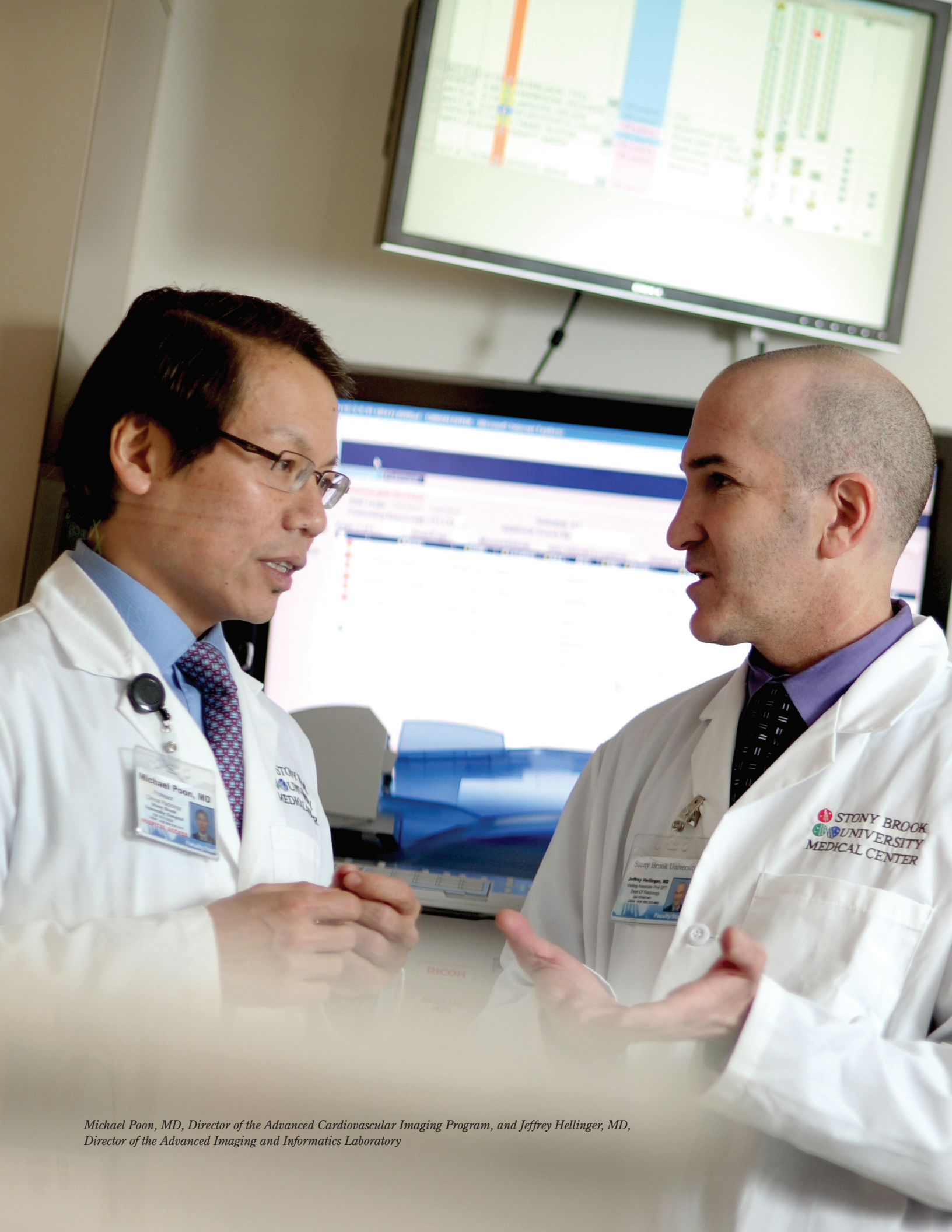
Stony Brook's Department of Orthopaedics opened the Dupuytren's Institute to further support patient care, research, and education about the disease. The Institute seeks to educate patients regarding the disease and treatment, to offer on-site training of physicians from around the world, hold symposia of global experts in the field, and conduct future clinical studies. Drs. Hurst and Badalamente hosted a Continuing Medical Education (CME) Symposium this past April to help educate physicians, surgeons, and therapists about Dupuytren's disease.

Drs. Badalamente and Hurst, and Edward D. Wang, MD, Associate Professor of Hand and General

Orthopaedic Surgery at Stony Brook, received the prestigious Clinical Research Award from the Orthopaedic Research and Education Foundation. This award recognized not only the body of work associated with the nonsurgical treatment of Dupuytren's contracture but also the potential use of collagenase as a nonsurgical treatment for adhesive capsulitis (frozen shoulder) currently being investigated by Drs. Badalamente and Wang.

"Dr. Wang and I saw clear merit in testing the same injectable collagenase used to treat Dupuytren's disease to break up the adhesions that contribute to frozen shoulder syndrome," explains Dr. Badalamente. Drs. Badalamente and Wang are Co-Principal Investigators in phase II FDA regulated studies for treatment of frozen shoulder syndrome being conducted at Stony Brook University Medical Center. This work requires additional phase II trials prior to proceeding to pivotal FDA regulated phase III investigation for potential FDA approval. Stony Brook researchers are also investigating whether injectable collagenase may be useful in many other clinical applications in orthopaedics and cosmetics. ■





*Michael Poon, MD, Director of the Advanced Cardiovascular Imaging Program, and Jeffrey Hellinger, MD, Director of the Advanced Imaging and Informatics Laboratory*



# Building a State-of-the-Art Imaging Program

Technology, Physician Expertise, Unwavering Commitment to Advancing Medicine

When internationally renowned cardiologist and imaging specialist Michael Poon, MD, was recruited to Stony Brook, he had a goal to build a world-class cardiovascular imaging program. And from the time he joined Stony Brook in January of 2009, he has worked tirelessly to make it happen.



