

DEPARTMENT OF MEDICINE

Upstate Medical University

UPSTATE IN ECUADOR

“On February 25th it had been raining the entire previous night, and disaster loomed, particularly in the poorest areas of the city. And disaster did arrive, with the city awakening covered in water and people having to leave their homes while seeking to salvage some belongings. The channel which crosses the city and flows into the ocean was clogged up at several places with trees and brush carried by the current. Adults and children worked to remove the shrubbery so that the level of the water which had invaded their homes and destroyed many of their belongings would go down. Luckily there was no loss of life, but a flood of this magnitude had not been witnessed since 1998.

It was to be expected that following the flood there would be cases of dengue at the hospital. I accompanied **Dr. Stewart** in researching the first of these cases, which was of a woman 38 years old who was in a bed in the emergency room of the hospital. She was covered by a mosquito net to avoid transmitting the disease to other patients who could be stung by mosquitoes which had stung her. The scientists took blood samples and, following authorization by the patient, the cluster procedure was carried out. This procedure consists of carrying out an inspection of the patient’s home, collecting any information scientifically useful, doing physical examinations of the family members, capturing mosquitoes, taking blood samples and repeating the procedure in another five homes of the neighborhood. The results of the cluster showed that several neighbors were also infected with dengue, and chose not to go to health centers, bearing the symptoms in a very adverse climate.

Convinced that the problem are not the diseases in themselves, but rather the lack of resources and poor living conditions endured, as in Machala, in many parts of Latin America, **Dr. Anna Stewart** and her team do not limit themselves to scientific research in Dengue, Chikungunia and Zika Virus, but also work in coordination with neighborhood associations to help them improve their basic services and the policies for disease prevention” (Danny Krom Gallery). *Cont. d on pg. 11*



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*Aftermath of the 7.8 magnitude earthquake that hit Ecuador in April 2016
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A NEW CHAPTER

(From Dr. Duggan) To the Upstate Community:

Congratulations

It is with great pleasure that I announce the appointment of Timothy P. Endy, MD, MPH, FACP, FIDSA, COL (Ret USA) as Professor and Chair of the Department of Microbiology and Immunology at Upstate Medical University.

Dr. Endy is well known to many on campus as Professor of Medicine, Microbiology and Immunology, and Public Health and Preventive Medicine, the current Chief of Infectious Disease, and Vice Chair for Research in the Department of Medicine. Dr. Endy joined us at Upstate in 2006, after having served 24 years of active duty in the Medical Corps of the United States Army, serving in numerous roles, but notably as Director of the Division of Communicable Diseases and Immunology at Walter Reed Army Institute of Research from 2003-2006, and previously in the Virology Division and as Director of the Armed Forces Research Institute of Medical Sciences in Bangkok. He was also active in clinical practice.

During his 5 years directing virological research in Thailand, and his subsequent 5 years at Walter Reed, Dr. Endy distinguished himself as a leading clinician scientist principally involved in the development of vaccines and drugs focusing on maintaining a healthy Armed Services. While Director of Communicable Diseases and Immunology at the Walter Reed Army Institute of Research he was responsible for vaccine and drug development in six departments including 250 personnel at an annual budget of \$24M.



Over the last decade he has worked on a number of projects related to the development of vaccines, most notably dengue, and has served as the Principle Investigator on multiple grants from the National Institutes of Health and the Department of Defense in support of this work. He has been Co-Chair of the Scientific Advisory Board on Dengue vaccines for Sanofi Pasteur and currently chairs the Data Safety Monitoring Board for Ebola vaccine development in North America, Veristat, and is currently a member of an NIH Study Section on Virology, Field Studies, and training grants.

Dr. Endy is a graduate of Penn State University, received his MPH from the University of Michigan, his MD from the Uniformed Services University School of Medicine, and completed his Internal Medicine and Infectious Disease training at the Walter Reed Army Medical Center. He is a member of Alpha Omega Alpha, is a past recipient of the Myron Radtke Award for Outstanding Scientific Research Overseas from Walter Reed Army Medical Center Association, and was recipient of the Walter Reed Army Institute of Research Mule Award for Outstanding Career Research in 2015. He is a Fellow of the Infectious Disease Society of America and of the American College of Physicians. Since 2006 Dr. Endy served as an Infectious Disease consultant at University Hospital, supervising fellows for up to six months/year, and he served as Fellowship Director for Infectious Diseases from 2006-2016. He has served as a Thesis Committee member for numerous graduate students and has participated in the teaching of the undergraduate medical student curriculum in multiple roles.

Dr. Endy is the author of more than 100 peer-reviewed publications and original manuscripts, as well as numerous book chapters.

