Upstate outlook

News on education, biomedical research and health care at SUNY Upstate Medical University Syracuse, New York

Volume 4, Number 2 Spring 2004

Concussion: A Cautionary Tale

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Presidential Perspective

The View From the Driver's Seat


ROBERT MESCAVAGE
Gregory Eastwood MD

As we progress toward the milestones we've set for SUNY Upstate, the terrain often demands that we adjust our route. The recent appointment of Dr. Steven Scheinman as executive vice president and dean of the College of Medicine represents both a milestone and a course adjustment. I am delighted with the outcome of the search. Dr. Scheinman is bright, energetic, even-tempered and attentive to detail, yet he works conceptually and has a clear view of the long road ahead – an essential perspective as we approach important intersections in the future development of our institution's history.

In addition to inspiring celebration, Dr. Scheinman's appointment has prompted some introspection on my part. In the 11 years of my presidency, Upstate has become dramatically more complex, as evidenced by:

- an operating budget that has doubled from $325M to $650M per year
- a health care environment that has changed profoundly
- funding streams which are increasingly ambiguous
- an expanding commitment to collaboration.

Over the course of a decade, these developments have expanded my role as president. On a daily basis, I now am called upon to interact:

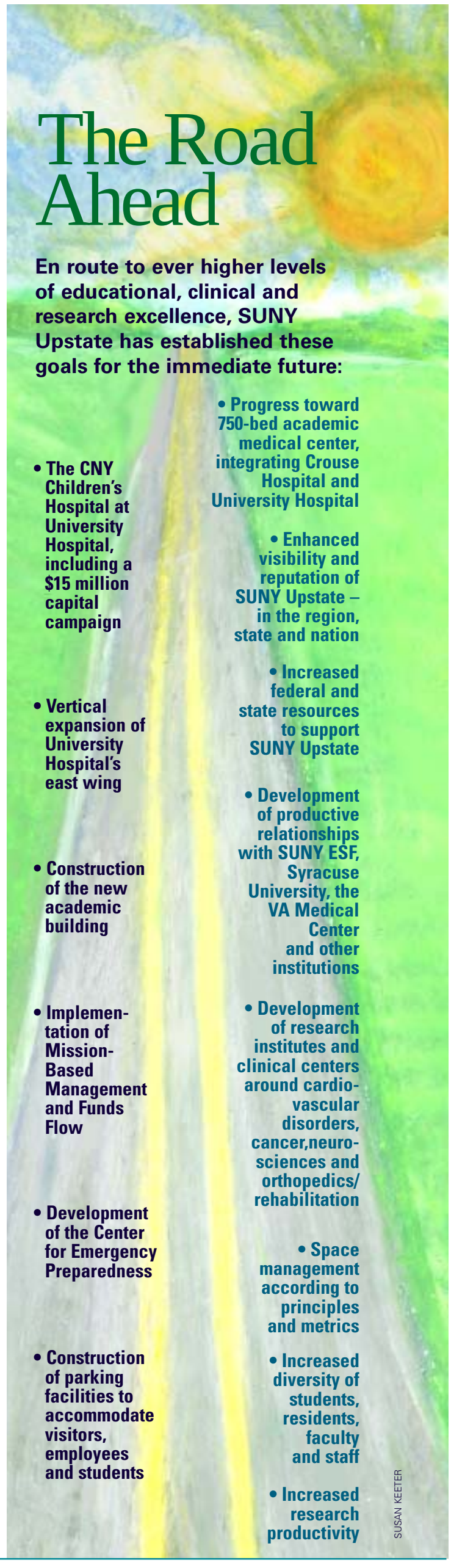
- with local, state, and national leaders
- with our nation's academic medical centers, through my activities in the Association of Academic Health Centers
- with our research colleagues in New York's promising biotech research corridor
- with our immediate academic neighbors on "The Hill'
- with our clinical neighbors next door on Crouse Avenue
- and with Central New York's citizens, who are demonstrating unprecedented generosity and support of our work, especially in terms of The CNY Children's Hospital at University Hospital.

I thoroughly enjoy these interactions and feel that great good comes of such close collaboration and communication. But this shift in my focus necessitates internal shifts in responsibility. To a large degree, I function as chief executive officer, with continued overall responsibility for the internal activities of Upstate, but with greater attention to external affairs. Dr. Scheinman essentially functions as chief operating officer for Upstate, as both executive vice president and dean of medicine. He is charged, for example, with coordinating the College of Medicine and University Hospital. This makes sense, given their shared finances and faculty.

On Upstate's new organizational chart, therefore, the head of the hospital reports to the executive vice president. The provost and vice president of academic affairs and research reports to the executive vice president on matters related to internal academic affairs and research – and to the president on matters related to SUNY and external academic and research relations, such as other academic institutions and the Upstate New York Coalition for Biomedical Research (UNYCoR). Likewise, the vice president for administration and finance reports to the executive vice president on matters related to finance and space – and to the president on broader issues such as human resources, infrastructure, and campus security. The vice president for public and governmental relations and the vice president for development continue to report to the president.

Of course, these external and internal distinctions are not crisp and SUNY Chancellor Robert King ultimately holds me accountable for everything at SUNY Upstate. But I am confident that this alignment will be productive and invigorating and will enable us to reach more quickly the important milestones on the road ahead.

–Gregory L. Eastwood MD
President,
SUNY Upstate Medical University



Upstate outlook

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Publisher's Perspective

"The academic difference" is a phrase we often use to distinguish our clinical enterprise from other local health care resources. But for those not wholly familiar with SUNY Upstate's three interrelated missions – education, research and clinical care – the phrase may not be self-explanatory. This issue of *Upstate Outlook* amplifies the definition of the academic difference. Our feature on concussion, for example, illustrates the multiple resources we bring to bear on a challenging medical condition. The most obvious resource is University Hospital's Concussion Management Program, which provides comprehensive clinical care to our community. The less apparent elements – which create the academic difference – include the research projects we design with our own experts, with our ultra-advanced research technology (such as the IHP's research-dedicated functional MRI machine) and with our colleagues at Syracuse University. The more we can learn about concussion, the better equipped we are to turn our understanding into education. Education is the reason our institution was founded in 1834, and education is at the very heart of the academic difference.

Ronald R. Young, Publisher
Vice President for Public and Governmental Affairs

SUSAN KAHN

SPRING 2004

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Upstate Outlook is published by the Offices of Public Affairs and Communications.

SUNY Upstate Medical University in Syracuse, NY, is an academic medical center with four colleges – Medicine, Nursing, Health Professions and Graduate Studies – as well as an extensive clinical health care system that includes University Hospital and numerous satellite sites. Affiliated with the State University of New York, SUNY Upstate is one of Onondaga County's largest employers. For more information, visit us online at www.upstate.edu or phone us at 315-464-4836.

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On the cover
Sidelined by concussion for her winter sports season, Kaitlin Englert is back in action this spring, after months of treatment in University Hospital's Concussion Management Program.

Robert Mescavage
Photographer

Paying Serious Attention to Concussion

SUNY Upstate Marshals Its Forces To Combat an Often Underestimated Condition

When University Hospital psychologist Brian Rieger PhD reads the sports page, he's not just following his favorite teams. Rieger, director of University Hospital's Concussion Management Program, is gathering evidence that sports-related concussions merit more serious medical attention and public awareness. Rieger has a stack of sports clippings, and a wealth of personal clinical experience, demonstrating that concussion – an injury in which the free-floating brain is shaken inside the skull – can lead to months of miserable symptoms and sometimes serious, long-term brain damage.

Concussion Crusader: Psychologist Brian Rieger PhD Director, Concussion Management Program; CNY Sports Concussion Center; and Rehabilitation Psychology at University Hospital

ROBERT MESCAVAGE

That's why SUNY Upstate Medical University is focusing its impressive clinical, educational and research resources on the issue of concussion. University Hospital's Concussion Management Program, and the CNY Sports Concussion Center, which opened this spring in the Institute for Human Performance (IHP), address the clinical side of concussion, by evaluating and managing concussion injuries like Kaitlin Englert's (see page 5).

Elusive Symptoms

As Englert learned when she was hit in the temple by a volleyball, the symptoms of concussion often worsen in the first 24 hours after injury. Most people recover from concussion, but it can take weeks or months. According to Rieger, up to 20 percent of cases will have symptoms that persist for a year or more.

Myths

MYTHS

- If you weren't knocked out, you didn't suffer a concussion
- Everyone gets better in two weeks
- Once the headache goes away, everything will be fine
- If there's no visible injury, it can't be that bad
- Concussion is a minor brain injury with no long-term effects
- You should play through the pain, so get back in the game

The good news, according to Rieger, is that early education and medical intervention can help anyone who suffers a concussion.

Voice of Experience

University Hospital's Concussion Management Program was developed by the Department of Physical Medicine and Rehabilitation. "Having operated a traumatic brain injury program for 15 years, our department physicians certainly have experience in the long-term effects of brain injury," says Robert Weber MD, department chair.

"Often there is little or no relationship between the external injury and the effect on the brain," he says. "In our experience, there is no such thing as a 'minor' brain injury. Any brain injury disrupts your life."

University Hospital's Concussion Management Program takes a multidisciplinary approach to concussion treatment, involving physicians, psychologists, a nurse case manager and physical and occupational therapists, as needed.

Focusing an entire medical team on this underestimated condition can be very reassuring to patients. "These are people who have been suffering from severe headaches, fatigue, inattention, loss of memory and other troubling symptoms," reports Rieger. "The diagnosis often comes as a tremendous relief. The patient will sit in my office and say, 'You mean I'm not crazy?'"

