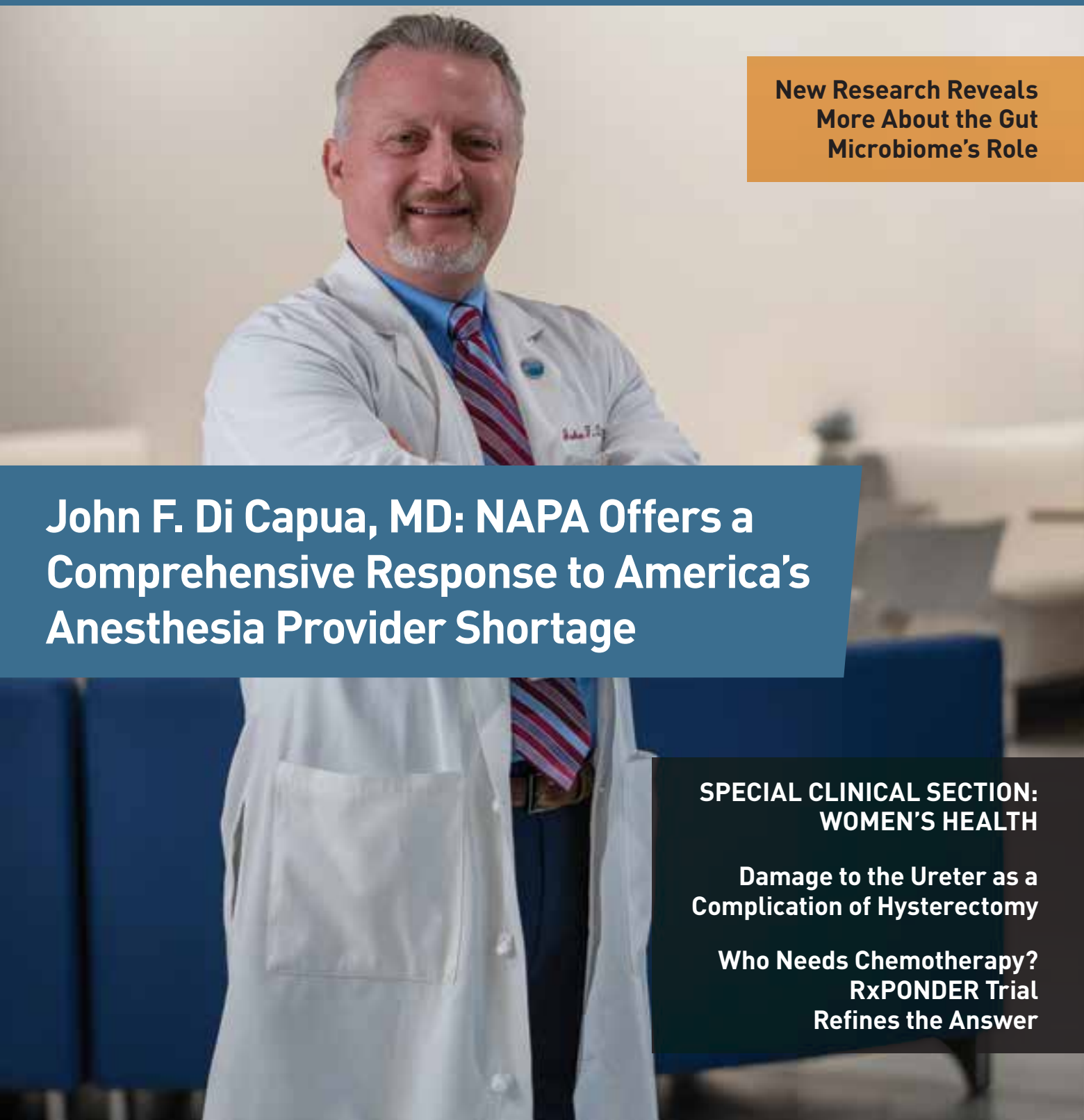
MANHATTAN

| Winter 2022 |

MDNEWS®

■ A BUSINESS & PRACTICE MANAGEMENT MAGAZINE | ABOUT PHYSICIANS | FROM PHYSICIANS | FOR PHYSICIANS ■



New Research Reveals More About the Gut Microbiome's Role

John F. Di Capua, MD: NAPA Offers a Comprehensive Response to America's Anesthesia Provider Shortage

SPECIAL CLINICAL SECTION: WOMEN'S HEALTH

Damage to the Ureter as a Complication of Hysterectomy

Who Needs Chemotherapy? RxPONDER Trial Refines the Answer

MEET LONG ISLAND'S TEAM FOR BRAIN & SPINE CARE

Neurosurgery

Michael H. Brisman, M.D.
Trigeminal Neuralgia
Brain Tumors

Jeffrey A. Brown, M.D.
Neuropathic Facial Pain

Jonathan L. Brisman, M.D.
Neurovascular Neurosurgery
Endovascular Neurosurgery
Brain Tumors

Brian J. Snyder, M.D.
Parkinson's Surgery
Epilepsy Surgery
Pain Surgery

John A. Grant, M.D.
Pediatric Neurosurgery
Neurovascular Neurosurgery
Brain Tumors

Paolo A. Bolognese, M.D.
Chiari I Malformation
Syringomyelia

Xavier P.J. Gaudin, D.O.
Spine Surgery

William J. Sonstein, M.D.
Spine Surgery

Artem Y. Vaynmen, M.D.
Spine Surgery

Stephen T. Onesti, M.D.
Spine Surgery

Sachin N. Shah, M.D.
Spine Surgery

Vladimir Y. Dadashev, M.D.
Spine Surgery

Benjamin R. Cohen, M.D.
Spine Surgery

Yusef Imani, M.D.
Spine Surgery

Ramin Rak, M.D.
Spine Surgery
Brain Tumors

Donald S. Krieff, D.O.
Spine Surgery

Zachariah M. George, M.D.
Spine Surgery

Daniel M. Birk, M.D.
Spine Surgery

Neuroendovascular Surgery

John Pile-Spellman, M.D.
Neuroendovascular Surgery

Jae Choi, M.D.
Cerebrovascular Neurology

NSPC
Brain & Spine Surgery

1-800-355-1100 | nspc.com

Scan here to request a consultation

Rockville Centre | Lake Success
Bethpage | Commack | West Islip
Port Jefferson Station | Manhattan

contents

WINTER 2022

COVER FEATURE

JOHN F. DI CAPUA, MD: NAPA OFFERS A COMPREHENSIVE RESPONSE TO AMERICA'S ANESTHESIA PROVIDER SHORTAGE 06

NAPA aims to bridge the gap and empower anesthesia professionals with a culture that supports recruitment and retention.

FEATURES

NEW RESEARCH REVEALS MORE ABOUT THE GUT MICROBIOME'S ROLE IN REGULATING THE CIRCADIAN RHYTHM AND METABOLISM 12

A University of Chicago research lab is exploring the gut microbiome's many functions.

HEALTHIER LIFESTYLES MAY EXPLAIN LONG-TERM HIP FRACTURE DECLINE 18

A new study finds that decreases in two osteoporosis risk factors help account for a decline in hip fracture rates over the past 40 years.

BEST PRACTICES DEFINED FOR GENETIC TESTING IN CARDIAC AND VASCULAR DISEASES 26

Genetic testing for certain cardiovascular diseases provides insights for customized prevention and treatment approaches; however, the benefits may accrue to only a subset of patients.

SPECIAL CLINICAL SECTION: WOMEN'S HEALTH

WHO NEEDS CHEMOTHERAPY? FOR BREAST CANCER PATIENTS, THE RXPONDER TRIAL REFINES THE ANSWER 22

Some women with HR-positive, HER2-negative breast cancer may be able to forgo chemotherapy. The RxPONDER trial helps identify which women would be best served by hormone therapy alone.

STUDY: SEXUAL FUNCTION STATIC OR IMPROVED AFTER PELVIC ORGAN PROLAPSE SURGERY 24

The results may offer surgeons new ways to discuss the procedure with patients.

DEPARTMENTS

INNOVATION TECHNOLOGY 11

FINANCIAL CHECKUP 14

PEOPLE IN THE NEWS 16

DATA VAULT 20

LEGAL EASE 21

LOCAL NEWS 28

UPCOMING CME EVENTS 30

from the PUBLISHER

Dan Senkiw
PUBLISHER
Manhattan

dansenkiw@
lexmediagroup.com
914-967-6565

Greetings, and welcome to *MD News* Manhattan.

The pandemic, along with other factors, has created hardships for medical professionals in many specialties, resulting in burnout and provider shortages. In this issue we focus on anesthesiology, where North American Partners in Anesthesiology (NAPA) delivers solutions to burnout, provider shortages and more. NAPA offers an employment model that serves facilities well, while empowering anesthesia specialists at every stage of their career. John F. Di Capua, MD, CEO of NAPA, delves into the details.

Our clinical section looks at women's health. We take up the question of treatment modalities for HR-positive, HER2-negative breast cancer. The RxPONDER Trial suggests that some groups of women would be best served by hormone therapy alone, while others do best with a combination of hormone therapy and chemotherapy. In a separate article, we report on a study showing that many women experience improved sexual function after pelvic organ prolapse surgery. We also share legal advice about hysterectomy complications, courtesy of the experts at Martin Clearwater & Bell LLP.

In other articles, we share research by University of Chicago scientists who suggest the microbiome influences the body's circadian rhythms. We also review research on genetic testing for certain cardiovascular diseases. A separate article examines good news about hip fractures, which are on the decline. We round off this issue with financial advice from Dave Rao and a selection of area hospital and healthcare news.

Contact me at 914-967-6565, @MDNewsMetroNY or dansenkiw@lexmediagroup.com to discover how *MD News* can inform area physicians about your organization's technologies and capabilities.

Regards,

Dan Senkiw

MD NEWS

Manhattan

Publisher: Dan Senkiw

Managing Editor: Valerie J. Dimond

President and CEO: Eric Silberman

Marketing Director: Andrew King

Vice President of Creative Services: Eric Jackson

Vice President of Operations: Tyler Hardekopf

In Memoriam: Robert J. Brennan, Founder

Account Manager: Jennifer K. Matthew

Designer: Skye Childers, Boaz Goudzward, Kimmi Patterson

Creative Services: Jenny Havron, Jenn McCormick, Jennifer Oncay

Production: Wade Sain

Financial Services: Ashley Byrd

Audience Development: Debbie Dodski

MD News is published by **True North Custom**

1301 Riverfront Parkway, Suite 101
Chattanooga, TN 37402-3312
423-266-3234 | truenorthcustom.com

POSTMASTER:

Please send notices on Form 3579 to 1301 Riverfront Parkway, Suite 101, Chattanooga, TN 37402-3312.