Dr. Endy will continue to see patients in the Department of Medicine and assist as the department transitions to a new Division Chief over the next few months. He will assume his role in the Department of Microbiology and Immunology effective September 6, 2016.

I would also like to express my sincere gratitude to Dr. Steve Taffet, who has served as interim Chair of the Department for his loyal and committed service. Serving as interim is rarely an easy task, and Steve deserves our thanks.

Please join me in welcoming Dr. Endy to this important position.



**Dr. Mark Polhemus will become interim Division Chief of ID effective September 6.*

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KUDOS



Adult Medicine

"Good experience." "I like my new doctor. He was very nice and spent time reading prior notes. I will continue with him." "A very big practice. Quite different than what I am used to but I liked my visit overall." "Dr. Swarnkar is a very caring physician." "Debra at the front desk was efficient and friendly." "My doctor was very attentive to my concerns and gave reasonable explanations too. Very soft spoken and patient during her care." "A positive experience - I didn't wait long and everyone was courteous." "Dr. Bishop took great trouble to assess my personal needs and maintains a warm staff." "Everyone was wonderful and concerned; they explained everything to me in a concise way. I am happy with the care I received." "Dr. Sinha was extremely easy to talk to. She listened to my problems with care and compassion. She was very professional when I told her about a delicate problem. I could really open up to her. I think the world of her and as far as I'm concerned she is the best!"

University Cardiology

"Dr. Bhat was right on top of my issues and cancer treatment." "Dr. Carhart is very personable, listens and puts patient at ease." "I am appreciative of this office. I received first rate care!" "I feel Dr. Szombathy truly cares."

University Geriatricians

"Loved the nursing staff! Well equipped office and the nursing staff understands my MIL's [mother-in-law's] needs and limitations. They made her feel special." "Christopher Norman, NP was very friendly, informative, and quite knowledgeable in this field. He lets you voice your concerns, and thoughts to any and all things the individual is going through and possible ways and means to help the individual get through and maybe help correct these changes that are occurring." "Dr. Bishop is an excellent practitioner!" "So happy we found Dr. Berg & her staff!" "I have never had a bad experience at the office." "Betsy & all staff have all been so very helpful. Can't say enough!" "Dr. Bishop has been working with me for 10 years and I would not trade her for another doctor." "Very helpful with our daily care. We appreciate the concern for caregivers!" "Very happy with Dr. Berg and all the staff. Everyone is so helpful and kind to our family!" "I consider Dr. Bonilla to be the best doctor, and one of the smartest men I know." "Dr. Berg spent time with my husband to talk to him about my dementia. She is the best doctor I've ever had!" "Dr. Brangman is awesome." "Dr. Krenzer is my forever doctor." "The office has a nice atmosphere." "Dr. Berg is a wonderful provider. She is a resource to her primary care doctor and to others integrating this care plan. She finds words to explain the changes we see that help us understand and cope with issues."

Joslin Center for Diabetes

"Everyone treated me very well! Thank you!" "Dr. Mols is always concerned and compassionate I will miss her." "Dr. Mols is so understanding and explains everything." "I have never had anything but great service at reception desk. The entire staff is very courteous & pleasant." "Always polite and respectful; showing knowledge and care." "Don Penree, PA has always been very informative, courteous and eager to find answers/resolutions to concerns and my issues." "I have had wonderful care & treatment with Don Penree, PA. He is inquisitive and truly seeks answers my issues. I feel he is truly concerned about me during my visits, focusing on me while he is seeing me and always follows up when I have testing results to follow up with." "I have always been treated with very good care, dignity, and respect for over 10 years."



Medicine Subspecialties

"All the staff at Upstate and its subspecialties are the BEST! I travel two hours for my visit and for over 20 years! I would not change that!" "Very friendly, knowledgeable staff, and Dr. Kato is awesome." "Everybody was very helpful and thorough." "The staff always makes me feel comfortable." "I recommend Upstate to everyone. I tell them it's well worth the travel." "Dr. Shah is kind, considerate, and professional. It's hard to choose one — they are all the best." "Dr. Neupane is always very thorough, helpful, and always very interested." "All the receptionists. They are exceptionally helpful and pleasant. My medical problem has caused a very hard time in my life. The physicians and staff of Pulmonary and Rheumatology have been so much help getting through the past 5 months and keeping my sanity." "I've never had a bad experiences at your clinic." "“Dr. Neupane is always there for you 100%.” "Excellent nursing staff." "Dr. Manju Paul is an excellent physician & a great lady!"

