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the **SCOPE**

Weill Cornell

News of the Joan and Sanford I. Weill Medical College and Graduate School of Medical Sciences of Cornell University

September • October 2005

Antibodies Against Alzheimer's?

IVIg immune therapy may boost patients' thinking abilities

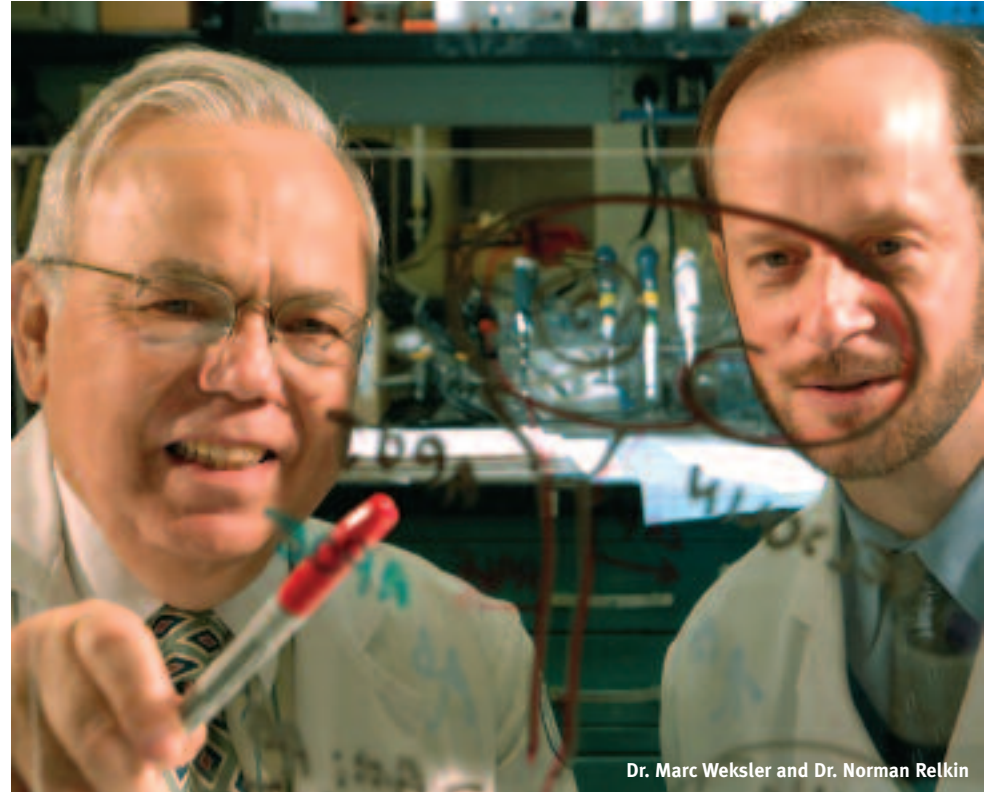
With close to four million Americans afflicted with Alzheimer's disease and no cure in sight, Weill Cornell researchers made news in April when they announced the finding that intravenous immunoglobulin (IVIg) therapy improved memory and other thinking abilities in a small group of Alzheimer's patients.

Scientists in labs around the world have for years looked for an immune-based approach to fighting Alzheimer's disease. Unfortunately, previous attempts by other researchers at "active" immunization—where the body is stimulated to produce its own antibodies—failed after about 6 percent of patients developed a dangerous and sometimes fatal swelling of the brain and the membranes that envelop it.

In 2002, Dr. Marc Weksler, professor of medicine as well as the Irving Sherwood Wright Professor of Geriatric Medicine at Weill Cornell, Dr. Paul Szabo, and lead researcher Dr. Norman Relkin discovered

that Alzheimer's patients had lower levels of anti-amyloid antibodies in their blood compared with cognitively healthy individuals. They turned their attention to IVIg, an antibody product made from the blood of thousands of healthy donors, and found that it contained increased amounts of anti-amyloid antibodies of the kind that were lacking in Alzheimer's patients. In 2004, they began a clinical study using IVIg as a source of antibodies for direct delivery into the patients' bloodstream, a technique called "passive immunization." A similar approach had shown promise in five Alzheimer's patients treated by Dr. Richard Dodel in Germany that year.

