



DRS. LAWRENCE R. STANBERRY AND MARY D'ALTON

Endowed Professorships Provide Critical Support to CUMC Programs

Endowed professorships are essential to the mission of both Pediatrics and OBGYN, say Mary D'Alton, MD, Chair of Obstetrics and Gynecology, and Lawrence Stanberry, MD, PhD, Chair of Pediatrics. Both departments have recently raised funds to create new professorships, including the just-named Hillary Rodham Clinton Professor of Women's Health in OBGYN (see page 9), and the Rob and Ellen Kapito Professor of Pediatric Oncology in Pediatrics. Dr. D'Alton and Dr. Stanberry spoke recently about endowed professorships, how and why they are created, and how their departments use them to further their goals.

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DRS. GEORGE HARDART AND JOHN M. DRISCOLL, JR.

Pediatric Ethics: Navigating morally charged conflicts at the bedside and beyond

Should parents be told their child has a genetic mutation linked to a serious condition when that finding showed up on a test for something else altogether that won't manifest or be treatable until the child grows up? What should doctors do if there is no chance that a child will survive but family members insist on advanced care that may cause prolonged suffering for the child? Does the hospital have the obligation to resuscitate a very premature infant, likely to have severe neurodevelopmental disabilities, against the parents' wishes? Should a young teenager be told that her cancer has relapsed and she is dying, even if her mother does not want

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Message from the Editors

As academic medical centers face new realities about the business of health care, they are also finding new ways to support their threefold mission—teaching, research, and clinical care. Endowed professorships are one way to attract stellar faculty to CUMC and to support their programs, say both Drs. Mary D’Alton and Lawrence Stanberry, Chairs of our two departments. In this issue they talk about endowed professorships, how they are structured, and their importance in attracting and supporting both senior and junior faculty members (page 1). Details about one of our newest endowed professorships, the just-named the Hillary Rodham Clinton Professorship in the Department of Obstetrics and Gynecology, can be found on page 9. Pediatrics is responding to changes in the healthcare landscape by prioritizing clinical care. On page 7 David Bank, Vice Chair of Clinical Operations, details his strategies to expand the reach of CUMC with new patient-care locations and improved “customer service.” Clinical care is also a priority—and passion—for CUMC faculty members like gynecologic oncologist Dr. Ana Tergas, who hopes to address some of the inequities in the provision of care through her international and quality-of-care research (page 6). In this issue we also honor several faculty members including former Chair of Pediatrics Dr. John Driscoll, and remember another, Maternal Fetal Medicine specialist Dr. Sree Gaddipati (page 19).

Michael Weiner, MD
Department of Pediatrics

Cande Ananth, PhD, MPH
Department of Obstetrics and Gynecology

Co-Editors-in-Chief

Connections

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EDITORS-IN-CHIEF

Michael Weiner, MD
Department of Pediatrics

Cande Ananth, PhD, MPH
Department of Obstetrics
and Gynecology

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Rosie Foster

Noreen Hoffmeister

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CUMC Office of Development

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Department of Pediatrics

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Marketing Manager,
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Rachel Miller, MD
Department of Pediatrics

Karen Wish
Director Marketing,
NewYork-Presbyterian Hospital

DESIGNER

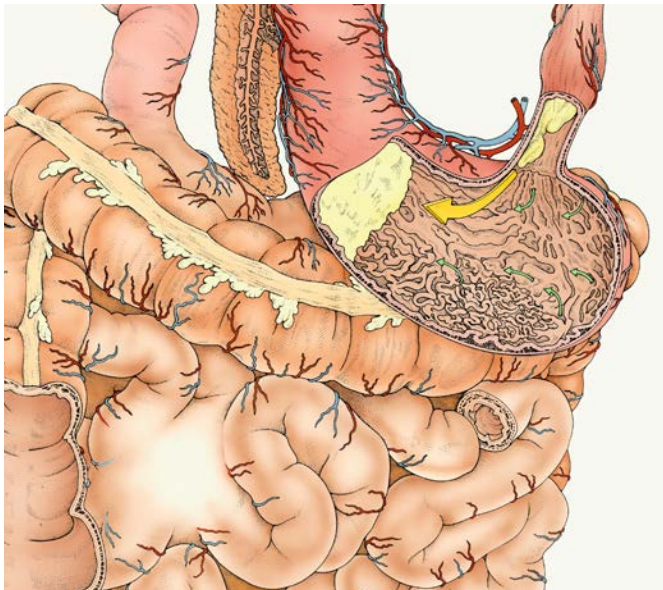
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& Gynecology
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Advances in Research



THE STOMACH, SMALL INTESTINE AND LARGE INTESTINE

Listening in on crosstalk in the gut

Intestinal peristalsis is a complex and dynamic process, which is tightly regulated by complex cellular interactions. Food is moved through the gut by coordinated contractions and relaxations of the circular and longitudinal smooth muscles that form the *muscularis externa*. Previous research has shown that a distinct population of macrophages (MHCII+) is distributed in layers within the muscularis—between the serosa and the longitudinal muscle, longitudinal and circular muscles, and the outer and inner circular muscles—from the stomach to the end of the colon. Intrigued by this distinctive distribution, gastroenterologist Kara Margolis, MD, and collaborators, hypothesized that muscularis macrophages (MMs) may support smooth muscle cell growth and survival, and regulate the actions of the muscularis. Their research, accepted for publication in *Cell*, showed that MMs change the pattern of smooth muscle contractions and regulate peristaltic activity of the colon by secreting a soluble growth factor (bone morphogenetic protein 2 or BMP2), which affects the activity of neurons in the gut. In a further step they showed that signals from the intestinal microbiota—the bacteria that reside in the gut—can influence the crosstalk between MMs and enteric neurons, and alter intestinal motility. These findings uncover some of the complex interplay between the enteric nervous and immune systems and the intestinal microflora, and that all three play a central role in gastrointestinal physiology.

Muller PA, Koscsó B, Rajani GM, Stevanovic K, Berres M, Hashimoto D, Mortha A, Leboeuf M, Li X, Mucida D, Stanley ER, Dahan S, Margolis KG, Gershon MD, Merad M, Bogunovic M. Crosstalk between Muscularis Macrophages and Enteric Neurons Regulates Gastrointestinal Motility. Accepted to *Cell*.

Vancomycin resistance emerges in community-associated MRSA

After its emergence in the late 1990s community-associated MRSA rapidly disseminated across the US causing severe skin and soft-tissue infections and occasionally life-threatening infections such as necrotizing pneumonia. Vancomycin is widely available and relatively inexpensive, and is the drug of choice worldwide for treating most methicillin-resistant *Staphylococcus aureus* (MRSA) infections caused by multi-drug resistant strains of the bacteria. But Paul Planet, MD, PhD and colleagues in an international research team recently reported, in *The New England Journal of Medicine*, the emergence of a MRSA variant that has acquired resistance to vancomycin. Dr. Planet and his colleagues conducted microbiological and genetic analyses of a MRSA strain recovered from the blood of a 35-year-old Brazilian man and identified a novel plasmid (pBRZ01) carrying genes for vancomycin resistance (vanA gene cluster). Genomic analyses show that this novel vancomycin-resistant MRSA (VRSA) is genetically related to community-associated MRSA. “The presence and dissemination of community-associated MRSA containing vanA could become a serious public health concern,” the authors write.

Rossi F1, Diaz L, Wollam A, Panesso D, Zhou Y, Rincon S, Narechania A, Xing G, Di Gioia TS, Doi A, Tran TT, Reyes J, Munita JM, Carvajal LP, Hernandez-Roldan A, Brandão D, van der Heijden IM, Murray BE, Planet PJ, Weinstock GM, Arias CA. Transferable vancomycin resistance in a community-associated MRSA lineage. *N Engl J Med*. 2014 Apr 17;370(16):1524-31.

METHICILLIN-RESISTANT *STAPHYLOCOCCUS AUREUS* (MRSA) BACTERIA. IMAGE BY NIAID.

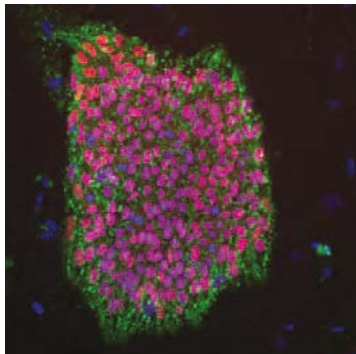
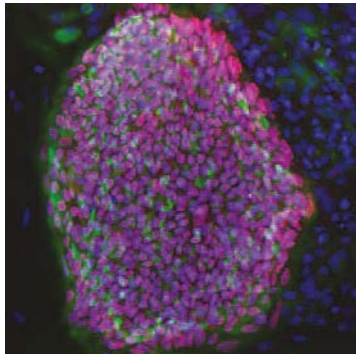


Fever risk transiently heightened after simultaneous vaccination

Children often develop fever following vaccinations, which can lead to parental concern and subsequent healthcare visits. In a study published recently in *JAMA Pediatrics*, Melissa Stockwell, MD MPH and colleagues examined rates of fever in children 6 to 23 months old receiving the trivalent inactivated influenza (TIV) and 13-valent pneumococcal conjugate (PCV13) vaccines. They hypothesized that fever rates would be significantly higher during days 0 to 1 after simultaneous vaccination with TIV and PCV13 compared with TIV or PCV13 alone. As part of this study, the research team communicated via text messaging with the 530 participants. Parents were texted on the night of vaccination (day 0) and the seven subsequent nights (days 1-7), and asked to report their child's temperature. The researchers found that the children who received TIV and PCV13 together at the same visit were more likely to develop a fever during the day of and 1 day after vaccination—20 and 23 extra cases of fever greater than 38°C per 100 vaccinations compared with TIV without PCV13 and PCV13 without TIV, respectively. They concluded not only that simultaneous TIV and PCV13 vaccination was associated with an increased, yet transient, risk of fever compared to vaccination with either vaccine alone, but also that text messaging has the potential to enhance monitoring of adverse events after immunization.



Stockwell MS, Broder K, LaRussa P, Lewis P, Fernandez N, Sharma D, Barrett A, Sosa J, Vellozzi C. Risk of fever after pediatric trivalent inactivated influenza vaccine and 13-valent pneumococcal conjugate vaccine. *JAMA Pediatr*. 2014 Mar;168(3):211-9.