KUDOS CONT.'D

ROC

"Appointments were always made with ease. Confirmation by email was so helpful." "Caring, understanding and helpful." "We never waited more than a few minutes." "From the receptionist, lab personnel, assistants, registered nurses, nurse practitioner, doctor(s), all personnel was exceptional. I can't imagine a better experience." "I was scared, I'm still scared. I am stage 4 pancreatic cancer but this exceptional staff has helped and worked with me through every aspect." "I am so blessed to be with the doctor(s) treating me. A big THANK YOU!!" "Dr. Gajra is wonderful, as is the rest of the staff here." "I cannot say enough about how exceptional and outstanding in every area my doctors are." "Dr. Gajra is wonderful, as is the rest of the staff there." "Overall the total staff has been very attentive and understanding." "I had the nicest experience at my treatments — great staff." "All of the nurses are great. Very knowledgeable and caring."



BREAST CANCER TREATMENT AFFECTS BONE MASS, BUT YOU CAN PROTECT YOUR BONE HEALTH

As seen on *What's Up at Upstate* by Amber Smith: No matter whether her breast cancer is treated with surgery, radiation or medications, a woman's resulting loss of estrogen translates into bone loss — and an increased risk for fracture.

Advances in cancer treatment have significantly improved survival rates, but "cancer therapies are related to bone loss," says Ruban Dhaliwal, MD, an expert in bone and mineral disorders. Dhaliwal is an assistant professor who sees patients at Upstate's Joslin Diabetes Center and also conducts clinical research. Reduced bone mass leads to osteoporosis, in which bones become brittle and may break easily.

The risk of a spinal fracture is five times higher for breast cancer patients than for the general population, Dhaliwal explained in a presentation to staff at Upstate University Hospital this spring. She also told how the loss of bone mass that occurs with cancer treatment is substantially higher than the loss that occurs with normal aging.

Osteoporosis is prevalent among women, and fractures related to osteoporosis are more common among them than heart attacks, strokes and breast cancer diagnoses combined. Dhaliwal says the best protection is to build and maintain healthy bones, and screen for osteoporosis.

A bone density test similar to an X-ray can reveal bone loss. In some patients, doctors may monitor the continual process in which new bone tissue is formed as old bone tissue is reabsorbed, a process known as bone remodeling.

Bone mass forms from birth through adolescence. Bone mass generally remains stable for most women from the second decade of life until menopause, when it declines along with the reduced production of estrogen.

If a woman faces breast cancer, "no matter which chemotherapy we use, the time of menopause is pushed forward five to 10 years," Dhaliwal says. Chemotherapy-induced menopause results in rapid bone loss. A woman's individual risk of bone loss is related to the type of medication she takes, for how long and in what dose.

Hormonal therapy also induces bone loss in pre-menopausal women. Aromatase inhibitors, a type of hormonal therapy, cause an increase in bone turnover, bone loss and fractures — although evidence shows they do a good job preventing the return of breast cancers.

Bone loss is a concern for patients with other types of cancer, too. Men with prostate cancer see a decline in testosterone, and patients with thyroid cancer may need to keep their levels of thyroid stimulating hormone below normal, which leads to bone loss.



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BREAST CANCER TREATMENT AFFECTS BONE MASS, BUT YOU CAN PROTECT YOUR BONE HEALTH

How to protect your bones

Bone mass is affected by genetics, nutrition, physical activity, underlying hormonal diseases, lifestyle and overall health. How best to maximize your bone mass?



- Getting adequate calcium, from diet and/or supplements — a total of 1,000 to 1,200 milligrams a day.
- Help your body absorb calcium by taking 600 to 800 international units of vitamin D daily.
- Maintain a healthy weight.
- Participate in weight-bearing exercises, such as walking.
- Take measures to prevent falls in your home.
- Limit excessive alcohol and caffeine intake.
- Avoid tobacco.
- Seek bone mineral density screening and discuss pharmacological treatment for bone loss, if necessary, with your health care provider.



Ruban Dhaliwal, MD discusses estrogen and bone loss

CAN A PANCREAS TRANSPLANT HELP SOMEONE WITH SEVERE DIABETES?

As seen on *What's Up at Upstate* by Amber Smith: Upstate doctors are now offering a pancreas transplant option for some patients with diabetes mellitus, the most common cause of kidney failure.

“Rather than waiting until the kidney fails, you may want to be proactive and go for a pancreas transplant, specifically if you have brittle, or labile, diabetes,” says **Rainer Gruessner, MD**, Upstate’s transplant chief and professor of surgery. He and his team are offering these transplant surgeries — separately or combined with kidney transplants.

In the future, Gruessner’s team may also offer transplants of just the clusters of cells that produce insulin, called pancreatic islets.

Ruth Weinstock, MD, PhD, Upstate’s division chief of endocrinology, diabetes and metabolism, says, “The treatments for diabetes are getting better and better, but they are still imperfect.”