*The Center for Advanced Cardiovascular Imaging, led by Dr. Michael Poon, provides leading-edge CT and MR imaging that allows our experts to bring life-altering care to patients.*

Today, less than two years after coming to Stony Brook from Mount Sinai School of Medicine, Dr. Poon has been instrumental in building the Center of Advanced Cardiovascular Imaging into one of the most sophisticated imaging programs in the country. Recently, Dr. Poon recruited his colleague Jeffrey Hellinger, MD, a star in his own right, from Children’s Hospital of Philadelphia, to help further build the program to include an emphasis on pediatric cardiovascular disease. Together, Drs. Poon and Hellinger are developing the Advanced Imaging and Informatics Laboratory—a necessary adjunct for state-of-the-art cardiovascular imaging, which will be directed by Dr. Hellinger.

The Cardiovascular Imaging program and the imaging laboratory have turned Stony Brook University Medical Center into the go-to institution for imaging on Long Island. The level of technology and expertise also allows for pioneering breakthroughs, particularly in the area of low radiation dose imaging—central to Stony Brook’s mission as an academic medical center to advance the study and practice of medicine.

## A Commitment from the Medical Center

While the value of highly acclaimed physicians is undeniable in cementing a program’s reputation, Dr. Poon is the first to admit that none of this would have happened without a supportive administration. “When I first came to Stony Brook I discussed with Hospital CEO Steven Strongwater, MD, the value of having the most advanced technology available,” recalls Dr. Poon. “The three 64-slice CT scanners at the Hospital were hardly being used for what they were designed for because no one had the expertise with them.” He advocat-

“It [the 320-slice CT scanner] is truly revolutionary. Almost like the discovery of penicillin years ago.”

—Dr. Michael Poon

ed for the acquisition of the 320-slice CT scanner and the fact that, among other things, it could be used for state-of-the-art cardiac imaging. “I believed that acquiring one and installing it in the Emergency Department (ED) was an initiative that would dramatically change emergency assessment of chest pain. Dr. Strongwater believed in its value, and signed off on this multimillion-dollar piece of equipment.”

### Developing a New Standard of Care

Dr. Poon was right—changes were dramatic. Stony Brook became the first hospital in the country to install the 320-slice CT scanner in the ED, after which Dr. Poon spent seven days a week, every week for the first year training other physicians, physician assistants, nurses, and technologists on the equipment. He also built a protocol for performing extremely low-dose cardiac CT, and personally either performed or oversaw every cardiac scan performed.

The resulting program was well worth the extraordinary effort. “We have transformed the process of what happens when someone comes into the ED with acute chest pain. Patients can be accurately, safely, and efficiently evaluated and discharged from the ED with a concise future management plan,” says Dr. Poon. “And with six million annual visits to EDs across the country for chest pain, the model we are pioneering could have major ramifications. This will become the standard of care, and Stony Brook is the bellwether of this innovative, cost-effective, and lifesaving diagnostic approach to a potentially deadly symptom.”

Dr. Poon explains that typically hospitals take a “one-size fits-all” approach to chest pain that keeps a patient hospitalized for many hours to days. This is because it is often difficult to determine if a patient did indeed have a heart attack. Some of the tests being used are not definitive, while others can produce a high false positive or false negative result. The first step for every patient with chest pain is a blood test to look for evidence of a heart attack via enzymes leaked into the blood. If positive, the patient will receive appropriate treatment for

heart attack. But, in instances where no enzymes show up, it does not mean the patient is fine—it only means that a heart attack has not yet been ruled out. What then follows is a battery of testing, including repeat EKGs, a nuclear stress test that exposes patients to five to six times more radiation than low-dose cardiac CTA, and additional stress and blood tests at regular intervals. Even after all these tests, a patient may not have a definitive diagnosis at the time of discharge.

However, the 320-slice CT scanner streamlines the process, plus gives the patient a definitive diagnosis. At Stony Brook, the cardiac CT scan is administered after the initial blood test and EKG show no signs of acute heart attack, taking less than half a second for a complete picture of the heart. The speed helps ensure accuracy by reducing motion artifacts, as well as reducing radiation exposure and the need for retakes, because just as with other scans, patients must remain motionless. A doctor can then read the scan just 10 minutes later.

“The results are definitive,” says Dr. Poon. “It is like a cardiac catheterization, but not invasive. If the scan is negative, the patient can go home, with an average length of stay in the ED of six hours. If the patient has had a heart attack, we can pick it up right away. Patients don’t leave with a false sense of security.” Dr. Poon adds that other conditions, such as blockages and the presence of soft plaque that hasn’t hardened yet, can also be detected. “In these instances, we can advise patients on how to control these early signs of heart disease. No other tests, invasive or noninvasive, would be able to provide so much beneficial information in such a short period of time, and with such low radiation dose exposure to the patient.”

### A “Revolutionary” Technology

Because the scanner can fixate on a body’s moving parts, such as blood that courses through a network of veins and capillaries, yielding a mosaic of 320 images in real time, it has many applications such as pinpointing the cause of stroke and cancer at a fraction of the time spent on the conventional technology. “It is truly revolutionary,” says Dr. Poon, “almost like the discovery of penicillin years ago. It is more cost-effective, provides a more definitive diagnosis, it is safer, and it cuts down on time and stress for patients.”

With such overwhelming benefits, why isn’t its use more widespread? Not only is the technology a significant investment, it takes years of study and practice to get the kind of results Dr. Poon has been getting. That’s why Dr. Poon has also been carefully recruiting some of the most talented physicians in the country to the program. Enter Jeffrey Hellinger, MD, who has been pioneering low-dose protocols for CT and novel 3D and functional imaging with both CT and MR scans.

“State-of-the-art equipment at Stony Brook gives us expanded diagnostic capabilities for infants and children, while improving patient safety.”

—Dr. Jeffrey Hellinger



## Advanced Pediatric Capabilities

Dr. Hellinger joined Stony Brook University Medical Center fulltime in June 2010 to expand pediatric imaging capabilities, including the development of the Advanced Imaging and Informatics Laboratory there. He was attracted to Stony Brook not only for the opportunity to reconnect with Dr. Poon, with whom he worked with previously, but also for Stony Brook's commitment to state-of-the-art technology. "I went as far as I was able to go with the equipment I had access to," he explains. "To be able to work at Stony Brook with its leading-edge technology means that I can achieve significantly lower doses of radiation while maintaining clarity and accuracy."