"This program has certainly made us more concussion-conscious in the Emergency Department," says John McCabe MD, chair of emergency medicine. "In the past, concussion management meant sending seriously altered patients to a neurosurgeon – and sending not-quite-normal patients home, with reassurance that they would eventually feel fine.

continued on page 6

A Mild Brain Injury?

Kaitlin Englert, 17, is a reigning New York state tennis champ, varsity lacrosse and volleyball player and dyed-in-the-wool competitor. So she cringes when she recounts last winter's failed dive after a spiked volleyball. "It was only practice, but I should have made that play," says the Fayetteville Manlius High School junior. "I was really embarrassed."

Embarrassment should have been the least of Englert's worries. The missed volleyball hit the floor, bounced back and slammed her in the right temple. A little startled, she continued to play. There was no bump on her head – and she hadn't blacked out – so concussion didn't seem to be a concern.

But by the next day, Englert had a headache so severe that she went to her pediatrician, Kathryn Webster MD at Brighton Pediatrics. Dr. Webster – noting that Englert also seemed confused and ultra-sensitive to light and noise – referred her to the Concussion Management Program at University Hospital.

Director Brian Rieger PhD and the concussion program staff conducted a comprehensive evaluation – including a CT scan that showed no visible damage. Rieger diagnosed Englert with a concussion, or mild traumatic brain injury (mTBI). As the weeks of treatment passed, it became evident that Englert's mild injury had major repercussions. The relentless headache, extreme fatigue, mental processing problems and emotional volatility kept Englert out of school for six weeks and sidelined from sports for three months.

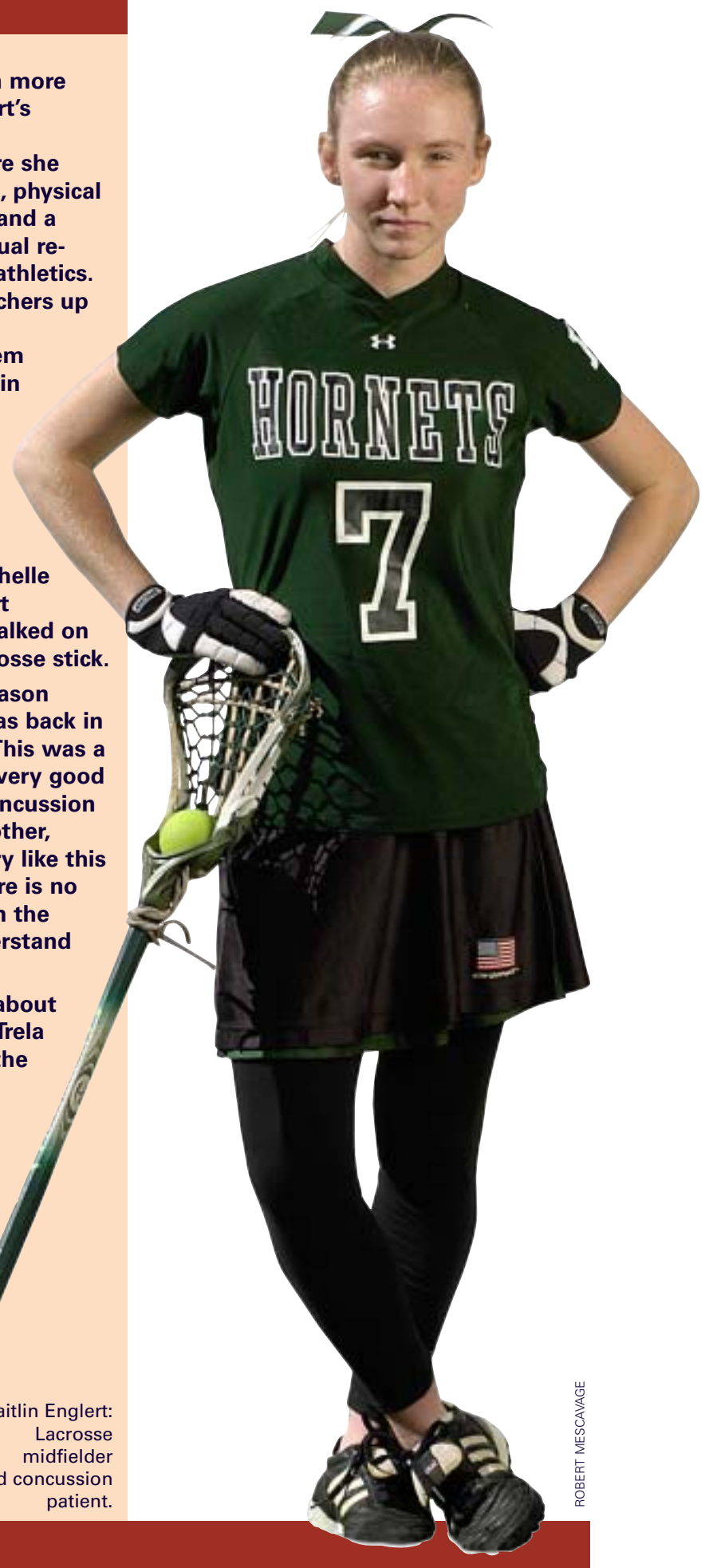
"I couldn't take the light or noise," she says. "It felt like everyone was screaming at me."

It could have been even more distressing, without Englert's referral to the area's only concussion program, where she received medical attention, physical and occupational therapy and a personalized plan for gradual re-entry into academics and athletics. To help bring Englert's teachers up to speed on her cognitive difficulties, Rieger sent them copies of his "Concussion in the Classroom" manual. And to test her balance, vision and reaction time, Englert's University Hospital occupational therapist Kim Nemi OTR\L and physical therapist Michelle Westlake PT tossed Englert lacrosse balls while she walked on the treadmill with her lacrosse stick.

By the time lacrosse season opened in April, Englert was back in school and back in play. "This was a very serious injury with a very good outcome, thanks to the concussion clinic," reports Kaitlin's mother, Kathleen Englert. "An injury like this can be overwhelming. There is no cast or bandage. People on the outside don't always understand what's happening."

"Kaitlin was very diligent about her therapy," reports Paul Trela FNP, nurse practitioner in the Concussion Management Program. "But it's an invisible injury, and frustration comes with the territory."

"It was hard to stay patient," admits Kaitlin. "But as much as I wanted to play, I couldn't risk it. This wasn't an injury you could tape up. This was my brain."



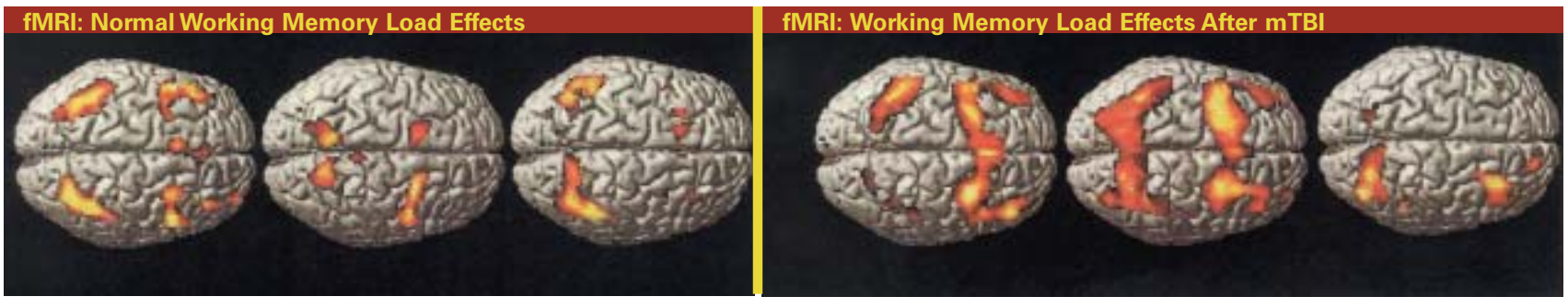
Kaitlin Englert: Lacrosse midfielder and concussion patient.

ROBERT MESCAVAGE

Legislation on Concussion

To address the potentially serious ramifications of sports concussions, the New York State Legislature is considering an amendment to the Education Law. Proposed Section 916 would establish guidelines – including written clearance from a physician – for students returning to certain sports after concussion. Proposed by Assemblyman Robert Sweeney and passed by the Assembly, the amendment would also create a system to track the number and severity of concussions a student sustains.

Visual Proof: The brain under siege by concussion (right) works much harder than the normal brain (left) to complete the same task.



From McAllister TW. et al. Differential working memory load effects after mild traumatic brain injury. *Neuroimage.* 14(5):1004-12, 2001 Nov.

Concussion, continued from page 4

"It's great to have the Concussion Management Program, where patients with minor head trauma can find comprehensive care," McCabe says. "It helps patients determine what they can and cannot do, in terms of going back to work or getting back to sports."

Broader Mission

While this clinical component is essential, education is also imperative. Rieger's experience is that most people – and some medical professionals – have a limited understanding of concussion. The lack of information is especially perilous when it comes to sports concussions.

"If an injured athlete returns to play before the symptoms are fully apparent – or before the concussion has healed – the risk of severe, permanent damage dramatically increases," says Rieger, whose mission is raising awareness about concussion.

"One of the first steps is to dispel the myths," he says. "There is a common misconception that only a blackout indicates serious risk. But there is a lot of research indicating that loss of consciousness does not necessarily mean the concussion is more or less severe."