Type 1 diabetes, in which the body’s immune system destroys insulin-producing cells, requires multiple insulin injections daily or insulin pump therapy along with frequent monitoring of blood sugar. Many people with long-standing type 1 diabetes, despite vigilance in glucose monitoring and administering their insulin, can no longer feel symptoms of low blood sugar, called hypoglycemia unawareness. They can have unpredictable and life-threatening episodes of low blood sugar, called severe hypoglycemia, and wide fluctuations in blood sugar levels.

Progress has been made in the development of insulin pump therapy and continuous glucose monitoring, components needed for the eventual development of an “artificial pancreas.” They are a great step forward, says Weinstock, but they are not a cure. Only a properly functioning pancreas or pancreatic islets would be a real cure.

Gruessner says a pancreas transplant can improve the lives of some patients with diabetes and also halt or reverse complications such as diabetic changes in the eyes and kidneys. Those who may be considered for pancreas transplants have particularly hard-to-control type 1 diabetes, known as “brittle diabetes.” They experience frequent and extreme swings in blood sugar, which increase their risk of heart attack, stroke, kidney failure, blindness, circulatory disorders and death.

Some people with diabetes who develop irreversible kidney damage may need a kidney transplant. They may be candidates for a pancreas transplant at the same time.

For pancreas transplants, the donor organ comes from a person who has died. The pancreas is added to the recipient’s body, and the recipient retains his or her original pancreas, which continues to produce digestive enzymes. The new pancreas immediately begins producing insulin.

No surgery is without risk, but Gruessner says the risk of dying from a pancreas transplant is 2 to 3 percent, compared with an annual risk of dying that can be higher for some patients. “Of course, we are selective about who should have a pancreas transplant, but the results in terms of patient survival are excellent.”

He says 85 percent of transplanted pancreases function as they are supposed to. Patients no longer have to check their blood sugar levels multiple times a day or inject themselves with insulin. They are able to eat what they like. But, they must take anti-rejection medication.

“It’s lifesaving,” Gruessner says of the surgery, “but it’s also life enhancing.”



CAN A PANCREAS TRANSPLANT HELP SOMEONE WITH SEVERE DIABETES?

The islet option

Transplants of the pancreatic islets, the clusters of cells that produce insulin, show promise in treating people with severe diabetes and those with chronic pancreatitis and intractable pain.

Research published in April in the journal *Diabetes Care* shows that islet transplantation “offers a potentially lifesaving treatment that in the majority of cases eliminates severe hypoglycemic events while conferring excellent control of blood sugar,” says Anthony Fauci, MD. He is the director of the National Institute of Allergy and Infectious Diseases.

In the United States, islet transplants are currently available only through clinical trials. Research is underway to encapsulate the islets, so they will not be recognized by the recipient’s body as foreign. The hope is that in the future, islets will be able to be implanted without the patient having to take anti-rejection drugs, which suppress the immune system.

Pancreas care a specialty at Upstate

Upstate is one of 37 National Pancreas Foundation designated Centers for the Care and Treatment of Pancreas Diseases, and the only one in New York outside of New York City.

The designation, earned in March, means Upstate has all the services, health care professionals and programs necessary to provide multidisciplinary treatment for patients with diseases of the pancreas, including pancreatitis, diabetes and pancreatic cancer. Designated centers also play a role in advancing research and leading the way for heightened awareness of pancreatitis and related conditions.

“It’s a seal of approval for how we care for patients with pancreatitis,” says **Nuri Ozden, MD**, an interventional gastroenterologist at Upstate and the medical director of the foundation’s New York State chapter.

In addition, Upstate provides the Liver, Gallbladder and Pancreas Center. Established in 1994, the center provides comprehensive evaluation of patients with both malignant and nonmalignant diseases involving these organs.



Mark Laftavi, MD (left) and Oleh Pankewycz, MD (right), were recruited by Gruessner to be the surgical director and medical director, respectively, of Upstate University Hospital’s pancreas transplant program. The two men previously directed the transplant program at the Erie County Medical Center, the teaching hospital for the University at Buffalo Jacobs School of Medicine

HOW A MAN FROM UPSTATE NY AND A FERAL CAT, HELPED SCIENTISTS IDENTIFY A NEW POXVIRUS

As seen on *What's Up at Upstate* by Amber Smith: Every doctor has that patient he or she can't forget.

Jerrold Abraham, MD, and Donald Blair, MD, took care of a man with a mysterious infection 15 years ago, but only recently was their diagnostic quandary solved, thanks to advanced DNA testing that wasn't available back then.

"I remember setting the sample aside and saying too bad we can't figure this out yet," recalls Abraham, a professor of pathology and family medicine at Upstate.

Years later, a scientist from the Centers for Disease Control and Prevention got back in touch with him. Now, when virologists study the hundreds of known poxviruses, the one called "NY_v014" is noted to have been identified at Upstate Medical University in Syracuse.

