Dr. Smith Gets Acquainted

SUNY Upstate's new president shares some of his early insights on the medical university's strengths, challenges and opportunities.

Treating Metabolic Diseases in Newborns

Thanks to a recent NYS Department of Health designation, infants with metabolic conditions can be evaluated and treated at the newest regional Inherited Metabolic Diseases (IMD) Center, a program of Neurodevelopmental Pediatrics at University Hospital.

Faculty Growth in Medicine

Eight new faculty-physicians share their expertise in cardiology, gastroenterology, hematology/oncology, internal medicine, infectious diseases, and pulmonary and critical care.

Spine Specialist Joins Orthopedic Surgery

Richard Tallerico MD returns to Upstate and focuses on spine disorders, particularly those related to neurological conditions.
The Academic Difference

A pediatrician by training and a national player in public health policy, David Smith MD spent his first 120 days as president of SUNY Upstate doing what he's famous for doing – walking around and listening...
State of SUNY Upstate

“This is not an organization that needs transformation. We have good people, a strong foundation, a noble mission. We have a balanced portfolio, in terms of our education, research and clinical enterprises. Our research, for example, grew by 14 percent last year – the greatest increase in the SUNY system. Our fundraising grew by 49 percent. The Golisano Children's Hospital, now under construction, is clear evidence of our community's support. And our Smoke Free Upstate campaign, where we really walked the talk, inspired the entire SUNY system to follow our lead. This is a very good place, or my wife – Dr. Donna Bacchi – and I wouldn't be here. SUNY Upstate has a superb health care tradition. Our family – and our parents – will be proud to be patients here.

Silver Lining

"Executive positions are often about solving problems. One of our most pressing issues is the projected shortage of health care professionals. But in this challenge Upstate sees opportunity: to grow enrollment and help meet the demand for doctors, nurses, research scientists and other essential health care professionals. Solutions might include expanding our clinical campus in Binghamton and offering academic programs in other CNY cities. We're looking at long-term strategies, such as developing programs for physician assistants, pharmacists and nurse anesthetists. We're also addressing immediate challenges, such as the relative faculty shortage in our colleges. We know we need to invest in people – to grow our faculty by 100 positions in the next five years.

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Discourse Central

"We also need to have a greater voice in health care policy. This is so critical to our mission that SUNY Upstate is exploring a joint M D/M PH program with the Maxwell School at Syracuse University.

It's Academic

"While the clinical enterprise will continue to be the bedrock of this university, there is a pressing need to shift available resources toward the academic side of our campus. Educating the next generation of health care providers – and researchers, and teachers – increases our impact exponentially.

Game Plan

"A major focus of my first 120 days has been the design of a plan for the future of this university. This month, we are convening five 13-member cross-functional teams to look in depth at issues relating to students, clinical care, research, faculty and employees. By June, these teams will generate goal-based reports, tied to metrics. Those reports will feed into a new strategic plan for the university. This will be a truly democratic process. We're looking beyond the usual suspects for input. Skeptics are encouraged to air their issues. Good questions are fair game.

Administrative Assistance

"Great universities are not known for great administrators. They are known for great alumni, students and faculty. Great medical universities are known as well for their research and clinical care. This administration is about helping this university achieve even greater excellence and relevance.

"If Upstate were a stock, I'd suggest you buy it.
Each year, approximately 254,000 babies are born in New York state, 130,000 of them in upstate New York. All newborns undergo screening for biochemical and endocrinologic disorders, as well as cystic fibrosis, HIV and hemoglobinopathies. Over the last two years, New York state has quadrupled its newborn screening program to include testing for 45 diseases. Of these, 39 are inborn errors of metabolism which include five amino acid disorders, 13 disorders of fatty acid oxidation, 15 organic acidemias, four urea cycle disorders, one disorder of carbohydrate metabolism, and one of biotinidase deficiency. All are potentially life-threatening conditions which require chronic management, and often lead to long-term medical complications.