Topic du jour

Millions of Americans suffer a concussion every year, but only about 300,000 are sports-related. "Your garden-variety concussion is caused by a car accident. Falls and assaults also cause far more concussions than sports," concedes Rieger. "But sports injuries have higher visibility.

"On professional football teams, this is the *topic du jour*," he adds. Concussion research has prompted the first football helmet redesign in 25 years. And a recent study in the *American Journal of Sports Medicine* reported that 10 percent of high school athletes playing contact sports suffer concussions every season.

"We're taking advantage of this publicity to help make our case about concussion," says Rieger.

Sideline Debate

Sports-related concussions also deserve extra attention because there can be pressure – from a variety of sources – to return injured athletes to the game. "Coaches and trainers aren't always knowledgeable about the potential consequences," Rieger says. "And in the heat of the game, players aren't always forthcoming about symptoms."

Orthopedist Dwight Webster MD, chief of the Sports Medicine Section in the Department of Orthopedic Surgery, is grateful for Rieger's words of caution about concussion. "He is a tremendous resource for our residents and physicians," says Webster. "Concussions initially can be very subtle and difficult to diagnose. For those of us who deal with musculoskeletal injuries, concussions can be a little outside our realm of expertise.

"Dr. Rieger also helps educate the high school athletic trainers who work with our program," Webster adds. "These trainers are the athlete's advocates. It is critical that they understand the subtleties of concussion."

Medical Mention

Rieger is pleased to see growing awareness of concussion and sports concussion, especially in the medical community. The first international conference on sports concussion was held in 2001 in Vienna. "It recommended that athletes who appear to suffer a concussion should automatically be removed from play for at least 24 hours," Rieger reports. "It's too difficult, at that point, to determine if they'll be OK. At the high school level, there is absolutely no excuse not to take the athlete out."

"When in doubt, sit them out," Rieger adds. "That's the current catch-phrase for good concussion management in sports. Our Concussion Management Program is glad to see the athlete and take responsibility for the decision."

Spreading the Word

For more than a year, Rieger and his colleagues have been on the local speakers' circuit, promoting concussion awareness – especially among coaches, trainers, school nurses, parents and players.

They are also working on a program to offer preseason cognitive testing to local high school and college athletes, who can take the test online. These computerized tests (created by HeadMinder and funded by University Hospital's Department of Physical Medicine and Rehabilitation) provide a baseline for measuring recovery after a concussion. "When an injured athlete regains the original level of cognitive function, that's a green light for return to play." Rieger explains. "These are the same kinds of tests used by the National Football League and other professional sports."

Orange Connection

Syracuse University and Onondaga Community College athletes have already taken the HeadMinder tests, in collaboration with the Concussion Management Program. Timothy Neal, head athletic trainer at SU, jumped at the chance to

Before and After: Sample computerized test of cognitive function performed one day post-injury. After 14 days, the same patient's test showed normal (green) function.

SUSAN KAHN

Collaborating on Concussion: Timothy Neal, left, head athletic trainer at Syracuse University, works with the University Hospital Concussion Management Program to establish the baseline cognitive function of SU athletes, using the computerized HeadMinder program. "Concussion is becoming an ever more urgent issue," says Neal. "Athletes today are bigger, stronger and faster. When they collide on the field and fall at your feet, the ground shakes."

offer his players the computerized testing. "The impact of severe or repeated concussions on a student athlete's academics is a major concern for us," says Neal. "Did you ever think of where the term 'dumb jock' comes from? It may be related to concussions earlier in the athlete's life.

"In my 27 years at SU, I've seen six or seven dozen concussions, including four or five career-ending head injuries," Neal reports. "We're already pretty conservative when it comes to head injuries. We treat SU athletes like our own sons and daughters. But it's great to have HeadMinder's objective measures. We're committed to this testing and to finding out all we can about the long-term impact of concussion."

The Research Component

Rieger's ultimate research interest is the impact of concussion on academic – not athletic – performance. "Concussion in the classroom is a very underexplored area," he reports. "There is a lot of information about academic problems after brain injury but almost nothing that is focused specifically on concussion."

Last winter, Rieger tailored one of his popular concussion workshops to special education teachers in the Syracuse City School District. "Concussion is an invisible injury that often leads to academic and social problems," he told the teachers.

"For students with concussion, fatigue is the number-one problem," he says. "Concussion causes chemical changes that lead to an energy crisis in the brain. The student has to work much harder to accomplish what once came easily. In the wake of a concussion, you often find poor cognitive and organizational skills layered on top of good intellect and language skills."

"When in doubt, sit them out. That's the current catch phrase for good concussion management in sports."

–Brian Rieger PhD, Director
Concussion Management Program,
University Hospital

Collaborative Research

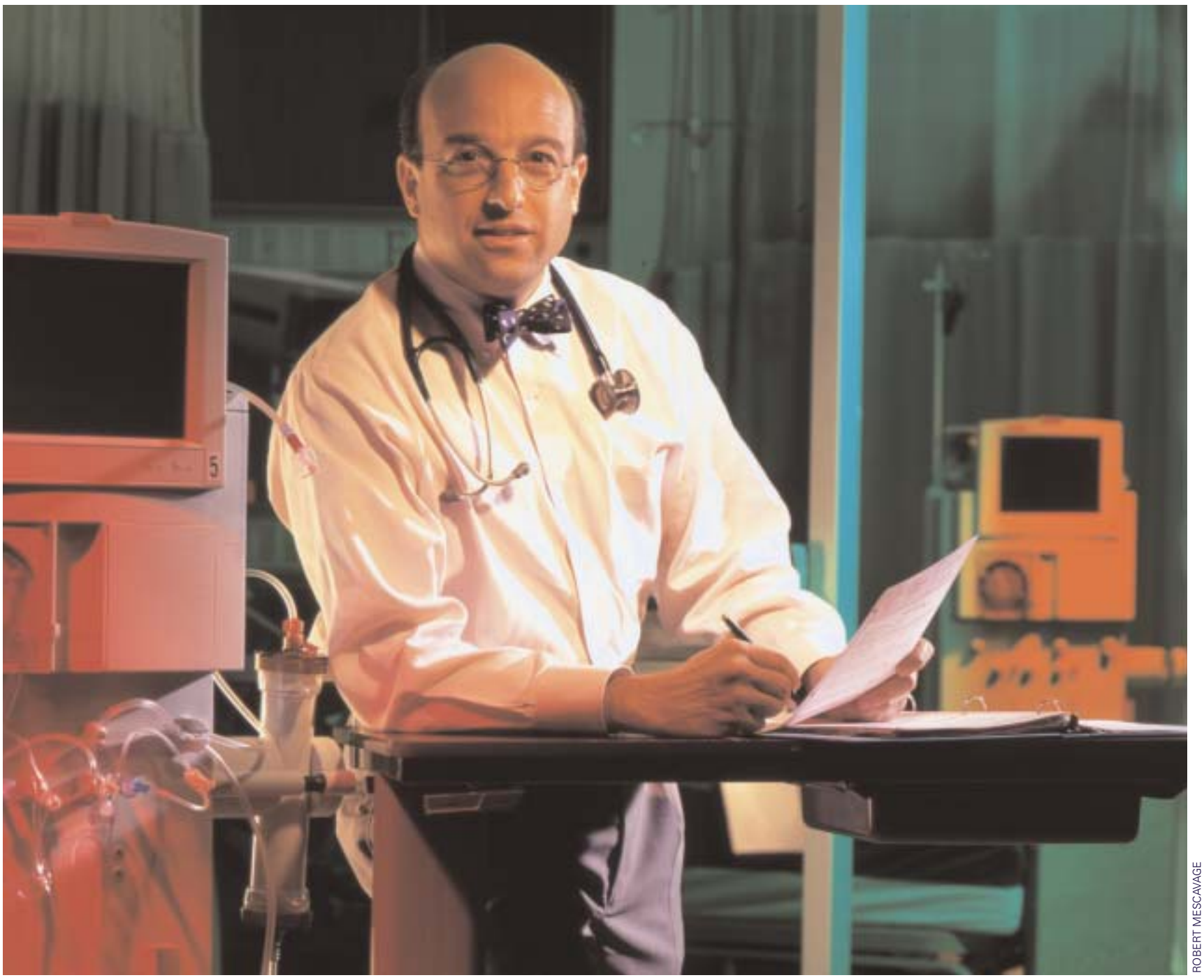
Rieger's research partner is Lawrence Lewandowski PhD, Meredith Professor of Teaching Excellence in Syracuse University's Department of Psychology. The two psychologists are using data from the HeadMinder tests to investigate which measures – such as reading speed – are sensitive to concussion.

"Until recently, the diagnostic measures for concussion have been pretty crude," Lewandowski reports. "The testing often consists of the doctor telling the patient, 'Follow my finger.' The bottom line is that very little is documented about concussion, and what people think they know might be myth."

Lewandowski and Rieger plan to use their current research as a springboard to a major funded study. In collaboration with Upstate's Department of Neurosurgery, they also hope to use the IHP's world-class functional magnetic resonance imaging (fMRI) equipment to capture dramatic images of a brain under siege by concussion. (see page 6)

Rieger hopes that the research will ultimately help students struggling with the cognitive effects of concussion. "There are about 15 sets of guidelines for return to play after concussion," he notes, "but there are no guidelines for return to school."