Abraham, Blair and a pathology resident, Nelli Lakis, MD, who is now doing a neuropathology fellowship at Brown Alpert Medical School, wrote about the case in the August 2015 issue of the journal *Clinical Infectious Diseases*.

It was 2001 when the 45-year-old man first noticed a blisterlike lesion under his right arm. For three weeks he watched a rash spread on the right side of his chest, becoming progressively rougher, more tender and reddened. When he went to his rural community hospital, the man was admitted, so he could receive intravenous antibiotics. The rash got worse. The doctors tried another medication that also had no effect.

After five days, they transferred the man to specialists at Upstate. By now the rash area was a wound about 6 inches wide, and other lesions were developing. The man felt ill, was in pain and soon developed a fever.

Doctors struggled to determine what was causing the infection. To help spur healing, surgeons removed dead tissue from the wound and sent the man for hyperbaric oxygen therapy. Nothing helped.

Blair, a professor of medicine with decades of experience in infectious disease, had never seen anything like it. "No matter what we did, it got worse."

Tissue samples from the wound revealed that it wasn't caused by a bacteria. That's why the antibiotics had not helped. It wasn't caused by a fungus, either. The man's infection turned out to be viral.

Solving part of the mystery

Using an electron microscope, Abraham could tell that the virus was a poxvirus, but it was unlike any of the hundreds of known poxviruses. Cidofovir, the medicine used to treat poxviruses, can cause severe or fatal kidney problems. Since this man had received a kidney transplant two years before, Blair couldn't risk giving him the medicine.

"We just kept holding off, and holding off, and it was tough. That wound kept getting bigger and bigger," Blair recalls. Doctors kept removing the dead tissue, and they kept the man as comfortable as possible. Finally, his body's immune system kicked in and fought the virus.

Abraham, Blair and other doctors remained stumped: How had the man had become infected with a poxvirus no one had seen before?

He had not traveled outside of the country. He hadn't even left Upstate New York. He lived a somewhat isolated, rural life. He had no contact with animals, other than a feral cat. The man recalled treating an abscess on the cat's back.

Since the cat came out of nowhere and had since disappeared, no one knows for sure that the man contracted the poxvirus



DEPARTMENT OF MEDICINE**HOW A MAN FROM UPSTATE NY, AND FERAL CAT, HELPED SCIENTISTS IDENTIFY A NEW POXVIRUS**

from direct contact with the cat's abscess. But it's Abraham's and Blair's best guess.

Recovery, and the rest of the story

The man, who asked not be identified, was hospitalized for two months.

Six weeks after he went home, he returned for a skin graft procedure, which helped repair the wound site. Ten years after that, he remained free of complications. Earlier this year, he told Blair that his health remains good.

Like all organ transplant patients, the man's immune system is suppressed, making him more susceptible to the transmission of a poxvirus or any virus.

He recovered from the infection, but Abraham and Blair were still curious to learn more about his particular poxvirus.

After isolating the virus at Upstate, they sent a viral culture to the CDC. Scientists there could only say that it was not one of the known poxviruses. Since then, advances in molecular biology and DNA sequencing improved, and new technology became available.

Abraham got the call last year from CDC virologist Inger Damon, MD, the director of the division of high-consequence pathogens and pathology.

The poxvirus that had infected the man back in 2001 was unique and previously unidentified. No cases have been reported since.

The closest cousin to the NY_v014 poxvirus is one that was identified in a mosquito collected in 1972 in Central Africa.

About pox viruses

Despite its name, chickenpox (caused by varicella-zoster virus) is not from the family of poxviruses. Chickenpox is a herpes virus.

One of the more well-known poxviruses is smallpox (or variola virus.) Of course, smallpox is essentially eliminated, but some of the findings in this patient's tissues resemble those reported many years ago with smallpox.



Donald Balir, MD, and Jerrold Abraham, MD, in their Upstate lab with the microscope they used to isolate the NY_v014 poxvirus.

NEW YORK TEEN DONATES KIDNEY TO YOUNGER BROTHER: 'THIS WAS MY CHANCE TO SAVE HIM.'

As seen on *People Magazine Online* by Rose Minutaglio: New York brothers Collin and Wesley DeGonzague say they now share a "forever bond" after undergoing a life-saving kidney transplant surgery.

Collin, 15, had spent his entire life in and out of hospitals due to kidney failure and was told six months ago that he would need a new organ. Wesley, 19, immediately volunteered himself to get tested.

"I remember when I was a kid seeing Collin sick and I felt scared and helpless," Wesley, a sophomore at Onondaga Community College, tells PEOPLE. "This was my chance to do something."

He adds, "This was my chance to save him."