Some of the equipment to which Dr. Hellinger refers include state-of-the-art MRI technology, which will afford implantation of many 3D and 4D MRI applications, including fetal MRI, technology that allows for enhanced visualization of fetal anatomy in the womb to help diagnose problems. Stony Brook is planning for an open MRI, which will offer children a more comfortable, less frightening option, and may potentially reduce or eliminate the need for sedation.

"This state-of-the-art equipment at Stony Brook gives us expanded diagnostic capabilities for infants and children, while improving patient safety," says Dr. Hellinger. "In



*Dr. Jeffrey Hellinger discussing the art of three- and four-dimensional imaging for the evaluation of cardiovascular disease.*

addition to advanced cardiovascular and fetal imaging, the technology is also applied for advanced thoracic, musculoskeletal, gastrointestinal, and genitourinary pediatric imaging. Currently, we are the only facility on Long Island with these capabilities for infants and children." ■

## Why Is Low Dose Radiation So Important?

"We don't know what the acceptable threshold is," says Dr. Hellinger, "but we do know that excessive radiation can lead to cancer." An article in the *Journal of the American Medical Association* this past year showed that the levels of radiation exposure to patients during diagnostic imaging varies widely among hospitals and depends not only on the equipment but also on the person who operates it.



This is one of the reasons why Dr. Hellinger, Dr. Poon, or a physician trained by them, either performs or is present at every cardiovascular CT angiogram. They have spent much of their careers carefully developing protocols that limit radiation. Says Dr. Hellinger, "Through manipulation of key parameters and access to some of the advanced hardware and software technologies for radiation dose reduction, I am able to tailor the parameters to the patient's weight, size, and age, and dramatically limit radiation exposure to children during CT imaging—which is particularly important for children's still-growing bodies that could be adversely affected by radiation exposure." Similarly, through years of experimentation and manipulation of the parameters, Drs. Hellinger and Poon have ultimately been able to perform cardiac CT scans that deliver the equivalent dose of two to three chest x-rays—a fraction of what has been considered acceptable levels—while maintaining maximum clarity and accuracy.

# Global Health Initiatives at Stony Brook:

## How International Service Trips Shape Tomorrow's Doctors

For medical students, it is the make-or-break moment in an already life-changing experience: diagnosing a patient in a rudimentary clinic in a developing nation when the nearest CT scan is 500 miles away, and other tests and technology are nonexistent. In these cases, the fledgling doctors must rely on their most valuable tools, namely, their eyes, their ears, and their astute assessment skills. They need to dig deep into their medical school training. And, most important, they need to trust themselves. These are the moments where they see what they are made of and, perhaps for the first time, lay claim to the profession they have chosen.

**F**or Julian Mitton, a second-year medical student at Stony Brook University School of Medicine, it happened in the Canadian Arctic. For fourth-year student Darcie Joseph, it was Haiti. And for Krysten Chin, her moment of truth occurred in Peru, between her first and second year of medical school.

These are just a few of the students who have participated in international medical service trips while attending the School of Medicine. Some of these trips are available through long-standing relationships with established programs, including Case Western and the Cleveland Clinic. Others are supported directly through Stony Brook, including the Barry Coller International Research Program, which allows students to participate in self-initiated research studies abroad, and the Stony Brook School of Medicine Alumni Association, which funds programs in such places as Colombia, India, Israel, and Nicaragua. Still other trips, such as the April 2010 trip to Haiti [see photos], are entirely student initiated and student funded. For all, students are accompanied by attending physicians and seasoned nurses, who guide students through the challenges of delivering medicine in ways that cannot be taught in a classroom.

### **“An Experience Every Doctor Should Have”**

“At first it is a little scary,” admits Krysten Chin, who spent two weeks in rural Peru. “Although all medical students are paired with an attending physician or a nurse practitioner, we had to do the intake, ask patients all the pertinent questions, run the diagnosis past the attending, and perform hands-on medicine. As you gain confidence in yourself, it becomes very empowering. By the end of the week, I knew that as a physician, I can make an impact on patients.”

Julian Mitton, who worked with children in remote areas of the Canadian Arctic, concurs. “It’s crucial to practice as a physician in a resource-limited setting. You depend on your clinical and intuitive skills and you learn to think critically. One problem I see with today’s medical culture is there is not enough critical thinking in the field because of all the tests we have access to. Say someone presents with lower right quadrant pain. Here in the U.S., we would order a CT scan and other tests that are expensive and may expose patients to radiation. In less developed countries, you may need to rely on lab values and other ways to diagnose a patient. It’s an experience that every doctor should have.”

In fact, many will. Global health initiatives are increasingly becoming part of the medical school experience, both at Stony Brook and at institutions around the country. John Shanley, MD, MPH, an infectious disease specialist who is Dean for



*Medical students traveled mountain roads in Haiti, like the one pictured here, to reach the clinic sites to provide care.*





*Left: Dr. John Shanley (top right), Khalil Savary (in red), and Dr. Stuart Altman (on Khalil's right) with medical students in Haiti. Center: Michelle Kaku, Justin Margolis, and Helen Kim at a makeshift pharmacy in Port-au-Prince. Right: Krysten Chin, Dr. Shanley, Tracy Liggett, Brian Kristoff, and Francesca Ortenzio in Urubamba, Peru.*

International Programs, believes they are critical for attracting top-notch medical students.

“I would estimate that 40 percent to 50 percent of students who are applying to medical school inquire about global health programs,” says Dr. Shanley. “Having them strengthens the reputation of the university—all good universities have very well-developed international programs. Not only do they reflect the interest of today’s up-and-coming doctors but they also help create an interesting academic environment.”

Krysten couldn’t agree more. “Every medical school interview I went on, I asked about global medicine. That Stony Brook had a range of international opportunities was definitely a selling point for me.”