–Denise Owen Harrigan



ROBERT MESCAVAGE

"Introducing" Steven Scheinman MD

Executive Vice President & Dean of the College of Medicine

Over the course of more than a year, Steven Scheinman MD developed an interesting perspective on SUNY Upstate — from the eyes of candidates for the dean of medicine position.

"Hearing how the candidates viewed our problems and strengths got me involved in thinking how we could be more successful," he says.

As the outside search flagged, Scheinman's interest in the position grew. He was urged by many colleagues to withdraw from the search to apply for the position himself. "I was ready to roll up my sleeves and try to fix what might be holding us back." He now holds the position and is approaching his new job with high degree of excitement, and he adds, a bit of trepidation.

"Most medical school deans last two-and-one-half years on the job. I'm hoping to beat that," he says with a smile. "Dean jobs anywhere are complex in their issues and scope, even when you don't have a hospital." The complexities at SUNY Upstate include state regulations for both the colleges and hospital, and navigating relationships with the medical marketplace.

As a professor of medicine and chief of the Nephrology Division, Scheinman comes to the position with a distinguished international reputation for his research on kidney stone disease, two current NIH grants, an active lab and a specialized clinical practice. His recent awards include being named by the SUNY Chancellor Robert King as one of New York State's most important and innovative scientists and SUNY Upstate's President's Award for Excellence in Research. He lectures to medical students through the Program in Medical Humanities.

As dean, Scheinman will oversee SUNY Upstate's academic, clinical and research enterprises which include 600 medical students, 480 faculty from 18 clinical and five basic science departments and a funded research budget that will top $34 million in 2004.

ROBERT MESCAVAGE

Questions and Answers with Dean Scheinman

Q. How does this dean of medicine position differ from its predecessors?

A. The dean of medicine responsibilities were expanded to include an executive vice president role —in particular to make reporting relationships more efficient. In effect, as Dr. Eastwood has explained it, the president is the CEO, the dean is the COO. That means I will be overseeing the inside operation, including finance and space, while the president will develop relations with outside constituencies such as SUNY, government agencies and others essential to our development.

Q. What is the advantage of being an Upstate insider? Do you see yourself that way?

A. I have a love for this place and have been here 20 years, which by definition makes me an insider. But I also have an outsider's view of our problems and challenges. Like many people here, I have interests and colleagues that span many institutions, which keeps me in touch with new ideas. I think I understand and support Upstate while being open to comments about how we need to grow or improve.

Q. What have you observed during your 20 years here that will help you in your new position?

A. The faculty here are talented, devoted to what they do and really care about this place doing well. Throughout the campus, there is a real sense of all three components of our medical university — education, research, patient care — although they are not always given the same attention.

I support the desire held by many here for greater faculty and staff development, and in making Upstate an attractive place to come and be successful.

In general, I would say Upstate employees have a shared sense of mission but see that we haven't always used resources to our best advantage.

Q. You mention resources. What is your take on that?

A. First, our state resources are a wonderful asset — you can equate the $50 million we receive from SUNY to income from a $1 billion endowment at a private school. I would like to see it used to develop planned programs, rather than patch problems. But the state makes it hard to do such planning. However, our institutes are tangible evidence of how plans can succeed.

Second, I will be implementing Mission-Based Management, but I can't take credit for it. Skeptics call it a substitute for leadership, but MBM is basically a tool to gather information. Once we have the information, we must make appropriate decisions. That's where leadership comes in.

Most of our dollars are tied up in salary lines, so it's not flexible money. Therefore, any change will have to be gradual.

Q. How would you describe your management style?

A. I hope my management style will empower people. I am not autocratic and feel that people do better when decisions are not simply imposed. If there is an unpopular decision, I hope that employees understand how the decision was made. I plan to build consensus whenever possible, but I won't deliberate forever on an issue.

Q. Why is it important for our university to embrace the missions of research, education and patient care?

A. Research expands our knowledge and our ability to improve the care of patients. Research informs our education mission, and there is ample documentation that patient care at a research institution is of higher quality. Education of new physicians and other caregivers is a central obligation of all healers and contributes to a higher quality of patient care at teaching institutions. Patient care, the purpose for which we train new physicians and develop new treatments, is a central mission. A medical university at which all three missions are not fully developed is not complete.

–Leah Caldwell

SUNY Upstate's new academic building, scheduled to open in 2006, connects to Weiskotten Hall at left. Above: final rendering of the exterior; below: clinical skills classroom space. Holt Architects PC, Ithaca.

Clinical Teaching Anchors New Academic Building

A state-of-the-art clinical teaching suite will occupy the entire ground level of the new five-story academic building, scheduled to open in the fall of 2006.

The clinical teaching suite, with 22 exam rooms, will utilize actors – known as standardized patients – to simulate disease symptoms. These carefully staged simulations help medical students develop examination, interviewing and diagnostic skills.

Ninety five percent of US medical schools – including SUNY Upstate – currently use actors in clinical training. Upstate's new clinical skills teaching area will dramatically improve the faculty's ability to observe, evaluate and guide the students' interaction with actors. It will also help students prepare for the clinical reasoning exam recently added to the USMLE Step 2 licensing exam.

"Students learn by doing," notes Sara Jo Grethlein MD, director for the Practice of Medicine course. "Students will be better able to take abstract knowledge and apply it in a real situation, yet one where they can make a mistake and try again."

The new academic building will also provide needed classrooms, small group learning space and program-related offices The building program has been developed by a committee representing students and the Colleges of Medicine, Health Professions, Nursing and Graduate Studies.

The project is heartily supported by the College of Medicine Alumni, according to Director Carole Novick. "The original state funding did not cover all needed teaching space, and our alumni are making it happen," she reports. "To purchase state-of-the art equipment for the new building, we are also launching a fundraising campaign, with naming opportunities."

two + two

Program Courts Future Nurses

With the demand for nurses reaching new heights, the SUNY Upstate College of Nursing is courting high school students with a novel approach to a bachelor's degree in nursing.

The new 2+2 bachelor's degree program—currently one-of-a-kind in the region – invites future nurses to apply to Upstate at the same time they apply to their associate degree program. (As an upper-division nursing college, Upstate only enrolls nurses who have their RN.) Students accepted by Upstate are then guaranteed a spot for their junior and senior years of college. At that point they can enroll full-time in the College of Nursing or work as a nurse while taking courses.

"We hope this will make it easier for students to consider a bachelor's degree from day one," says College of Nursing Dean Elvira Szigeti PhD, RN. "Further education is rewarding in itself, and there is terrific opportunity and job security in this profession."

A nurse with a bachelor's degree earns a median salary of $46,500 and is more likely to be promoted to management. Nationwide, nursing opportunities outrank most other areas of employment. In New York State alone, the number of available nursing positions is expected to reach 17,000 by 2005. For more information on how to become a nurse, visit www.upstate.edu/con

SUSAN KAHN

Need to Know

To assess the educational needs of nurses, SUNY Upstate's College of Nursing recently conducted a demographic survey of RNs and learned that more than half of its respondents intend to seek further education, particularly bachelor's and master's degrees. And 83 percent are interested in workshops and conferences, according to Barbara Black, College of Nursing continuing education director (pictured above).

The respondents were from a random sampling of 26,000 registered nurses licensed to practice in New York State.

It's A Match

On March 18, 152 fourth-year students from SUNY Upstate's College of Medicine learned where they will spend their residency years as they pursue their chosen specialty.

This annual rite of passage, known as Match Day, was established in 1952 by the National Resident Matching Program of the Association of American Medical Colleges. The matching program provides an orderly and fair way to match the preferences of applicants with those of the residency programs that offer the training.

At Upstate Medical University, 100 percent of the fourth-year medical students received residency appointments. Nationwide, 93 percent of all US medical graduates matched to a residency program.

Nearly half will enter the primary care specialties comprised of internal medicine (23 percent); pediatrics (16 percent); family practice (5.3 percent); combined medicine/pediatrics (2.6 percent); and obstetrics and gynecology (2 percent). Eighteen percent will pursue surgical specialties, five percent will train in psychiatry and four percent in emergency medicine.

While SUNY Upstate medical graduates will go to 26 different states, 55 percent have decided to remain in New York. Thirty graduates will remain in Syracuse: 21 at University Hospital and nine at St. Joseph's Hospital Health Center.

In addition to matching its students to programs throughout the country, SUNY Upstate has also filled its own 110 specialty and subspecialty residency positions, according to William Grant EdD, associate dean for graduate medical education. "The fact that we filled all the openings in our own teaching hospital — even in the primary care programs where there was less of an interest at the national level — is highly significant and speaks to the quality of our programs," he notes.

–*It's Academic* compiled from reports by Leah Caldwell and Doretta Royer

DAVID LASSMAN/ THE POST-STANDARD

Match Day!
Graduating Upstate medical students, from left, Emmy Gilles of Huntington will go to North Shore University Hospital on Long Island; Donna Thomas of New York City will got to Columbia University Medical Center in New York; and Kim Gilbert of Syracuse will go to Robert Wood Johnson University Hospital in New Brunswick, NJ. All will pursue residencies in internal medicine.

Mini Med Takes Prize

This year, SUNY Upstate's Mini Med course sold out the day it was advertised, enrolling more than 100 students, ages 15 to 74. The popular course also took top honors in a SUNY-wide competition for best special event. The competition was sponsored by the SUNY Council for University Affairs and Development (SUNY CUAD).

