



# *What's Up, Doc?*

Spring 2011  
SUNY Upstate Dept. of  
Medicine newsletter  
Susan DeAngelo-editor

*Dr Elliott recently vacationed in Costa Rica. He was generous enough to share a few pictures of the trip he took with his family.*





*Quotable quotes:  
Medicine to produce health must examine  
disease; and music, to create harmony  
must investigate discord.  
Plutarch*

**Drs. Sheila Lemke and Barbara Krenzer have been selected to receive a Gold Standard Award. This award recognizes faculty who have demonstrated dedication, passion, vision and commitment to their work and to Upstate. The awards were presented by Dr Michael Iannuzzi at the Celebration of the Faculty, Wednesday March 16th, 2011. 4:30-6:00 PM in the IHP Atrium  
Congratulations to both!**

*Celebrating birthdays this quarter-*

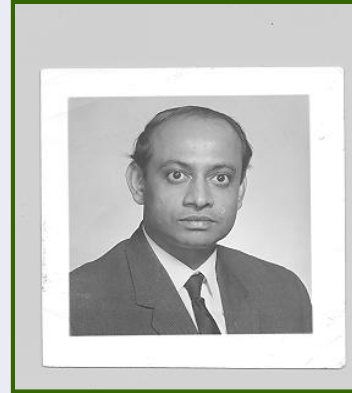
**April- Tammy Anthony, Richard Chiang, Fuad Farah, Jane Hudson, Pratibha Kaul, Arnold Moses, Sri Narsipur, Rahul Seth, James Sexton, Danish Siddiqui, Ruth Weinstock, and Steven Zygmont.**

**May- Oleg Chepurny, Clay Elliott and George Holz.**

**June- Fatme Allam, Jeanne Bishop, Thomas Coyle, Joyce Farah, Ramsay Farah, Harold Husovsky Colin Leech, Michael Roe and Ali Salah.**

**Blast from the past!**

Can you guess who this is? Send your guess and we'll post the correct answer as well as the most frequently guessed answers in the next issue. Send your guess to: [deangels@upstate.edu](mailto:deangels@upstate.edu)



This is what Dr Timothy Ford had to say about the new Cardiology West outpatient location:

"So MedWest opened January 2011. Dr Danish Siddiqui and I are the main doctors covering. We have a Nurse Practitioner, Jeanne Pietrzak. The office is located at Medical Center West, 5700 West Genesee St. in Camillus. The phone number is 488-2372.

We see new patient consultations, follow-up visits and perform diagnostic tests such as echocardiograms, stress echocardiograms, Holter monitors and event recorders. The office is open daily from 8:30 A.M. to 5:00 P.M. Appointments can be scheduled by calling, and most patients can be accommodated within a day or two.

Sorry, no pictures!"

Please give a warm welcome to **Brenda Cannizzaro**, who has just started in her position as **Marketing Support Co-ordinator** at the **Foundation for Upstate Medical University**. Ms.Cannizzaro's primary role will be to act as liaison between the **Department of Medicine** and the **Foundation**. Her office is located in room **304** of the **Campus Activities Building** and her number is **464-4281**.

**Dr Sri Narsipur's daughter won a prestigious art award in January. Here are the details along with a picture of the winning piece:**

**2011 CNY Scholastic Art Awards: East**

**Sonia Narsipur - Leaves on a Vine - Ceramics & Glass - Ceramic Guild -  
2nd Place, Sr. High - Jamesville-Dewitt HS.**



Here's what the proud father had to say:

"Her name is Sonia Narsipur, age 16, Jamesville-Dewitt High School 11th grade. She gets all of her talent from herself because neither her mother nor I can do anything like this!"

The European Society for Medical Oncology is pleased to present the

**Best Poster Award**

to

**Stephen Graziano, MD**  
Syracuse, NY, USA

for the presentation of poster:

**389P**

**LACE-Bio Pooled Analysis of the Prognostic and Predictive Value of p53 Mutations and Expression by Immunohistochemistry (IHC) in Patients with Resected Non-Small Cell Lung Cancer (NSCLC)**

in the category:  
**Chest tumors**

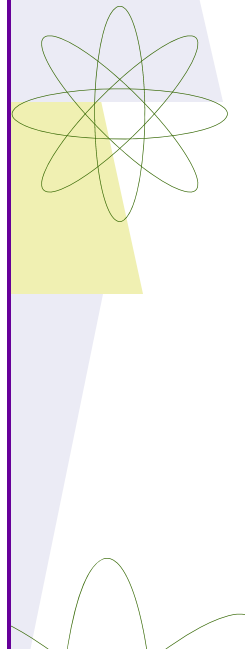
during the 35th ESMO Congress, Milan, Italy, 8 – 12 October 2010