### **A Wide Range of Opportunities at Stony Brook**

Dr. Shanley joined Stony Brook three years ago to coordinate global health and outreach initiatives. In addition to teaching Global Health I and II—which offer cross credit for the Master’s in Public Health and MD program—he helps students connect with appropriate programs, apply for grants and funding, complete applications, and develop research proposals. As a member of Stony Brook University President Samuel L. Stanley’s Globalization Committee, he recently presented recommendations on how Stony Brook can expand its programming as well as integrate existing programs across departmental lines with, for example, medical school, global education, engineering, and language programs.

Dr. Shanley also connects with the student-run International Health Interest Group (IHIG), which centers primarily on global health issues for first- and second-year students. This is actually prime time for participation in medical service trips, as it is before medical students begin their grueling clinical rotations,

when any free time evaporates. “The IHIG also gives them great clinical exposure since their clinical participation typically has been minimal up to this point,” explains Dr. Shanley. “It is a good opportunity for them to see how to work in real-life situations.” In addition, medical students encounter conditions rarely seen in the United States any more, including measles, tuberculosis, scabies, parasites, and the end stages of diseases such as asthma and hypertension.

However, what students treat is far less important than the experience of simply being immersed in another culture, navigating a foreign environment, and interacting with patients, notes Dr. Shanley. “Once students participate in their first medical service trip, they are changed.”

How so? “It usually ruins them for a Park Avenue private practice,” he says with a laugh. “I’ve seen this over and over again. Students return from these trips more aware of the world, more humble, and more excited than ever about practicing medicine and making a difference. It really makes them more compassionate doctors.”

“Students return from these trips more aware of the world, more humble, and more excited than ever about practicing medicine and making a difference.”

—Dr. John Shanley

Many of the students echo this sentiment. Michelle Kaku, a fourth-year medical student who went on the mission to Haiti as well as research trip to India funded by Stony Brook's Barry Coller International Research Program, says, "Compassion is something you have going into medical school, but I found that true compassion develops when you come in contact with select cases. You can get that on the floors of Stony Brook—we really treat a diverse population here—but it is more dramatic and more humbling abroad."

In particular she recalls her first day in Haiti, when she saw hundreds of people lined up at the clinic seeking medical attention. "At first it was overwhelming, but then we found that handling this kind of volume—the group estimates we saw 3,000 patients over a one-week period—and such a wide variety of cases under pressure changes you as a physician. You become more open minded. You understand what it means to feel needed. In fact it changed my whole perspective and will influence my future as a doctor. I now see myself being involved with an organization like Doctors Without Borders, or at the least, committing to one international service trip a year."

Michelle had a long-standing interest in global medicine and sought out Stony Brook, in part, because of the opportunities to go abroad. For other medical students, the opportunities seem to find them. Dr. Shanley recalls when word got out he was taking a high school group from Long Island to Nicaragua, several Stony Brook medical students cajoled him into allowing them to accompany the group. "I recall one of them was a first-year student, who was not sure at all why he was even in medical school. On this particular trip, we slept in sleeping bags in open fields, and the level of poverty we encountered was staggering. This particular unfocused student got focused quickly, and even went on to organize subsequent trips. His performance changed in medical school, and he is now doing really well. There was something about experiencing the ability to make a difference that awoke something in him."

"These trips remind you of the human story, of why we are physicians," says Julian Mitton. "You don't get this experience through meetings, lectures, or films. You have to be there."

So will these kinds of initiatives change the sensibility of the next generation of doctors? "Absolutely," says Dr. Shanley. "As the world is getting smaller by the minute, we are finding we can't ignore what is happening. The doctors we educate will be more world-aware and connected. I've seen this change happening over the past eight to 10 years or so, which is why Stony Brook is taking aggressive steps to support global health initiatives." ■

## Mission to Haiti: Students Take Charge

Following the massive earthquake that rocked Haiti in January 2010, Haitian-American Khalil Savary, then a third-year medical student at Stony Brook University School of Medicine, couldn't ignore the dire condition of the Haitian people. He sent out an email to fellow medical students asking them to participate in a medical service trip over spring break. Ultimately 19 people, including Dr. John Shanley and Khalil's mother, a cardiologist, joined in the weeklong trip in April.

"Many of the students canceled trips they had planned long in advance to join us, paying for the trip out of their own pockets," says Khalil. With no funding available, he negotiated group travel rates with the airlines, collected medical supplies, and tended to numerous details. Through family connections, he found a gated Christian school that had hosted military and aid groups, assuring that the students would have power, transportation, food, and clean water. A friend put him in contact with a medical supplies company that needed to get rid of overstock. A doctor on the trip brought excess supplies from his office as well. Ultimately, the team brought seventeen 50-pound boxes of supplies, including sterile gauze, surgical supplies, ace bandages, antibiotics, and medicines for chronic conditions such as diabetes, heart disease, and high cholesterol.

Divided into three groups, each headed by an attending physician, the students visited different sites—existing clinics, tent cities, an orphanage, and even a police station that had been converted into a makeshift clinic to administer care. By week's end, they had seen about 3,000 patients presenting with a wide range of ailments, many of which had arisen from the dire living conditions and chronic lack of access to medical care.

"We found that our medical education served us well," says Khalil. "At school, we do a lot of thinking; here we did a lot of doing. Our confidence as doctors grew enormously."





## Meet the Chair

Margaret McGovern, MD, PhD

*Professor and Chair, Department of Pediatrics*

*Physician-in-Chief, Stony Brook Long Island Children's Hospital*

**D**r. McGovern's first three years as Chair of Pediatrics have been dynamic, with a focus on building upon existing programs and planning for the future specialty care of Long Island's thousands of children. She expects this momentum to continue, with Long Island's children being the beneficiaries of the clinical and research advances.

A nationally known pediatric geneticist and medical educator, Dr. McGovern came to Stony Brook from Mount Sinai School of Medicine in Manhattan. She is board certified in pediatrics and medical genetics, and a Diplomate, National Board of Medical Examiners. She is a Fellow in the American Academy of Pediatrics, has published widely, and is a reviewer for *Pediatrics*, *JAMA*, and other medical journals.