Mini Med offers a behind-the-scenes look at health career education. More than one dozen Upstate teaching professionals — including physicians, nurses, scientists and researchers — share their insights over six Wednesday evenings. "We ask our professors to present a lecture that has a big impact on Upstate students," reports Mini Med coordinator Leah Caldwell, assistant director for university communications.

"Some participants are exploring their career options, but most are just fascinated by medicine," Caldwell notes. "For those interested in one of Upstate's four colleges, we offered on-the-spot admission counseling one night."

Mini Med is supported by an educational grant from the Pfizer Corporation, and will run again in fall 2004 at University Hospital's Oasis HealthLink Learning Center in ShoppingTown mall. To be placed on the mailing list, please e-mail caldwell@upstate.edu or call (315) 464-4835.

PHYSICAL THERAPY/HEALTH PROFESSIONS

Physical therapy students practice water therapy techniques in the Institute for Human Performance pool.

New PT Doctorate Eagerly Embraced

SUNY Upstate's new transitional doctoral program in physical therapy (T-DPT) promptly filled its first class with 25 licensed physical therapists (PTs) who are eager for the advanced degree and appreciative of the program's flexible weekend format.

Upstate's College of Health Professions will also welcome its first PT doctoral students in June. These students, who want to become physical therapists, will enter the three-year DPT program with a bachelor's degree.

The College of Health Professions previously offered a master's degree in physical therapy. Elevating the program to the doctoral level permits the expansion of key curriculum areas, including the application of evidence-based practice and critical thinking skills.

"These are ambitious programs that will enhance the PTs' capabilities as diagnosticians and practitioners," says Pamela Gramet PT, PhD, chair of the Physical Therapy Department. "In many states, physical therapists practice autonomously, in a direct-access environment. Both Upstate DPT programs prepare graduates for this opportunity."

Upstate's addition of DPT programs – for both licensed PTs and those wishing to enter the field – is in line with the vision of the American Physical Therapy Association. It predicts that, by the year 2020, most physical therapy services will be provided by doctors of physical therapy.

MedQuest: Summer Program for High Schoolers

While Mini Med attracts students of all ages, SUNY Upstate is hosting a summer program for area students who are entering 10th and 11th grades and are interested in health and medical careers. MedQuest is a week-long resident camp, cosponsored by the Central New York Area Health Education Center.

Jim Vossler, associate dean for the College of Health Professions, is supervising the content and says the program offers a combination of lecture material and hands-on experiences. "Participants will also see demonstrations of sophisticated medical equipment, such as imaging and trauma care," Vossler says.

Activities range from taking health assessments to learning how to put on casts. Each participant will also gain CPR and automated external defibrillator (AED) certification. Only 20 students are accepted into the program, and they will be supervised by staff at all times.

To download a brochure or application, please visit www.cnyahec.org or call 607-756-1090. MedQuest runs July 16-20, with applications due May 28.

The Academic Difference:

The Ritual of Grand Rounds

Because there can be no conclusion to a medical education, grand rounds play a critical role in delivering the latest insights to community and attending physicians, as well as residents, medical students, nurses and other medical professionals. As Central New York's only academic medical center, SUNY Upstate is epicenter of continuing medical education, with its 19 clinical departments offering various grand rounds presentations.

The Department of Pediatrics offers weekly grand rounds on Wednesday mornings at 9:15 am. The April 7 session pictured at right, featured Richard Cantor MD, director of University Hospital's dedicated Pediatric Emergency Department. Cantor drew a typically robust crowd.

"It's the best pediatric education in the region," reports Kathleen Shefner MD, a pediatrician in private practice. Shefner recently relocated to Syracuse from Southern California, where distance – and traffic – prohibited her from attending grand rounds.

For a schedule of grand rounds at SUNY Upstate, go to www.upstate.edu/ calendar

April 2004 Department of Pediatrics grand rounds, featuring Richard Cantor MD, director of University Hospital's dedicated Pediatric Emergency Department.

SUSAN KAHN

Pediatric Grand Rounds: Among those present, at left, pediatrician Hans Hartenstein MD, who has been attending for the past 50 years; pediatrician Kathleen Shefner MD, who recently moved to Syracuse; and Hasra Phillip, a third-year SUNY Upstate medical student from Queens.

Sign of the Times: Surgery Grand Rounds Go Online

Department of Surgery grand rounds are now digitally recorded and available online.

"Eight to nine o'clock on Wednesday morning is when we offer grand rounds, but it's also prime time for surgeons to be in the operating room," reports surgeon Patricia Numann MD of the Department of Surgery. "Now you can go to our website and download surgery grand rounds to your computer. It's as if you are sitting there."

To access surgery ground rounds online, go to http://www.upstate.edu/surgery/physician/grandrounds.shtml

Vivian Gahtan MD New Vascular Surgery Chief

The president of the National Association of Women Surgeons has been named chief of the new Vascular Surgery Section in University Hospital's Department of Surgery. Vivian Gahtan MD, formerly an attending surgeon at Yale New Haven Hospital, brings advanced expertise in treating carotid artery disease, aortic aneurysm disease, lower extremity arterial insufficiency and varicose veins. She offers both open and endovascular approaches to many procedures.

Gahtan says she was attracted to vascular surgery by the intricacy of the surgical procedures and the long-term nature of the patient relationships. "In contrast to a trauma surgeon," she explains, "a vascular surgeon often follows a patient for life. I also like the fact that most of what we do as vascular surgeons is palliative – we lessen the burdens of aging, prolong a patient's function and improve the quality of life."

Gahtan's previous appointments include chief of peripheral vascular surgery with the VA Connecticut Health Care System. She will continue her affiliation the VA Healthcare Network in Syracuse. She will also continue her clinical research into vascular reconstruction outcomes and basic research into vascular smooth muscle cell migration and other topics. To date, she has published close to 100 journal articles, book chapters and abstracts.

Gahtan is president of the National Association of Women Surgeons, a highly regarded national group established in 1981 by Upstate's Patricia Numann MD.

The connection ultimately led to Gahtan's recruitment to Upstate. "Last year, I called Dr. Numann inquiring about the group's history," Dr. Gahtan explains. "The next day I received a recruiting call from her colleague, Surgery Chair Paul Cunningham."

Gamma Knife Gets Upgrade

The CNY Gamma Knife Center at University Hospital recently celebrated its fifth anniversary, treated its 1,000th patient and installed a new cobalt radiation source and major system upgrade.

The new system – Leksell Gamma Knife® C – shortens treatment time and increases target conformity. The system's signature component is its Automatic Positioning System™, which sets the head frame coordinates and repositions the patient for each stage of treatment. Previously, at least two staff members had to enter the treatment room for each position adjustment. The automation saves approximately one hour per patient.

The Gamma Knife C has a greater capacity to conform treatment to complex target shapes, thus increasing accuracy.

The Leksell Gamma Plan®, the new treatment planning system, digitally transfers treatment parameters from the operator's console to the Automatic Positioning System, optimizing speed and ensuring data integrity. This state-of-the-art software permits real-time dose calculation yet retains the option of manual individualization of treatment planning.

In the past five years, high demand has prompted the CNY Gamma Knife Center to expand its services from two to five days per week. Seven neurosurgeons, six radiation oncologists, three physicists and seven nurses work in teams to plan and deliver Gamma Knife treatments at University Hospital, one of 83 Gamma Knife sites in the United States.

The list of conditions successfully treated by the Gamma Knife is also expanding. Traditionally used to combat inoperable or inaccessible brain tumors, arteriovenous malformations (AVMs) and acoustic neuromas, the Gamma Knife now shows promise for treating epilepsy and other conditions which involve highly functional – and very high risk – regions of the brain.

Lisa Mitchell RN of the Gamma Knife Center recently presented at a national conference of Gamma Knife administrators. Her presentation was titled "Communicating the Value of Radiosurgery to Patients."

According to Mitchell, "Our center is developing a strong reputation in the Gamma Knife world, based on our presence at national functions, our volume and our willingness to share expertise with new Gamma Knife centers."

–Denise Owen Harrigan

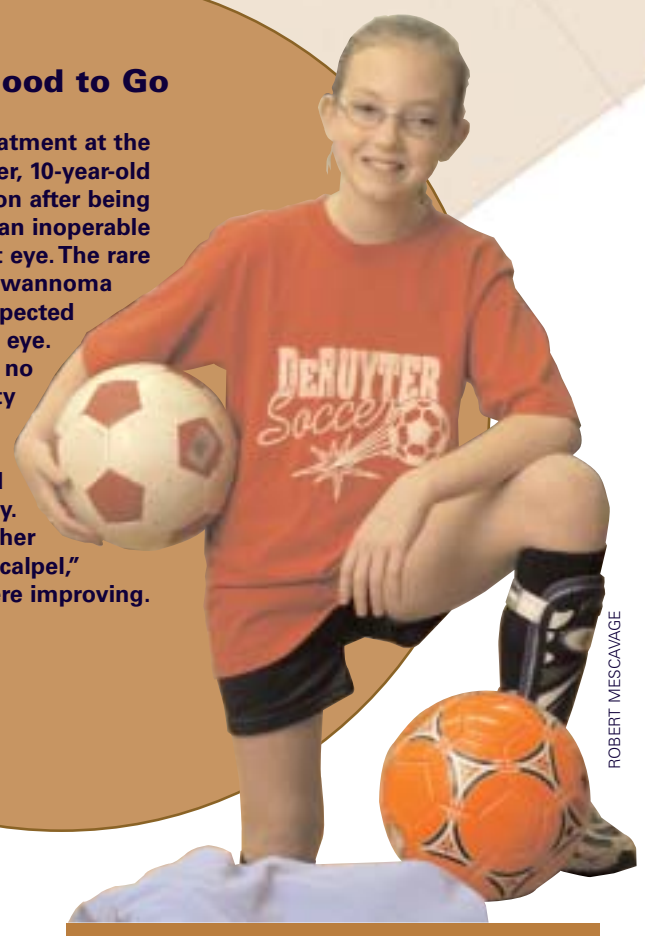
"Surgery Without A Scalpel"

The Gamma Knife, widely considered the world's most sophisticated neurosurgical device, delivers powerful doses of radiation to inaccessible or inoperable brain lesions. The treatment involves no incision, minimal discomfort and greatly reduced risk for the patient, yet attacks its target with unparalleled precision.