Advertise in *MD News*

For more information about advertising in the *MD News* Manhattan edition, contact Dan Senkiw at 914-967-6565 or dansenkiw@lexmediagroup.com.

Contact Information

Send press releases and all other information related to this local edition of *MD News* to dansenkiw@lexmediagroup.com or via fax to 914-967-1165.

05-894

TRUE NORTH CUSTOM

Insurance Solutions for New York's Medical Community

EMPRO INSURANCE

MEDICAL MALPRACTICE INSURANCE

We've got you covered.

- Customized Insurance Solutions
- Personalized Underwriting
- Comprehensive Coverage Options
- EmPROConnect℠ - a suite of web-based tools for 24/7 access
- Aggressive, Data-Driven Claims Defense
- Effective Risk Management Strategies
- Free New York State Excess Liability Coverage (Section 18)*
  * subject to availability and eligibility requirements
- Flexible Payment Options
- Peer Support Programs

Trust, Professionalism & Exceptional Service

www.myempro.com | 516-365-6345

1800 Northern Blvd., Roslyn, NY 11576

NAPA clinicians providing anesthesia services

John F. Di Capua, MD: NAPA Offers a Comprehensive Response to America's Anesthesia Provider Shortage

BY ROBIN OVERBAY

THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES PREDICTS THE U.S. WILL FACE A SHORTAGE OF UPWARDS OF 120,000 PHYSICIANS WITHIN THE NEXT DECADE — AND THE ANESTHESIOLOGY PROFESSION IS ALREADY EXPERIENCING SIGNIFICANT STAFFING SHORTAGES. NAPA BELIEVES THE SOLUTION TO BRIDGING THIS GAP IS STRONG LEADERSHIP AND TEAM CULTURES THAT SUPPORT RECRUITMENT AND STRENGTHEN RETENTION.

ADAM SMITH, OFTEN dubbed the father of modern economics, first popularized the law of supply and demand. For the anesthesia profession, this theory is becoming increasingly more relevant.

"As it pertains to two key specialties that are very important to dealing with acute life-changing events — anesthesia and perioperative nursing — across the nation, health care has experienced a major staffing shortage for quite some time," says **John F. Di Capua, MD**, CEO of North American Partners in Anesthesia (NAPA). "In anesthesia, we are in a critical shortage today."

DEMAND OUTWEIGHS SUPPLY

Anesthesia staffing shortages result from multiple factors. One in particular is a marked increase in demand for anesthesia providers. Some of the circumstances influencing demand for anesthesia include:

+ A growing aging patient population in the U.S. seeking surgical and pain management services
+ Increased use of anesthesia clinicians who medically manage complex cases in outpatient settings
+ Medical innovations that offer greater surgical treatments for sicker patients

According to the U.S. Census, Americans over the age of 65 will make up 21% of the U.S. population by 2030. Increased longevity places increased

demand on the medical profession. As Americans age, their risk of having a condition that leads to surgery, or other procedures that require anesthesia, increases.

"People over 65 require twice as much surgery as people under 65," notes Dr. Di Capua, "and anesthesia is an essential component of the perioperative process."

EXPANDED CARE SETTINGS

Historically, anesthesia professionals worked only in hospital operating rooms (ORs). In recent years, the Centers for Medicare & Medicaid Services has approved thousands of procedures — many of them complex — to move into an ambulatory setting. Today, that shift continues, now including office-based settings. This evolution of surgery enables many patients to receive care in a more accessible environment, and gives clinicians more control over their schedules. However, this migration of cases spreads the existing anesthesia clinician population even thinner to maintain exceptional levels of quality, safety and satisfaction for patients and surgeons.

"Hospitals are using anesthesiologists in the same or greater capacity as they were previously, due to population growth and overall increased demand," Dr. Di Capua says. "We're expanding in hospitals, and we are also exploding in the ambulatory space."

MEDICAL INNOVATION AND OTHER FACTORS DRIVING DEMAND

The advent of interventional cardiology, gastroenterology and radiology techniques and less invasive procedures has accelerated the demand for anesthesia providers. Due to the increase in less invasive procedures, more patients are now considered candidates for surgery who would not have been candidates for traditional, open approaches.

"Medical innovation has created a whole new class of treatments that can benefit people who would not have previously been candidates for surgery, and that's wonderful," Dr. Di Capua says. "However, these innovative procedures have increased the total volume of procedures/surgeries anesthesiology is asked to cover."

SUPPLY SIDE SHORTAGE FACTORS

Other factors have impacted the supply of anesthesiologists and related professionals by reducing the number of providers in the field, including:

+ Changes in reimbursement structure
+ Clinician burnout
+ Inability of training programs to offer enough placement opportunities for medical students seeking the field of anesthesiology
+ Long training times for anesthesiologists, certified registered nurse anesthetists (CRNAs) and certified anesthesiologist assistants (CAAs)
+ Retirements in the profession due to COVID-19 and other reasons

The causes for increased demand — longevity, pushing to lower cost environments and medical innovations — are what Dr. Di Capua considers positive factors within our society that unintentionally affect the nation's clinician shortage. However, he sees many of the supply side aspects, such as burnout and reimbursement changes, as negative factors — disincentives for people to practice anesthesia.

BARRIERS TO TRAINING

"We are not keeping up with students learning the procedures they need to do through training; in fact, we are falling behind," Dr. Di Capua says. "The federal government supports medical education, but there has been a federal cap on GME funding — the money that is being used to train physicians of various specialties — for decades. This has resulted in significant challenges for hospitals to train new medical professionals and keep up with the population explosion."

YEARS OF BURNOUT

Society is aware of nursing shortages brought on by the pandemic and clinician burn out. However, the anesthesia space was already experiencing a shortage. For years leading up to the pandemic, anesthesia providers were asked to work late or to work additional shifts, and through the good will of those providers — anesthesiologists, CRNAs and CAAs — they were able to support their communities.

"During the pandemic, elective surgery pretty much shut down, but that doesn't mean that anesthesia providers were not needed or weren't heavily utilized," Dr. Di Capua says. "They drew upon their critical care training to help cover ICUs and form intubation teams. After the pandemic, anesthesia departments began to acutely feel the effects of years of shortages. People go into medicine because they truly want to help, but you start to uncover the true shortage when people stop giving that extra bit of themselves."

As a result, people in anesthesia are retiring at a record rate.

NAPA clinicians consulting with a patient

> "I have a lot of respect for the people who have entrusted their careers to our organization. I want to do the very best I can for them."
>
> **— JOHN F. DI CAPUA, MD, CEO OF NORTH AMERICAN PARTNERS IN ANESTHESIA**

NAPA is a clinician-led organization. (L–R) John F. Di Capua, MD, Chief Executive Officer; Leo Penzi, MD, EVP and Chief Medical Officer; Rafael Cartagena, MD, EVP and Chief Operating Officer

"The pandemic really accelerated the retirement trend because a lot of people in medicine have their own comorbidities and did not feel safe," Dr. Di Capua says.

THE NO SURPRISES ACT

Political changes have also contributed to the supply of anesthesia providers. In order to balance Medicare budgets, the federal government has started to reduce physician payments. Additionally, the No Surprises Act was passed earlier this year. This act specified that patients getting emergency care from out-of-network providers at an in-network facility would not be charged more than the in-network cost. The Act also banned balance billing for supplemental care, including anesthesia services.

"I'm a big supporter of the idea of not surprising patients when they're at their most vulnerable point, but congressional intent was not used in creating the law," Dr. Di Capua says. "The law that first came out deviated sharply from congressional intent, and it functioned more like a lever to help commercial insurance companies decrease professional reimbursement."

In a profession already facing a shortage of clinicians, long work hours and burnout, reducing reimbursement perpetuates this shortage by encouraging even more early retirements. This attrition only increases healthcare labor costs, as medical centers facing heavy competition often feel the need to offer higher salaries to attract and retain the remaining pool of anesthesia providers. Higher labor costs have also resulted in a record number of practice closures in this specialty, Dr. Di Capua explains, affecting access to care in many regions, including lower income and rural communities.

"We are at a point that I thought I would never see in my career," Dr. Di Capua says. "Hospitals may not have enough anesthesia providers to support their patient population."

The No Surprises Act has also created excessive bureaucracy, challenging providers who do not have the time or expertise to navigate unfamiliar territory.

"Our nationwide infrastructure and teams within NAPA who are experts in areas such as the Independent Dispute Resolution Process — brought about as a result of the Act — take that load off of our providers," Dr. Di Capua says. "That definitely improves the environment and the vacancy rate."

NAPA'S COMMITMENT TO PROVIDING SOLUTIONS

NAPA takes a leading role in addressing the problem surrounding supply and demand by creating a company culture that supports anesthesia clinicians and the organization's medical facility partners. Nearly 500 healthcare sites trust the company to provide collaborative, patient-centered anesthesia and pain management care in a wide variety of settings.

"We committed to one specialty, and we committed to be a destination of choice for all providers," Dr. Di Capua says.

As a clinically run organization, the NAPA philosophy embraces the clinical side of the specialty, but also supports nonclinical colleagues for their business expertise.

"The combination of the two is like one plus one equals three," Dr. Di Capua explains. "We've scaled our organization to support clinicians. That support results in both clinicians and non-clinicians who have enough resources and time to truly mentor our clinical leaders, participate in research and work with our medical facility partners to determine how we can assist them with their strategies and their challenges."

Although NAPA is a large organization, it has ample resources to support teams locally in the field rather than relying on remote teleconferences to find solutions.

"That investment of connecting the scale of the company to the frontline of care is unique to us," Dr. Di Capua says. "It makes people feel supported in their communities despite this challenging time."

As the face of medicine constantly changes, NAPA embraces the changes to accommodate the diverse needs of professionals working in various settings.

"We know that we have to provide the right environment for different people," Dr. Di Capua says. NAPA works hard to satisfy providers in every environment within the anesthesia arena — from those who prefer the challenges of complex cases and quaternary referral centers to those who strive for work-life balance and more bread-and-butter cases.

"We were very diligent in expanding to all these environments," Dr. Di Capua says. "There is a place for everyone who joins the organization and the flexibility to shift their focus as their personal life and career goals evolve."

INVESTING IN PROFESSIONAL DEVELOPMENT

NAPA's investment in internal training programs gives professionals within the organization, both clinical and non-clinical, the opportunity to expand their knowledge and take on different tasks, responsibilities and roles throughout their career. Dr. Di Capua is a prime example, starting his career as a clinician before transitioning into clinical leadership, academics and later a corporate leadership role at NAPA.

"The ability to try new things and pursue your curiosities under this big umbrella called health care is a tremendous benefit for clinicians. That is why we make those opportunities and pathways available to all the clinicians in our organization," Dr. Di Capua says, adding that NAPA's leadership training program takes about a year to complete. "We really get right to the tools that anesthesia clinicians are going to need to be successful as leaders within their teams and in partnership with their facility leaders. Much of this training is something one never receives during medical education."