At Stony Brook, Dr. McGovern oversees a program of more than 100 full-time specialists. Under her watch, the Department has made major investments in people. Forty-five new faculty have been added, including specialists in neonatology, pulmonary medicine, gastroenterology, cardiology, and developmental medicine. "We plan to have continued growth of the faculty over the next decade to support all three of our missions: clinical care, education, and research," says Dr. McGovern, a native Long Islander and physician for 25 years.

As a pediatrician and geneticist, Dr. McGovern is acutely aware of the impact of illness on children and their entire family. In each case she likes to put herself in the shoes of the family, and approaches care as she would want her own children and family members treated. Frequently she cares for some of the most severely ill children. Dr. McGovern is an expert on Niemann-Pick disease, a rare and frequently lethal metabolic disorder in children where harmful amounts of lipids accumulate in the spleen, liver, lungs, bone marrow, and brain. She is also part of an international research team that discovered and is evaluating a new drug to treat the genetic disorder.

Regarding medical education, Dr. McGovern hopes to stir more interest in pediatric research with medical students, residents, and fellows. A continued goal is to have basic scientists

and clinical researchers within the School of Medicine apply advances in genetics, pharmacology, nanotechnology, and other areas to pediatric illnesses.

The establishment of Stony Brook Long Island Children's Hospital was officially launched in June 2010. Stony Brook Children's provides pediatric specialty care offering a full range of medical services for infants, children, and teenagers. Fundraising efforts are currently under way for construction of a freestanding facility. "At the core of Stony Brook Children's is our mission to further enhance pediatric medicine through targeted faculty recruitments and expanded clinical programs and research capabilities," says Dr. McGovern. ■



*At launch of Stony Brook Long Island Children's Hospital, from left: Dr. Kenneth Kaushansky, Senior Vice President, Health Sciences and Dean, School of Medicine; Dr. Margaret McGovern; "Wolfie"; Dr. Steven L. Strongwater, CEO, Stony Brook University Hospital; Dr. Samuel L. Stanley Jr., President, Stony Brook University; Dr. Richard N. Fine, former Dean, School of Medicine; John Tsunis, Board Chairman, Gold Coast Bank, and Chairman, Stony Brook Children's Hospital Task Force; and the late Dr. Richard F. Daines, former Commissioner of Health for New York State.*

# A Message from Dr. Elise Belilos

President of the School of Medicine Alumni Chapter

It is an honor for me to serve as your new Alumni Chapter President. I look forward to working with fellow alumni to foster our collective mission to advance the interests of professional education in medicine, provide support for current medical students, and encourage professional and social connections among alumni. It is with deep admiration and respect that we say goodbye to Dean Richard N. Fine, MD, for his leadership, dedication, and support of the Alumni Chapter. We look forward to working with Kenneth Kaushansky, MD, Senior Vice President of Health Sciences and the Dean of the School of Medicine, to further advance the School.

Now is an exciting time to get involved and reconnect with alumni. Alumni support has enabled services and programs that benefit medical students to expand. Scholarship support is helping nine students in need achieve their goal of becoming physicians. Contributions in support of global health education have defrayed

costs, allowing students to pursue clinical or research opportunities in Colombia, India, Israel, and Nicaragua. Stony Brook HOME (Health Outreach Medical Education), the student-run medical clinic, has been able to expand its services and acquire vital equipment to meet the growing needs of the underserved in Suffolk County.

This year, I have seen fellow alumni give of their time to mentor students at Careers in Medicine, celebrate at the Student Awards Ceremony and Graduation Reception, and attend Commencement to congratulate and welcome our newest alumni. If you are able to, I encourage you to join us in August for the Alumni Chapter welcome luncheon for first-year medical students, and for the White Coat and Distinguished Alumni Awards Ceremony and Reception; and in October for our Annual Reunion, being held on the Stony Brook University campus. We have established a Class Correspondent



*Dr. Elise Belilos*

program to facilitate connections between alumni and their former classmates to build a strong network of alumni to strengthen our medical school. I hope you will join us in this important initiative as we embark on our recruitment this year.

Last, I want to thank and applaud all the members of the Alumni Chapter for giving their time, expertise, and guidance to foster the Chapter's mission and to enhance the Stony Brook School of Medicine experience for today's medical students. ■

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## School of Medicine Alumni Chapter

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### **Executive Committee**

*Vice President*

Anthony Girardi, MD '80

*Treasurer*

Evelyn Marienberg, MD '88

*Secretary*

Debra Messina, MD '88

*Nominations Committee Chair*

Roberta J. Seidman, MD '83

*Faculty Representative*

Howard R. Sussman, MD '96

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Cliff Blumstein, MD '80

Rachel Boykan, MD '02

Eugene Chien K. Chiang, MD '87

Robin Cunningham, MD '88

David Eisenberg, MD '95

Joan Faro, MD '82

Shaneali Haider, MD '00

Jean Johnston, MD '83

Farshad Lalehzarian, MD '88

Robert LaPorta, MD '86

Andrew Lee, MD '80

Phyllis M. Migdal, MD '92

Anne Sacks-Berg, MD '83

Ronnie Salzman, MD '80

Patrice Vorwerk, MD '86

### **Student Representatives**

Elaine Shiang (2011)

Sara Cerrone (2012)

Krysten Chin (2013)

Olapeju Olasokan (2014)



## Courtney E. Woods '12

Plans Include Continued Efforts to Effect Cultural Change

For Courtney Woods, tackling the challenges of medical school is not enough. As a minority woman, she feels an added responsibility to help strengthen access to healthcare as well as to medical careers for minorities and the economically disadvantaged.

Courtney's call to serve was inspired by her parents, who were continually volunteering and "were always helping somebody." In high school, she founded her school's Black Student Union and worked with the Anti-Defamation League to organize the peer leader program. While her drive for community service came naturally, not so, she remembers, did any aspiration of becoming a doctor.