Widely known as "surgery without a scalpel," the Gamma Knife "blades" are actually beams of gamma radiation, programmed to bombard lesions only at the point of intersection. Before they intersect, however, these beams pass harmlessly through the skull and healthy tissue.

Good to Go

Thanks to treatment at the CNY Gamma Knife Center, 10-year-old Katie is back in action after being sidelined for two years by an inoperable tumor behind her left eye. The rare condition–diagnosed as schwannoma of the third nerve – was expected to eventually paralyze Katie's eye. Her family was told there were no surgical options, but University Hospital's Charles Hodge MD, chair of the Department of Neurosurgery, suggested Gamma Knife radiosurgery. Only six weeks after her "surgery without a scalpel," Katie's symptoms were improving.



ROBERT MESCAVAGE

Conditions Treated with the Leksell Gamma Knife in the U.S.

Vascular Diseases	
AVM	8,080
Aneurysm	18
Other Vascular	293
Total	**8,391**
Benign Tumors	
Acoustic Neuroma	5,789
Meningioma	8,740
Pituitary	2,838
Pineal	207
Craniopharyngioma	250
Hemangioblastoma	314
Chordoma	246
Trigeminal Neuroma	307
Schwannoma	488
Other Benign Tumors	471
Total	**19,650**
Malignant Tumors	
Metastasis	21,515
Glial Tumors	6,758
Chondrosarcoma	86
Glomus Tumor	247
Ocular Melanoma	56
NPH Carcinoma	249
Hemangiopericytoma	250
Other Malignant Tumors	694
Total	**29,855**
Total Tumors	**49,505**
Functional Targets	
Intractable Pain Targets	233
Trigeminal Nerve	8,441
Parkinsonian Targets	332
Psychoneurosis Targets	33
Epilepsy Targets	45
Other Functional Targets	356
Total	**9,440**
Total Indications	**67,336**

** 71 sites reporting*

ROBERT MESCAVAGE

Intuitive Surgical Robot Offers Best of Both Worlds

A surgical robot that integrates the best features of minimally invasive and open surgery is now operating at University Hospital. The da Vinci Surgical System® was added this year to the hospital's arsenal of advanced surgical technology, at a cost of more than $1 million.

The investment made sense to University Hospital because it offers clear advantages to patients.

"The da Vinci system reduces the size of the surgical incision, the length of stay, postoperative pain and risk of infection," reports Charles Lutz MD, the first University Hospital surgeon to operate with the new system. "For the patient, it means a faster, more comfortable return to normal activity."

For the surgeon, the da Vinci system retains – and even enhances – the advantages of open surgery, including direct 3-D visualization, full range of motion and an intuitive sense of control.

Lutz, who is fellowship trained in cardiac surgery and has completed special training with the da Vinci system, is most impressed by the robot's dexterity and precision. "This device does things the surgeon's hands cannot physically do," he explains.

"It makes the right and left hand ambidextrous. It eliminates any tremor. It scales back delicate hand movements to an even more precise level. It allows us to perform more complex procedures through pencil-sized incisions.

"And it never gets tired," adds Lutz.

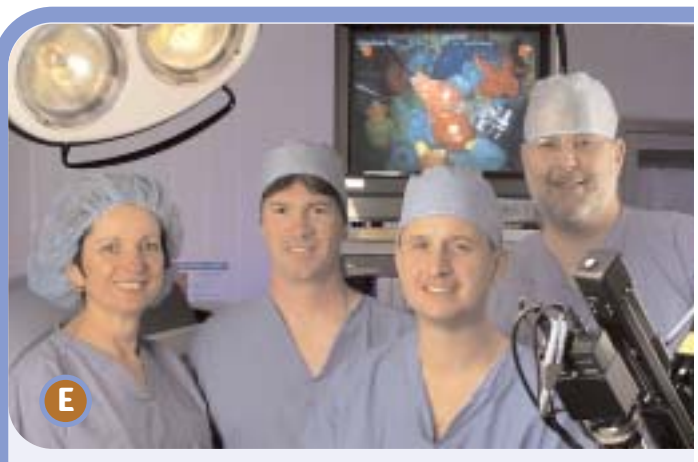
The robotic system also allows the surgeon to operate with natural hand-eye coordination while seated at a console five feet from the patient. The instrument's movements at the patient mimic the surgeon's hand movements at the console. When the surgeon turns the controls clockwise, the robot's instruments turn clockwise. Standard laparoscopic surgery is counter-intuitive, with the surgeon working from a mirror image of the operating field.

Initially available for mitral valve repair, mammary artery harvesting and coronary artery bypass, the da Vinci system will eventually be used for gastric bypass surgery, prostatectomy and various pediatric procedures performed by University Hospital surgeons.

University Hospital's da Vinci system is one of only 210 available in the United States, Europe and Japan. It was the first surgical robot system to be judged safe and effective by the US Food and Drug Administration.

–Denise Owen Harrigan

Clinically Speaking



The da Vinci Team:
From left, Patricia Kuntz RN, patient service manager; Stephen Downey CCP, perfusionist; Charles Lutz MD, cardio-thoracic surgeon; and David Downey PA-C, physician assistant.

The da Vinci Surgical System: How It Works

A The surgeon, who works at a console several feet from the patient, views the high-resolution, 3-D surgical field on the console screen.

B With hands and wrists naturally positioned, the surgeon manipulates instrument controls positioned below the display screen.

C InSite® vision software seamlessly transmits the surgeon's hand, wrist and finger movements to the ultra-sensitive EndoWrist® instruments positioned inside the robotic arms.

D Through 1-CM ports, the instruments immediately execute the commands. Each instrument has a specific mission – such as clamping, suturing or severing – and is designed with seven degrees of motion to precisely mimic the surgeon's dexterity.

E At the patient's side, the surgical team prepares the ports, installs and changes instruments and supervises the robotic arms.

F The InSite Vision System – also visible on the surgeon's display – enhances, refines and optimizes 3-D images of the operative field.

New Heights of Spiritual Care

SUSAN KAHN

The staff and volunteers of University Hospital's Spiritual Care team: *Kneeling, clockwise from left:* Rev. Terry Ruth Culbertson; Rev. Alfred Bebel; Kathy Ball (Roman Catholic Diocesan chaplain);* Rev. Jerald Shave and Rev. Louise Tallman-Shepard. *Standing, from left:* Violeta Cuenca;* Rev. Luciano Plaza;* Shirley Hermann,* Helen Filipsack,* William Billingham DDS,* Rev. W. John Hottenstein,* Elder James Rudisell,* Patricia Hottenstein* and Pastor Marilyn Plaza.* *spiritual care volunteers.

Integrating more spiritual care into the continuum of care is the goal of Rev. Terry Culbertson and her team.

Often the first words the Rev. Terry Culbertson hears at a patient's bedside are, "I don't go to church very much." But church attendance – or religious affiliation – are of little concern to Culbertson, who is SUNY Upstate's new spiritual care manager and represents the changing face of spiritual care in a clinical setting.

Until about 10 years ago, Culbertson admits, spirituality was almost synonymous with religion. Today, she says, "It's much broader than religious affiliation, although it can include worship, prayer and sacred text. Spirituality is anything – from our inner resilience to the creative arts – that helps us think about ourselves as more than flesh and bones.

"Nurturing spirituality in the hospital setting is especially important," Culbertson believes. "Many clinical studies demonstrate that something larger than us affects our health and well-being. Spirituality helps patients cope, transcend and grow.

"The body, mind and spirit are all affected by illness, yet spirituality has not historically been at the interdisciplinary table," she adds. "My commitment is to more fully integrate our discipline into our continuum of care."

Strong Tradition

While Culbertson plans to take her discipline to new heights, she admires University Hospital's strong tradition of spiritual care. In recent decades, that care has been delivered by two dedicated, part-time chaplains, the Rev. Alfred Bebel and the Rev. Gerald Shave, plus a cadre of volunteer chaplains from many denominations.

Culbertson is the first person, however, to focus full-time on spiritual care. "I have the luxury of a larger vision," she says, "because I share my daily patient duties with Father Bebel, Reverend Shave and Chaplain Ball. We have a wonderful pediatric chaplain, the Rev. Louise Shepard, on board as well, partially funded through a one-year Children's Miracle Network grant."

Since Culbertson assumed her new role last fall, she has organized a choir that sings at the patient's bedside and twice-weekly meditation sessions in the hospital chapel – among other healing additions. But the "larger vision" to which she refers largely involves educational initiatives.

This summer, University Hospital becomes the sole Central New York site to offer a nationally accredited training program through the Association of Clinical Pastoral Education (ACPE). Culbertson, who recently completed a rigorous, five-year ACPE supervisory program to provide this training, will soon welcome six seminarians and clergy. Each will spend 400 hours on University Hospital units and in the classroom, "learning to care for the sick and suffering patient," Culbertson explains.