*David Kerr*

David J. Kerr  
ESMO 2010 President

*Rolf A. Stahl*

Rolf A. Stahl  
Milan 2010 Scientific Committee Chair



**LACE-Bio Pooled Analysis of the Prognostic and Predictive Value of p53 Mutations and Expression by Immunohistochemistry (IHC) in Patients with Resected Non-Small Cell Lung Cancer (NSCLC)**

Stephen L. Graziano<sup>1</sup>; Emmanuelle Paris<sup>2</sup>; Xiaoli Ma<sup>3</sup>; Jean-Pierre Pignon<sup>4</sup>; Pierre Hainaut<sup>5</sup>; Miquel Taroni<sup>6</sup>; Ming S. Tsao<sup>7</sup>; Robert A. Kratzke<sup>8</sup>; Elisabeth Brambilla<sup>9</sup>; Jean-Charles Soria<sup>1</sup>  
<sup>1</sup>SUNY Upstate Medical University, Syracuse, NY, USA; <sup>2</sup>Institut Gustave-Roussy, Villejuif, France; <sup>3</sup>IARC, Lyon, France; <sup>4</sup>Catalan Institute of Oncology, Badalona, Spain; <sup>5</sup>Princess Margaret Hospital, Toronto, CA; <sup>6</sup>University of Minnesota, Minneapolis, MN, USA; <sup>7</sup>University of Grenoble, Grenoble, France

**Background**

- Aberrant expression of p53 and mutations are among the most frequent molecular abnormalities in NSCLC
- p53 has a key role in DNA repair and apoptosis
- Meta-analyses suggest that p53 abnormalities have a negative prognostic impact<sup>1,2</sup>
- It is hypothesized that p53 may be a mediator of chemotherapy (CT) response<sup>3,4</sup>
- The Lung Adjuvant Cisplatin Evaluation Biological Project (LACE-Bio) is a pooled analysis of 4 randomized clinical trials – IALT, ANITA, JBR.10 and CALGB 9633<sup>5</sup>

**Objective**

- To investigate the impact of p53 abnormalities on prognosis and benefit from platinum-based adjuvant chemotherapy, we undertook a pooled analysis of 4 randomized trials (IALT, ANITA, JBR.10, CALGB 9633)

**Methods**

- p53 IHC expression was assessed on slides obtained from formalin-fixed, paraffin-embedded blocks<sup>6</sup>
- p53 mutation analysis was performed using denaturing high-performance liquid chromatography and direct sequencing<sup>7</sup>
- The prognostic and predictive value for benefit from ACT of p53 IHC and mutation on overall survival (OS) and disease-free survival (DFS) was tested in a Cox model stratified by trial and adjusted for clinical and pathological variables

**Results**

- p53 IHC was successfully performed in 1413/1646 patients (86%) and mutation in 1209/1546 patients (78%)
- p53 IHC expression was higher in non-adenocarcinoma (NAC) (p<0.0001) and males (p=0.02)
- p53 IHC was not prognostic for OS or DFS
- There was a non-significant (NS) difference in DFS benefit from ACT based on p53 IHC expression (HR p53 negative 0.80, p=0.02; p53 positive HR 0.90, p=0.36; interaction p=0.42)
- p53 mutations were more common in younger pts (p=0.02), higher T-stage (p=0.02) and NAC (p=0.02)
- There was a NS trend for worse OS in p53 mutated pts (HR 1.13, p=0.15)
- There was a NS trend for better OS from ACT in p53 wild-type pts (HR wild-type 0.79, p=0.03; HR mutated 1.03, p=0.80; interaction p=0.12)
- For pts who received ACT, the HR for death was 1.31, p=0.03 for mutated versus wild-type p53
- In the squamous cell subgroup, there was a predictive effect both on OS (p=0.04) and PFS (p=0.02) with a significant benefit of ACT only in wild-type pts