"We hoped IVIg might fill an immunological gap, latching onto beta-amyloid in the bloodstream and drawing it away from the brain," explained Dr. Relkin, who is director of the Memory Disorders Program at NewYork-Presbyterian/Weill Cornell and associate professor of clinical neurology and neuroscience at Weill Cornell Medical College.



Dr. Marc Weksler and Dr. Norman Relkin

"IVIg is an especially attractive agent because it has an established safety record and has been FDA-approved for 25 years..."

— Dr. Norman Relkin

Their gambit seems to have paid off. In the Weill Cornell trial, eight elderly patients with mild to moderate Alzheimer's disease received intravenous IVIg therapy one to four times per month at varying doses. After six months, standard cognitive tests showed a significant rise in intellectual ability in six out of the eight patients, and no decline in the other two. >>> page 7

Familiar Faces Take on New Roles

NORMALLY A TIME FOR REST AND RELAXATION, the past summer was bustling with activity as Dr. Antonio Gotto Jr., the Stephen and Suzanne Weiss Dean of Weill Cornell Medical College, announced the appointments of four administrators to new posts, reflecting the College's thriving partnerships and growing international scope. Assuming new roles are Mr. Steven Rosalie, Dr. Dirk Sostman, Dr. E. Darracott Vaughan, and Dr. Daniel Knowles.

A senior administrator at Weill Cornell for the past 12 years, **Steven Rosalie** has been named associate provost for international initiatives and executive vice dean, a newly created position. Mr. Rosalie previously



CLOCKWISE, FROM TOP LEFT: Steven Rosalie, Dr. Dirk Sostman, Dr. E. Darracott Vaughan, and Dr. Daniel Knowles

served as Weill Cornell's executive vice dean and associate provost for operations, a position the Medical College will fill through a national search.

"This new position is testament to Weill Cornell's dedication to building a transnational presence in research, education, and clinical care," Dean Gotto said. "Steve Rosalie's appointment ensures that our international initiatives

will thrive and our international agenda will expand, propelled by our vision for new levels of excellence in global health care."

In his new position, Mr. Rosalie will serve as the College's senior administrative official to oversee the international programs and initiatives involving both existing and new relation-

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Juggling Life and Death Issues in Sri Lanka

On December 26, a deadly tsunami pounded Southeast Asia, killing an estimated 227,000 people in 11 countries, leveling entire villages and leaving millions vulnerable to physical, mental, and emotional distress.

Compelled to take action, Dr. Jennifer Roberts, assistant professor of psychology in psychiatry at Weill Cornell Medical College, headed to northern Sri Lanka in March to administer aid to the devastated population.

The trip, arranged by Disaster Psychiatry Outreach (www.disasterpsych.org), included a team comprised of two psychiatrists, a native Sri Lankan doctor, and a professional photographer. Dr. Roberts provided psychological training to counselors who had worked with victims of the country's civil war for the past decade. All the training was done through translators who spoke the native Tamil.

"We arrived with a syllabus intact, prepared to lecture and to go into the field with the counselors. Within hours on the first day, it became apparent that we needed to change our plans," Dr. Roberts said.

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The metaphor of juggling is used to break down complex concepts.



MARCUS SANTOS

Preparing for an Aging America

Geriatric Emergency Medicine Fellowship to address medical needs of escalating senior population

As more adults surpass their 75th birthdays, their acute and complex medical needs present a challenge beyond routine geriatric care. Anticipating a need for informed emergency treatment, NewYork-Presbyterian Hospital/Weill Cornell Medical Center has created a unique Geriatric Emergency Medicine Fellowship, a groundbreaking program for physicians who have completed their residency training in emergency medicine. It is the first program of its kind in New York City.

Dr. Michael Stern, who attended medical school at Weill Cornell and trained in emergency medicine at Bellevue, has been named the program's first fellow. An artist for 11 years before switching gears to become a physician, Dr. Stern brings a keen eye to the state of modern medicine.