Those who complete the curriculum may later qualify for leadership roles integral to company expansion. It also facilitates better working relationships with their peers and colleagues.

SUPPORTING ANESTHESIA PROFESSIONALS AT WORK

Creating a destination of choice is a fundamental aspect of NAPA's philosophy. To attract providers preferentially over other facilities, NAPA partners with facilities to create healthy work environments that help lessen some of the burdens often placed on providers, enabling them to focus on patient care.

"We feel responsible to our facility partners who have placed their confidence in us to do the best that we can to have the most ideal clinical vacancy rates, and one way to do that is by creating an environment in which clinicians want to work and fully focus on their craft," Dr. Di Capua says.

PIPELINE TO THE FUTURE

NAPA's residency and fellowship programs train future anesthesiologists to help meet the growing demand for these specialists.

"It's the responsible thing to do now," Dr. Di Capua says. "We are partnering with our institutions because meeting the community need is paramount. We have made the decision to put aside financial considerations and just say, 'Let's train more people.'"

(L–R) Dr. Di Capua; Sheldon Newman, MD, Regional Vice President, Clinical Services, New England Region

In the short term, anesthesia residents can contribute to the workforce, and in the long run, NAPA's residency program builds a supply of seasoned anesthesiologists. NAPA's residency programs also expose participants to the business dynamics of anesthesiology prior to graduation.

"We even created an administrative fellowship that allows clinicians in training to come spend time with us so they get an immersive experience on what is happening as an industry," Dr. Di Capua says.

Dr. Di Capua meeting with peers at a medical conference where he was featured as an expert speaker

NAPA by the Numbers

+ 21 states
+ Nearly 500 facilities
+ 6,000+ clinicians
+ Nearly 3 million patients annually

RESEARCH AND DIVERSITY

For more scientifically oriented students, NAPA helps fund research opportunities.

"We aim to increase the training of clinicians by investing in the academic mission of the specialty," Dr. Di Capua says. "NAPA is a proud supporter of Foundation for Anesthesia Education and Research, an organization that supports young clinical investigators."

Diversity is also a primary focus of their program. NAPA has made investments in Case Western Reserve University to increase the number of women and minority groups represented in medicine, and Diversity CRNA to expand mentorship. NAPA believes society benefits as a whole from a broader portion of the population becoming professionals in anesthesia, inspiring the next generation of caregivers and offering patients clinicians who represent them.

A SUPPORTIVE WORK CULTURE

NAPA hired about 1,000 people throughout the pandemic, when many other organizations had either stopped recruiting or furloughed providers. By taking the opposite approach, Dr. Di Capua says, "Our providers saw that when they were most at risk, we actually took care of them and doubled down on recruiting people to work."

To stay in touch with clinicians in the field and keep the company aligned, NAPA holds an annual meeting, along with corporate and regional town hall meetings to communicate and collaborate with their clinicians. NAPA's dedication to provider well-being is paying off, as many of its recruits are referred by people who already work for the organization.

A DEDICATION TO MEASURABLE OUTCOMES

NAPA elected to track quality outcomes data to improve patient safety and outcomes well before the industry required healthcare providers to collect the information. NAPA is a Patient Safety Organization certified by the Agency for Healthcare Research and Quality — one of fewer than 100 in the U.S. — allowing NAPA to share quality data across the country. NAPA's Qualified Clinical Data Registry draws on deidentified data from nearly 3 million patients annually, allowing physicians to make well-informed decisions about patient safety and well-being best practices, and share that knowledge across their entire network of anesthesia clinicians in 21 states.

"We can analyze and disseminate information across our platform that allows us to learn lessons in an aggressive manner," Dr. Di Capua says. "Those best practices become platform-level best practices and lead to some of the lowest morbidity and mortality rates among anesthesia providers."

As a clinician-backed organization, NAPA is confronting critical provider shortages and access challenges as a group of professionals who sincerely want to meet the nation's healthcare needs.

"We're doing all this work in order to improve the medicine, first and foremost," Dr. Di Capua says. "If you do the medicine right, the economics and business will follow. At the end of the day we are all patients ... so for personal and professional reasons we are obligated to have these kinds of conversations to try to get the word out." ■

Discover anesthesia opportunities and staffing solutions at NAPA. Visit NAPAanesthesia.com to learn more.

> "For an organization to develop a more diverse culture, you must put in the work. You must identify and address explicit and implicit biases. You must build more inclusion. At NAPA, we've invested heavily in these efforts as we actively try to improve our culture. We have leadership positions focused on diversity, and we hold focus groups. We aim to create a more equitable environment for all our anesthesiology professionals."
>
> **— JOHN F. DI CAPUA, MD, CEO OF NORTH AMERICAN PARTNERS IN ANESTHESIA**

Dr. Di Capua

An Advanced Investment:

How Robotic Surgery Benefits Clinicians

BY KATY MENA-BERKLEY

ROBOTIC SURGERY CAN IMPROVE THE PATIENT EXPERIENCE, BUT THIS MINIMALLY-INVASIVE TECHNIQUE ALSO HAS POTENTIAL TO ENHANCE QUALITY OF LIFE FOR CLINICIANS.

WHEN CONSIDERING WHETHER to invest in the time, money and training required to incorporate robotic surgery into their practices, many surgeons may wonder if the efforts are worthwhile. Generally, performing a procedure with robotic-assisted surgery can take longer than it would to perform an open surgery, which may be particularly off-putting to older, seasoned surgeons who are comfortable and confident with open surgery.

However, because robotic-assisted surgery can result in less bleeding, less pain, faster recovery times and less scarring for patients, the option is often a good one for patients. What some surgeons may not realize is the benefits that surgeons themselves may reap from performing robotic-assisted surgery.

The National Institutes of Health notes that performing robotic-assisted surgery offers ergonomic advantages for the surgeon. Because doctors are able to sit down at the console when operating and reduce awkward movements sometimes required during an open surgery, the surgeons may experience less fatigue and reduced stress. ■

New Research Reveals More About the Gut Microbiome's Role in Regulating the Circadian Rhythm and Metabolism

BY KATE ANASTAS

FOCUSING ON MAINTAINING HEALTHY GUT MICROBIOTA MAY HELP PATIENTS AVOID FUTURE HEALTH PROBLEMS, SUCH AS OBESITY, DIABETES OR FATTY LIVER DISEASE.

THE CENTRAL CLOCK, the brain's suprachiasmatic nucleus, is not the body's only internal mechanism for controlling circadian rhythms. Researchers such as Eugene B. Chang, MD, Professor of Medicine and Director of the Microbiome Medicine Program the University of Chicago, and his colleagues suspect the gut microbiome translates dietary cues to the body's circadian clocks that help regulate energy balance.

In a recent study published in *Nature Reviews Gastroenterology & Hepatology*, the researchers took a close look at how oscillators in the gut, "microbial oscillators," act as drivers of the circadian rhythm, as well as regulate the metabolism. By ameliorating disruptions to circadian rhythms, scientists believe people can avoid certain diseases, including obesity, fatty liver disease and diabetes. However, there was a major factor that hindered this process: the Western diet.

"Diet plays a role in the microbes you have and what they are doing," Dr. Chang says. "We've found that the Western diet completely disrupts and changes the gut microbiome. Microbial oscillators disappear with a high-fat, high-calorie, low-fiber diet. Low-fat diets promoted more 'oscillations' of certain microbial populations."

APPLICATIONS IN CLINICAL PRACTICE

While further research is needed to better understand the influence of microbial oscillators on a host's metabolism and circadian rhythms, studies like this help physicians better understand how to promote microbiome-based interventions for maintaining health and countering metabolic disorders. Clinical implications include:

+ **High-fat diets** may do more harm than good. Dr. Chang warns against going too extreme, instead suggesting healthcare providers promote a diverse, balanced diet in which a person moderates fat and carbohydrate levels for a healthier circadian and metabolic state.

+ **Probiotics** may not be enough to replace microbial oscillators because of the way they pass through the gut. Instead, Dr. Chang encourages focus on restoring oscillators in a way that is compatible with the GI tract and that will graft, and then addressing when patients eat, what they eat and how much they eat to maintain a stable relationship with microbial oscillators.

+ **Time-restricted diets**, such as intermittent fasting, may have some merit because of the alternating eating and fasting periods.

"The gut microbiome is an organ ... just like our liver or heart; we need to think of it that way," Dr. Chang says, challenging conventional definitions. "Then we can ... develop metrics to assess when the gut microbiome is healthy or not, and know precisely how to rebalance, correct or rebuild the microbiome." ■

NAPA North American Partners in Anesthesia®

LEAP to the Destination of Choice for *All*

Today, **over 6,000 clinicians** trust NAPA with their careers.

LEAP to new heights with NAPA

- Single-specialty and clinician-led
- Coast-to-coast opportunities
- Flexible employment options
- Acuity and autonomy of case mix
- Programs to encourage professional development

#1 FOR ANESTHESIA MANAGEMENT SERVICES
— Black Book Market Research
independent research firm

Explore career opportunities at
careers.NAPAanesthesia.com

Let's Connect!

What Happens When There Are **No Beneficiaries**

BY DAVE RAO

WHERE DO THOSE ACCOUNTS AND POLICIES END UP?

SOME ACCOUNTS HAVE no designated beneficiary. Rarely, the same thing occurs with insurance policies. This is usually an oversight. In exceptional circumstances, it is a choice. What happens to these accounts and policies when the original owner dies?

The investment or insurance firm gets the first chance to determine what happens. On many retirement plans, for example, a spouse is often the default beneficiary, even if not named on a beneficiary form. If the deceased has no spouse, then the plan assets may just become part of that person's estate. Brokerage accounts without any designated beneficiaries are also poised to become part of the estate of the decedent. The next stop for these assets could be probate.[1]

The state may end up deciding where the assets go when beneficiary forms are blank. If the deceased failed to name account or policy beneficiaries but had a valid will or other valid estate documents, this will influence the path from here — but it may not exempt the assets from probate court.

If no legally valid estate documents exist, then the deceased party dies intestate, and the state determines the destiny for the assets. Most states go by the same ladder of potential inheritors — surviving spouse at the top, then children, then grandchildren, then parents, grandparents, siblings, nephews or nieces. If absolutely no legitimate heir can be found, then the assets become property of the deceased's state of residence.[2]

What about life insurance policies? A life insurance policy usually has at least two levels of designated beneficiaries, and it is rare when a policyholder outlives them and even rarer when a policy has none. In such a circumstance, the proceeds of the life insurance policy become part of the estate of the policyholder upon the policyholder's death.[3]

Several factors will affect the cost and availability of life insurance, including age, health and the type and amount of insurance purchased. Life insurance policies have expenses, including mortality and other charges. If a policy is surrendered prematurely, the policyholder also may pay surrender charges and have income tax implications. You should consider determining whether you are insurable before implementing a strategy involving life insurance. Any guarantees associated with a policy are dependent on the ability of the issuing insurance company to continue making claim payments.