Description of p53 IHC by trial

Trial reference	p53 status		Total
	Negative	Positive	
ANITA	92 (64%)	52 (36%)	144
IALT	431 (55%)	348 (45%)	779
JBR.10	145 (57%)	108 (43%)	253
CALGB	168 (71%)	69 (29%)	237
Total	836	577 (41%)	1413

Figure 1: Overall survival curves for p53 IHC positive vs negative

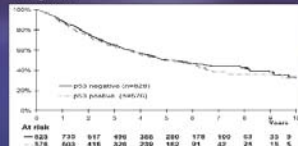
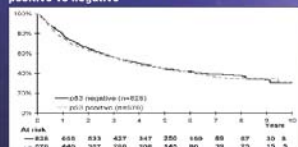


Figure 2: Disease-Free survival curves for p53 IHC positive vs negative



Description of p53 mutation status

Trial reference	p53 status		Total
	Mutated status	Wild type status	
ANITA	34 (32%)	71 (68%)	105
IALT	240 (46%)	284 (54%)	524
JBR.10	124 (31%)	273 (69%)	297
CALGB	71 (39%)	112 (61%)	183
Total	469 (39%)	740	1209

Figure 3: Overall survival curve for p53 wild-type status vs mutated status

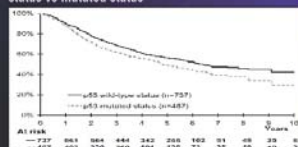
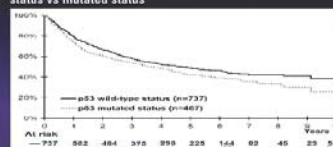


Figure 4: Disease-free survival curve for p53 wild-type status vs mutated status



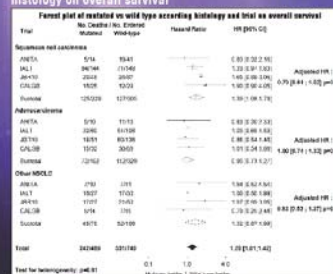
Predictive value of p53 IHC on disease-free survival

Chemotherapy group	p53 status		Hazard ratio for events CT vs. no CT [95% CI]
	No events / No patients	Yes events / Yes patients	
p53 negative n=828	223 / 419	248 / 409	0.80 [0.67 - 0.97] p=0.02
p53 positive n=576	163 / 208	156 / 278	0.90 [0.72 - 1.13] p=0.36
Hazard ratio for event positive vs. negative [95% CI]	1.05 [0.98 - 1.29] p=0.04	0.94 [0.78 - 1.15] p=0.52	Test for interaction p53/treatment p=0.42

Predictive value of p53 mutation status on overall survival

Chemotherapy group	p53 mutation status		Hazard ratio for events CT vs. no CT [95% CI]
	No events / No patients	Yes events / Yes patients	
p53 wild-type status n=737	147 / 264	182 / 373	0.79 [0.63 - 0.98] p=0.03
p53 mutated status n=482	133 / 246	108 / 221	1.02 [0.80 - 1.24] p=0.80
Hazard ratio for event mutated vs. wild-type [95% CI]	1.31 [1.02 - 1.66] p=0.03	1.00 [0.78 - 1.27] p=0.97	Test for interaction p53/treatment p=0.12

Prognostic value of interaction between p53 mutation and histology on overall survival



Predictive value of p53 mutation according to histology and trial on overall survival

Squamous cell carcinoma	Chemotherapy group		Hazard ratio for events CT vs. no CT [95% CI]
	No events / No patients	Yes events / Yes patients	
p53 wild-type status n=305	54 / 155	73 / 150	0.59 [0.38 - 0.98] Test for interaction p53/treatment p=0.04
p53 mutated status n=28	69 / 121	55 / 107	1.12 [0.70 - 1.80] p=0.54
Adenocarcinoma			0.98 [0.55 - 1.77] Test for interaction p53/treatment p=0.87
p53 wild-type status n=276	69 / 157	81 / 169	0.86 [0.66 - 1.27] p=0.41
p53 mutated status n=162	36 / 78	26 / 84	1.00 [0.45 - 2.59] Test for interaction p53/treatment p=0.84
Other NSCLC			0.54 [0.53 - 1.67] p=0.84
p53 wild-type status n=106	24 / 52	28 / 54	0.87 [0.46 - 1.68] p=0.69
p53 mutated status n=77	28 / 47	17 / 30	