Researchers create first disease-specific embryonic stem cell line

Embryonic stem-cell lines derived from the adult cells of people with diseases such as diabetes, Parkinson's disease, macular degeneration, and multiple sclerosis have enormous potential for treating these diseases. Pluripotent stem cells—cells capable of developing into any type of cell or tissue—created by the transfer of cell nuclei from somatic cells (non-germ cells) into oocytes (egg cells) are equivalent to embryonic stem cells, and hold promise for cell replacement therapy. In collaboration with investigators at the New York Stem Cell Foundation, a research team that includes Mark V. Sauer, MD, Chief of the Division of Reproductive Endocrinology and Infertility, Rudy L. Leibel, MD, co-Director of the Naomi Berrie Diabetes Center, and other researchers in the departments of OBGYN, Pediatrics, and Medicine, has systematically investigated the parameters affecting stem-cell derivation. They previously reported deriving pluripotent stem cells containing a reprogrammed genome derived from an adult somatic cell and a haploid oocyte genome, but the stem cells developed only in the presence of the oocyte genome (*Nature* 2011; 478, 70-75). In a recent Research Letter in the journal *Nature*, they describe a modified nuclear transfer protocol (including the use of both kinase and translation inhibitors, and cell culture in the presence of histone deacetylase inhibitors), which has enabled them to derive diploid pluripotent stem-cell lines from somatic cells of a newborn and, for the first time, an adult, a female with type 1 diabetes. The pluripotent stem cells could be differentiated into insulin-producing beta cells, the cell type lost in patients with type 1 diabetes, and could therefore be used both to study disease pathogenesis and, ultimately, perhaps, to generate cells for therapeutic cell replacement.

Yamada M, Johannesson B, Sagi I, Burnett LC, Kort DH, Prosser RW, Paull D, Nestor MW, Freeby M, Greenberg E, Goland RS, Leibel RL, Solomon SL, Benvenisty N, Sauer MV, Egli D. Human oocytes reprogram adult somatic nuclei of a type 1 diabetic to diploid pluripotent stem cells. *Nature*. 2014 Apr 28.

EXPRESSION OF PLURIPOTENCY MARKERS IN STEM CELLS DERIVED BY SOMATIC CELL NUCLEAR TRANSFER (SCNT). IMAGE COURTESY OF NATURE / MACMILLAN PUBLISHERS LTD.



Genetic anomalies contribute to congenital heart disease

Congenital heart disease (CHD) is the most common congenital malformation, and there is strong evidence that CHD often develops because of a genetic anomaly. One common kind of genetic anomaly is a copy number variant (CNV), a deletion or duplication of a small amount of genomic material, which can alter the expression of specific proteins. Cytogeneticist Dorothy Warburton, PhD and epidemiologist Jennie Kline, PhD designed a study to estimate the contribution of de novo (not inherited from a parent) and rare inherited copy number variants (CNVs) to two types of CHD (conotruncal anomalies and hypoplastic left heart syndrome). Other collaborators were cardiologist Ismee Williams, MD, and medical geneticists Kwame Anyane-Yeboah, MD and Wendy Chung, MD, PhD. The researchers analyzed data from 223 families, each with at least one child affected by one of these two CHDs. Geneticists Michael Ronemus and Michael Wigler from Cold Spring Harbor Laboratories used a comparative genomic hybridization platform (NimbleGen HD2-2.1) to identify de novo and rare inherited CNVs in these families. They found de novo CNVs in 8% of 148 children with CNTs, 12.7% of 71 with HLHS, and none in four children with both CHDs. Only 2% of control families showed a de novo CNV. The study confirmed the contribution of copy number changes in specific genes (such as GATA4 and NODAL) to CHD. The substantially higher rate of de novo CNVs in children with CHD than in control families (9 vs. 2%) indicates that many of these lesions are likely to be involved in the development of CHD even if the gene involved is not yet identified. They conclude that 5.6% (12/213) of children had CNVs known at this time to be causally related to the CHD; half are de novo and half inherited from clinically normal parents.

Warburton D, Ronemus M, Kline J, Jobanputra V, Williams I, Anyane-Yeboah K, Chung W, Yu L, Wong N, Awad D, Yu CY, Leotta A, Kendall J, Yamrom B, Lee YH, Wigler M, Levy D. The contribution of de novo and rare inherited copy number changes to congenital heart disease in an unselected sample of children with conotruncal defects or hypoplastic left heart disease. *Human Genetics*. 133(1):11-27, 2014.

Profiles

Ana Tergas, MD, MPH: Confronting Healthcare Disparities

Close to 80 percent of the world's cervical cancer cases occur in low- and middle-income countries that lack the healthcare infrastructure to provide Pap smear services. In the US, Hispanic women have the highest incidence of cervical cancer of any racial ethnic group, and black women are more than twice as likely to die from cervical cancer as white women. Racial and ethnic disparity in gynecologic cancer prevention and control, and inequality in the outcomes of women with GYN cancers abound in the US and around the world. Ana Tergas, MD, MPH, a Clinical Instructor in the Division of Gynecologic Oncology since September 2013, is fervent about addressing these issues, and this passion informs her research activities.

Dr. Tergas is a prolific researcher and her research topics are wide ranging. A few recent studies evaluate cancer screening and treatment in Guyana, rural Thailand, and rural Indonesia, and examine genotypes among HIV-positive and HIV-negative women in Cape Town, South Africa. Closer to home in the US she has looked at the impact of race and ethnicity on treatment and survival of women with vulvar cancer, night-shift work and the risk of breast cancer, disparity among different ethnic groups of Hispanics in outcomes in GYN cancers, and socioeconomic disparities revealed through the influence of insurance patterns on GYN-cancer survival.

Dr. Tergas's interest in inequalities in outcomes and access to care was sparked during her frequent travels as both a child and adult. Her mother is Honduran and her Cuban father was an international agronomy consultant, and her family traveled a lot. "I grew up with a very international lens on the world and life," she says. Even before medical school Dr. Tergas translated for a neurologist in Honduras, and during her training she worked with several medical non-profits in Haiti, Tanzania, El Salvador, Indonesia, and Guyana. As a medical student she worked with a Haiti-based organization called Project Medishare in the small Haitian city of Thomonde. Dr. Tergas



DR. ANA TERGAS (RIGHT) WITH GYNECOLOGIC ONCOLOGIST, DR. RENE PAREJA, DURING A MEDICAL MISSION IN MEDELLIN, COLOMBIA.

witnessed the significant changes in healthcare access effected by the organization. The free-standing clinic Project Medishare opened 15 years ago now offers fairly extensive basic medical services to local people, and rather than having to walk six to 12 hours to receive care, they can get treatment close by. "The Project's work in Thomonde is a great model of starting from scratch, building something sustainable, and really affecting change in a local community," she says.

During her residency Dr. Tergas traveled to El Salvador to train local providers in cervical cancer screening using the visual inspection with acetic acid (VIA) method. Using this approach the provider swabs the cervix with vinegar. Precancerous lesions turn white in the presence of the acetic acid, and the provider can use cryotherapy to remove these during the same visit. About 50 women can be screened using VIA for the cost of one traditional Pap smear. "Very large, well-done, randomized trials in India have shown a 30 percent decrease in cervical cancer mortality with these approaches. We need to figure out how to implement VIA in other alternative screening programs, such as primary HPV testing in other countries," Dr. Tergas says.

A lot of factors come into play into healthcare disparities. In the US, "insurance can be seen as a proxy for healthcare access, and education is a big factor as well," Dr. Tergas points out. Free screening services are available to eligible women through The National Cervical Cancer and Breast Cancer screening program, but a lot of women are not aware that these programs exist. "Women who are most likely at risk for bad cervical

cancer outcomes are probably not the ones on the Internet researching where to get free screening. There's a disconnect between the women who actually need these programs and their knowing about them."

Widespread use of the vaccine for human papilloma virus (HPV) could lower cervical cancer rates exponentially, Dr. Tergas says, but only 30 percent of eligible girls have been vaccinated in the US, compared to more than 90 percent in Australia, for example. "This is absolutely unacceptable," she adds. The reasons for this have a lot to do with politics, she says. "There has been a lot of pushback about establishing school-based, or national vaccination programs, and this is a very contentious issue; it's definitely a huge barrier to getting these programs implemented." Once it is widely available the HPV vaccine will have a huge impact on cervical cancer incidence, she says, "but we are still decades away from seeing that." This issue underscores the importance of improving quality of care and delivery to all women, developing and implementing effective alternative screening methods, Dr. Tergas adds.

Since coming to Washington Heights to work at CUMC Dr. Tergas has found herself at home with the largely Spanish-speaking Dominican patients she sees. In addition to her work in Gynecologic Oncology, Dr. Tergas is currently working toward a doctorate in public health in the Department of Epidemiology. "I am a little bit of a workaholic," she admits, "but I really enjoy the work I am doing and I am really passionate about improving the quality of care for women who often don't get the best care. So this doesn't really feel like work." — *Beth Hanson*

Pediatrics Takes a Fresh Look at Clinical Care

Historically academic medical centers have focused on research and teaching, and faculty members provided clinical care mainly in the context of their teaching and research activities. But the landscape of academic medicine has undergone seismic changes. Research funds have become much more scarce, and for Pediatrics, as for departments at other academic centers, clinical revenue is the major source of income. What draws patients to CUMC is its reputation for excellence in translational research, says David Bank, MD, MBA. As Vice Chair of Clinical Operations, Dr. Bank's objective is to, "improve our access to patient-centric care without interfering with the research mission of the department."

After medical-school training here at CUMC, Dr. Bank ultimately trained in pediatric emergency medicine, and opened several free-standing pediatric emergency departments including New York-Presbyterian Weill-Cornell's. His interest in the business of medicine drove him to attend business school and an get MBA from the WP Carey School of Business at Arizona State University. Dr. Bank joined the Department of Pediatrics in October 2013.

Dr. Bank describes the clinical mission of the Department this way: "To provide quality, cost-effective service mostly for the 'sickest of the sick' in New York City and the surrounding area.

"How can we make life better for our patients and their families?" That's a question Dr. Bank asks daily.

When it comes to kids with specialized problems involving any organ system, we want to be the first pediatric program that families think of." To smooth the path to treatment at CUMC, Dr. Bank is attempting to build a small primary care base in New York City, Westchester, and New Jersey, which will help ensure referrals. He is also strengthening Pediatrics' relationships with the existing primary care groups in the region and working to understand and provide the services they're looking for.