"I hated science," Courtney admits. "I didn't think I was good at it. I never had any thoughts about being a doctor. Nobody I knew was a doctor and no doctors where I came from looked like me." An advanced placement biology class in high school changed her mind. Dr. Eloise Adams, an African American woman PhD, opened her eyes to anatomy and physiology as part of the science experience that was more than "the counting and classifying of birds and bugs" that characterized her early science classes. Dr. Adams encouraged Courtney to continue her studies in the sciences, but more importantly made

her believe that she could be successful in whatever career path she chose regardless of how many people "looked like her" in the profession.

It wasn't until she graduated with a degree in biology from Spelman College in Georgia in 2006, and wrote a Coca Cola Africa Foundation grant to study HIV/AIDS patients in Senegal, West Africa that Courtney seriously considered medical school.

Today, Courtney is in her third year at the School of Medicine, and she continues her quest to eliminate racial and ethnic disparities in health through a program she founded as a first-year medical student.

When she arrived at the Stony Brook campus, she joined the Student National Medical Association, a national organization committed to increasing the pipeline of students of color who consider and prepare for medical careers, and conceived the "Dream BIG Project" designed for elementary school children in underserved neighborhoods. The project's main purpose is to present concepts in medicine that affect children in ways that are relevant and interesting to them, and to foster a general interest in science and medicine. An equally important component of the program is that School of Medicine minority student-volunteers



*Courtney E. Woods*

model personal achievement to encourage the young students to "dream bigger."

And most important to the kids, the program is fun. It features probably the first-ever game that explores the concept of childhood vaccinations using a hula hoop. "Ultimate Vaccination Dodgeball" pits two teams against one another. One has a hula hoop on the floor encircling its flags (representing vaccines); the opposing team must try to capture all those flags and place them in its own hula hoop before getting tagged with foam balls (representing viruses). In addition to sparking interest in the sciences and the medical field in children, the Dream BIG Project also has had an impact on Courtney: It's a reminder that pursuing a medical degree is a path to realizing her full potential, and an opportunity to help others along the way.

For many, medical school is the means to a degree. For Courtney, it's the means to important cultural changes that will affect generations to come. "The challenges of medical school are short-lived, but the powerful impact we can have on people's lives will last forever. It is the gift of this profession that keeps giving." ■

Courtney's call to serve was inspired by her parents, who were continually volunteering and "were always helping somebody."

## Neal M. Lonky, MD '82, MPH

2010 Distinguished Alumnus

**T**he decision to become a doctor is a daunting one. Once made, an equally challenging one torments most medical students: Should I become a surgeon? An internist? A researcher? A neurologist?

Dr. Neal Lonky's choice between pediatrics and obstetrics/gynecology required hours of deliberation and consultations with mentors and colleagues, but ultimately paid off with a career that's both professionally rewarding and personally gratifying.

"We docs are pretty intelligent, but that is just not enough," says Dr. Lonky. "Success is about choices, timing, and the relationships we build along the way."

Dr. Lonky is an Elected Member of the Board of Directors and Director of Colposcopic Services at Southern California Permanente Medical Group, and a Clinical Professor of Obstetrics and Gynecology at University of California, Irvine School of Medicine. He is a published researcher and expert in female lower genital tract neoplasia and cancer prevention, serving on many expert review and guideline committees for screening policy held at the National Institutes of Health. In addition, he holds several patents on innovative diagnostic and surgical devices.

Looking back, the signs pointing him toward a successful ob/gyn career were all there, recalls Dr. Lonky. His first assigned mentor at Stony Brook was Dr. Burt Kromholtz, a past president of the American Society of Colposcopy and Cervical Pathology and a noted expert in lower genital tract disease at

the time—the same field in which Dr. Lonky is now himself recognized as an expert. At the time, however, Dr. Lonky instead pursued a pediatric mentor. Although he later wished he had seized the opportunity to mentor with Dr. Kromholtz, the seed for his future specialty had been planted.

Dr. Lonky was also hesitant about pursuing ob/gyn due to a nagging uncertainty about his surgical skills—that is, until Stony Brook professor and vascular surgeon Dr. Fabio Giron convinced him that he had the talent to be a great surgeon. More valuable advice came from Stony Brook ob/gyn attendings and residents, including Drs. Dave Kreiner, Eva Chalas, Debbie Davenport, and the many others who served as models of what it was to be a great doctor, and to be able to enjoy life at the same time.

Dr. Lonky didn't make his final choice until his fourth-year elective in neonatology at University of California, San Diego. Dr. Louis Gluck, known to Dr. Lonky as the "father of modern neonatology," was Dr. Lonky's attending physician. When he learned that Dr. Lonky was applying for both pediatrics and ob/gyn residencies, he confided that he saw that the future favored ob/gyn. This was a pivotal moment and one that solidified Dr. Lonky's decision and career path.

Attending Stony Brook University School of Medicine was another one of Dr. Lonky's "first great decisions." Here he could stay close to his family on Long Island. And Stony Brook was where he met his future wife, nursing



Neal M. Lonky, MD

student Naomi Levine, a member of the Class of '81. Stony Brook was where he felt "at home," with its population of diverse students, patients, and faculty members. "Stony Brook was a 'melting pot' in every way," he says. "I truly developed my multi-cultural sensitivity at that time."

His Stony Brook-born cultural sensitivity and willingness to face down the status quo has served Dr. Lonky well in his clinical practice: as an inventor of new medical devices and knowledge; in his medical and humanity missions overseas in Mexico, China, Korea, the Philippines, and other Asian nations; and in his current work as a Director of the National Alliance on Mental Illness chapter in Orange County, CA.

Yet for Dr. Lonky, beyond helping him to develop exceptional clinical skills and providing the vital support that helped him build confidence, Stony Brook is where he discovered the importance of tolerance and respect for patients and fellow healthcare professionals.

"Success, to me," he said, "is measured by the capability to work hard and give the great care that matters to those you care for and work with." ■



## Jared Huston, MD '01

2010 Outstanding Recent Graduate

According to advice from well-meaning friends, it couldn't be done. But Dr. Jared Huston proved the naysayers wrong: Not only has he simultaneously launched a successful surgical career while raising a family, he has also racked up some impressive accomplishments as a medical researcher along the way.