Newborn Need

In 2005, 3,151 newborns tested positive for metabolic disorders in New York state, 43 percent of whom lived in upstate New York. At the time, these infants were referred to Inherited Metabolic Diseases (IMD) centers for follow-up evaluation and treatment but none was seen in Syracuse.

IMD Center named by NYS DOH

Last summer, the NYS Department of Health accredited University Hospital in Syracuse as the newest IMD Specialty Center in New York state, thereby enabling infants in upstate New York who test positive for metabolic disorders to be evaluated and followed close to home. Under the direction of Joan Pellegrino M.D., this comprehensive center includes two physicians board-certified in pediatrics and medical genetics (Pellegrino and Joseph Hoo M.D.), two attending physicians, a nurse practitioner, two registered nurses, an LPN, a metabolic nutritionist, a social worker, and a genetic counselor.

The IMD Center at University Hospital provides follow-up evaluation and testing for infants from 11 counties in upstate New York. Now, when an infant in upstate New York screens positive for a metabolic disorder, the primary care physician and University Hospital are notified by the Newborn Screen Follow-up program in Albany. The IMD Center at University Hospital sees 60 patients with metabolic disorders, and evaluates approximately six new infants each month.

Follow-up Care

Once referred, the infant with a positive screen receives further evaluation, which includes at least one visit to the metabolic center at University Hospital. If the infant is a true positive, then he or she will receive ongoing management, including social work and nutritional services and referrals to other pediatric subspecialists, when needed. Children and adults with metabolic disorders often require specialized formula, medical food products, and other amino acid supplements.

During the accreditation process, the IMD Center was recognized for performing “extraordinary measures to maintain contact with at-risk patients to prevent loss of continuity of care.” University Hospital’s IMD Center also collaborates with maternal fetal medicine to serve women with metabolic disorders during pregnancy.

The IMD Center is in the Center for Neurodevelopmental Pediatrics at 550 Harrison Street in Syracuse. Call MD Direct, 800-544-1605, or 866-543-KIDS.
An I.M.D. Center Case Study:

**m.s.u.d. (Maple Syrup Urine Disease)**

“Abby” was a six-day-old African American female, who had an elevated leucine level on her initial newborn screen. She had been feeding poorly, with some frequent stools and emesis. There were other sick family members with similar symptoms, and “Abby” was afebrile and gaining weight well after a change to soy formula. Her birth history was unremarkable.

On evaluation for follow-up testing of her newborn screen, she was noted to have a glucose level of 51, with mild acidosis and ketonuria. The blood count was normal but the ammonia was elevated at 177. It was suspected that she was a true positive for maple syrup urine disease and she was hospitalized for evaluation and management. Plasma amino acid quantitation confirmed the diagnosis and “Abby” was started on a special branched-chain-free formula. Over the course of her hospitalization, “Abby” became more alert and began to feed well with good weight gain. She was discharged home on a combination of branched-chain-free formula and regular infant formula. She will require a highly specialized diet for the rest of her life.

Maple syrup urine disease (M S U D) is an autosomal recessive disorder of branched-chain amino acid metabolism. It is due to a deficiency in the activity of the branched-chain ketoacid dehydrogenase multienzyme complex. This causes elevated levels of leucine, isoleucine, valine and their corresponding oxoacids to accumulate. Clinically, infants appear normal at birth. Then, they develop poor feeding and vomiting and, subsequently become lethargic, hypertonic and comatose. Abnormal eye movements and seizures are common. Treatment consists of restricting the intake of the three branched-chain amino acids to amounts essential for growth and no more. The branched-chain levels need to be checked frequently. Patients with M S U D are at risk for further episodes of overwhelming illness and coma that can be fatal or lead to significant neurologic damage. Intercurrent illness or dietary indiscretions may prompt an episode.
The Department of Medicine at SUNY Upstate Medical University and University Hospital in Syracuse announces eight new faculty-physicians.

**Cardiology**

**Gustavo P. Camarano MD, PhD** is an associate professor. He has held positions at the Cardiovascular Institute of Mississippi/University of Mississippi, the NIH, and the University of Sao Paulo. Camarano completed fellowships at Unicor Hospital and the Heart Institute at the University of Sao Paulo and a research fellowship at the University of Virginia.