The Department's current subspecialty outpatient locations are in Midtown, the Upper

West Side, and Stamford, Connecticut. Bank is exploring several potential sites for new offices. "Many people will tell you that CUMC is not the easiest site to get to, parking is difficult, and if we were closer to their houses in Westchester or Manhattan or New Jersey or Connecticut, they would certainly come to us," he says.

"How can we make life better for our patients and their families?" That's a question Dr. Bank asks daily. "Families complain that they get into phone tree mazes and occasionally run into an unhelpful person on the phone, when all they want to do is make an appointment for their child," he says. Until recently Pediatrics had 22 different phone numbers families could call to make appointments. The scheduling system for patients clearly needed fixing, says Dr. Bank.

Working with department administrators and a clinical operations steering committee that included division chiefs, administrators, hospital leaders, and employees who do the scheduling and business operations, Dr. Bank has taken steps to improve customer service and the time to the first available appointment. After more than a year of discussions, this summer the Department has inaugurated a centralized model of scheduling—a call center with a single number for both families and doctors. The call center will serve the divisions of Allergy, Immunology and Rheumatology, and Infectious Diseases. "After working out the kinks, we'll roll in pulmonary and gastroenterology," he says. "We want to absorb all of the divisions within six months."

Another facet of departmental operations Dr. Bank has focused on is the range of tasks performed by doctors' support staff. "When

we looked at clinical and nonclinical support staff we found approximately 70 different job descriptions, because the department had such a siloed approach to clinical care," he says. Another clinical operations working group consolidated these 70 positions into six job descriptions. "Because we've consolidated and clarified these job descriptions we can be efficient and achieve some economies of scale."

Dr. Bank also hopes to improve efficiency by ensuring that each faculty member is focused on the work that's best suited to his or her talents and expertise. "Dr. Stanberry, the division



DR. DAVID BANK, VICE CHAIR OF CLINICAL OPERATIONS

chiefs, and I are looking at each faculty member, to determine who are our researchers, and who are our patient care providers," he says. "Some faculty members are drivers of research, and research is the most important aspect of their professional life. Others provide excellent clinical care, while supporting the researchers in their efforts."

In addition to assessing individual doctors and their roles, Dr. Bank is looking at clinical programs throughout the department to determine which are thriving, which are sustainable with help, and which need a life raft. "For those that need a life raft, we need to look for other sources of revenue to support their existence," he says. "And that's where external funding come in."

Taking the Department in this new direction is a departure from business as usual, and Dr. Bank says he understands the importance of educating faculty and communicating with them about the process. "A lot of my job is change management," he adds, "and I think that it's good to have someone with my interest and experience in this position, a physician who has a burning interest in the area of clinical coordination and outpatient care." — *Beth Hanson*

Programs

Pediatric Dermatology: Seeing the Whole Child Through the Skin



FROM LEFT: DR. CHRISTINE LAUREN, DR. MARIA GARZON, AND MARGO LEDERHANDLER (P&S CLASS OF 2015).

Disorders that arise on the skin, our most sizable and exposed organ, can range from very simple moles or acne to symptoms of serious disorders originating deeper in the body. The three members of CUMC's Division of Pediatric Dermatology in the Department of Dermatology all trained as pediatricians first, and "are comfortable viewing skin as a reflection of the whole child," says Maria Garzon, MD, Director of Division. "Being pediatricians is part of who we are, and who we are known as first. Our colleagues in Pediatrics know that we know what they are worried about."

Although skin function is essentially the same throughout life—protecting internal organs from pathogens and UV light, regulating temperature, synthesizing hormones, preventing fluid loss, and sensing the world around us—children have a proportionately larger body surface area than do adults, thinner skin, and tend to develop skin problems that differ from those of adults.

One congenital dermatologic problem that appears only in children is hemangioma, a benign tumor of the endothelial cells lining blood vessels. Division members are widely known for their expertise in infantile hemangioma, and often see children in the newborn nursery with these birthmarks. "There might be little sign of a hemangioma at birth," Dr. Garzon says, "but then they can really, really grow in the first month of life. That's particularly hard for parents both because they saw their child without the birthmark, and because the outcome can be unpredictable. All of this is very anxiety-provoking."

Dr. Garzon, and the other Division members Kimberly Morel, MD, and Christine Lauren, MD belong to a multicenter collaborative, the Hemangioma Investigator Group, which Dr. Garzon helped found. The Group's research has focused on identifying which children are at risk for developing hemangiomas, which lesions are highest-risk, and creating therapeutic guidelines. To help educate parents of children

with these lesions, Dr. Morel spearheaded the development of an educational website (hemangiomaeducation.org), which is hosted at CUMC. In addition to hemangiomas, the group also sees other vascular anomalies such as lymphatic and venous malformations and other complex malformations, says Dr. Garzon.

Another dermatologic problem Division members often see is alopecia areata, an autoimmune condition in which the body attacks the hair follicles, causing hair loss on the scalp, and more rarely other parts of the body. The Division is an entry site for the National Alopecia Areata Foundation's registry, a network of centers whose researchers identify patients with alopecia areata and share information and research samples. "Alopecia can be very minor, but very dramatic as well, and it's universally really difficult for families because it has a very unpredictable natural history," says Dr. Morel.

Skin symptoms can signal a serious internal disorder such as a rheumatologic disease, congenital neurologic defect, immunodeficiency, complication of cancer treatment, or severe food allergy. Children with these complex types of problems require multidisciplinary care, and CUMC's pediatric dermatologists collaborate widely with members of different specialties throughout the medical center including craniofacial plastic surgery, neurology, neurosurgery, oncology, allergy, and gastroenterology. "We're fortunate here that we have so many specialists under one roof," Dr. Garzon says. "They understand what we do, we understand what they do."

In an ongoing collaboration with pediatric infectious disease specialist Paul Planet, MD, PhD, Dr. Lauren is studying patterns of bacterial colonization and their correlation with the severity of eczema atopic dermatitis. "Studies show that eczema worsens in people with bacterial

infections, and the skin immune system really doesn't protect from people with eczema from Staph infections," says Dr. Garzon. "But when doctors prescribe antibiotics to children with severe flares we're also selecting for more resistant organisms." The researchers are studying Staph bacteria collected from children with atopic dermatitis and to see if it is genetically different and more pathogenic than the Staph bacteria on the skin of people who don't have eczema, Dr. Garzon explains.

Another recently published study was based on an observation Drs. Morel, Lauren, and their colleagues made while on the inpatient consult service: they noticed that very young children were developing severe irritations resembling an infection at the site of insertion of their central line catheters. An investigation into the cause of these irritations led to the discovery that the patients were not showing signs of an infection but a chemical breakdown of the skin caused by chlorhexidine-impregnated dressings. These dressings are widely used to reduce the risk of catheter-associated bloodstream infections. (*JAMA Dermatol.* 2013 Feb;149(2):195-9)

Some children's skin problems are minor and are easily addressed, Dr. Garzon says. "The more difficult cases are those where a child has something minor on the skin and we have to tell their parents that it might be associated with a neurologic or vision problem. People don't come into the dermatology office with a birthmark expecting to be told that it might be associated with a brain abnormality," she adds. "And our pediatric training helps us in this kind of situation. When we're consultants on complicated cases like this we can really have an impact, and families are very appreciative of what we can contribute to their care." — *Beth Hanson*

OBGYN Establishes The Hillary Rodham Clinton Professorship

The College of Physicians and Surgeons announced the establishment of the Hillary Rodham Clinton Professorship of Women's Health in the Department of Obstetrics and Gynecology. The new chair, which was made possible through the generosity of an anonymous donor, will help improve health care for women.



DR. LYNN SIMPSON

An endowed professorship is the highest honor the University can bestow upon a faculty member; it is a commitment to the clinical and teaching efforts of the gifted honoree, and to the patients who will ultimately benefit from that physician's work. Lynn L. Simpson, MD, MSc is the inaugural holder of the Hillary Rodham Clinton Professorship. Dr. Simpson is Chief of the Division of Maternal-Fetal Medicine and Professor of Obstetrics and Gynecology. She is an international expert in maternal medicine, prenatal pediatrics, and management of high-risk deliveries.

Dr. Simpson's reputation and record of achievement makes her a leading member of the Department's extraordinary team. "Lynn is an extremely talented and compassionate clinician who specializes in managing complex pregnancies," said Mary E. D'Alton, MD, Chair of the Department of Obstetrics and Gynecology. "She has been a key member of the Department for 14 years, and will set a high standard for the Hillary Rodham Clinton Professorship."

"We are delighted to name this professorship for someone who has been a global champion for quality health care for women," said Lee Goldman, MD, Harold and Margaret Hatch Professor of the University and Dean of the Faculties of Health Sciences and Medicine.

Richard U. Levine, MD, Vice Chair for Development in OBGYN, is leading the efforts to secure new support for the department. This professorship is the most recent result of his work, according to Dr. D'Alton. "Our donor's

generosity and support will elevate the quality of care available to all women," said Dr. Levine.

The Hillary Rodham Clinton Professorship is the fourth endowed chair OBGYN has added in the past three years and the 16th new endowed chair in the College of Physicians and Surgeons since 2012.

In addition to recognizing and retaining the very best candidates through the prestige and financial security they provide, endowed professorships offer a steady stream of income so faculty can continue to advocate, educate, and care for patients. The Hillary Rodham Clinton Professorship will provide support to help Dr. Simpson continue her critical work as a physician and educator.

"Leadership and stability provided by an endowed chair is indispensable, and underwrites treatment and care for women for decades," said Dr. D'Alton. "This is a significant step forward and an affirmation of Columbia's commitment to the highest level of care for our patients and their families."

As one of the nation's leading academic medical centers, Columbia University Medical Center is home to many of the country's most promising and accomplished healthcare professionals. The continued excellence of the Medical Center rests on its ability to attract and support the finest clinicians, researchers, and academic leaders who will define the future of the health sciences. Endowed professorships are one way to acknowledge their essential role.

— *Noreen Hoffmeister*



HILLARY RODHAM CLINTON



Columbia Children’s Board Gala Debuts at the Metropolitan Opera

On May 18, the inaugural Columbia Children’s Board Gala was held at the Metropolitan Opera in New York City. The event raised more than \$1 million to advance the children’s programs at Columbia University Medical Center.

This support will help CUMC faculty provide the best possible care for children, conduct cutting-edge research, and train the next generation of outstanding pediatric physicians and surgeons. The event introduced a new audience to the important work taking place in children’s health at Columbia.