As it turned out, Wesley was a near-perfect donor match for Collin.

On July 19, surgeons at Upstate University Hospital in Syracuse successfully completed the operation — and Collin received a kidney from his big brother.

"The doctors told us that the kidney turned pink and started functioning right away, like it was such a good match it was almost as if it had never left the body," Wesley explains. "It was meant to be. Whatever higher power, whatever force made it happen... I'm very thankful."

Collin, a sophomore at Henniger High School, says he "can't put into words" how much his brother means to him.

"I love the guy!" Collin tells PEOPLE. "The fact that he put his life at risk proves that he loves me too."

The boys' mother, Jody Wilson says her sons were "the best of friends" growing up.

"Wesley is a few years older than Collin, so he was very protective and caring towards him growing up when he was sick," Jody tells PEOPLE. "His mentality was, 'That's my baby brother! I've got his back!' And that's still there."

Jody says she wasn't surprised Wesley volunteered himself to get tested to be a potential donor.

"He came to me and said, 'I want to be tested,' " she says. "As a parent, I was saying, 'Well, he's 18, he's old enough to make that choice. but do we want to put him through this?' "

But Wesley insisted.

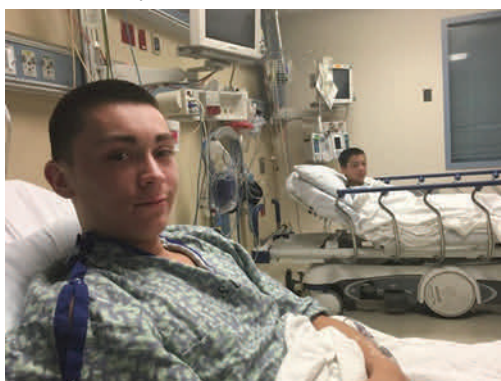
Collin will spend the next three months resting at home as he recovers from the live-saving kidney transplant.

Wesley does everything he can to cheer up his little brother by making him laugh and telling him stories.

"A part of [Wesley] is with me now forever," explains Collin. "We are kind of bonded forever."



*"This was
my chance
to save
him."*



Wesley DeGonzague (left) and Collin DeGonzague (right)

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UPSTATE IN ECUADOR CONT.'D

In July the team down in Ecuador had a large group of volunteer students working on the earthquake relief project in Bahia De Caraque, located around the middle of Ecuador's coast line. The students were under the supervision of Dr. Stewart and Dr. Joseph Domachowske. Upstate medical students that were down in Ecuador helping were Dan Farrell and Ryan Nightingale.



Picture property of Danykrom.com

The team's community health campaign in Bahia included dengue theater, primary care for up to 100 people per day, and household visits to teach about dengue and zika prevention and to estimate disease risk.

The team is planning another service trip to Bahia with pediatrician residents and Dr. Eranki in December.

More post and updates on their work in Ecuador can be found on Upstate's blog: <http://blogs.upstate.edu/cgh-ecuador/>



Picture property of Danykrom.com



Discussions on-site at a household participating in the disease surveillance studies
L to R: M. Polhemus, H. Chanatry, L. Ware, A. Stewart, N. Heydán



Picture property of Danykrom.com



Upstate's experimental huts, on the UTMachala campus, built to test effectiveness of novel mosquito baits and traps.

UPSTATE STUDY PROMPTS DISCUSSION ON END-OF-LIFE CARE

As seen on *What's Up at Upstate*: Some doctors are reluctant to recommend palliative care, particularly for patients who are younger than 65 and dealing with a serious illness.

The shift from lifesaving treatment to comfort care may seem like admitting the futility of the situation.

That would mean admitting the futility of the situation, considering the patient's quality of life and its length, and perhaps shifting efforts from life-saving to comfort care.

"It's understandable" that doctors may wish to avoid such conversations, says **Ajeet Gajra, MD**, a medical oncologist at Upstate who researches the utilization of palliative care. "The doctor may know there are no other meaningful treatment options but is afraid to say that to the patient and the family."

"It's a difficult discussion for the doctor, patient and family, so it's often avoided. Patients may feel that the doctor is 'giving up' on them. It is important to have an open discussion about the patient's hopes and wishes in the context of a limited prognosis. It is important for patients to realize that such a recommendation is being made because further treatment will cause more harm than good and that the doctor cannot put the patient knowingly in harm's way."

The discussion may be that much more difficult when it centers on a young patient. Regardless of the patient's age, Gajra says, education and information regarding palliative care should be offered early in the course of an incurable cancer. That way the patient and loved ones do not feel blindsided in the course of their fight if it's clear that medical treatments will not help further. The patient or their loved ones can bring up a discussion regarding palliative care if the doctor does not.