**Danish S. Siddiqui MD**, assistant professor of cardiology, has returned to SUNY Upstate where he completed his residency in internal medicine, and a fellowship in cardiology. He is board certified in nuclear cardiology, cardiovascular diseases and internal medicine. He was instrumental in the development of the Upstate Medical Nuclear Cardiology program.

**Gastroenterology**

**Asma Arif MD**, assistant professor, completed her residency in internal medicine and a fellowship in gastroenterology at SUNY Upstate, and most recently was on staff at the VA Medical Center. She is practicing at University Gastroenterology and University Gastroenterology Endoscopy Center, and is an attending in the GI Fellows' clinic at University Health Care Center.

**Hematology-Oncology**

**Ajeet Gajra MD** is an assistant professor of hematology-oncology. Board certified in internal medicine, hematology, and medical oncology, Gajra completed both his residency in internal medicine and his fellowship in hematology/oncology at SUNY Upstate.

**Internal Medicine**

**Ravi Kumar Ajmera MD** is an assistant professor and hospitalist at University Hospital. He is board certified in internal medicine and, most recently, was a hospitalist at Palomar Medical Center. Prior to that, he was a hospice physician at San Diego Hospice Center, and an urgent care physician at Kaiser Permanente Medical Group.

**Matthew Gordon Glidden MD** is an instructor of general medicine. He earned his MD and completed his internal medicine residency at SUNY Upstate, where he received numerous awards including chief resident and the resident teaching award.

**Infectious Disease**

**Timothy P. Endy MD, MPH, FACP, COL, MC** is board certified in infectious diseases and internal medicine. He is an associate professor with a joint appointment in microbiology. Most recently, Endy was director of communicable diseases and immunology at Walter Reed Army Institute of Research.

**Pulmonary and Critical Care**

**Shahzad Jokhio MBBS, MD** returns to SUNY Upstate after serving in pulmonary and critical care medicine at the Landmark Medical Center. At Upstate, Jokhio is an assistant professor specializing in pulmonary and critical care medicine. Jokhio is board certified in internal medicine, pulmonary diseases, and critical care medicine.
The Spine Division of the Department of Orthopedic Surgery at University Hospital announces that fellowship-trained Richard Tallarico MD has joined as an assistant professor. Dr. Tallarico specializes in complex spinal disorders. His surgical range includes anterior, posterior and minimally invasive approaches. He recently completed a fellowship in spine surgery at the Brown University School of Medicine.

Receiving the Torch
Dr. Tallarico’s return to SUNY Upstate – where he earned his medical degree and completed his residency – is an endorsement of his Upstate mentors: Doctors David Murray, Hansen Yuan and Bruce Fredrickson, whom he describes as “forefathers in the evolution of spine surgery” and “world-renowned surgeons who are passionate about research, yet caring and approachable.” During his spine fellowship at Brown, Dr. Tallarico added to his list of valued mentors Dr. Phil Lucas and Dr. Mark Palumbo.

“Spine surgery is an art,” says Dr. Tallarico, “but even more of an art is the decision making – deciding first if the patient meets the stringent indications for surgery, then matching the right surgery to the right patient. “I take time to talk with my patients – there are so many layers to a person,” he says. “Not everything you need to know appears on an MRI.”

Acquired Art
Dr. Tallarico cites a variety of influences on his clinical skills. “Some are inborn, but most are acquired during residency and fellowship training,” he says. “Ultimately it’s about watching your mentors – how they interact and arrive at diagnoses.”

Clinical Focus
Dr. Tallarico treats spine disorders “from the base of the skull to the sacrum,” including those related to neurological issues, such as nerve root or spinal cord compression; mechanical issues, such as degenerative discs; and spine restabilization, related to trauma, tumor or infection.

Research
He has done research in the areas of spondylolisthesis and spine issues in athletes. At Upstate, Dr. Tallarico’s research focus will be on spinal motion preservation.