“The first annual Children’s Board Gala was a huge success—everything from the turnout and the support of our wonderful guests to the beautiful setting at the Metropolitan Opera was beyond our expectations,” said Karen A. Kennedy, MD, chair of the Children’s Board at Columbia, which hosted the Gala. “We are extremely pleased and confident this event will continue to strengthen Columbia’s children’s programs for years to come.”

The Gala began with a cocktail reception on the Met balcony, followed by dinner served on the Mercedes T. Bass Grand Tier. Guests watched a short film highlighting several patients’ incredible care provided by Columbia pediatric doctors. Lawrence R. Stanberry, MD, PhD, chair of the Department of Pediatrics, Dr. Kennedy, and Lee Goldman, MD, Dean, each spoke of Columbia’s commitment to advancing pediatric initiatives, and to being the go-to destination for innovative, compassionate healthcare for the children of New York and beyond.

The evening also featured a special performance by American baritone Nathan Gunn and his wife, pianist Julie Jordan Gunn. The Gala was made possible through the dedication and hard work of event co-chairs Cynthia Kempner and Susan York, who also serve on the Children’s Board at Columbia.



MAGGIE HIDALGO, RN, ANSWERS BONE MARROW TRANSPLANT PATIENT DEMETRIUS WILSON'S QUESTIONS ABOUT HIS DISCHARGE INSTRUCTIONS.

Pediatric Oncology Nurses Help Kids to be Kids

Much has changed in pediatric oncology over the past 50 years, and largely for the better. Today some 85 percent of children and adolescents diagnosed with cancer survive their disease. More treatments can be given on an outpatient basis, enabling young patients to be at home with their families. And pediatric cancer specialists are refining cancer therapies to reduce their possible long-term (late) effects as patients grow into adulthood.

As treatments have improved, the role of the pediatric oncology nurse has evolved. "At NewYork-Presbyterian/Morgan Stanley Children's Hospital, nurses in both the inpatient and outpatient settings provide continuity of care for patients, support and educate children and their families, and are critical decision-makers and integral members of the healthcare team," said Kari Mastro, MSN, RN, NEA-BC, Vice President, Nursing and Patient Care Services.

Pediatric cancer therapies can be very complex, with multiple drugs given at specific dosages and schedules to maximize their effects against growing tumors. "Each chemotherapy drug acts on a different part of the cancer cell cycle, so the dosing and timing have to be just right," explained Nicole McElvery, RN, MSN, a Certified Pediatric Oncology Nurse, Certified Pediatric Nurse Practitioner, and Patient Care Director for the Division of Pediatric Hematology/Oncology/Stem Cell Transplantation. "The nurse is the constant caregiver for each child, and has the education and a strong understanding of how to give these complex treatment regimens."

Moreover, treatment can take a long time to complete. Leukemia therapy, for example, may start with initial chemotherapy delivered on an inpatient basis, and then continue as outpatient therapy once a patient has achieved remission—for a total treatment time of two to three years. The extended length of treatment means that nurses forge long-lasting, close relationships with patients and their families.

"As nurses, we have to make sure patients receive their therapy as prescribed and that families understand the lengthy treatment process," said Michelle Besmer, RN, a Clinical Nurse Specialist and Certified Pedi-



BACK ROW: JEN ALLEN, ANN PIASTA, NICOLE MCELVERY, GAY GADDI MEDINA, JILL TOLEDO, DERLYNNE BAYACA. **FRONT ROW:** CHELSEA HENEGHAN, VALERIE DESIMONE, NICOLE BREARTON

The strength and spirit of the young patients they treat are a source of motivation for the nurses at NYP/ Morgan Stanley Children’s Hospital. “The determination of these children is inspiring. You want to try harder and harder to cure them.”

atric Nurse Practitioner who has been a nurse for 16 years, primarily in pediatric oncology. “We also help patients deal with side effects such as pain, nausea, and vomiting; help them transition to the return to school; and monitor them for late effects of therapy.”

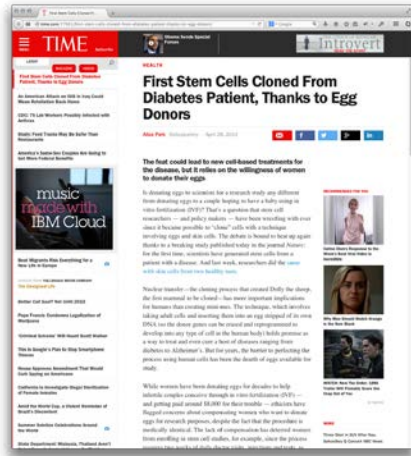
Nurses frequently connect patients as well as their family members with the Center for Comprehensive Wellness at NewYork-Presbyterian/Morgan Stanley Children’s Hospital, which provides integrative medicine services such as massage, aromatherapy, Reiki, acupuncture, and acupressure to relieve treatment side effects and stress. Psychosocial support for patients as well as their parents and siblings is critical during the long, anxious journey following a challenging diagnosis. “Nurses are skilled at seeing how the cancer experience is affecting the whole family,” said Ms. Mcelvery. “We help the family over the hump and give them hope. Nurses are the guiding force that says, ‘We’re going to get you through this.’”

Children with cancer are remarkably resilient and usually want to know when they can go back to just being kids. “Children don’t know how to be sick—they know how to be well. They want to play. They want to see their friends,” explained Ms. Mcelvery. “They give you a different perspective by living in the here and now. As nurses, we identify their growth and developmental needs and try very hard to make their experience with cancer as positive as possible.” Key to this support are child life specialists, who work with nurses to make the hospital experience as normal as possible and who help ease the anxiety and stress of cancer therapy for patients and their families.

With more home-based treatment, such as chemotherapy delivered through continuous infusion pumps, nurses provide lifesaving instruction to patients, their families, and other staff about topics such as keeping an intravenous chemotherapy line clean and free of infection. “Much of our job revolves around education to make sure our patients continue to get the very best care when they are not in the hospital,” said Ms. Besmer.

The strength and spirit of the young patients they treat are a source of motivation for the nurses at NYP/Morgan Stanley Children’s Hospital. “The determination of these children is inspiring. You want to try harder and harder to cure them,” noted Ms. Besmer. She added that oncology nursing is a field where new things are happening every day, providing a rich learning experience.

“I didn’t choose pediatric oncology nursing—it chose me,” added Ms. Mcelvery, who has spent much of her 35 years of nursing working with children with cancer. A child she cared for years ago for cancer grew up to become a doctor and recently began his pediatric oncology fellowship at Morgan Stanley Children’s Hospital. She concluded, “When you see a great outcome like that, it is very rewarding and makes all the hard work worth it.” — *Rosie Foster*

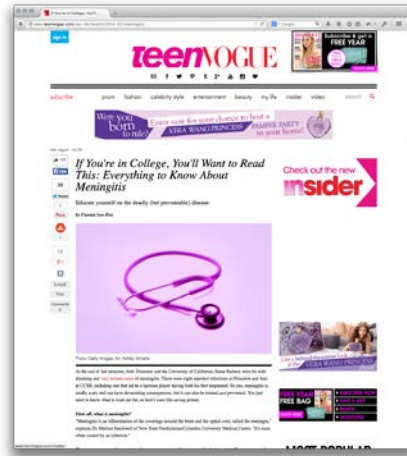


TIME

Egg donors enable first cloning of stem cells

Cloning of stem cells could lead to new cell-based treatments for disease, but it relies on the willingness of women to donate their eggs—and ethicists have long had concerns about compensating women who want to donate eggs for research purposes. But in 2009 policymakers in New York passed a law allowing women to be compensated up to \$10,000 for donating eggs to research, as they would for donating to IVF cycles. Thirty-five women subsequently donated eggs for a research study to create stem cells from a patient, and were compensated for their contribution. Mark Sauer, MD, Chief of the Division of Reproductive Endocrinology and Infertility, stressed to *Time* that the compensation is not for “buying” the eggs but for the time and inconvenience of participating in the study. “To me, it always seemed insulting to ask if they would be willing to [donate] for free to research when they could get \$8,000 donating for IVF,” he said.

<http://ti.me/1prtWIL>

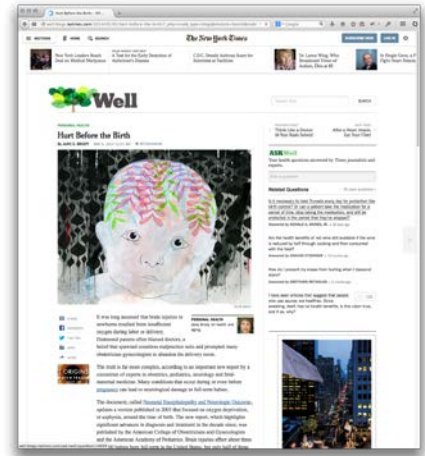


TEEN VOGUE

Dr. Stockwell: a meningitis primer for the college-bound

Several recent and serious cases of meningitis have emerged on college campuses, but these infections are preventable, pediatrician Melissa Stockwell, MD, MPH, explained to *Teen Vogue*. “It’s absolutely essential that college students be vaccinated,” she emphasized. “In fact, the meningitis vaccine is recommended for all adolescents, with one dose at age 11 or 12 and a booster at 16. Catch-up vaccination is recommended for teens who aren’t vaccinated when they’re younger.” She added that, “Healthy habits that prevent infection are also important. This includes not smoking and avoiding cigarette smoke, making sure to get enough sleep, not sharing glasses, washing your hands, and avoiding close contact with people who are sick. However, all this is not a replacement for vaccination.”

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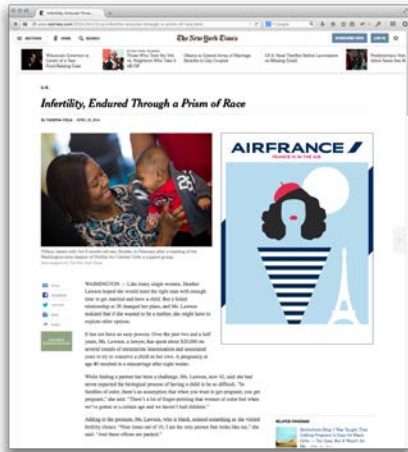


THE NEW YORK TIMES

Dr. D’Alton on neonatal encephalopathy

Neonatal encephalopathy, a syndrome of disturbed neurological function that occurs in full-term baby’s first days, is characterized by impaired consciousness or seizures, often accompanied by breathing difficulties and poor muscle tone and reflexes. Mary D’Alton, MD, Chair of OBGYN, was chairwoman of a task force on Neonatal Encephalopathy and Neurologic Outcome of the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics. The task force’s report highlights significant advances in diagnosis and treatment over the past decade. Dr. D’Alton told the *New York Times*, “We know that neonatal encephalopathy has a variety of causes, and we hope this report will enable us to provide more accurate information to affected families and devise better methods of prevention and treatment.”