"Nothing in the seminary prepares you to work with patients, although many denominations require this experience for ordination or chaplaincy certification. The lack of such a training site in Syracuse has left a big hole for a long time," she says.

Raising Awareness In Medical School

For the first time this year, 154 first-year SUNY Upstate medical students are also focusing more closely on the spiritual dimension, in a Practice of Medicine curriculum requirement that culminates with each student accompanying a chaplain on institutional rounds.

"We want the medical students to recognize that faith often plays a role in the healing process," Culbertson explains, "and to understand that faith may be the patient's greatest strength."

Culbertson recruited 29 volunteer chaplain-mentors for the course (which is funded by a grant from the John D. Templeton Foundation). "One of our goals," she confides, "is to have the chaplains available as a source of support for the students, because medical school can be very stressful."

Culbertson – whose most previous position was director of pastoral care for the Interreligious Council of Central New York – has served for the past four years as the College of Medicine's course director for spirituality. The opportunity to expand this educational role attracted Culbertson to University Hospital's newly created position of spiritual care manager.

"How do you increase the institution's openness to spiritual care?" she asks. "You change it through education. Patients today are demanding that we pay more attention to spiritual care, just as they once demanded that we change the labor-and-delivery culture."

Patient as Teacher

While Culbertson is passionate about education, she is no less committed to direct patient care. She considers it a blessing to work with patients.

"The chaplain's role is not to preach or proselytize," she explains. "It's not so much about what we say. Our role is to be with patients and to listen to them. I often say that the patient is the teacher – we sit at the feet of the patient to learn.

"In the midst of tremendous suffering, patients and families often ask, 'What purpose does this have?'" Culbertson continues. "I believe that this will to find meaning is the strongest drive in our lives, even stronger than hunger. Sometimes patients need our help finding that meaning, that spark of hope. I've seen many people go through devastating illness – and even through the end of life – and in the process they grow, prevail and find joy – while profoundly enriching the lives of others."

–Denise Owen Harrigan

SUSAN KAHN

The Path to the Patient's Bedside

When Terry Culbertson first heard the voice that called her to the ministry, her response was "You must be kidding me." The Baltimore native was very shy – certainly not a woman who wanted to stand up and preach. She had already earned a college degree – in art and psychology – and was working as a graphic designer. And she was raised in the Church of God, a Protestant tradition, she says, "which is not doctrinal and doesn't require seminary."

On the other hand, Culbertson felt closely connected to her God. As a child, she had suffered from rheumatoid arthritis. She had deep compassion for others who struggle and often felt only God knows the extent of our suffering. So in her mid-20s, Culbertson followed her new vocation to Drew Theological School in Madison, NJ, and ultimately to clinical internships and residencies.

"I could never imagine myself preaching," she says. "But when I learned about clinical pastoral care, I could imagine myself in that role, because it wasn't about me. It was about the patient."

The process of preparing for that role was surprisingly painful, however. "In order to help patients, you have to understand your own history, your own weaknesses and strengths,' she explains. "You have to explore those areas in group training, with the eyes of your peers on you."

It's a process that never ends, Culbertson has learned. "You are always growing and learning – from self-exploration and from your patients," she says.

CNY Children's Hospital Takes Major Strides Forward

The Central New York Children's Hospital at University Hospital is steadily moving toward groundbreaking. A prominent architectural firm has been selected, the design process is well underway and community support exceeds expectations.

Karlsberger Companies, a nationally recognized healthcare planning and design firm, has been selected as the architect for University Hospital's entire $99 million vertical expansion project, which will be crowned by the CNY Children's Hospital. King and King Associates of Manlius will serve as associate architect.

An award-winning specialist in the development of children's healthcare spaces, Karlsberger has worked with 10 of the top 25 children's hospitals as ranked by *U.S. News and World Report*.

Among the current clients of the 75-year-old firm are The Children's Hospital of Philadelphia; Children's National Medical Center in Washington, DC; All Children's Hospital in St. Petersburg, Fla.; and Children's Hospital of Austin, Tex.

Karlsberger Companies is based in Columbus, Ohio, with offices in New York, NY; Birmingham, Ala.; and West Palm Beach, Fla.

Family-Focused

"Karlsberger will tailor the leading trends in health care design to the unique needs of University Hospital," according to Gregory C. Mare, AIA, the firm's principal-in-charge. Increasing the family's presence in the caregiving process is a key mandate to the architects (see sidebar at right).

"Our design and development work will address issues that are keenly important to University Hospital, including family-centered environments for adults and children, contemporary educational space for the next generation of healthcare professionals; and better efficiencies for the hospital," Mare reports.

The Children's Hospital will increase the space dedicated to pediatric medicine at University Hospital from 18,000 to 87,000 square feet. The children's "hospital within a hospital" will feature 50 private patient rooms, family sleep and dining areas as well as playrooms, a family resource center and performance space, among other amenities.

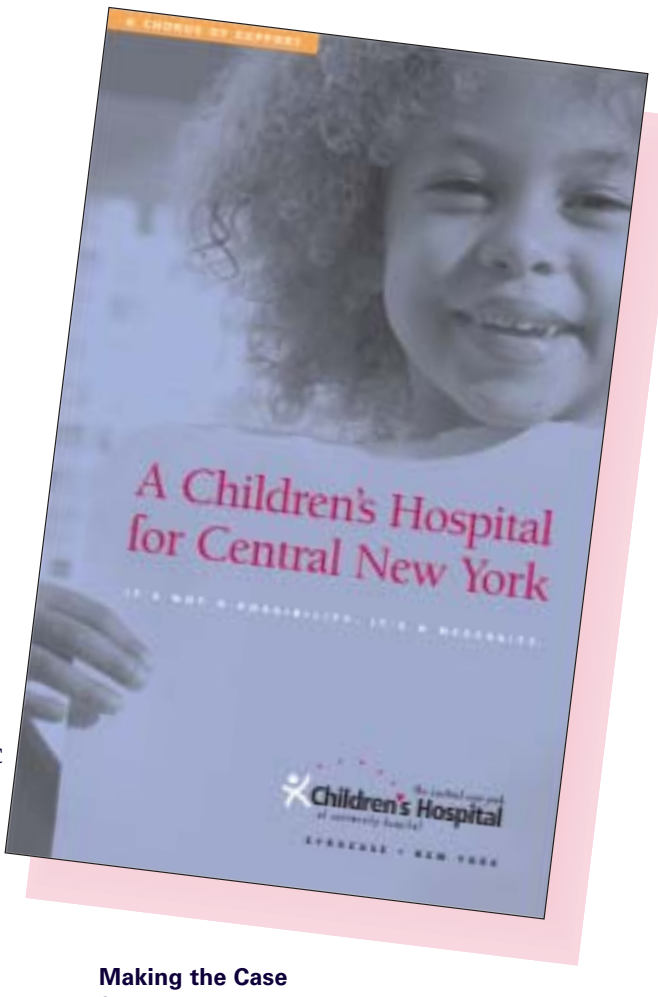
Ambitious Undertaking, Generous Support

Construction costs for the entire vertical expansion of the east wing are estimated at $92 million. Adjustments for inflation and interim interest expense are expected to increase the cost to $99.8 million. University Hospital was authorized to finance the construction through bonding when Gov. Pataki and the legislature approved bonding legislation earlier this year.

The Children's Hospital will have unique equipment, programmatic and environmental needs and will feature a separate Children's Hospital entrance on Irving Avenue. These expenses will be funded through a $15 million community-wide capital campaign. Mary Ann Shaw, chair of the Children's Hospital Campaign committee, reports that $7.55 million has been pledged to date. SUNY Upstate employees, including medical staff and faculty, have committed close to $1.1 million. The Upstate Medical Foundation's annual Gala in December raised more than $220,000, and the Rosamond Gifford Community Foundation recently announced a $250,000 gift to the Children's Hospital.

"Our community is rallying behind this project in ways not often experienced in Syracuse or Central New York," reports Shaw.

–Darryl Geddes



Making the Case
for a children's hospital at University Hospital is the mission of a 24-page case statement with voices of support from parents, community leaders and medical professionals. The award-winning publication was designed by Kathleen Carnes and her colleagues in the Department of Marketing and Communications.

The Changing Face of Hospital Design

A University Hospital Committee of more than 20 members – including administrators, physicians, nurses, parents and highly committed citizens – has been meeting for months to guide the design of the new children's hospital. Among the priorities they have communicated to the architects are mandates for:

- **More family-centered care, with sleeping, dining, bath, recreation and communication amenities for families**
- **More decentralized care delivery – e.g., smaller staff stations placed closer to patient rooms**
- **More consideration of privacy, per new HIPPA regulations – and out of respect to patients and families**
- **More "normal" environmental elements, including art, music, lighting – even performance space**
- **More attention to scale, to make the hospital experience less overwhelming for children.**

Honorary Degrees Applaud Cancer Crusaders

Two prominent leaders in the crusade to eradicate cancer will be awarded honorary degrees at SUNY Upstate's 2004 convocation on May 16. Oncologist Brian J. Druker MD of Oregon Health and Science University, the primary investigator behind the revolutionary cancer drug Gleevec®, will receive the doctor of science degree.

Carol M. Baldwin of Syracuse, who has raised more than $2.5 million dollars through the Carol M. Baldwin Breast Cancer Research Fund, will receive the doctor of humane letters degree.