In a paper published in the *Journal of Geriatric Oncology* this year, Gajra and four colleagues from Upstate studied the medical records of veterans with advanced cancer near the end of life. They compared those older than 65 with those from 40 to 65 years of age and discovered the older veterans were referred to palliative care an average of 12 days sooner than the younger. Younger veterans' average time in hospice care was 13 days longer.

Gajra says other studies show that patients may have a better quality of life if they are in hospice care at their homes, rather than hospitalized in an intensive care unit, or seeking emergency care for each medical setback.

Studies also show that while timely palliative care enhances a patient's quality of life, it can actually extend his or her length of life.

Choosing quality

Palliative care focuses on providing relief from symptoms of serious illness, rather than trying for a cure or recovery. Similarly, hospice care is meant to keep patients comfortable and pain-free during advanced illness. Both are designed to improve the quality of life for the patient and his or her loved ones.

Upstate options

Palliative care is an option for adults and children who are treated at Upstate University Hospital. Referrals are also routinely made to Hospice of Central New York. An outpatient palliative care program for adult patients with advanced cancer will start this fall.

—from *Cancer Care*. Visit [HealthLink on Air](#) for an interview with **Judy Setla, MD**, Hospice of CNY, about hospice and palliative care.



RESIDENT ABSTRACTS

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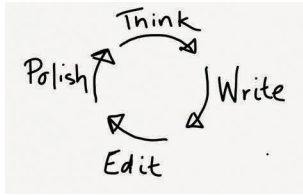
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RESIDENT ABSTRACTS CONT.'D

Adam Zayac, **Jalaluddin Umar**, Nidhi Bansal, Amit Dhamoon, **Mili Shah**. Thyrotoxic hypokalemic periodic paralysis: The importance of history. *QJM*, 2016.

Gaurang Vaidya, Bhaskara Madhira. Cardiogenic shock in Takotsubo cardiomyopathy: Estimation of risk factors, to be presented at HFSA, Kissimmee, Florida, September 17-20, 2016.

A THANKFUL PATIENT

Your kindness can go a long way



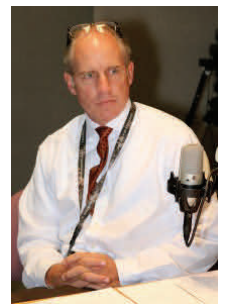
Dr. Changlai (bottom center) and his team did a wonderful job taking care of Michelle Henderson's, Assistant to the Senior Associate Dean, mother. Michelle expressed her gratitude and was more than happy to share this photo. (right: Dr. Dipal Shah, Left: Dr. Rashad Khan)

HEALTHLINK ON AIR

As seen on HealthLink On Air:

[What women of childbearing age and men need to know about Zika virus](#)

Most people who become infected with the Zika virus have such mild symptoms, if any, that they aren't aware of the infection. The human body is able to get rid of the virus within a few months, says Mark Polhemus, MD, an infectious disease expert at Upstate Medical University who directs the Center for Global Health and Translational Science. Because the virus is linked to severe birth defects, women who are exposed to Zika are advised to wait at least eight weeks before becoming pregnant, so the virus is out of their bodies. Because the virus lives longer in semen, men are told to protect sexual partners from pregnancy for at least six months. Polhemus explains that Zika is transmitted through the bite of an infected mosquito but also has the ability to spread through sexual contact and from mother to unborn baby. He also notes that the Centers for Disease Control and Prevention's map includes Central New York among areas at risk for spread of the disease.



HEALTHLINK ON AIR



INTEGRATIVE DIABETES TREATMENT DEALS WITH WHOLE PERSON, NOT JUST DISEASE

Treating diabetes works best with an integrative approach that deals not just with insulin and blood sugar levels, but lifestyle factors like stress, exercise and eating habits, says Barbara Feuerstein, MD, an endocrinologist at Upstate's Joslin Diabetes Center. She explains how conventional medicine can be combined with a variety of other treatments, such as acupuncture for stress reduction or yoga for exercise, to help the patient manage the disease and be healthier overall.



AWARENESS HELPS STOP OFTEN-UNREPORTED SCOURGE OF ELDER ABUSE

Elder abuse usually occurs at home at the hands of family members and might be physical, emotional, sexual or financial. It often goes unreported because the victim feels isolated, afraid and ashamed. One way to fight elder abuse is to be aware of its warning signs, explains Jenny Hicks, project coordinator for the Abuse in Later Life program at Vera House, a local domestic and social service agency. Suspected elder abuse can be reported (confidentially, if needed) to the local Adult Protective Services (315-435-2815); Vera House provides services for older adults including a 24-hour crisis and support line: 315-468-3260; and the local Office for the Aging (315-435-2362) also can serve as a resource.