What if a person simply lacks possible heirs, or sees no worthy heirs? Occasionally, this happens. Some people remain single for life, and others are estranged from relatives or heirs who would otherwise be beneficiaries.

A person in this situation has a choice: charity. Perhaps a charitable or nonprofit organization deserves the assets. Perhaps a college or university would be a worthwhile destination for them. Choices exist, and those who are single can explore them as they consider their estate. ■

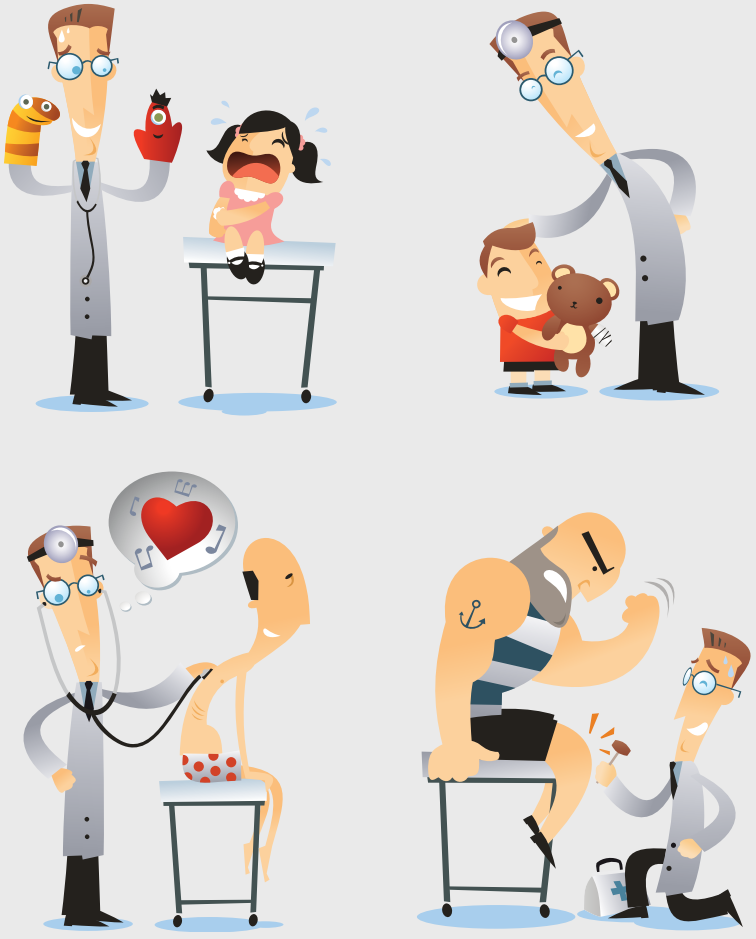
For more information, visit raowp.com.

Citations

1. *Kiplinger, June 6, 2022*
2. *Schwab.com, September 24, 2021*
3. *SmartAsset, April 28, 2022*

DBL Associates INC

The Healthcare Industry's Remedy for a "Speedy Recovery"



- **Medicaid Applications Inpatient/Outpatient**
- **Medicaid Billing/Follow-up/Adjustments**
- **Inpatient/Outpatient Billing/Follow-up/Appeals**
- **No-Fault/Worker's Comp Billing/Follow-up**

631-737-3500 | Fax: 631-981-3436 | 877-DBL-ASSC (325-2772)
841 Portion Road Ronkonkoma, NY 11779
www.dblassociates.biz

D.B.L. Associates, Inc. is a Full Service Billing Agency
devoted to the recovery of outstanding receivables.
"TOGETHER WE CAN CURE YOUR BOTTOM LINE"

PEOPLE IN THE NEWS


Shabnam Jaffer, MD

Shabnam Jaffer, MD, has been named Chair of Pathology and Laboratory Medicine at Lenox Hill Hospital. In this role, she will develop and implement a strategic plan for the growth and enhancement of the department. Dr. Jaffer will spearhead deployment and utilization of laboratory testing, resources and procedures that adhere to Northwell Health Laboratory Services' standards. She will also oversee professional education and academic accreditation of the department's training programs.

Dr. Jaffer comes to Lenox Hill Hospital after more than two decades at Mount Sinai Medical Center where her clinical and educational focuses were breast pathology and cytopathology. Starting as Director of Autopsy and as an attending pathologist, she was later named Director of Intraoperative Consultation and more recently Director of Breast Pathology. In addition, she was the Director of Pathology Education at the Sophie Davis School of Biomedicine at the City University of New York from 2000 to 2013.

Dr. Jaffer served as consultant pathologist at several prominent establishments, including the National Institutes of Health, Astra-Zeneca Daiichi Sankyo, Komen Foundation for the Cure and the Breast Cancer Surveillance Consortium. She has been on the education committee of numerous illustrious societies, such as the New York Pathology Society, American Society of Breast Diseases and National Consortium of Breast Centers. She was also elected officer-at-large by the International Society of Breast Pathology.

Dr. Jaffer is board-certified in anatomic and clinical pathology including cytopathology. She received her bachelor's degree at the Sophie Davis School of Biomedicine at the City University of New York before earning her medical degree at the Icahn School of Medicine at Mount Sinai. She completed her internship at Northwell's Long Island Jewish Medical Center and her residency at Mount Sinai Medical Center. She then pursued fellowships in oncological pathology and cytopathology at Memorial Sloan-Kettering.


Jeannine Villella, DO, FACOG, FACS

Jeannine Villella, DO, FACOG, FACS, a top gynecologic oncologist, has been appointed Director of the Northwell Health Cancer Institute at Lenox Hill Hospital; Manhattan Eye, Ear and Throat Hospital; and the new Northwell Medical Pavilion. Dr. Villella will continue to serve as Executive Vice Chair of Gynecology, Chief of Gynecologic Oncology and Chair of the Cancer Committee at Lenox Hill Hospital and as an associate professor at the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell. She will also maintain her active clinical practice.

In her new role, Dr. Villella will lead the vision, strategy and development of programs aimed at exceptional multidisciplinary clinical expansion, research, education and community engagement. She will serve as the physician liaison for the Manhattan cancer program, collaborating with leaders from the Western Region ambulatory team, Lenox Hill Hospital and the Northwell Cancer Institute.

Dr. Villella was recruited from NYU Langone Hospital-Long Island to Lenox Hill Hospital in 2015 to create the division of gynecologic oncology. This robust, comprehensive and growing program includes state-of-the-art screening, complex abdominal and robotic surgery, chemotherapy, survivorship and novel clinical trials.

After concluding her undergraduate studies at the University of Carolina at Chapel Hill, Dr. Villella earned her medical degree from the New York College of Osteopathic Medicine. She completed her residency at NYU Langone Hospital-Long Island and completed her training in post-doctoral fellowships at Columbia University College of Physicians & Surgeons and Roswell Park Cancer Institute.


Dean Chou, MD

Dean Chou, MD, a renowned neurosurgeon who specializes in minimally invasive surgical techniques and complex spine surgery, has been named Chief of the Spine Division in the Department of Neurosurgery at NewYork-Presbyterian/Columbia University Irving Medical Center, where he will lead the neurosurgical spine program at Och Spine at NewYork-Presbyterian Allen Hospital. Dr. Chou has also been named Professor and Vice Chair in the Department of Neurosurgery at Columbia University Vagelos College of Physicians and Surgeons.

Dr. Chou was previously a Professor of Neurosurgery and Orthopedic Surgery and the Associate Director of the Neurospine Center in the Department of Neurosurgery at the University of California, San Francisco. In his new role, Dr. Chou will work alongside surgical and nonsurgical spine care specialists from Columbia University Irving Medical Center and Weill Cornell Medicine to enhance the world-class spine care provided by Och Spine at NewYork-Presbyterian.

Dr. Chou attended medical school at the University of California, San Francisco, completed his residency in neurosurgery at The Johns Hopkins Hospital and a fellowship in complex spinal surgery at The Barrow Neurological Institute in Phoenix, Arizona. He is board-certified

by the American Board of Neurological Surgery and has been elected by his peers for 10 consecutive years to the list of "Best Doctors in America," according to Best Doctors, Inc.


Harvinder S. Sandhu, MD

Harvinder S. Sandhu, MD, Co-Chief Emeritus of the Spine Service at Hospital for Special Surgery (HSS) in New York, was appointed the Chair of the Department of Orthopedics at Stamford Hospital, effective November 1, 2022.

Before joining HSS in 1997, Dr. Sandhu was Chief of the Spinal Surgery Service at UCLA. His clinical practice specializes in minimally invasive spine surgery, robotic surgery and the use of spinal biologics to enhance healing. Dr. Sandhu is also actively engaged in researching and developing medical devices and instruments used in spinal surgery and holds several patents. In addition, he has authored or co-authored well over 100 articles published in peer-reviewed journals and has received research awards from the North American Spine Society, the Orthopaedic Research Society and the International Society for the Study of the Lumbar Spine, including the prestigious Volvo Award in Spinal Research.


Tucker Woods, DO, FHELA

Tucker Woods, DO, FHELA, has been appointed Chair of the Emergency Department and Associate Medical Director of Lenox Health Greenwich Village. As Chair, he will direct the management of all emergency medical services at the facility. He will also identify and develop new clinical programs to enhance emergency patient care. As Associate Medical Director, Dr. Woods will provide senior oversight of clinical programs and services, patient care quality and clinical research at Lenox Health Greenwich Village.

Dr. Woods comes to Lenox Health Greenwich Village after serving as Chief Medical Officer and Medical Director at Restorative Management Corporation, an outpatient addiction medicine program. During this time, Dr. Woods was also an attending physical at Optum Health/ Riverside Urgent Care.

Dr. Woods is board-certified in emergency and addiction medicine by the American Osteopathic Board of Emergency Medicine. He is a member of several prestigious organizations, including the American College of Emergency Physicians and the American Society of Addiction Medicine. For his healthcare advocacy for the LGBTQ community, Dr. Woods earned a citation from the city council of Jersey City and received the Evolution Award from the Hudson Pride Center and Hudson County Cultural Affairs. Dr. Woods is also a fellow of the Healthcare Executive Leadership Academy at Seton Hall University/ Medical Society of New Jersey.

Dr. Woods graduated from the University of Notre Dame with a bachelor's degree in science and received his medical degree in osteopathic medicine from Nova Southeastern University. He then completed his emergency medicine internship and residency at St. Barnabas Hospital/Union Hospital.