**Conclusions**

- In this analysis, neither p53 IHC expression or mutation status was prognostic for survival
- There was a trend favoring greater benefit from ACT for patients with wild-type p53, significant in squamous cell pts

**References**

1. Sengupta S, Harris CC. p53: Traffic cop at the crossroads of DNA repair and recombination. Nat Rev Mol Cell Biol 2005;6:44-55.
2. Mitsudomi T, Hamajima H, Ogawa M, et al. Prognostic significance of p53 alterations in patients with non-small cell lung cancer: A meta-analysis. Clin Cancer Res 2000;6:4055-4063.
3. Steels E, Paesmans M, Berghmans T, et al. Role of p53 as a prognostic factor for survival in lung cancer: A systematic review of the literature with a meta-analysis. Eur Respir J 2001;18:705-719.
4. Tsao MS, Aviel-Ronen S, Ding K, et al. Prognostic and predictive importance of p53 and ras for adjuvant chemotherapy in non-small-cell lung cancer. J Clin Oncol 2007;25:5240-5247.
5. Graziano SL, Gu L, Wang X, et al. Prognostic significance of mucin and p53 expression in stage IB non-small cell lung cancer: A laboratory companion study to CALGB 9633. J Thoracic Oncol 2010;5:810-817.
6. Pignon JP, Tribodet H, Scagliotti GV, et al. Lung Adjuvant Cisplatin Evaluation: a pooled analysis by the LACE Collaborative Group. J Clin Oncol 2009;27:3552-3569.
7. La Valle F, Mukhera A, Hunt JD et al. TP53 and KRAS mutation load and types in lung cancers in relation to tobacco smoke: distinct patterns in never, former, and current smokers. Cancer Res 2005;65:5076-5083.





## **A WORD ABOUT THE MEDICINE CLERKSHIP**

**(by Lisa Oliver-Clerkship Administrator)**

**Its all systems go for medical student education in the Department of Medicine! We've seen a steady upswing in the number of students going into Internal Medicine over the past few years, and next year will be no exception! A new MS3 innovation for 2011 is the addition of students to Morning Report. Students will observe and join in the discussion on the 2nd and 4th Fridays of the month. We're also introducing pocket cards for the students to carry with them which state the goals and objectives for the clerkship, along with the diagnoses and procedures we would like them to see during the clerkship. Finally, we are working with faculty to standardize the clerkship's expectations for how students should present patients and write notes, as well as the various tasks the students should be responsible for.**

**And we have not left out the MS1s! Last summer, we launched our Clinical Elective Experience. This experience allowed six students to rotate both inpatient and outpatient services during the summer between their first and second years. It was a huge success, far exceeding our expectations. The students loved it and absorbed every drop of knowledge like student-shaped sponges! This summer, we are doubling the amount of students (from 6 to 12) and so far the demand for slots has been high. Two of the students who did the elective last year spoke at a summer opportunities meeting for the first years and both of them just kept saying "it was awesome" over and over again! They went into details of rotating in the ICU, and on the heme-onc team and the excitement of actually seeing (and treating) the pathology they have read, seeing an arterial puncture, participating in a code or being the first person to interview a patient in an outpatient setting.**

**Finally, the clerkship scored a whopping 45% "excellent" rating for the quality of education experience on the 2010 AAMC Medical School Graduation Questionnaire. Our 45% was the highest excellent score amongst all the clerkships.**

**All of these successes are a direct result of the dedication to teaching by the department's faculty and residents. Keep up the good work! Maybe next year we'll hit 50% excellent!**

The following information is shared on behalf of Dr. Jeremy Shefner:

*I am pleased to announce that Dr. Ruth Weinstock has accepted the position of Director of the Clinical Research Unit, starting March 1, 2011. Dr. Weinstock is Director of the Joslin Diabetes Center and has been one of the most active clinical investigators on campus for many years. Her research has included both NIH and industry funded projects, and her interests have included the development of telemedicine in diabetes care as well as other aspects of clinical therapeutics.*

*Ruth will be replacing Dr. Arnold Moses, who is stepping down as director but who will remain involved as CRU co-director. Dr. Moses has been CRU director for many years, and is primarily responsible for its survival as a hospital supported unit after CTSA certification was lost. He has been fully committed to the success of clinical research at Upstate, and I would like to personally thank him for his unceasing efforts both in leading the unit and in maintaining a focus on the importance of a growing clinical research program at Upstate.*

*Please join me in congratulating Arnie for his service, and welcoming Ruth in her new role.*

Jeremy M. Shefner, MD, PhD  
Associate Vice President for Clinical and Translational Research

**Fun facts– How the manila folder got it's name:**

The manila component of the name comes from manila hemp or abacá, from which manila folders were originally made. "Manila" refers to the capital of the Philippines, one of the main producers of abacá, which is itself named after the Indigo Tree (Scyphiphora hydrophyllacea) a shrub called "nilad" in Tagalog as the name means "there is nilad".