Just nine years after graduating from Stony Brook University School of Medicine, Jared is currently an Assistant Professor of Surgery in Stony Brook's Division of Trauma, General Surgery, Surgical Critical Care and Burns. He was tapped to launch a new immunology research laboratory in the Department of Surgery to continue his investigations into how the nervous and immune systems coordinate the body's response to shock, sepsis, and traumatic injury. His work has helped elucidate how the brain regulates inflammation and bacterial infections through the vagus nerve and the spleen. This novel pathway was first described by Jared's research mentor, Dr. Kevin Tracey. Their findings provide the foundation for the ongoing development of new treatments for sepsis, which currently affects nearly one million Americans each year and causes more deaths per year than prostate cancer, breast cancer, and HIV/AIDS combined.

Jared attributes his success to an outstanding medical school education at Stony Brook, superb surgical training, invaluable mentorship, and his wife, Tara, another graduate of Stony Brook's School of Medicine. After completing her residency in general surgery, Tara is currently in the final year of her plastic

and reconstructive surgery fellowship at New York Presbyterian Hospital-Weill Cornell Medical Center in Manhattan.

Both Tara and Jared agree that starting a family while completing surgical training presents some unique challenges, but in the end, it makes the whole experience even more gratifying and rewarding. "There is nothing better than having your family there to enjoy your professional successes," says Jared.

Jared is quick to credit his student experience at Stony Brook's School of Medicine for his early career success, including the memorable influences of Drs. John Ricotta, John Sorrento, Louis Merriam, and Collin Brathwaite, who he is now proud to call his colleagues.

Stony Brook's Dr. Roberta J. Seidman, also made a big impression as "someone who really cared." Jared and Tara can both remember neuroanatomy class with Dr. Seidman, who evidently memorizes the names of every one of her 100 plus students. Dr. Jack Stern also managed to make a lasting impression. "His enthusiasm for teaching is inspiring," says Jared.

Jared's professors offered inspiring lectures and practical advice for the aspiring surgeon, but it was Stony Brook's Dr. Joseph Sorrento and his wife Dr. Lisa Sclafani, also a surgeon, who were bucking the conventional wisdom and making a successful go of work and family life. "They were the ones who really showed us that it was possible."

During their general surgery training at New York Presbyterian Hospital-Weill Cornell Medical Center, the Huston family welcomed daughter



Jared Huston, MD

Emma (now almost 7 years old) and son Zach (5 years old) into their busy lives. If that's not impressive enough, the Drs. Huston third child, Jake, was born in January. How do they manage? As Tara explains it, "We are very organized, efficient, and understanding." Their relationship is forged in mutual goals and respect.

Jared and Tara met during the first year of medical school and have been together ever since. They matched together in general surgery at Cornell, and were the first Stony Brook medical students to be accepted into the surgery residency there. "I'm very proud of our career accomplishments...but I am most proud of our family," says Tara.

It has been a long and successful journey and, admittedly, not one that Jared could have done alone. A number of people provided a lot of support, advice, and encouragement. But the individual who is most responsible for Jared's ability to juggle career and family is the one who must do the same: namely, his wife. "Tara and I worked very hard, but we were fortunate to have some really great people cheering us on. Hopefully we can help others do the same," says Jared. ■

## Need for Donor Support Grows as Aid to Medical Students Shrinks

High Undergraduate Debt and Reduced State Support Impact Medical Students

The prognosis for today's medical students' financial future is grim. While generations of aspiring doctors have had to pay for medical school with loans, today's grads are also more likely to be saddled with high undergraduate debt. A recent accounting shows that Stony Brook University medical students with pre-medical school debt carry an average of \$28,000 on top of their medical school loans averaging \$128,000. They are also weighed down further by higher interest rates, reduced State support, tuition hikes and, ultimately, lower reimbursement rates and salaries.

Jack Fuhrer, MD, School of Medicine Associate Dean for Admissions, points out that student debt is not only a liability to the graduate but also to our healthcare system. "High debt likely contributes to our shortage of primary care physicians," he says, adding, "Many of our students choose to go into specialized areas rather than primary care, allowing them to pay off their student loans quicker."

As a result, Stony Brook is also losing federal scholarship funding intended specifically for those pursuing primary care.

Despite the relatively low cost of Stony Brook's tuition (currently \$24,850 for New York State residents), the \$48,000 annual cost of attendance is still out of reach for many students. This year, the State compounded the problem by eliminating the TAP grant for graduate and professional students. And the

"Donors will have had a great impact on my life, but their generosity will ultimately impact all those I treat throughout my lifetime."

—Darcie Joseph '11

School's relatively modest amount of scholarship money available (in some cases 50 percent less than sister schools) give competing schools a recruiting edge for the most talented students.

Scholarship funding at Stony Brook School of Medicine is growing, albeit slowly, says Mary Jean Allen, Financial Aid Officer. "I think alumni still believe that they're already supporting our students through their tax dollars, but State support covers only about 14 percent of the cost of educating doctors here."

Still, more and more Stony Brook grads are giving back what they can, including Dr. Arnold M. Schwartz '80, who recognizes that without the scholarship support he received at Stony Brook, he might not be a doctor today. "I, too, was a recipient of scholarship funding, so it's my way of helping other students achieve their goals in our profession."

Supporting students, says scholarship student Darcie Joseph '11, offers alumni and donors a great return on their investment. "Donors will have had a great impact on my life, but their generosity will ultimately impact all those I treat throughout my lifetime."

Before she began her medical training at Stony Brook, Darcie pursued a research project on evaluating the efficacy of vaccines in meningitis in Burkina Faso, West Africa. She volunteers at HOME, the student-run health clinic in Islip Terrace, and participates in HIV education in a local school district. And as the first one in her family to be accepted to medical school, she knows expectations are high, and she aims to achieve them. "I appreciate the opportunity and am committed to a life of service so I can help others in need. I feel noticed and supported, and therefore driven to work even harder."

Scholarship support is critical for Stony Brook School of Medicine, and contributions are urgently needed now more than ever to attract the top talent and to make attending medical school accessible for more deserving students.