<http://nyti.ms/1nSyD6I>

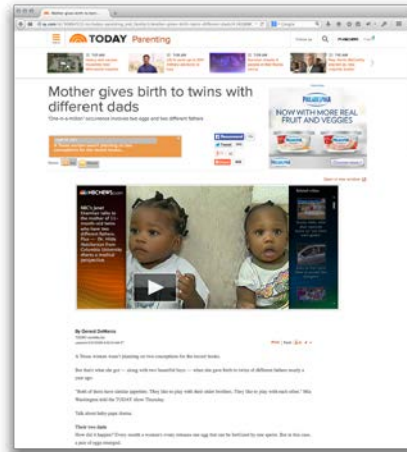


THE NEW YORK TIMES

Racial inequities in infertility treatment should be addressed: Dr. Douglas

Fifteen percent of white women ages 25 to 44 in the United States have sought medical help to get pregnant, compared with only 7.6 percent of Hispanic women and 8 percent of black women, according to the Department of Health and Human Services. This is despite the fact that married black women have almost twice the odds of infertility. Natakai Douglas, MD, a specialist in reproductive endocrinology and infertility, told the *New York Times* that the conversations black women have with their gynecologists focus more on sexually transmitted diseases and birth control than on reproductive options, and that doctors are not talking to black women enough about infertility, either. "This discussion about reproductive options, in women who don't have partners especially, is not coming up at the annual visit to the gynecologist," she said.

<http://nyti.ms/1pLclae>



TODAY

Dr. Hutcherson on a case of "heteropaternal superfecundation"

In a report on *Today* about a Texas woman who gave birth to twins of different fathers, gynecologist Hilda Hutcherson, MD, explained that a woman's ovary releases one egg every month, which can be fertilized by one sperm. But in the case of the Texas mother, a pair of eggs emerged. Sperm, meanwhile, can remain alive and well and viable for up to five days in the reproductive tract. A woman can have sex with different men within those five days and the sperm "just kind of hang out there waiting for the egg to be released," Dr. Hutcherson said. She added that some studies have shown that 1 to 2 percent of all fraternal twins have different dads.

<http://on.today.com/1w2T6ZY>



WCBS-AM (CBS NEWS RADIO)

March of Dimes Ambassador is NICU Graduate

This year's March of Dimes mission ambassador for New York is a Westchester 2-year-old girl who spent 133 days in the Morgan Stanley Children's Hospital's neonatal intensive care unit. She was born nearly 14 weeks premature and weighed just over two pounds at birth. Her father, Chris Hood, told CBS News Radio that, "one of the sort of shocking things is that being born at 26½ weeks, she actually was sort of a 'normal preemie'" thanks to recent medical advances. Her mother, Grete Doctoroff, said surfactant therapy was a huge help. "She got those meds on board which really helped her lung development."

<http://cbsloc.al/1uJVhz1>



CNN

Primary HPV tests could reduce cervical cancer rates, according to Dr. Wright

The FDA recently approved the human papillomavirus DNA test as a primary screening method for cervical cancer, allowing doctors to reduce the number of Pap examinations they perform, by focusing these tests on women who have tested positive for HPV. If both a woman's Pap smear and the HPV test are negative, she has almost no chance of developing cervical cancer in the next five years. "Every year, 12,000 women are diagnosed in the U.S. with cervical cancer. This is especially tragic because cervical cancer is a largely preventable disease, and it is well established that HPV is the cause of almost all cervical cancers worldwide. Women need better access to screening tools that include primary HPV screening in order to reduce their risk of developing cervical cancer," gynecologist and pathologist Thomas Wright Jr., MD, told CNN.

<http://cnn.it/11PXTG4>



THE NEW YORK TIMES

Dr. Leibel on diet fads

Aggressively marketed diet pills, products, and plans usually fail to make anyone thinner, and the maxim, "calories in, calories out," remains as relevant as ever. "In terms of diet, the general laws of thermodynamics hold," Rudolph Leibel, MD, Director of the Division of Molecular Genetics and the Naomi Berrie Diabetes Center, told the *New York Times*. "If I eat a diet of all watermelons as opposed to a diet of hamburgers with the same number of calories, will I be able to lose more weight on the watermelons?—that's a specious argument," he said. "We're dealing with chemistry and physics, not imagination." The marketing claims of diet products, "just violate science," said Dr. Leibel. "It'd be like if we went to NASA and they were using astrological charts to try to figure out how to get a rocket to Europa. It's at that level."

<http://nyti.ms/1pPYBuK>



THE NEW YORK TIMES

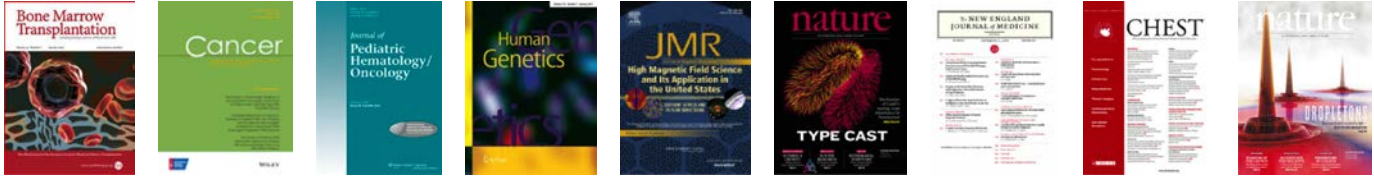
Dr. Lavine on fatty liver disease

Despite major gains in fighting hepatitis C and other chronic liver conditions, public health officials now face a growing epidemic of liver disease that is tightly linked to the obesity crisis. In the past two decades, the prevalence of non-alcoholic fatty liver (NASH) has more than doubled in teenagers and adolescents, and climbed at a similar rate in adults, the *New York Times* reports. Studies based on federal surveys and diagnostic testing have found that NASH occurs in about 10 percent of children and at least 20 percent of adults in the United States, eclipsing the rate of any other chronic liver condition. The disease is quickly becoming a leading cause of liver transplants around the country. NASH causes the liver to swell with fat, and its effects are nearly identical to the liver damage seen in heavy drinkers—but in this case the damage is done by poor diet and excess weight. "The equivalent of this is foie gras," Joel Lavine, MD, PhD, Chief of Pediatric Gastroenterology, Hepatology and Nutrition, told the *Times*. "You have to force feed ducks to get fatty liver, but people seem to be able to develop it on their own."

<http://nyti.ms/1kV1wPy>

Notable Publications

Each year, members of the Departments of Obstetrics and Gynecology and Pediatrics publish several hundred research articles in medical journals. Below are highlights from those publications.



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Ananth CV. Editorial: Ischemic placental disease: A unifying concept for preeclampsia, intrauterine growth restriction, and placental abruption. *Seminars in Perinatology* 2014 Apr;38(3): 131-132.

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Honors & Awards

Louis Z. Cooper, MD, (Professor Emeritus, Pediatrics) received a Special Achievement Award from the Measles and Rubella Initiative of the American Academy of Pediatrics. Dr. Cooper was recognized for his work on rubella and congenital rubella syndrome, which led to elimination of the disease in the United States.

Neera Gupta, MD (GI, Hepatology and Nutrition) received a five-year R01 grant from the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) for project, "Sex Differences in Statural Growth Impairment in Pediatrics Crohn's Disease."

Thomas Hooven, MD, (Fellow, Neonatology), received the 2014 Marshall Klaus Perinatal Research Award for his project, "The role of Environmental Arginine Sensing in the Pathogenesis of Perinatal Group B Streptococcus Infection."

Elena Ladas, PhD (Hematology, Oncology & SCT) received a one-year grant from the Rally Foundation for her project, "Dietary Intake in Children with Acute Lymphoblastic Leukemia."

Rudy Leibel, MD (Molecular Genetics) received The Wertheimer Award for Basic Research in Obesity at the 12th Annual International Congress on Obesity in Kuala Lumpur, Malaysia. The award recognizes outstanding basic research contributions to the obesity field.

Sarah Lusman, MD (GI, Hepatology and Nutrition) received a three-year grant from the Cystic Fibrosis Foundation for her project, "Advancement of GI Care for Children and Adolescents with CF." This training award is given to physicians interested in developing expertise in the gastroenterologic care of patients with CF as part of the Foundation's DIGEST program (Developing Innovative GastroEnterology Specialty Training).

Sarah Obican, MD (2nd year fellow, Maternal-Fetal Medicine) received the 2014 AMA Foundation Seed Grant for "Cholestasis of Pregnancy and the PR interval: The CPR Study."

Paul Planet, MD, PhD, (Infectious Diseases), mentors Jericho, NY high-school student Amy T. Xu, 17. Amy's research project, "Host-specific Binding of ClfB in Staphylococcal Nasal Carriage," was awarded 2nd place in the Microbiology category of the 2014 Intel International Science and Engineering Fair (Intel ISEF).

Meenakshi Rao, MD (GI, Hepatology and Nutrition) received a grant from the NIDDK for her project, "The role of glial cells in the enteric nervous system."

Adam Ratner, MD (Infectious Diseases) was awarded a NIH grant for his project, "DNase for Prevention of Reproductive Tract Infections in Pregnancy."

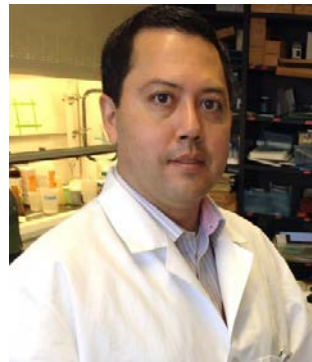
Timothy Ryntz, MD, (Gynecologic Surgery) was awarded the 2014 Imaging Pilot Award for his proposal, "Can Dynamic MRI Offer Insight Into Underlying Pathophysiology of Idiopathic Menorrhagia?"

Lawrence R. Stanberry, MD, PhD, (Pediatrics) was recognized by the NewYork-Presbyterian Hospital for his exemplary leadership and commitment as the President of the Medical Board July 1, 2013 to June 30, 2014.