Lawrence Schwartz, MD

Memorial Sloan Kettering Cancer Center (MSK) announced the appointment of **Lawrence Schwartz, MD**, as MSK's new Chair of the Department of Radiology. He will assume the role in early 2023. Dr. Schwartz is internationally recognized for his expertise in quantitative imaging, artificial intelligence in cancer imaging, and for his pioneering work in the development and validation of novel imaging biomarkers in oncology.

Since 2009, Dr. Schwartz has been Chair of the Department of Radiology at Columbia University Vagelos College of Physicians & Surgeons and Radiologist-in-Chief at NYP/Columbia University Medical Center. Prior to this role, Dr. Schwartz served in a variety of leadership roles at MSK from 1993 to 2009.

Dr. Schwartz earned his medical degree at Boston University School of Medicine and completed his residency at the New York Hospital-Cornell University Medical College, followed by a fellowship in cross sectional imaging (MRI/US/CT) at Brigham and Women's Hospital and Harvard Medical School. He is a Diplomate of the American Board of Radiology and a member of the American Roentgen Ray Society, Radiological Society of North America, International Society for Magnetic Resonance in Medicine, New York Roentgen Ray Society, Society for Computer Applications in Radiology and the American Society of Clinical Oncology, and he is a Fellow at the International Cancer Imaging Society. ■

Healthier Lifestyles May Help Explain Long-Term Hip Fracture Decline

BY THOMAS CROCKER

A NEW STUDY FINDS THAT DECREASES IN TWO OSTEOPOROSIS RISK FACTORS — SMOKING AND HEAVY ALCOHOL USE — HELP ACCOUNT FOR A STEADY DROP IN HIP FRACTURE RATES IN THE U.S. OVER 40 YEARS.

MANY RESEARCHERS THEORIZED that the introduction of drugs to bolster bones and prevent fractures, such as bisphosphonates, in recent decades was responsible for fewer hip fractures, but that does not tell the whole story, according to Douglas Kiel, MD, MPH, Director of the Musculoskeletal Research Center and Senior Scientist at the Hinda and Arthur Marcus Institute for Aging Research, and Professor of Medicine at Harvard Medical School and Beth Israel Deaconess Medical Center.

"The decline in hip fractures started before many medications were FDA-approved," Dr. Kiel says. "In addition, the healthcare system does a terrible job of treating people to prevent fractures, and our use of available drugs is abysmal."

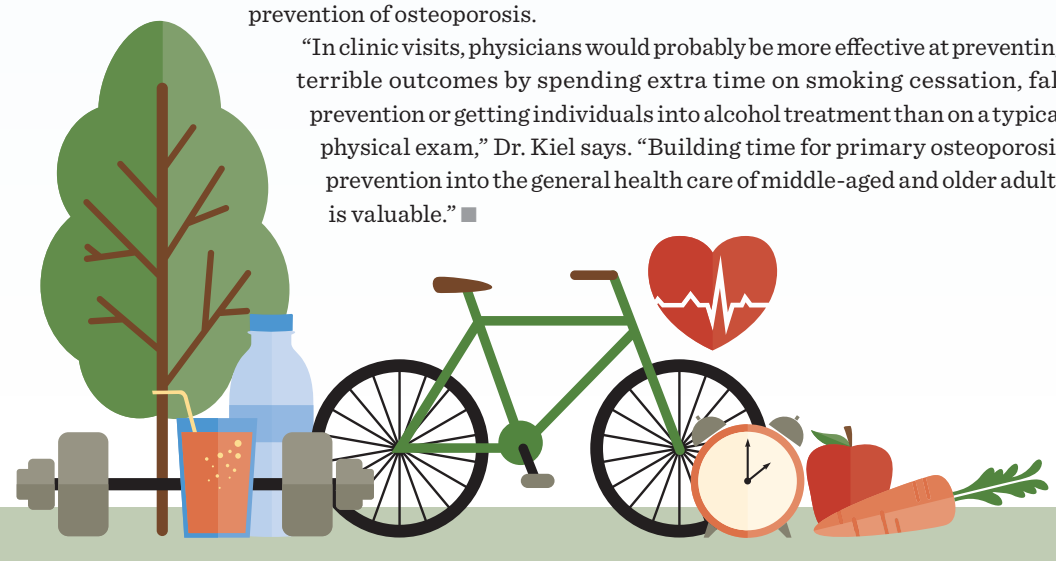
Using data from the long-running Framingham Heart Study, Dr. Kiel and colleagues at Harvard Medical School and the NIH found another factor at play — changing lifestyles.

BACK TO BASICS

The researchers analyzed data from 10,552 individuals from 1970 to 2010 and found that age-adjusted hip fracture rates fell 4.4% each year. That coincided with a decrease in the smoking rate from 38% to 15% and a decline in heavy drinking from 7% to 4.5%. Other hip fracture risk factors were static. The study appeared in *JAMA Internal Medicine*.

The association between fewer hip fractures and less smoking and heavy drinking makes sense, given what researchers and clinicians know about their detrimental effects on bone health. Dr. Kiel hopes the study's findings prompt clinicians to focus on primary prevention of osteoporosis.

"In clinic visits, physicians would probably be more effective at preventing terrible outcomes by spending extra time on smoking cessation, fall prevention or getting individuals into alcohol treatment than on a typical physical exam," Dr. Kiel says. "Building time for primary osteoporosis prevention into the general health care of middle-aged and older adults is valuable." ■



Arrested Momentum

A DECADES-LONG DECLINE in hip fractures in the U.S. has stalled. Focusing on prevention in the most vulnerable patients could be a solution, according to an author of a recent study on the topic.

"We have a problem because our population is older and the decline in hip fractures is not happening anymore," says Douglas Kiel, MD, MPH, Director of the Musculoskeletal Research Center and Senior Scientist at the Hinda and Arthur Marcus Institute for Aging Research, and Professor of Medicine at Harvard Medical School and Beth Israel Deaconess Medical Center. "While smoking and drinking are certainly worth paying attention to, poor prescribing practices for preventing fractures are not to be discounted. Treating patients who've had a fracture is the low-hanging fruit. They are the most fragile, vulnerable individuals."

Dr. Kiel says primary care physicians could have a significant impact by prioritizing prevention of subsequent hip fractures. That includes encouraging lifestyle modifications and prescribing medications that are proven to strengthen bones.

SPECIAL CLINICAL SECTION | **WOMEN'S HEALTH**

THE FIELD OF WOMEN'S HEALTH CONTINUES TO ADVANCE. IN THIS SECTION, WE TRACK THE HIGHLIGHTS OF SOME OF THOSE ADVANCES.

WOMEN Take to Telehealth

NUMBERS TO KNOW

BY CARI WADE GERVIN

TELEHEALTH USE HAS grown dramatically during the pandemic. But not everyone is using telehealth at the same rate.

Women are **more likely** to use telehealth than men

Prior to the pandemic, **13% of women** 18–64 had used telehealth

Female doctors were **24% more interested** in telehealth jobs

By December 2020, **37% of women** had used telehealth

MORE DATA POINTS

96% of transgender patients used telehealth in 2021

81% of all LGBA+ patients did

77% of non-white patients used telehealth in 2021

70% of white patients did

Diabetes, chronic kidney disease and long COVID-19 are the most common reasons people use telehealth

80% of urban patients used telehealth in 2021

72% of suburban patients did

60% of rural patients did

9% of rural patients said lack of broadband access prevented telehealth use

77% of people ages 18 to 55 used telehealth in 2021

64% of people over 55 did

42% of people who did not use telehealth in 2021 said they prefer to discuss their health in person

1. *Sources: Kaiser Family Foundation, Rock Health, Teladoc, Doximity*

Damage to the Ureter as a Complication of **Hysterectomy**

BY DANIEL L. FREIDLIN, ESQ.

WHEN LITIGATION ARISES, A WELL-DOCUMENTED INFORMED CONSENT AND OPERATIVE REPORT SUPPORT AN EFFECTIVE DEFENSE.

HYSTERECTOMY IS A frequently performed gynecologic operation. The ureter is at risk of injury during hysterectomy because of its proximity to the pelvic organs, as well as its anatomic path relative to the external iliac arteries, the pelvic brim, the uterine arteries and the cardinal ligament. Retrospective studies have found that the risk of injury to the ureters approaches 1%. Because a typical gynecologist performs numerous hysterectomies over the course of a career, most have encountered this complication. The majority of urethral injuries go unrecognized intraoperatively, leading to the need for additional repair surgery with possible resultant urinary complaints. It thus comes as no surprise that many hysterectomies complicated by urethral injury result in lawsuits.

With the understanding that any hysterectomy can be a lawsuit waiting to happen, a wise surgeon lays the groundwork for a successful defense well before the patient hires a lawyer. As is often the case, building the defense frequently begins with appropriate documentation. This includes a well-documented informed consent and a properly worded operative report.

A typical surgical complication case will include at least two claims. The plaintiff's attorney will allege that the surgeon failed to take appropriate intraoperative steps to mitigate the risk of surgery and that the surgeon did not warn the patient about the potential complication in advance of surgery. At trial, a lack of informed consent claim requires that the plaintiff prove that the medical provider failed to explain the benefits of surgery, the alternatives to treatment and the reasonably foreseeable risks. Lay jurors weigh the qualitative sufficiency of the information provided with the assistance of medical expert testimony. This requires more than a standard hospital consent form. Ideally, the surgeon will document in the office record the specific risks, benefits and alternatives to treatment discussed with the patient. Additionally, the surgeon will have the patient sign the consent form prior to the morning of surgery.

An extra step that proves persuasive with jurors is to provide the patient a detailed brochure with information about the surgery and its complications. Having the patient sign that they received the brochure is a persuasive tool that the plaintiff will have difficulty overcoming.

With regard to the surgery itself, the plaintiff's lawyer will often argue that the surgeon did not take proper steps to visualize the ureters prior to dissection or use of cautery. The following steps are often performed during hysterectomy but are rarely documented:

+ Identifying the ureter at the pelvic brim
+ Incising the round ligament and anterior leaf of the broad ligament
+ Creating of a bladder flap to increase the distance between the ureter and uterine artery
+ Skeletonizing the uterine arteries

Documenting the precise steps employed during pelvic surgery to improve visualization of the ureters assists the defense attorney in explaining to the jury that the defendant surgeon employed specific maneuvers to improve patient safety and mitigate the risk of injury. This, however, is not enough. The surgeon may diffuse the plaintiff attorney's avenue for attack by simply including a statement in the operative report that he or she identified the ureters during the surgical dissection. It is difficult for the plaintiff's lawyer to advance a persuasive argument that the surgeon failed to identify the ureters when the operative report contains specific documentation to the contrary.

Statistics say that most surgeons, irrespective of skill level, will encounter this situation at some point in a career. A well-documented informed consent and operative report not only assists in defending the lawsuits when they occur, but they may deter the plaintiff's attorney from initiating the lawsuit in the first place. ■

Partner Daniel L. Freidlin is an attorney at Martin Clearwater & Bell LLP where he focuses his practice on the defense of medical malpractice matters. For more information, visit mcblaw.com.