Are you interested in donating to help a Stony Brook School of Medicine student? If so, please call Heather Edwards in Advancement at (631) 632-2687 or give online at [StonyBrook.edu/giving](http://StonyBrook.edu/giving) and in the search field, enter "School of Medicine Scholarship Fund." ■



## 1980s

**Douglas I. Katz '80** is a neurologist specializing in behavioral neurology and neurorehabilitation in the faculty practice at Boston University and at Braintree Rehabilitation Hospital, where he directs the brain injury program. He is the author of two books, most recently *Brain Injury Medicine*, which he co-edited with two colleagues.

**Andrew S. Lee '80** serves on the Stony Brook University School of Medicine Alumni Chapter Board. He received New York City's Distinguished Honoree Award of Asian Pacific Island Heritage, served as a vice president of the Chinese Physician Association, and is Founder and Board member of the MIT Chinese Alumni Association. Dr. Lee is also a grandmaster of kung fu.

**Kim Isaacs '84** is a professor of Medicine/Gastroenterology at the University of North Carolina at Chapel Hill.

**Juan Falla '85** is a member of a 76-person medical group and a senior member of a family practice in Oldsmar, FL. He has served as the Chairman of the Family Practice Department at his local hospital and volunteers at the Clearwater Free Clinic. He has been married for 26 years and has a daughter and a son.

**Celia A. Escobar '89** is a pediatrician in private practice in Williston Park, NY, and is the proud mother of a son, Michael.

**Richard C. Frank '89** is the Hematology/Oncology Director of Cancer Research at Norwalk Hospital and the Medical Director of the Mid-

Fairfield Hospice in Wilton, CT. Dr. Frank authored the book *Fighting Cancer with Knowledge and Hope*, published by Yale University Press, which earned the 2010 Will Solimene Award for Excellence in Medical Communication, given by the New England Chapter of the American Medical Writers Association.

## 1990s

**Bryan O'Neill '92** spent nine years in the academic practice at Jefferson Medical College in Philadelphia, PA, and then joined the Neurologic Group of Bucks and Montgomery Counties in suburban Philadelphia. His practice is primary pain management and rehabilitation. He and wife, Teri, live with their four children in Horsham, PA.

## School of Medicine Events Keep Alumni Connected

Alumni from the Class of 1980 celebrate their 30th Reunion this past October. Left to right are Arnold Schwartz, MD '80, Jerry Zisfein, MD (spouse of Ronnie Salzman), Ronnie Salzman, MD '80 (member of the School of Medicine Alumni Chapter), Anthony Girardi, MD '80 (Vice President of the School of Medicine Alumni Chapter), Maria Girardi, David Silberhartz, MD '80, and Sheila Silberhartz.

Kenneth Kaushansky, MD, Senior Vice President, Health Sciences, and Dean, School of Medicine, left, and his wife, Lauren Kaushansky, far right, enjoy an alumni gathering with Michael Nakao, MD '75, and Naomi Nakao, MD '76.



**Dipti S. Pancholy '92**, after completing her internal medicine residency at Jefferson Medical College at Jefferson University Hospital in Philadelphia, PA, went into private practice. She is currently a practice management consultant and lives with her husband and their four children in Scranton, PA.

**Donna P. Denior '93** is in private practice in Muttontown, NY, and on staff at St. Francis Hospital.

**Yorlenny Bustamante '94** finished her residency at Brown University/Rhode Island Hospital and then returned to Montefiore Hospital in the Bronx, NY, where she worked for five years in their satellite clinic. Dr. Bustamante then practiced geriatrics for five years in Manhattan, got married and had two children, Andrew and Rebecca. She is currently practicing general internal medicine at the Mt. Kisco Medical Group in Mt. Kisco, NY.

**Navid Kazemi '96** is an interventional cardiologist in Las Vegas, NV, and has two daughters.

## 2000s

**Rahul Singh Panesar '02** completed his pediatric internship and residency at Stony Brook University Medical Center, and completed his fellowship in critical care at Children's Hospital Boston in the Department of Anesthesia, Division of Critical Care.

## Alumni Office Seeks Class Correspondents

Who was that positive person in your class who was always concerned with everyone's well being?

Chances are, that person (was it you?) would make a great class representative, so please nominate him or her as your Class Correspondent. Class Correspondents foster connections among alumni and his or her medical school class, between alumni and the School of Medicine, and between alumni and current School of Medicine students. Just contact Roberta J. Seidman, MD, at (631) 444-2687 or at [Roberta.Seidman@StonyBrook.edu](mailto:Roberta.Seidman@StonyBrook.edu).

## Save the Date

**Monday, March 28**  
"Careers in Medicine"

Alumni "give back" at a round table for students interested in exploring different specialties and subspecialties.

Contact Mary Hoffmann at  
(631) 632-4995

[Mary.Hoffmann@StonyBrook.edu](mailto:Mary.Hoffmann@StonyBrook.edu)

**Friday, August 26**

White Coat Ceremony and  
Distinguished Alumni Awards  
(details to follow)

**Saturday, October 22**

School of Medicine Reunion  
(details to follow)

## Got News?

Let us and your fellow classmates know what's new in your life.

Email your class notes to:  
[alumni@StonyBrook.edu](mailto:alumni@StonyBrook.edu)

## White Coat Ceremony



Pictured here at the annual White Coat Ceremony held at the Charles B. Wang Center are medical students Jing Liu, Eric Lemmon, Stephanie Leung, and Armen Aivazi.

The School of Medicine's annual White Coat Ceremony was held on September 19 in conjunction with the presentation of the Distinguished Alumni Awards. The Class of 2014 consists of 124 students, and matches the largest incoming class in the School's history. The ceremony, where each student received a white coat as a symbol of professionalism, responsibility, and compassion in the practice of medicine, and recited the Hippocratic Oath, also provided students an opportunity to meet the Dean of the School of Medicine, Dr. Kenneth Kaushansky.



For information about the School of Medicine,  
call (631) 444-6130 or visit  
[StonyBrookMedicalCenter.org/som](http://StonyBrookMedicalCenter.org/som)

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