**HAMILTON WHITE LIST INCHES TO NEW RECORD!**  
**With days left in the Upstate Community Giving Campaign, Upstate now has 226 Leadership Gifts of more than \$1000 representing \$341,212 of the campaign total. Department of Medicine's, Dave Small and Gene Kaplan came in over the last couple of days. The 226 bests last year's 220. (This information compliments of Dan Hurley's "Friends & Advocates, Vol. 14, No. 22) Note: these two faculty members are in addition to those listed in the last newsletter.**

### *Honors & Awards:*

1. **Roberto Izquierdo, MD, Medicine**, received The Guillotine Award for "sticking your neck out" and presenting at the Faculty Development Seminar Series during the 2009-2010 academic year.
2. **Roberto Izquierdo, MD, Medicine**, received the Diabetes NCQA Recognition Award 2011.

### *Publications:*

1. **Weinstock RS**, Brooks G, Palmas W, Morin PC, Teresi JA, Eimicke JP, Silver S, **Izquierdo R**, Goland R, Shea S. Lessened decline in physical activity and impairment of older adults with diabetes with telemedicine and pedometer use: results from the IDEATel study. *Age Ageing*, 2011 Jan; 40:98-105.

### *Abstracts:*

1. Rybicki BA, Levin AM, McKeigue P, Datta I, Gray-McGuire C, Colombo M, Reich D, Burke RR, **Iannuzzi MC**. A genome-wide admixture scan for ancestry-linked genes predisposing to sarcoidosis in African Americans. *Genes Immunity* 2010 Dec; [Epub ahead of print]
2. Sah BP, S. Sanyal S, **Iannuzzi MC**. Case Report: A Rare Presentation of Gastric Sarcoidosis. D 503, American Thoracic Society, 2010.

## Valentine's Day Visit- February 2011

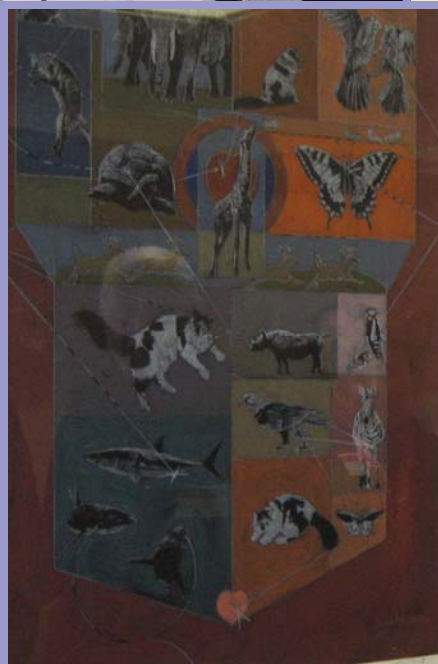
Professor Ludwig Stein was invited to come in on Valentines Day to tour the new Heart Center at University Hospital. The underlying reason was that the hallways are now graced by the collection of paintings he created for his wife, Dr. Nancy Jermanovich, who died in 2000.

Ludwig Stein is a Syracuse University fine arts Professor. He met his wife Nancy (at the time, a Nephrologist in the Dept. of Medicine) on a blind date on New Year's 1978. On their second Valentines Day, he presented her with a painting with a stylized heart. The next Valentine's Day, Nancy asked where her painting was, so an annual tradition of heart-themed paintings began, and lasted until Nancy's death in December 2000.

In 2003, Ludwig Stein donated the Valentines series of 22 to University Hospital in memory of Nancy and their 22 years together. The paintings had been located on the 5<sup>th</sup> and 6<sup>th</sup> floors of the East Wing. With the recent opening of the new Heart Center, the Valentine's Paintings were transplanted there, with the heart-felt appreciation of the staff.

Thank you Professor Stein!