Who Needs Chemotherapy? For Breast Cancer Patients, the RxPONDER Trial Refines the Answer

BY THOMAS CROCKER

AN INTERIM ANALYSIS CONFIRMS INITIAL RESULTS FROM THE SOUTHWEST ONCOLOGY GROUP (SWOG) PHASE 3 RXPONDER TRIAL, FINDING THAT POSTMENOPAUSAL WOMEN WITH A COMMON FORM OF BREAST CANCER MAY BE ABLE TO FOREGO CHEMOTHERAPY — AND ITS POTENTIAL ADVERSE EFFECTS — IN FAVOR OF STANDALONE HORMONE THERAPY.

CAREFUL, INDIVIDUALIZED USE of chemotherapy to treat breast cancer is of paramount importance because of the treatment's potential to cause a variety of physical and emotional side effects. Sponsored by the National Cancer Institute (NCI), RxPONDER is one of many studies in which researchers have sought to better understand which patients with breast cancer need chemotherapy and which ones can avoid it. Unlike other large, randomized trials, RxPONDER explored this issue in patients with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative breast cancer with involvement of one to three lymph nodes.

"Two-thirds of breast cancers are HR-positive and HER2-negative," says RxPONDER Principal Investigator Kevin Kalinsky, MD, MS, Director of the Glenn Family Breast Center at the Winship Cancer Institute at Emory University and Associate Professor in the Department of Hematology and Medical Oncology at the Emory University School of Medicine, interviewed in early 2021. "We did look within SEER [an NCI cancer statistics database] to get a sense of approximately how many patients per year would fit this criterion of involvement of one to three lymph nodes, and of that group, it's about 20%."

A PRE- AND POST-MENOPAUSAL DIVIDE

The RxPONDER trial included 5,015 patients — two-thirds of whom were postmenopausal — with stage 2 or 3 breast cancer that had spread to one to three lymph nodes and who scored 0–25 on a frequently-used, 21-tumor gene expression assay, the Oncotype DX Breast Recurrence Score (RS) test. Participants were randomized to receive hormone therapy or hormone therapy plus standard chemotherapy. Initial results encompassing 54% of anticipated invasive disease-free survival events and representing a median follow-up period of 5.1 years were presented at the 2020 San Antonio Breast Cancer Symposium.

The researchers found that for postmenopausal women, five-year invasive disease-free survival rates of those who received hormone therapy plus chemotherapy and those who received hormone therapy alone were essentially identical — 91.6% and 91.9%, respectively. Premenopausal women who received both treatments had a five-year invasive disease-free survival rate of 94.2% compared with a rate of 89% for those who only received hormone therapy, a marked difference. The addition of chemotherapy did not improve overall survival for postmenopausal women. In the premenopausal group,

however, individuals who received chemotherapy plus endocrine therapy had an overall survival rate of 98.6% vs. 97.3% for endocrine therapy alone. Interim results published in December 2021 show similar outcomes.

"What was surprising, recognizing this is only about 50% of the anticipated events we'll see, is that there were no subgroups that benefited from the addition of chemotherapy in the postmenopausal group," Dr. Kalinsky says. "For the premenopausal group, we couldn't identify a subpopulation that did not benefit from the addition of chemotherapy."

Like RxPONDER, earlier studies used the Oncotype DX test to attempt to identify which breast cancer patients needed chemotherapy, and these studies pinpointed subgroups of patients that benefited from chemotherapy. SWOG 8814, for example, found that postmenopausal women with HR-positive, HER2-negative and lymph node-positive disease with a high RS (31–100) derived a significant breast cancer-specific survival benefit from the addition of chemotherapy to hormone therapy vs. hormone therapy alone. The TAILORx trial — an NCI-sponsored precursor to RxPONDER — concluded that postmenopausal women with HR-positive, HER2-negative and lymph node-negative disease with a RS of 0–25 did not benefit from chemotherapy and hormone therapy compared with hormone therapy alone.

'PRACTICE CHANGING' RESULTS

Sarah Sammons, MD, Assistant Professor of Medicine at Duke University Hospital and Duke Cancer Institute, was encouraged by its initial findings.

"I think that these ... results were immediately practice changing," says Dr. Sammons, who was not involved with the study, in a 2021 interview. "Clinicians should now discuss ordering the RS with postmenopausal women with HR-positive, HER2-negative breast cancer and one to three positive lymph nodes [who] are candidates for chemotherapy. In most circumstances, chemotherapy can be safely eliminated in those postmenopausal women with a RS between 0–25."

Dr. Kalinsky agrees.

"These data support potentially not needing to treat patients who are postmenopausal with chemotherapy and sparing them the unnecessary side effects and costs ... that can be associated with chemotherapy," he says. "This also gives us reassurance right now about the use of the Oncotype DX test for patients who are premenopausal in terms of giving them chemotherapy." ■

Decoding a Benefit Disparity

LEFT UNANSWERED BY RxPONDER is the reason for the disparity between the benefit that premenopausal women obtained from chemotherapy compared with the lack of benefit observed in postmenopausal women. The interim report on RxPONDER refers to studies finding ovarian suppression associated with better outcomes in premenopausal women as a possible answer.

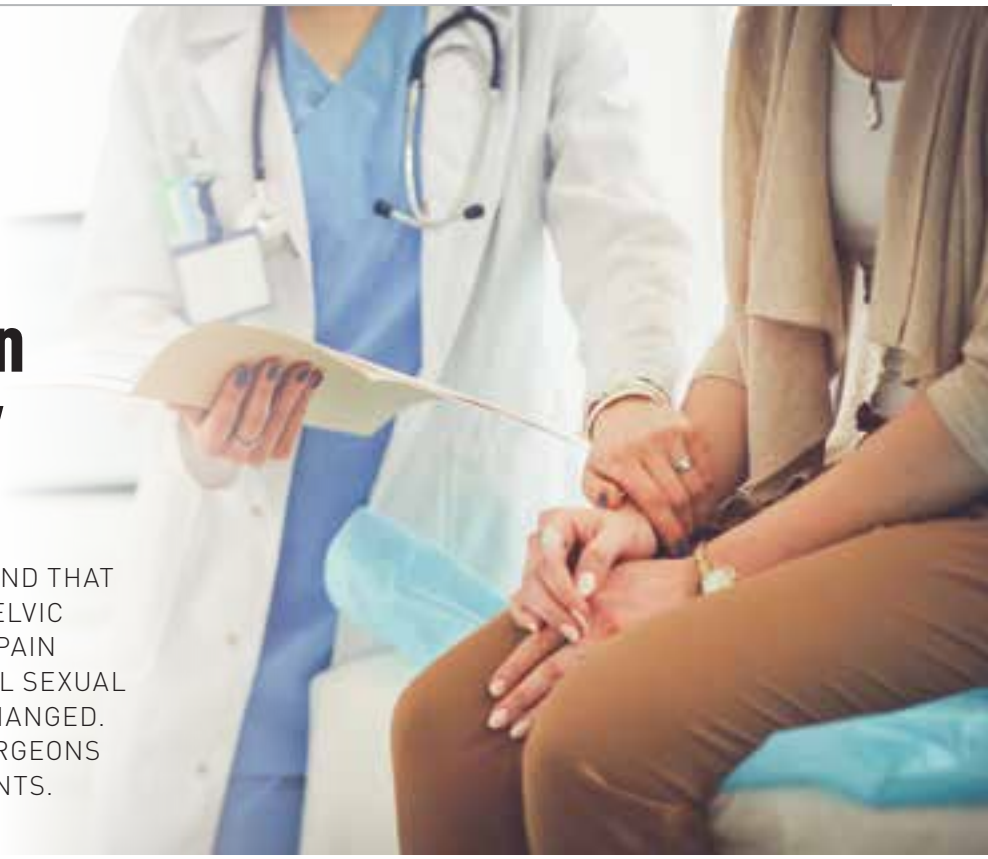
Ovarian suppression may not tell the whole story, however.

"I do not believe that ovarian suppression in most premenopausal women is the only reason for improved outcomes with chemotherapy," says Sarah Sammons, MD, Assistant Professor of Medicine at Duke University Hospital and Duke Cancer Institute, who was not involved with the study. "Cytotoxic chemotherapy also has the ability to eliminate some micro-metastatic disease [thereby] reducing distant recurrence, which is critical."

"When you look at the kinds of events we were seeing, in postmenopausal women, only about a quarter of those events as first events were distant metastases," says Kevin Kalinsky, MD, MS, Director of the Glenn Family Breast Center at the Winship Cancer Institute at Emory University, Associate Professor in the department of Hematology and Medical Oncology at the Emory University School of Medicine and RxPONDER Principal Investigator. "Patients were having other events — they were older and having deaths from other causes — as opposed to premenopausal patients where about 50% of those events were distant events."

STUDY: Sexual Function Static or Improved After Pelvic Organ Prolapse Surgery

BY THOMAS CROCKER



A RECENT SYSTEMATIC REVIEW FOUND THAT FOR PATIENTS WHO UNDERWENT PELVIC ORGAN PROLAPSE (POP) SURGERY, PAIN WITH SEX DECREASED AND OVERALL SEXUAL FUNCTION IMPROVED OR WAS UNCHANGED. THE RESULTS MAY INFORM HOW SURGEONS DISCUSS POP SURGERY WITH PATIENTS.

BETTER SEXUAL FUNCTION is a major goal for many women undergoing POP. A study in the journal *Neurourology and Urodynamics* found that women ranked improvement in sexual function as the third-most important outcome of POP surgery, behind only resolution of vaginal bulge symptoms and improvement in physical function. Few studies have examined sexual function after POP surgery, which led the Society of Gynecologic Surgeons Systematic Review Group to study the topic.

Danielle Antosh, MD, a urogynecologist, Interim Chair, Department of Obstetrics & Gynecology and Associate Professor of Obstetrics and Gynecology at the Academic Institute, Houston Methodist, Associate Professor at Texas A&M Medical School and Assistant Professor at Weill Cornell Medical College, and fellow investigators reviewed three databases for studies of POP surgeries published through early April 2018. Seventy-four articles representing 67 original studies met the team's criteria for inclusion. The results were published in *Obstetrics & Gynecology*.

"The biggest conclusion is that dyspareunia [painful intercourse] was lower after all surgery types, but also total sexual function ... based on questionnaire scores either improved or remained similar or unchanged after all of the prolapse surgeries," Dr. Antosh says. "Not one surgery type caused a worsening in sexual function scores. This is very reassuring to us as surgeons that our surgeries have either a positive or neutral impact on the sexual function of our patients."