Kimara Targoff, MD (Pediatric Cardiology), is the third annual recipient of the Colin Malloy Research Award from the Colin's Kids Organization for her research focusing on the study of nkx genes in the zebrafish embryo as a means to enhance the understanding of the genetics of cardiac development.

Darrell Yamashiro, MD (Hematology, Oncology & SCT) received a two-year award from Hyundai for his research on tumor blood vessel growth, and the role this plays in tumor progression, metastasis, and resistance..

Shan Zha, MD, PhD, (Pathology and Pediatrics), in the Institute for Cancer Genetics, received an award from the Irma T. Hirschl Trust for, "Target ATM Mutation for Cancer Therapy."



Dr. Arteaga-Solis Named a Gerstner Scholar

Every year since 2008, the Louis V. Gerstner Jr. Scholar Program has selected four young P&S physician-scientists to conduct translational research. This year Emilio Arteaga-Solis, MD, PhD, Assistant Professor of Pediatrics in the Division of Pulmonology, has been selected as one of the Louis V. Gerstner Jr. Scholars. Dr. Arteaga-Solis proposes to expand on his recent finding that leptin, a hormone produced by fat cells that regulates appetite, is involved in the pathogenesis of obesity-associated asthma. He will apply a multi-pronged approach to study the impact on airway diameter and hence, lung function, of other hormones that regulate energy metabolism. His work will initially focus on adiponectin, an adipocyte-derived hormone that regulates bone mass.



Dr. Driscoll Receives Distinguished Service Award

John M. Driscoll, Jr., MD, Reuben S. Carpentier Professor Emeritus in the Department of Pediatrics, received the 2014 Distinguished Service Award at the Columbia University College of Physicians & Surgeons commencement ceremony on May 21, 2014. This award, the College's highest honor, recognizes those who have served the College with the greatest distinction. Dr. Driscoll said, "I am grateful and honored that the School has designated me for the P&S Distinguished Service Award. After 41 years of caring for the sickest of children and their parents, teaching students and pediatric residents, I cherish this award."



UPPER ROW, LEFT TO RIGHT: MARY TALUCCI, MELISSA NGUYEN, SHINEY KUNJUKUTTY, LUIZA KALEMI, AMENEH ONATIVIA, VILMARIE CARMONA, SAMAR SHAHID, MICHELLE DIVITO; LOWER ROW, LEFT TO RIGHT: CAROLINE TORRES, EMIKO RUBIN, SABINE BOUSLEIMAN

OBGYN Research Coordinator Vilmarie Carmona Wins P&S Award For Excellence

Vilmarie Carmona, member of the Department of Obstetrics and Gynecology research team, received the prestigious “P&S Award for Excellence” for her contributions to the College of Physicians and Surgeons in 2013. The College of Physicians and Surgeons has presented the annual award since 2008 to exceptional employees for their outstanding performance. Ms. Carmona received the award for contributing to the overall research mission of the Department of Obstetrics and Gynecology: providing a clinical and technology based research environment in women’s health. Ms. Carmona was hired as a data entry coordinator in 2001 and has been promoted through the research ranks to her current position, Senior Clinical Research Coordinator. Ms. Carmona excels in leading her team in patient recruitment and follow up, mentoring younger research coordinators, and collaborating with other departments and institutions on research projects. Her discipline, resilience, and work ethic are equaled only by her enthusiasm, dedication, and teamwork. Ronald Wapner, MD, the Vice Chair of Research for the Department of Obstetrics and Gynecology, introduced Ms. Carmona at the awards ceremony, saying, “Her nomination was a grass roots effort by the many individuals who work with her. This is somebody who really makes a difference.”

The Center for Prenatal Pediatrics Celebrates...

The Carmen and John Thain Center for Prenatal Pediatrics at NewYork-Presbyterian Morgan Stanley Children’s Hospital/ Columbia University Medical Center recently celebrated its tenth anniversary. The Center provides comprehensive, multidisciplinary care for pregnant women with prenatal diagnoses of fetal anomalies, genetic abnormalities, and complicated multiple gestations. It is one of several such comprehensive fetal diagnosis and therapy programs worldwide, but the only of its kind in New York City. Since its inception, nearly 5,000 women have been evaluated at the Center and annual referrals have increased from under 200 in 2004 to over 650 in 2013. Over the past five years, caregivers at the Center have performed nearly 3,000 invasive diagnostic procedures as well as more than 200 in utero therapies, including fetal blood sampling, fetoscopic laser photocoagulation, and fetal shunt placement. Mary D’Alton, MD, Chair of the Department of Obstetrics and Gynecology, and Lynn Simpson, MD, Director of the Division of Maternal Fetal Medicine, created the Center a decade ago. This past May, Russell Miller, MD was appointed Medical Director of the Center, replacing Dr. Simpson in that role.



SOME MEMBERS OF THE CENTER’S TEAM: BACK ROW: RUSSELL MILLER, MD, ASHLEY MILLS, MS, JACK MAIDMAN, MD, KARIN FUCHS, MD, CHIA-LING NHAN-CHANG, MD. FRONT ROW: SHERELLE LAIFER-NARIN, MD, MELISSA QUINN, RDMS, LYNN SIMPSON, MD, ANNETTE PEREZ-DELBOY, MD.

In Memoriam

Remembering Sree Gaddipati, MD



More than 200 physicians, nurses, administrators, fellows, residents, medical students, patients and family members gathered in the Pauline A. Hartford Memorial Chapel on Tuesday, May 27 to remember Sreedhar Gaddipati, MD, whose sudden and untimely death on August 7, 2013 stunned those who knew and admired him. The memorial service, organized by the Department of Obstetrics and Gynecology, was followed by a small reception in The Faculty Club.

Speakers included Mary D'Alton, MD, Chair, Department of Obstetrics & Gynecology; Rabbi Naomi Kalish, Coordinator, Pastoral Care & Education; Paulina Loo, MD (Dr. Gaddipati's wife); Richard Berkowitz, MD (Dr. Gaddipati's former Chair during his fellowship at Mt. Sinai); Dorothy Smok, MD (former resident, fellow and colleague); Wanda Kimber-Winfrey, RN (labor and delivery nurse); Nicole Rodney (Dr. Gaddipati's secretary); friend Warren Yiu Kee Ng, MD; and Katherine Brown (P&S medical student).

Many of the speakers remembered Dr. Gaddipati as a generous and gifted physician who was devoted to his family, friends, patients, and students; who brought out the best in those around him; and who exuded happiness, warmth, and kindness. Several also described his infectious laugh.

Family members who attended included his wife Paulina Loo, MD, children Matthew and Grace Gaddipati, his parents Achuta and Ramayya Gaddipati, his brother Krishna and family Sarah, Maeve and Tessa Gaddipati, Lakshmi and Bose Ghanta, and Saila and Padma Ghanta.

Jeremy Ying (P&S 2017) played selections from Bach Partita for Violin no. 2 in D minor. Ushers included Sarah Horvath, MD, resident

in Obstetrics & Gynecology, and Heather Levin, MD Caroline Pessel, MD, and Sara Brubaker, MD, all Maternal Fetal Medicine fellows.

The graduating Maternal-Fetal Medicine (MFM) fellows renamed their Faculty Teaching Award "The Sreedhar Gaddipati MFM Teaching Award." The 2014 inaugural recipient will be Lynn Simpson, MD. In addition, the OBGYN residents announced their posthumous award of the 2014 Council on Resident Education in Obstetrics and Gynecology (CREOG) National Faculty Award for Excellence in Resident Education to Dr. Gaddipati.

OBGYN residents wrote a brief statement about Dr. Gaddipati: "Ask any resident or medical student to name their favorite teaching attending, and more times than any other, you'll hear the name Dr. Sree Gaddipati. He was well known for his compassion, integrity, intelligence, and high energy—and for many of us in training, he was an inspiration and role model. Many of us will always remember his energetic morning ward rounds, his Round Robin tournaments, his breech delivery simulations, and how he basically took every moment he could (no matter how short the time) to make sure we learned something valuable. Through his own clinical practice, he taught us that the patient is always the most important person, and his love for medicine and science was infectious. We will always remember and honor his sacrifices and his love for life, teaching, and patient care. It is with these memories and our utmost gratitude, that we nominate Dr. Sree Gaddipati for the CREOG National Faculty Award for Excellence in Resident Education."

Dr. D'Alton announced that the Department will honor Dr. Gaddipati by renovating a conference room for teaching that will bear his name.

The Department has created the "Dr. Sree Gaddipati Fund" to continue his legacy and to honor his contribution to patient care and medical education. Donations can be made to the Fund online at: giving.columbia.edu, or by check (made to "Columbia University OB/GYN – Dr. Sree Gaddipati Fund") sent to: 622 West 168th Street, Suite 1628, New York, NY 10032, Attn: Carolyn Hoare.

Pediatric Fellowship Program

The Pediatrics Department's mission is to produce young physician-scientists who will become leaders in their particular areas of practice.

To this end the Department offers a Pediatric Fellowship Program, which this academic year includes 81 Fellows in 14 ACGME accredited Pediatric subspecialties. All Fellows train for three years in the clinical arena of their subspecialty, and spend the majority of their time on research activities. Throughout their Fellowship, young pediatricians acquire skills and experience and receive guidance from experienced faculty and research mentors. They, in turn, bring fresh minds, new questions, and the energy that is vital for collaborative research ventures.

The Pediatric Fellows are integrated into all aspects of the Department and are important role models and advisors to their junior resident and medical student colleagues. Each year one Fellow is nominated "Fellow of the Year" by the residents. Dr. Ronald Zviti, from the Division of Pediatric Nephrology, was given this notable honor by the graduating resident class of 2014.

This past May the Department hosted its 16th Pediatric Fellows Poster Day in the Wintergarden of the NewYork-Presbyterian Morgan Stanley Children's Hospital. This annual event showcases the Fellows' research projects, and a committee nominates the top posters in basic science, translational, and clinical research. Last year, the Department of Pediatrics honored Dr. Sharon Oberfield, who initiated this successful venture, by naming the prizes for her. This year the recipients of the Oberfield Prize in basic science were Dr. Sue Hong, a PGY6 Critical Care Medicine Fellow; the winner for translational research was Dr. Evelyn Rustia, a PGY5 Hem/Onc Fellow; and the clinical research prize winner was Dr. Julia Potter, a PGY5 Adolescent Medicine Fellow. For more information about Pediatric Fellowships at Morgan Stanley Children's Hospital and CUMC, as well as information on the extensive academic accomplishments of the Pediatric Fellows in the past year, click here to see the 2014 Pediatric Fellowship Annual Report.