(Story by Patrice Palmieri)



**Dr Ali Salah (Cardiology division) and wife Nur welcomed their first baby, a son, in January. Nimeri was born on January 22, 2011 at 9:10 p.m., weight 8 pounds, length 20 inches. Baby Nimeri and Mom Nur are doing very well. Here is a photo for all to enjoy. Congratulations to the very proud parents!**





## **Voluntary Faculty Promotions**

**Pratibha Kaul, MD, FCCP** was promoted to **Clinical Professor of Medicine in October 2010**. Dr Kaul is an Associate Program Director of the SUNY Upstate Medical University Internal Medicine Residency program. She practices at the Veteran's Affairs Medical Center, Syracuse, NY where she is the Director of the ICU, Medical Director of the Sleep Lab, and a staff physician in Pulmonary and Critical Care Medicine. Dr Kaul is a valued member of the Internal Medicine Residency program.

**Best wishes to you Dr Kaul!**

**David Landsberg, MD, FACP, FCCP** was promoted to Associate Professor of Medicine in March 2011. Dr Landsberg is an Associate Director of Educational Programs at Upstate Medical University. Dr Landsberg practices medicine at Crouse Hospital where he is an Intensivist/ICU Director, Site Coordinator of the Internal Medicine Residency and the Assistant Chief of Medicine . He is a valued asset to our residency program. Thank you for all your hard work and dedication!

**Congratulations to both of you!**

## Welcome to the 2011 - 2012 Intern Class, Department of Medicine

<b>NAME</b>	<b>MEDICAL SCHOOL</b>
Aggarwal, Aakash	Government Medical College Chandigarh
Baez, Omar	Ross University School of Medicine
Banas, Emerald	Rose Cebu Institute of Medicine
Bansal, Puneet	Faculty Ii--Poznan University of Medical Sciences
Bradley, Sicily	St. George's University
Braich, Puneet	Ross University School of Medicine
Chaudhary, Omair	St. George's University
Choi, Kenneth	St. George's University
Desa, Anthony	St. John's Medical College
Farrington, Darren	St. George's University
George, Sharon	St. George's University
Gill, Sonja	St. George's University
Gupta, Sonia	George Washington University School of Medicine & Health Sciences
Gyang, Tirisham	St. George's University
Hardin, Colin	St. George's University
Harrison, Joshua	SUNY Upstate Medical University
Kahlon, Arundeeep	Sikkim Manipal Institute of Medical Sciences
Kalamkar, Badal	Topiwala National Medical College
Khorasani-zadeh, Arman	Saba University School of Medicine
Korapati, Sowmya	Sri Venkatesvara Medical College
Makkar, Bentley	St. George's University
Manfredi, Brian	St. George's University
Nandavaram, Sravanthi	Osmania Medical College
Nat, Amitpal	Akademia Medyczna, Lublin
Nat, Amritpal	Akademia Medyczna, Lublin
Neupane, Shristi	Manipal College of Medical Sciences
Orellana, Anna	Ross University School of Medicine
Orellana, Cesar	Ross University School of Medicine
Pandey, Subodh	Manipal College of Medical Sciences
Papatheodorou, Dana	Ross University School of Medicine
Pokhrel, Kiran	B.P. Koirala Institute of Health Sciences
Rajanna, Bhavya	Bangalore Medical College
Rane, Meghan	Kasturba Medical College Manipal
Sharma, Amit	Maharashtra Institute of Medical Education Research
Sharma, Sameer	University College of Medical Sciences
Thapa, Jhapat	B.P. Koirala Institute of Health Sciences
Varghese, Dona	Medical College Thiruvananthapuram
Williams, Lisa	Ross University School of Medicine

**St Patrick's Day 2011-**  
**In this photo Ann Clancy is trying to turn Dr. Hegazy into a Leprechaun!**



**The new Department of Medicine office (on the fifth floor of the hospital) nears completion. Dr Iannuzz's office and the hallway to the administrative assistants' office are shown below.**





## COLLEGE BOWL NEWS!

**Dr. Sarah Lappin's College Bowl Team won the championship! Fellows Sekou Rawlins, Steven Duffy and Shilpa Kshatriya and residents Shraddha Goyal, R-2, Osman Muhammad Arif, R-2 and Carlos Martinez-Balzano, R-1 (team pictured with Dr Lappin on plaque below) helped lead the team to victory! Congratulations to these folks, and all who participated in the fun, on a job well-done.**