CORRECTING A MISCONCEPTION

Dr. Antosh points to increased comfort stemming from resolution of the vaginal bulge and improved body image as reasons for why sexual function is likely to improve or stay the same for women who undergo POP surgery. She says the study findings can reassure prospective surgical candidates.

"Since we're operating on the vagina, some people may think this has the potential to worsen pain with sex," Dr. Antosh says. "What was surprising about this review is that many women have pain with sex at baseline before surgery, and those rates drop afterward."

Dr. Antosh says discussing patients' goals for sexual function prior to surgery is paramount. ■

Calls for Better Communication About Postpartum POP

FOR MANY WOMEN, pelvic organ prolapse (POP) after pregnancy is an unexpected complication that leaves them wondering why their providers did not inform them about the condition, according to a study in the journal *Urology*.

In the study, researchers analyzed posts about POP on a forum of the website Reddit for postpartum women. The study authors found that POP after childbirth takes many women by surprise due to a lack of prenatal communication on the topic from their providers. The Reddit posters wrote that pain and other POP-related symptoms cause major disruption to daily life and expressed a need for better care and support.

Gain the attention of more than 9,100 physicians in Manhattan through *MD News*! *MD News* offers the opportunity to promote your expertise and deliver an engaging reader experience through custom editorial content.

In an upcoming issue of *MD News*:

A Special Clinical Section on

Orthopedics

Do you specialize in any of the following?

■ joint replacement surgery ■ hip, knee and shoulder pain ■ arthroscopic surgery ■ elbow, wrist and hand disorders ■ sports injuries ■ disorders of the foot and ankle ■ physical and occupational therapy ■ spine disorders, etc.

Also coming up in *MD News*:

A Special Clinical Section on

Men's Health

Do you specialize in any of the following?

■ heart disease ■ hypertension ■ lipid disorders ■ stroke ■ urology ■ erectile dysfunction ■ colorectal cancer ■ prostate health ■ testicular cancer ■ depression, etc.

If you have expertise in any of these or other related areas, you'll want to be included.

Contact us today at 914-967-6565 or dansenkiw@lexmediagroup.com to learn how you can gain the attention (and patient referrals) you want.

Best Practices Defined for **Genetic Testing in Cardiac & Vascular Diseases**

BY DANIEL BRANTLEY

GENETIC TESTING FOR CERTAIN CARDIOVASCULAR DISEASES MAY PROVIDE INSIGHT FOR PATIENT CARE.

IN RECENT YEARS, the understanding and use of genomics to enhance patient health has received significant attention. While genomics is seen in a growing number of medical specialties, research for its use within cardiovascular medicine has been lacking. As it stands, genomics as a diagnostic and treatment tool for cardiovascular disease has captured the attention of some physicians, but the question of when it is appropriate to utilize such technology is now being asked and answered. Recently, the American Heart Association released a scientific statement outlining current best practices for utilizing genetic testing in cardiovascular patients.

Operating on behalf of a conglomerate of organizations focused on cardiovascular concerns — including the American Heart Association Council on Genomic and Precision Medicine; the Council on Arteriosclerosis, Thrombosis and Vascular Biology (ATVB); the Council on Cardiovascular and Stroke Nursing; and the Council on Clinical Cardiology — a group of medical researchers led by Kiran Musunuru, MD, PhD, MPH, ML, Director of the Genetic and Epigenetic Origins of Disease Program at the University of Pennsylvania Perelman School of Medicine (Philadelphia), wrote the AHA scientific statement detailing the appropriateness of genetic testing for heart disease.

WHEN TO USE CARDIOVASCULAR GENETIC TESTING

A family history of heart disease alone is not sufficient cause for heart-related genetic testing, as only certain cardiovascular conditions are inheritable. The AHA scientific statement clarifies that genetic testing should be reserved for individuals with diagnosed or suspected inherited heart conditions, including:

+ Arrhythmias
+ Cardiomyopathies
+ Familial hypercholesterolemia
+ Thoracic aortic aneurysms and dissections

In addition to the suspicion or presence of one of these conditions, individuals may also be candidates for genetic testing for

cardiovascular disease if family members have undergone genetic testing and were found to have a genetic predisposition to heart disease. Early adopters of new technology and medical advances may be encouraged by the potential of genetic testing; however, Dr. Musunuru cautions against overutilization at this point.

"Although genetic testing has seen explosive growth in the past few years, both in the clinical setting and with direct-to-consumer testing, genetic testing for heart disease should be reserved for specific patients," Dr. Musunuru stated in an AHA press release from July 2020.

Patients who are currently candidates for cardiovascular genetic testing are those with a considerable family history of heart disease. Research has found genetic testing to be most beneficial amongst those whose family history of heart disease runs at least three generations deep.

WHY UTILIZE GENETIC TESTING FOR HEART DISEASE

As with other disease processes, heart disease affects each individual in unique ways. As such, customized treatment methods ensure optimal outcomes. This is a primary purpose of genetic testing for heart disease.

"With most genetic cardiovascular diseases, inheriting a mutation (or variant) from a parent substantially increases the risk of getting the disease but does not guarantee the disease," Dr. Musunuru said in the press release. "In some cases, it might be possible to act early and enough to prevent development of the disease. In other cases, having the mutation for a genetically caused cardiovascular condition might lead to different and possibly more aggressive treatment."

Instead of providing the same care for each individual patient with cardiovascular disease, genetic testing and genomics empowers physicians to offer a customized treatment approach that fits the individual and his or her condition. Ultimately, understanding the genetics behind heart disease may help physicians and patients work together on customized ways to avoid cardiovascular disease in the future.

For many patients, any personal gains from genetic testing to identify the potential for cardiovascular disease are outweighed by benefits to their loved ones. Once a genetic predisposition for heart disease is identified, the patient can tell other family members about the potential for disease. As these genes are inheritable, there is an increased likelihood that family members may also be affected. This knowledge allows them to make appropriate health choices to protect their heart now and in the future. All the plausible benefits aside, the scientific paper also reminds us the importance of genetic counseling for patients undergoing such testing and making both patients and providers aware of the possible downsides, not the least of which is potential for discrimination from life and disability insurers as well as health insurers for employers with less than 15 employees. ■

The Promise & Current Reality of Genomics in Cardiovascular Medicine

ALTHOUGH MUCH IS yet to be learned, researchers including Kiran Musunuru, MD, PhD, MPH, ML, Director of the Genetic and Epigenetic Origins of Disease Program at the University of Pennsylvania Perelman School of Medicine (Philadelphia) have great expectations of genomics in cardiology.

Dr. Musunuru and others are studying genomics with the goal of creating a vaccine to protect against heart attack and other cardiovascular diseases. Such an advancement would change the face of medicine forever, possibly reducing or even eliminating cardiovascular disease as the primary cause of death worldwide.

As promising as genetic testing for cardiovascular disease may be, it continues to have a limited scope at this time. In addition to only benefiting a subset of patients, genetic testing for cardiovascular disease has two other limiting factors, regardless of the test's outcome.

+ **Positive test results** indicate the presence of a gene variant that is known to cause cardiovascular disease. This does not necessarily indicate the disease will develop during the gene carrier's lifetime or — if the disease develops — how it will present. It is in the patient's hands to seek appropriate follow-up care to make the best use of the knowledge
+ **Negative test results** indicate a lack of the various genes that are known to cause cardiovascular diseases. Such a result does not mean an individual will not one day be diagnosed with inheritable heart disease. Rather, a negative diagnosis indicates that those genes known to cause cardiovascular were not present at the time of testing. As additional genes continue to be discovered, genetic testing for cardiovascular disease continues to improve, but it may never be perfect.

"We are still very much in discovery mode, with ongoing research efforts," Dr. Musunuru says. "Genetic testing methods are evolving, and reliable classification of variants identified in genetic testing will remain a preeminent challenge for the practice of clinical genetics."

Local News

The Lake Success, New York office of **NSPC Brain & Spine Surgery** has been approved to serve as one of several study sites for a nationwide clinical trial of a drug to treat the pain of Trigeminal Neuralgia (TN), a neuropathic facial pain condition that produces sudden, excruciating pain in the jaw or cheek area on one side of an affected person's face.

According to Jeffrey A. Brown MD, FACS, FAANS, a senior partner and attending neurosurgeon at NSPC, the clinical trial will evaluate the safety and efficacy of a drug manufactured by Biohaven Pharmaceuticals called Rimegepant compared to a placebo for adults 18 years or older. A nationally known expert in the treatment of TN, Dr. Brown serves as the Facial Pain Association Medical Advisory Board National Chair.

The Biohaven Pharmaceuticals TN study is open to patients with poorly controlled trigeminal neuralgia as determined by careful evaluation, reports Dr. Brown. It will be double blinded and will take approximately seven to nine weeks to complete, with an opportunity to continue for an additional 12 weeks. Participants may be able to continue a stabilized dosage of their current medications. Patients will be randomly assigned either Rimegepant or a placebo.

Lenox Hill Hospital unveiled an 8,000-square-foot Neuroscience Intensive Care Unit dedicated to treating the most critically ill neurosurgery and neurology patients. The unit will care for postoperative, as well as complex neurological and neurosurgical patients, including those with arteriovenous malformations, aneurysms, strokes, tumors and complex spinal disease. It will be staffed by neuro-intensive care physicians, physician assistants, advanced practice nurses, critical care registered nurses, neuro-rehab therapists and a highly skilled team of other healthcare professionals who will provide 24/7 specialized, patient-centered care with the goal of maximizing positive outcomes leading to neurological recovery and minimizing neurological disability.

A $200,000 philanthropic donation from TD Bank will help **St. Francis Hospital & Heart Center** further expand its services into Queens and help patients of the Asian American Pacific Islanders communities with their medical needs.

This donation will help provide free bus transportation for patients to and from appointments and treatments at the CIG Clinic and St. Francis Hospital, as well as a healthcare navigator who speaks Mandarin or Korean to aid in scheduling appointments, signing up for Medicaid and making sure patients receive their prescription from their local pharmacy. It will also include translation services so patients can receive their medical care instructions in their first language and charity care for medical services for patients without health insurance.

Officials from Catholic Health's St. Francis Hospital & Heart Center and TD Bank join to celebrate the $200,000 philanthropic donation from TD Bank

COURTESY: CATHOLIC HEALTH

Hunter College of the City University of New York announced the establishment of the Evelyn Lauder Community Care Nurse Practitioner Program at Hunter College, created by a new $52 million gift from Leonard A. Lauder in honor of his late wife Evelyn Lauder, a proud Hunter College High School and Hunter College alumna, who graduated from the College in 1958. The gift, the largest in Hunter College's history, comes at a time when the nation is suffering from an acute primary care shortage exacerbated by the COVID-19 pandemic, and nurse practitioners (NPs) are widely recognized as the key to helping Americans, especially the underserved, get the care they need. This game-changing donation is the largest-ever philanthropic gift to a single CUNY school.