<http://bit.ly/1IFjg2L>



2014 Graduating Residents: Career Plans

PEDIATRICS

Chiefs

Michael Goldman - Pediatric Emergency Medicine Fellowship at Boston Children's Hospital

Lauren Sanlorenzo - NICU House Physician at NYP Morgan Stanley Children's Hospital

3rd Year Graduates

Edna Akoto - Primary Care, Ryan Center, New York City

Serine Avagyan - Hematology/Oncology Fellowship at Boston Children's Hospital

Uchechi Azubuine - Pediatric Emergency Medicine Fellowship at Newark Beth-Israël

ElShadey Bekele - Primary Care, Washington, DC

Sandhya Brachio - NICU House Physician at NYP Morgan Stanley Children's Hospital

Alicia Chang - PICU House Physician at NYP Morgan Stanley Children's Hospital

Danis Copenhaver - Private Practice, Brooklyn, NY

Nina Dadlez - Pediatric Hospitalist Fellowship at Children's Hospital at Montefiore

Pamela Fazzio - Chief Resident at NYP Morgan Stanley Children's Hospital

Cristina Fernandez - Academic Pediatric Fellow at Columbia University Medical Center Department of Pediatrics

Sarah Fleet - Gastroenterology Fellowship at NYP Morgan Stanley Children's Hospital

Alex Glick - General Academic Pediatric Fellowship at NYU

Joe Grillo - Allergy and Immunology Fellowship at Jefferson Medical Center

Jamie Harrington - PICU House Physician at NYP Morgan Stanley Children's Hospital

Caitlin Haxel - PICU House Physician at NYP Morgan Stanley Children's Hospital

Anna Hays - Private Practice, Palmetto Pediatrics, Charleston, SC

Laura Kurek - Pediatric Attending, Pediatric Emergency Room at NYP Morgan Stanley Children's Hospital

Katharine Offer - Hematology/Oncology Fellowship at Memorial Sloan-Kettering Hospital

Erin Paul - Pediatric Cardiology Fellowship at NYP Morgan Stanley Children's Hospital

Laura Perretta - NICU House Physician at NYP Morgan Stanley Children's Hospital

Arash Salavitarbar - Chief Resident at NYP Morgan Stanley Children's Hospital

Evan Sherman - Pediatric Emergency Medicine Fellowship at Children's National Medical Center, DC

Zoya Treyster - Private Practice, New York, NY

Daniel Yu - Pediatric Emergency Medicine Fellowship at Johns Hopkins University

2nd Year Graduates

Samantha Coffino - Pediatric Neurology Resident at NYP Morgan Stanley Children's Hospital

OBGYN

4th Year Graduates

Margo Harrison - Global Women's Health Fellow at CUMC

Jana Halfon - Global Women's Health Fellowship at Duke University

Julie Kuperman - Family Planning fellowship, UCLA

Eugenia Kuo - Obstetrics/gynecology at Valley Hospital, Ridgewood, NJ

Laureen Ojalvo - Gynecology-Oncology fellowship at Johns Hopkins University

Moeun Son - Maternal-Fetal Medicine fellowship, Prentice Women's Hospital-Northwestern Memorial Hospital

Fellows Corner



Noelia Zork, MD completed residency in OBGYN at Harbor-UCLA in Los Angeles, then completed fellowship training in Maternal-Fetal Medicine at CUMC. During her fellowship she collaborated with investigators in the Department of Mechanical Engineering to study collagen crosslinking in the human cervix, and is grateful for the teaching and mentoring that she has received. Dr. Zork will join the faculty practice at Columbia.



Cara Pessel, MD developed an interest in maternal and fetal health during her medical school rotation at Columbia. After her residency in OBGYN at New York University, she returned to CUMC for a Maternal-Fetal Medicine fellowship. Her research focused on the mechanism by which progesterone prevents preterm birth, and the optimal surveillance strategy for mono-chorionic-diamniotic twin gestations. After graduation, Cara will join the MFM faculty practice at North Shore University Hospital.



Sara Brubaker, MD, MPH completed residency at the Brigham and Women's/Mass General Hospital program, then did a reproductive infectious disease fellowship at UCSF with a focus on the care of HIV infected pregnant women. She started a MFM fellowship at Columbia in 2011, during which she evaluated the impact of vaginal progesterone on twin pregnancies complicated by short cervix and patterns of antibiotic use in the US at the time of cesarean delivery. Sara cared for pregnant women in the CUMC HIV clinic and deeply appreciates the mentorship of Dr. Sree Gaddipati. She will join the MFM faculty at NYU in September.



Daniel Kort, MD, is a third-year fellow in the Division of Reproductive Endocrinology and Infertility. He completed medical school at the University of Kansas, followed by residency in OBGYN at Columbia. He has spent the last 18 months working in the laboratory of Dieter Egli, PhD, investigating mitotic errors that occur in early human development.

OBGYN Resident and Fellows research

George E, Tergas AI, Lewin SN, Burke WM, Prendergast E, Lu YS, Herzog TJ, Wright JD. Comparative effectiveness of radical hysterectomy in elderly women with cervical cancer. 45th Annual Meeting on Women's Cancer. Tampa, FL. March 22-25, 2014.

Kostolias A, Herzog TJ, Prendergast E, Hershman DL, Wright JD. Diffusion and outcomes of robotic adnexal surgery. 61st Annual Scientific Meeting of the Society for Gynecologic Investigation. Florence, Italy. March 26-29, 2014.

Dinkelspiel HE, Zimmerman LD, Lewin SN, **Tergas AI, Burke WM, Lu YS, Herzog TJ, Wright JD.** Use and duration of chemotherapy and its impact on survival in early-stage ovarian cancer. 45th Annual Meeting on Women's Cancer. Tampa, FL. March 22-25, 2014.

Drassinower D, Ananth CV, Pessel C, Zork N, Brubaker SG, Vani K, Vink J. The cervix after cerclage. Oral presentation at NY Perinatal Society.

Upcoming Events

AUGUST 14, 2014

Junior Faculty Investigator Program – Research Conference

4:00 – 5:30 PM, CHONY 10 NORTH, 10-25 CONFERENCE ROOM

The monthly Junior Faculty Development Conferences provide junior faculty a forum in which to obtain collaborative input from experienced investigators on topics relevant to research growth and on their specific research. The conferences also facilitate exchange of ideas and collaboration across divisions, departments, and schools. Over the past year many junior faculty members in Pediatrics presented their research goals and received constructive feedback from both senior faculty and other junior faculty to aid in preparing grant submissions. The research conference is held on the second Thursday of each month. For more information, contact Sharon Davis at 212-305-8458 or sd27@columbia.edu.

SEPTEMBER 15, 2014

Babies Heart Fund Children's Cup Golf Classic

QUAKER RIDGE GOLF CLUB

Save the date! For more information, contact Erin Jadney at 212-304-7223 or erin.jadney@columbia.edu.

SEPTEMBER 29, 2014

New and Promoted Pediatric Faculty Reception

5 – 7 PM, THE FACULTY CLUB

All faculty are invited. For more information and to RSVP contact Peggy Dubner at 212-305-2025 or ml977@columbia.edu.

OCTOBER 1, 2014

19th Annual Sylvia P. Griffiths, MD, Lectureship and Teaching Day

VIVIAN AND SEYMOUR MILSTEIN FAMILY HEART CENTER

SAVE THE DATE! For more information contact Erin Jadney at 212-304-7223 or erin.jadney@columbia.edu.

OCTOBER 23, 2014

Hope & Heroes Annual Dinner

6:30 PM, THE LIGHTHOUSE AT CHELSEA PIERS, NYC

Presenting the Legacy of Hope Award to The Hoffman Family. For more information and to RSVP contact Kathryn Leibby at 212.305.5010 or KL2601@cumc.columbia.edu.

Endowed Professorships in Pediatrics and OBGYN

A CONVERSATION BETWEEN MARY D'ALTON, MD
& LAWRENCE STANBERRY, MD, PHD

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Dr. D'Alton: Speaking together for both of our departments, Dr. Stanberry and I want to leave as much of a legacy as we can toward the future missions of our departments, and one of the ways we can do that is by building these endowments. Since professorships are endowed in perpetuity, they are a gift that keeps on giving. And for the physician who is awarded an endowed professorship, this may be the pinnacle of his or her career; it's enormously gratifying to be recognized by the department, the medical school, or by grateful donors.

Dr. Stanberry: The largest gifts support senior faculty. Here at Columbia the gift requirement is currently \$2.5 million to establish an endowed professorship for a full professor; \$2 million for an associate professor; and \$1.5 million for an assistant professor. These endowed professorships are critically important for the success of our academic programs; they're one of the tools we use to recruit and retain very talented faculty to Columbia, and to build the necessary programmatic support for those faculty.

Generally we see a return of 4-5% off of the corpus of the gift, so a \$2.5 million chair returns about \$100,000 annually, which can be used for a variety of purposes: offsetting salary support, supporting the faculty member's research or educational activities, supporting pilot projects, or in a variety of ways to support his or her important programs.

Dr. D'Alton: If a senior faculty has a significant program, some of those funds could be used to support their own salary, and then the salary that they generate through grants or through clinical earnings could support further growth in the program. So it is an enormous value in building programs.

Dr. Stanberry: Because they're named professorships—named after a donor, or a faculty member perhaps—they carry a great deal of prestige, and the best and the brightest individuals we bring in to Columbia are looking for that kind of prestige. Offering them an endowed professorship is important as a recruitment tool.

We are also looking to develop endowed professorships to be held by junior faculty members, but only for perhaps a five-year period. In that setting the money generated by the endowment might be used to support their research programs as part of their startup package, and allow them to get established, and then obtain independent funding from other sources like the National Institutes of Health (NIH). At that point the chair can move to a new recruit, so endowed professorships can be used to keep bringing in very promising young people.

Dr. D'Alton: We have a great example in our department, and that is the Levine Family Professorship, which was set up specifically for five years to be given to a faculty member who shows enormous promise. The first recipient was Jason Wright, MD, and three years subsequent to this funding he secured a major NIH grant. He will be now transferring to a different endowed chair in the department, leaving the Levine Family Professorship open for another faculty member. So that is an example, as Dr. Stanberry said, of funding that helps young people expand their careers at a very crucial time and ensure the longevity of their careers.