RESEARCH OFFERS GLIMPSE INTO FUTURE OF DIABETES TREATMENTS

Research taking place at Upstate's Joslin Diabetes Center offers the potential for huge advances in diabetes treatment, says Ruth Weinstock, MD, PhD, Upstate's chief of endocrinology, diabetes and metabolism. She describes the clinical trials, one of which would create an artificial pancreas by having a blood glucose sensor signal an insulin pump to maintain blood sugar levels automatically. Another looks at whether a gout drug could also protect the kidneys from diabetes damage. People with diabetes or their close relatives who wish to participate in research projects may call 315-464-9007 for more information.

NEW YORK STATE FAIR



As seen on UpstateOnline: A free bicycle helmet giveaway, free vision testing, a display of one of Upstate Cancer Center's three Survivor Bells, and a myriad of interactive ways to share a wide range of health information are all part of Upstate Medical University's New York State Fair exhibit. The fair runs from 10 a.m. to 10 p.m. Aug. 25 through Sept. 6. Look for Upstate's exhibit each day of the fair in the Science and Industry Building .

"We have many exciting events planned for fair-goers with a goal of showing them easy and effective ways to keep healthy and safe," said Darcy DiBiase, Upstate Marketing and University Communications. DiBiase coordinates Upstate's fair exhibit each year. This year, DiBiase says that Upstate is combining its free, annual bicycle helmet giveaway with the Fair's "Ride for 5 Dollars Day" event, to be held Aug. 31. The bicycle ride begins that day at 9:30 a.m. at the Salt Museum at Onondaga Lake and ends at the fair's new main gate. The fair will give bike riders a \$5 admission to the fair and Upstate will give away adult- and child-sized bicycle helmets for free at the start of the ride. "We will continue to give away the helmets that day starting at 10 a.m. at the main gates, while supplies last," said DiBiase. The helmet giveaway is courtesy of Upstate's Trauma Services with additional funding from Upstate Foundation through its Friend in Deed Campaign and The Advocates for Upstate Medical University.

Upstate is a place for hope for many people needing medical care, says DiBiase, and she says that Upstate's exhibit will showcase this by inviting cancer survivors to ring the Survivor's Bell. "When a bell rings in the Upstate Cancer Center, everyone within earshot cheers. The sound of a ringing bell means that one of the cancer center's patients has reached a milestone in their treatment, or maybe even completed it," DiBiase said. "Members of the multidisciplinary teams that comprise the Upstate Cancer Center will be on hand to discuss advances in cancer treatment and screening guidelines."

NEW YORK STATE FAIR CONT.'D

Each day, Upstate staff will be at the exhibit to answer questions. Look for these Upstate experts and departments at the fair:

Thursday, Aug. 25: Center for Global Health & Translational Science, Upstate Orthopedics, Upstate Concussion Center, **Joslin Diabetes Center**, Nurse Recruitment, **Upstate Cancer Center**.

Friday, Aug. 26: Upstate New York Poison Center, Immune Health Services, University Police, Occupational Health Clinical Center, Upstate Stroke Center, **Upstate Cancer Center**.

Saturday, Aug. 27: Recruitment drive for an Upstate research study involving families, Upstate Stroke Center, **Upstate Cancer Center**.

Sunday, Aug. 28: Upstate Women's Health, Nurse Recruiting, Wound Care, **Upstate Cancer Center**.

Monday, Aug. 29: Department of Ophthalmology — vision screening; **Transplant Program**, Smoking Cessation. **Geriatrics**, GEM Care, **Upstate Cancer Center**.

Tuesday, Aug. 30: Upstate HVC, NICHE, Upstate Burn Center, Transitional Care Unit, Neurosurgery, **Upstate Cancer Center**.

Wednesday, Aug. 31: Physical Medicine and Rehabilitation, Upstate Women's Health, Advanced Practice Services, Obstetrics/Gynecology, Bariatrics, **Upstate Cancer Center**.

Thursday, Sept. 1: Upstate Connect Triage, Upstate Orthopedics, Pathology, Upstate Veterans, **Upstate Cancer Center**.

Friday, Sept. 2: New York State Safe Kids Coalition, Upstate Pediatrics/Upstate Golisano Children's Hospital, Margaret L Williams Evaluation Developmental Center, **Upstate Cancer Center**.

Saturday, Sept. 3: **Upstate Cancer Center**, Emergency Medicine.

Sunday, Sept. 4: **Upstate Cancer Center**.

Monday, Sept. 5: Upstate Stroke Center, **Upstate Cancer Center**.



August is Children's Eye & Health Safety Month



A huge thank you to all the forums used and information relayed to us to make this newsletter happen. If you have any information you'd like to put in the next newsletter please contact myself at HernandP@upstate.edu and Sarah Scipione at ScipionS@upstate.edu