The gift will significantly enhance the current nurse practitioner master's degree program at New York City's largest public nursing school. The new Evelyn Lauder Community Care Nurse Practitioner Program will feature substantial financial support for a cohort of 25 students per year who are committed to practicing in New York City's under-resourced communities. It will also provide additional faculty, state-of-the-art technology and equipment, and an expanded curriculum to the benefit of the wider NP student body.

Beginning in 2023, 25 students per year will be selected as Evelyn Lauder Nurse Practitioner Fellows, a select group of exceptional NPs in the Adult Gerontology and Psychiatric-Mental Health programs who are committed to seeking future careers in the hospitals and clinics of New York City Health + Hospitals. Each Evelyn Lauder Nurse Practitioner Fellow will be awarded a $30,000 stipend that can be applied toward tuition support or living expenses.

Major enhancements to the Clinical Learning Lab for NP students will provide dedicated laboratory space and simulation resources for technology-based learning, which are essential to student training in

an environment using increasingly sophisticated technology. State-of-the-art examination rooms will emulate the practice settings in which future NPs will work.

Lenox Hill Hospital has been named among America's 100 best hospitals for cardiac care, coronary intervention and prostate surgery, according to Healthgrades. The designation, based on outstanding clinical outcomes, places the facility in the top 5% of hospitals nationwide for cardiac care and coronary intervention and in the top 10% for prostate surgery.

Lenox Hill Hospital was also recognized with the following achievements:

- America's 100 Best Hospitals for Cardiac Care Award for 10 years in a row (2014–2023). Lenox Hill is the only hospital in New York State to receive this award for 10 consecutive years.
- America's 100 Best Hospitals for Coronary Intervention Award for 12 years in a row (2012–2023).
- America's 100 Best Hospitals for Prostate Surgeries Award for 8 years in a row (2016–2023).
- 2023 Gastrointestinal Care Excellence Award
- 2023 Gastrointestinal Surgery Excellence Award
- 2023 Critical Care Excellence Award
- Five-Star Distinctions for coronary bypass surgery, coronary intervention procedures, back surgery, treatment of heart failure, transurethral prostate resection surgery, colorectal surgery, appendectomy and treatment of sepsis

Northwell Health announced its commitment to serve as the first Student Pathways anchor employer partner for New York City Schools, providing up to 150 internships to 12th graders this school year. Northwell will also advise and help ensure the program's curriculum meets employer standards while employees participate in student-learning days at four high schools to give students meaningful, career-connected learning from healthcare professionals.

As an anchor employer partner, Northwell will host up to 150 internships for 12th graders, increase student exposure to the healthcare industry, provide opportunities for students to explore career experiences and participate in career-connected learning days to directly support student instruction in four high schools: Hillcrest High School, the Urban Assembly School for Emergency Management, the High School for Health Professions and Human Services and the International High School for Health Sciences. Northwell is also committed to providing opportunities for teachers to gain hands-on learning experiences in the healthcare industry to inform their teaching and ensure their curriculum is relevant and engaging.

This commitment is the first for FutureReadyNYC, which will grow career-connected learning and allows students to get early college credit, real-world skills and paid work experiences in high-growth fields like health care, technology and education. FutureReadyNYC, a part of the Student Pathways Initiative, is focused on putting each student on a path to a rewarding, engaging career, as well as financial independence and long-term economic security — the North Stars of the administration.

Interested healthcare and high-growth employers are encouraged to help shape this initiative and the future by supporting one of our FutureReadyNYC pilot schools this school year. The New York City Public Schools will work with employers to increase student exposure to their industry, provide opportunities for students to explore career experiences, or create internships for our students. Interested employers can find out more by contacting FutureReadyNYC@schools.nyc.gov.

Debbie Salas-Lopez, MD, Northwell's Senior Vice President of Community and Population Health, and Michael Dowling, Northwell's President and CEO, visit students at Hillcrest High School.

NYU Langone Health has once again received As for patient safety, with Tisch Hospital, Kimmel Pavilion, NYU Langone Hospital–Brooklyn, and NYU Langone Hospital–Long Island each earning the top grade in the fall 2022 Leapfrog Hospital Safety Grade. These NYU Langone inpatient locations have consistently received an "A" since the fall of 2020. Of note, NYU Langone Hospital–Brooklyn remains the only hospital in the borough with an "A" from Leapfrog.

The top Leapfrog grades are the latest indicators of outstanding quality and safety standards that are the hallmarks of the institution. This year, NYU Langone ranked No. 1 in New York and No 3. in the country on U.S. News & World Report's "Best Hospitals" rankings. It has also earned a five-star rating for safety, quality and patient experience from the Centers for Medicare and Medicaid Services and received top rankings for overall patient safety and quality of care from Vizient, Inc. ■

NSPC CME NOW

Complete patient-based case studies and webinars online in a variety of subject areas, including neurovascular, spine, brain tumors and other neurosurgical conditions

CME provider: NSPC Brain & Spine Surgery and the Academy of Medicine of Queens County
Date: Ongoing
Place: Online at casestudies.nspc.com/case-studies/cme.html
Contact: CMEinfo@nspc.com; 516-442-2250 ext. 2037

JANUARY

Mount Sinai Liver Cancer Program. 17th Anniversary. "Liver Cancer: Updated Review Of Clinical Management And Translational Science"

CME provider: Icahn School of Medicine at Mt. Sinai
Date: Dec. 16
Time: 8:30 a.m.–4:30 p.m.
Place: Davis Auditorium, New York
Contact: cme@mssm.edu

Current Affairs in Cancer Genomics

CME provider: NYU Langone Health
Date: Jan. 11–18, 2023
Time: 7 a.m.–6 p.m.
Place: New York
Contact: 212-263-5295; cme@nyulangone.org

Management Decisions in Hypertrophic Cardiomyopathy

CME provider: NYU Langone Health
Date: Jan. 14–15, 2023
Time: 8:15 a.m.–4:45 p.m.
Place: Virtual webinar
Contact: 212-263-5295; cme@nyulangone.org

Management of Patients with Voice, Swallowing and Airway Disorders

CME provider: NYU Langone Health
Date: Jan. 21, 2023
Time: 7:45 a.m.–4 p.m.
Place: Virtual webinar
Contact: 212-263-5295; cme@nyulangone.org

FEBRUARY

3rd Annual Sports Medicine Symposium: On the Court and on the Slopes

CME provider: NYU Langone Health
Date: Feb. 2–3, 2023
Time: 7:30 a.m.–3:25 p.m.
Place: NYU Langone Health, 550 First Avenue, Alumni Hall
Contact: 212-263-5295; cme@nyulangone.org

Celiac Connect: Management of the Poorly Responsive Patient

CME provider: Columbia University Vagelos College of Physicians and Surgeons
Date: Feb. 3, 2023
Time: 10 a.m.–12 p.m.
Place: Virtual
Contact: CME@Columbia.edu; 212-305-3334

Unique Topics in Adult Congenital Heart Disease

CME provider: NYU Langone Health
Date: Feb. 10, 2023
Time: 7:45 a.m.–3:25 p.m.
Place: Virtual webinar
Contact: 212-263-5295; cme@nyulangone.org

10th Annual Concussion Conference: From Cutting Edge to Practical Management

CME provider: NYU Langone Health
Date: Feb. 16, 2023
Time: 7:45 a.m.–5:30 p.m.
Place: Virtual webinar
Contact: 212-263-5295; cme@nyulangone.org

MARCH

Moving Forward with Sarcoidosis

CME provider: NYU Langone Health
Date: March 2, 2023
Time: 6:45 a.m.–4:35 p.m.
Place: NYU Langone Health, 550 First Avenue, Alumni Hall
Contact: 212-263-5295; cme@nyulangone.org

All Things Orthopaedics: Clinical Innovations from Practical to Advanced

CME provider: Northwell Health
Date: March 4, 2023
Time: 7 a.m.–3:20 p.m.
Place: Crest Hollow Country Club
Contact: 516-730-2CME; CME@Northwell.edu

MAY

2023 Obesity: Etiology, Prevention, and Treatment

CME provider: Columbia University Vagelos College of Physicians and Surgeons
Date: May 3–6, 2023
Time: All day
Place: Roy and Diana Vagelos Education Center, 104 Haven Ave., New York
Contact: CME@Columbia.edu; 212-305-3334

2nd International Tremor Congress: From Bench to Bedside

CME provider: Columbia University Vagelos College of Physicians and Surgeons
Date: May 18–19, 2023
Time: All day
Place: New York Academy of Medicine, 1216 Fifth Avenue, New York, NY, 10029
Contact: CME@Columbia.edu; 212-305-3334 ■

Your Reputation
Your Rights
Our Business

MCB

MARTIN CLEARWATER & BELL LLP

THE OLDEST AND LARGEST MEDICAL DEFENSE FIRM IN NEW YORK

- ✔ Appellate Law
- ✔ Professional Liability
- ✔ Insurance Law
- ✔ Legal Malpractice
- ✔ Medical Malpractice
- ✔ Health Care Law
- ✔ Dental Malpractice
- ✔ Nursing Home Law
- ✔ Employment Claims
- ✔ Sexual Harassment
- ✔ Discrimination
- ✔ External HR Counseling

Serving the Professions for Over 100 Years

EXPERIENCE RESPONSIVENESS RESULTS | MCBLAW.COM

NEW YORK, NY	EAST MEADOW, NY	WHITE PLAINS, NY	ROSELAND, NJ	ROCHESTER, NY	STAMFORD, CT
(212) 697-3122	(516) 222-8500	(914) 328-2969	(973) 735-0578	(585) 413-1699	(203) 738-5226

Advancing Head, Neck and Thyroid Cancer Care

Mount Sinai Head and Neck Institute / Center of Excellence

The Mount Sinai Head and Neck Institute/Center of Excellence in Manhattan offers advanced, personalized, multidisciplinary care for patients with cancers of the mouth, throat, head, and neck.

If you or a loved one needs care for head or neck cancer, we can help. The specialized team at our Center of Excellence is at the forefront of minimally invasive treatment and research:

- Performed first robotic surgery for oral/throat cancers in New York State
- Achieved the first successful donor trachea transplant in the world
- Established first head and neck cancer research program in the tri-state region
- Currently conducting more than 80 research studies
- Researching use of immunotherapy treatment for HPV-associated oral cancer

Cancers We Treat:

- Larynx
- Mouth
- Salivary glands
- Sinuses
- Skin
- Skull base
- Throat
- Thyroid and parathyroid
- Trachea

Call us at 212-241-9410 to get started.

The Mount Sinai Hospital
Hess Center for Science and Medicine
1470 Madison Avenue, New York, NY 10029
www.mountsinai.org/headandneck

Mount Sinai Hospital