Both recipients are considered kindred spirits of SUNY Upstate, which has made cancer one of its four pillars of excellence. Last year, University Hospital earned elite accreditation from the American College of Surgeons Commission on Cancer. The distinction is awarded to only one in four cancer centers nationwide. In the rigorous accreditation process, University Hospital earned the highest possible score and received special commendation for its clinical trials program.

SUNY Upstate also has a robust basic research program, with dozens of scientists conducting cancer-related studies. Close to $400,000 of its research support has come through the Carol M. Baldwin Breast Cancer Research Fund. A number of Upstate's cancer research studies share share common ground with the molecular research of Druker.

Carol M. Baldwin

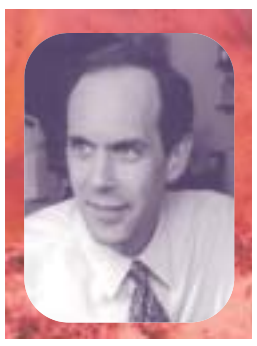
Baldwin became a cancer activist after a grueling personal encounter with breast cancer. In the early 1990s, after a double mastectomy at University Hospital, she reached out to other women struggling with the disease and became a catalyst for the Syracuse Chapter of the Susan G. Komen Breast Cancer Foundation. Her belief that funds raised locally should support local research inspired the formation of the Carol M. Baldwin Breast Cancer Research Fund. Through its Long Island and Central New York chapters, the organization has awarded more than $2.5 million in research grants.

SUNY Upstate researchers have to date received close to $450,000 from Baldwin's organization, including $50,000 for an annual lecture series on the latest advances in breast cancer research.

Baldwin is integrally involved in the fund's activities, from major galas and golf tournaments to scores of grassroots fundraisers. Baldwin's six children – Elizabeth, Jane, Alec, William, Stephen and Daniel – serve on the foundation's board and are very active in its work.

"We're finding breast cancer earlier, but we're still finding it. Without money for research, we won't find a cure." –Carol Baldwin

Brian J. Druker MD



Professor of medicine and director of the Leukemia Center at Oregon Health and Science University in Portland, Druker committed early in his career to combining direct patient care with cancer-related bench research.

While investigating the molecular abnormalities of chronic myelogenous leukemia (CML), Druker and his colleagues identified the proteins that trigger CML's wild proliferation of red blood cells. He then identified BCR/ABL, a mutant protein, as an ideal target for drug intervention and worked with a pharmaceutical company to inhibit BCR/ABL. Their subsequent development of Gleevec, or ST1-571, has proved to be the most effective CML treatment in history. The drug was FDA-approved in 2001 and has been administered to more than 50,000 CML patients worldwide. According to Druker, 75 percent of his patients treated with Gleevec are alive and doing "unbelievably well" five years later.

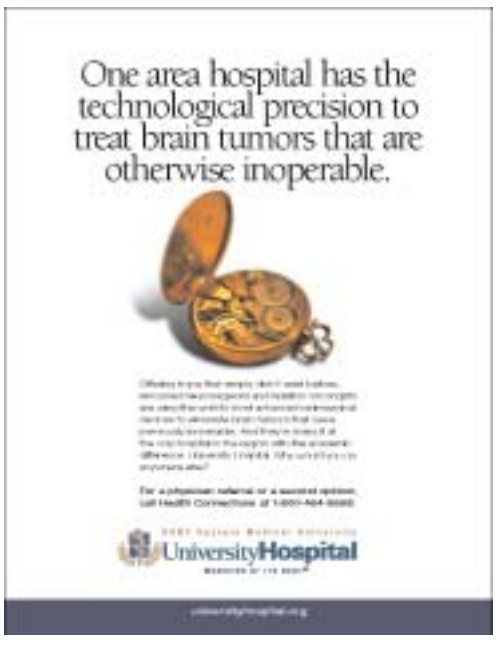
Gleevec has been a commercial as well as clinical success, inspiring other pharmaceutical companies to invest in "designer" drugs like Gleevec – highly specific drugs that are reverse engineered to disrupt abnormal molecular processes.

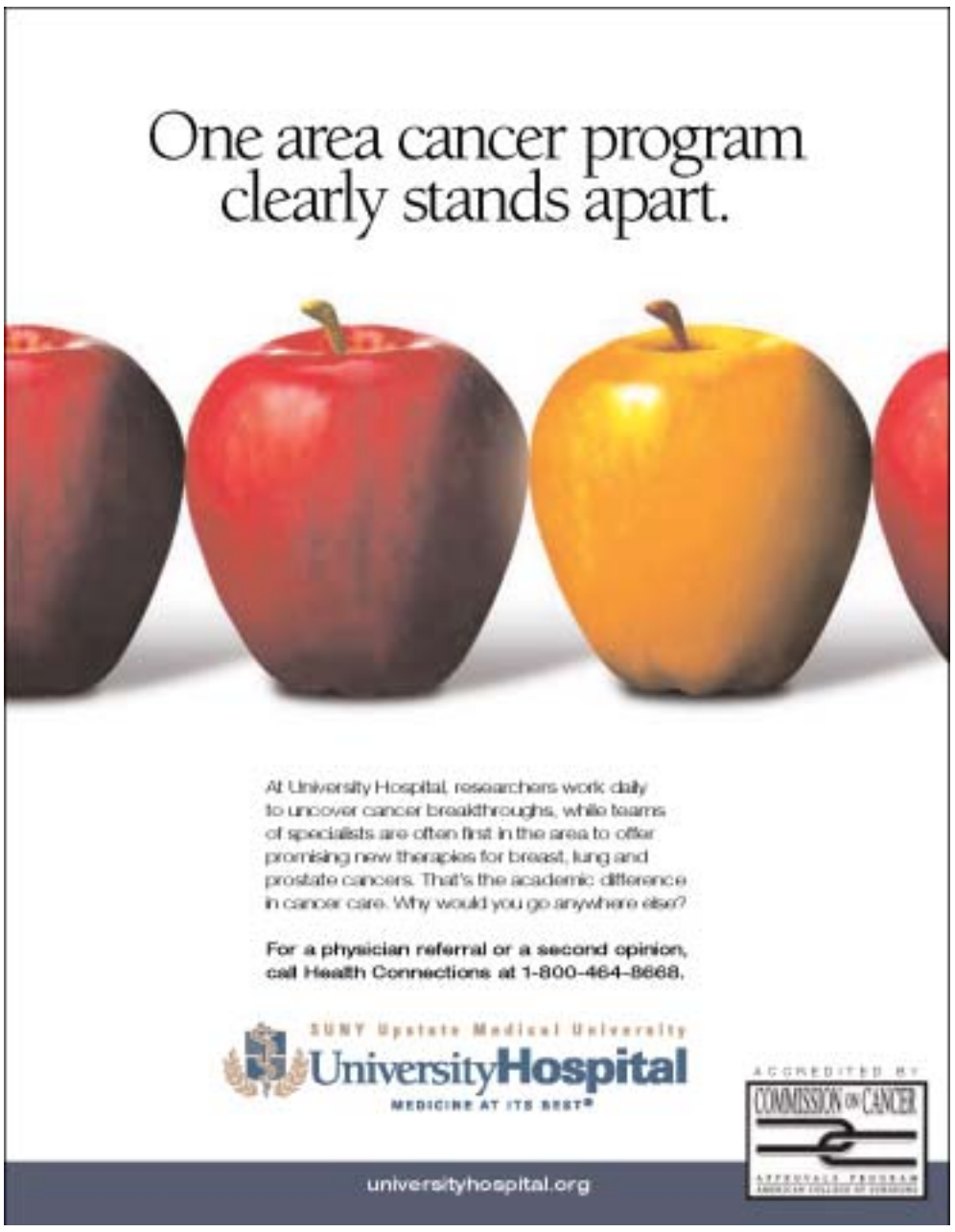
"Having a direct, daily connection to patients makes my research even more urgent." –Brian Druger MD

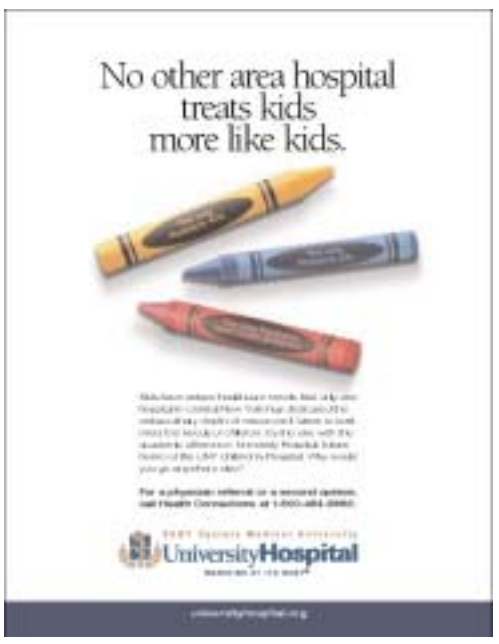
Foot Note

Why Would You Go Anywhere Else?

University Hospital's 2004 TV advertising campaign, created with the laborious technique known as microcinematography, takes an out-of-the box approach to promoting the hospital's clinical services. The campaign highlights breakthrough cancer care, high-tech neurosurgery, minimally invasive cardiovascular surgery and pediatric specialties unique in Central New York. The campaign, which also includes print and radio ads, underscores the academic edge which SUNY Upstate's education and research enterprises add to the clinical care available at University Hospital.







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