Donors are inspired to give these kinds of gifts for a variety of reasons. Because OBGYN is predominantly a clinical department, gifts generally come from patients, and the donors have been very happy about the care

Endowed Professorships in Pediatrics and OBGYN

- **Reuben S. Carpentier Professorship** (Pediatrics) – est. 1904
Lawrence R. Stanberry, MD, PhD
- **Willard C. Rappleye Professorship** (OBGYN) – est. 1964
Mary D'Alton, MD
- **Virgil G. Damon Professorship** (OBGYN) – est. 1976
Mary D'Alton, MD
- **James A. Wolff Professorship** (Pediatrics) – est. 1990
Gary Brittenham, MD
- **Welton M. Gersony, M.D. Professorship** (Pediatrics) – est. 2000
Julie Vincent, MD
- **Levine Family Professorship of Women's Health** (OBGYN) – est. 2008
Jason Wright, MD
- **Charles and Marie Robertson Professorship** (OBGYN) – est. 2008
Jan Kitajewski, MD

- **Garrett Isaac Neubauer Assistant Professorship** (Pediatrics) – est. 2009
Ganga Krishnamurthy, MD
- **John M. Driscoll, Jr, MD and Yvonne T. Driscoll, MD Professorship** (Pediatrics) – est. 2010
Anne Gershon, MD
- **Robert and Ellen Kapito Professorship** (Pediatrics) – est. 2013
Andrew Kung, MD, PhD
- **William T. Speck, M.D. Professorship** (Pediatrics) – est. 2013
Richard Polin, MD
- **Hillary Rodham Clinton Professorship of Women's Health** (OBGYN) – est. 2014
Lynn Simpson, MD

The following chairs will be awarded in the next few years:

- **Sol Goldman Professorship of Gynecologic Oncology** (OBGYN) – est. 2013
- **James R. Malm, MD Professorship** (Pediatrics) – est. 2014

- **To Be Named Professorship of Women's Health** (OBGYN) – est. 2014
- **Hope & Heroes Professorship** (Pediatrics) – est. 2015
- **Wyeth-Ayerst Professorship in Women's Health** (OBGYN) – est. 1998

The following chairs have been committed through estate plans:

- **Charisse Chinery Professorship of Pediatrics**
- **Martin A. Nash, MD Professorship** (Pediatrics)
- **Rustin McIntosh, MD Professorship** (Pediatrics)
- **L. Stanley James Associate Research Professorship** (Pediatrics)



that they have received. For instance, some patients may have had a very good obstetrical outcome and wonderful care in our neonatal intensive care unit. You can imagine, for example, the joy a family feels when they've had a previous history of a child with significant abnormality followed by, because of great care, a different outcome with the next child. Another is the treatment of cancer; when a cancer can be cured or when a patient's life can be made better, patients are usually phenomenally grateful. Others may have had lifelong care from a physician who they really loved, and they believe in the mission of our department.

Dr. Stanberry: I would say that endowed professorships are going to continue to benefit our departments for literally generations to come. So if a donor is looking for a living memorial to their family or a family member or to a physician who has really been impactful in their lives, a professorship, once established, goes on in perpetuity. For example, I hold the Reuben Carpentier Chair of Pediatrics, and it's the oldest endowed professorship at the College of Physicians and Surgeons; it was established in 1904 and has continued to support pediatric programs for more than a century. And because Columbia is one of the oldest institutions in the United States, there's a certain amount of prestige not only in holding an endowed professorship, but also holding one at Columbia.

Dr. D'Alton: We've had the experience in our department where one of our professorships grew to such a level that we were able to split it. The original gift not only supports a major person in our department, but it became so large that we were able to split the gift with the consent of the surviving family members; they were absolutely thrilled about the far-reaching impact of this chair, which now supports two programs.

Dr. Stanberry: We're almost to that place with one of our older chairs as well, so it does speak, I think, to the terrific financial management of Columbia University when it comes to these gifts, that the covenant around the establishment of the professorships is absolutely sacred to the university.

Dr. D'Alton: The stewardship of the gifts at the university has been, I think, nothing short of outstanding.

We're very fortunate to have a Vice Chair of Obstetrics and Gynecology in Development, Dr. Richard Levine, and to have the same position in Pediatrics, Dr. Michael Weiner. Both have been key in establishing the new professorships.

Dr. Stanberry: These two Vice Chairs are essential. To help donors feel comfortable making such a large donation, we need to make certain they understand our programs and understand exactly how the money will be used. As Dr. D'Alton said, they're often drawn to us either because they've been grateful patients, or in the case of pediatrics, perhaps grateful parents or grateful grandparents; or they could be drawn to our mission. And Drs. Weiner and Levine are really critical in helping donors better understand just how impactful their gifts will be.

OBGYN and Pediatrics get significant support from the team in medical school's development office under the leadership of Amelia Alverson. "Leah Bentley, Emilie Langoleh, and Jesse Rodriguez have all been of enormous support to me and Dr. Stanberry and to Drs. Weiner and Levine, in advancing our mission," says Dr. D'Alton.

Pediatric Ethics

CONTINUED FROM PAGE 1

her to know? Questions and conflicts like these are profoundly troubling and are inherent in the practice of medicine—and tend to be even more complex when the patient is a child. At their most confounding they can divide parents, children, and the medical team. Members of the Pediatrics Department's ethics committee are charged with mediating and advising these constituents, and helping them find resolution.

The issues that come to the ethics committee arise most frequently around the care of children who are in the pediatric or neonatal intensive care units, who have cancer, or who are undergoing challenging procedures such as bone marrow transplantation, explains John Driscoll, MD, ethics committee chair and former Chair of Pediatrics. "Some cases are about end-of-life, others are about decision-making processes, still others are questions of disclosure to a child about his or her prognosis and condition," he says. The committee formally consults on about 12 cases a year, and is involved in many more, informal "curbside" consults, and six core members are on call at any time for an immediate consultation.

The ethics committee's full 30 or so members include doctors, clergy, lawyers, philosophers, social workers, and nurses, and this multidisciplinary group is very representative of the Morgan Stanley Children's Hospital community, says George Hardart, MD, ethics consultant and former Chair of the Committee. After decades of experience, "our committee is mature, robust, and very professional," he says. "There is an emerging code of professional competencies and standards in the field of clinical bioethics, and we meet those and then some."

Dr. Driscoll was instrumental in starting the committee 35 years ago, when he ran the neonatal intensive care unit of the then-named Babies Hospital. "Our unit had a history of engaging parents long before others did," he recalls. "Even in 1967 we welcomed parents in our unit 24 hours a day, while in other units parents watched through a window." After attending a course on medical ethics, Dr. Driscoll says he became concerned, "that we were not as parent-friendly as we believed." His concern prompted the hospital to form one of the first pediatric ethics committees in the country in 1978. So when the New York State Health Department promulgated a regulation in 1984 that hospitals had to have an ethics committee, CUMC was ahead of the curve, and Dr. Driscoll's group assumed that role for the entire Babies hospital.

Then as now, anyone who has an issue with the way a child is being managed—the patient, their family, physicians, nurses, social workers, clergy, administrators—can bring a case to the committee, but its role is strictly advisory, Drs. Hardart and Driscoll say. The authority to make decisions about a child's care remains with the patient, family, and care team. Most consultations involve three committee members, but when a case is particularly difficult or institutionally complex the full ethics committee is called on to meet.

"The team meets with the family, the medical team, and other stakeholders in the situation," Dr. Hardart says, "and learns about the competing moral claims, treatment alternatives, and the values, preferences, and interests of all those involved. The team then formulates a summary and makes a recommendation. Often, just by going through the process, and communicating and discussing the problem, doctors and parents are able to resolve these issues."

The ethics of caring for sick children involves very particular complexities, Drs. Hardart and Driscoll say. Conflict can arise between the medical team and the rights and responsibilities of parents to make decisions for their child about what's in the child's best interest. "In adults we would ask, what do we know about their wishes?" says Dr. Hardart. "Depending on their developmental age children may or may not be

able to speak for themselves, and in many cases we only have what the parents say. There is no other time when one person is given that much power over another."

Dr. Driscoll adds, "In an adult situation—when we're talking about the outcome of treatment—we know who they're going to be. With an infant there is extreme uncertainty—we don't have a whole lifetime to look at for guidance—and babies have extreme potential to develop. This is a morally charged time, filled with tremendous uncertainty."

Ethicists and caregivers face new quandaries rooted in genomic testing and the incidental findings that can emerge from testing, new technologies that can extend and improve lives, and the Internet. "Parents are often very well educated," Dr. Driscoll says. "They have contacted other hospitals and parental organizations and know a whole lot about their child's condition. When I was a younger doctor, a very common question from parents was, 'what would you do if this was your child?' Today the tables are turned, and I ask parents, 'what do you know about your child's condition?'"

As medical ethics has evolved over the past decades, a new approach to resolving conflict has emerged: mediation. "Cases that can be resolved through mediation differ from classical ethical dilemmas, in which there are competing moral claims—for example, do not kill versus relieve suffering," says Dr. Hardart, and by some estimates half of the cases that come before medical ethics committees are not ethics cases at all but mediation cases, Dr. Driscoll adds. But very often moral claims and conflicts are tangled together. The committee's core consultants have gotten formal training in mediation, and in their role as mediators they remain impartial and work to bring parties with conflicting interests to a principled resolution. "Trained mediators help people be explicit about their interests, and when we get the parties to talk and make those interests explicit, the moral issue often dissolves," Dr. Hardart says.

Another new development in ethics at CUMC is the Program in Women's and Children's Bioethics, which was launched two years ago with Dr. Hardart as Director. The program's mission is to conduct research, develop educational programs, and provide leadership on the ethical challenges faced by expectant mothers, children, clinicians, scientists, and health care providers. "Our purpose is to bring together the abundant academic talent and expertise in bioethics we're fortunate to have here at Columbia, and to enable and support the empirical and theoretical research in ethics conducted both independently as well as collaboratively by our faculty," says Dr. Hardart. And while some other leading children's hospitals around the country are forming pediatric ethics programs, "we are the only one that seeks to integrate and study the ethical issues encountered in maternal-fetal medicine in a collaboration with the Department of OBGYN," he adds.

Dr. Driscoll notes that during his lifetime, "the level of expertise in bioethics has increased geometrically, and it's a different ballgame." The fundamental goals are unchanged though, he says, and while helping all the parties involved work toward decisions that are in a child's best interest, "it's most important to avoid the loss of trust between the child and parents, and between the parents and the medical care team."

— *Beth Hanson*