"Firsthand experience has shown me that the vast majority of emergency department patients are geriatrics, and it's a demographic that is climbing astronomically," Dr. Stern said. "Thanks to improved medical knowledge and patient care, people are living longer, healthier lives. There's a real need for learning and teaching the special needs and issues presented by this population. This is the natural joining of emer-

gency and geriatric medicine."

The Fellowship will draw on the combined talents and strengths of the Hospital's renowned Emergency Medicine Department, led by Dr. Neal Flomenbaum, emergency physician-in-chief at NewYork-Presbyterian/Weill Cornell and professor of clinical medicine at Weill Cornell Medical College, and its nationally recognized Geriatric Program, led by

Drs. Mark Lachs and Ron Adelman. Dr. Lachs is professor of medicine at Weill Cornell Medical College and attending physician at NewYork-Presbyterian/Weill Cornell. He is also the Irene F. and I. Roy Psaty Distinguished

Professor of Clinical Medicine. Dr. Adelman is associate professor of medicine at Weill Cornell Medical College and associate attending physician at NewYork-Presbyterian/Weill Cornell.

"This exciting new program presents an opportunity to leverage the collective knowledge of two medical disciplines. More than a course in geriatrics for emergency medicine physicians, it will be a true

"There's a real need for learning and teaching the special needs presented by this population."

— Dr. Michael Stern



Dr. Michael Stern

pendent lives. Failing to do so, however, may mean the permanent loss of their independence," he said. "Our emergency medicine physicians will work diligently to identify the factors or behavior patterns, such as elder abuse, that cause an older patient's illness or injury."

Dr. Flomenbaum added that the fellowship program will help reinvent the house call for the 21st century.

"For the first time, emergency medicine physicians will treat some patients where they live, alleviating the need for a difficult or impossible trip to the hospital," he said. "Emergency medicine physicians are uniquely qualified to bring care to

these patients for conditions that may be difficult to treat such as lacerations, wound care, and other injuries."

As members of the faculty, the new geriatric emergency medicine fellows will teach at Weill Cornell Medical College, and, in partnership with NewYork-Presbyterian's own network of hospitals and emergency departments, will share their expertise with medical centers throughout the New York City area. ■

interdisciplinary collaboration," said Dr. Antonio M. Gotto Jr., dean of Weill Cornell Medical College.

According to Dr. Flomenbaum, who created this fellowship at the Medical College, "Every day, fully functional and independent older patients present at our Emergency Department with an acute injury or illness. If we succeed in rapidly and accurately diagnosing and treating their problems, they will return home and resume their inde-

the Scope

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A Partnership That's More Than Just Skin-Deep

Clinique aligns with Weill Cornell to establish new Skin Wellness Center

Clinique Laboratories Inc., a cosmetic line founded by a dermatologist, has always stood for more than just a pretty face. With its emphasis on the science behind skin care, it's a telegenic marriage of brains and beauty. Remaining true to its roots, Clinique has joined forces with Weill Cornell to establish a new dermatology center, the Clinique Skin Wellness Center at Weill Cornell, to create a partnership of clinical and research dermatology and community education.

Scheduled to open in fall 2006, the Center is part of the "Initiative for Dermatology," a campaign to revolutionize dermatologic care at Weill Cornell Medical College.

"This will be a center without walls, with a combined focus on clinical care, research, and education," said Dr. Richard Granstein, the chairman of dermatology at Weill Cornell who will direct the Center. "It will focus on good skin health practices—how to protect its integrity and youthful appearance, how to prevent skin cancer."

Research sponsored by Clinique will examine the role of the immune and nervous systems in skin health. Educational programs, with an emphasis on community outreach, will help spread the gospel of good skin practices.

As part of the *Advancing the Clinical Mission* capital campaign currently underway at Weill Cornell, the department will soon move into new space, a portion of which will be the Skin



Dr. Antonio Gotto Jr., Sanford I. Weill, and Philip Shearer, global president of Clinique at the March 16 press conference announcing the establishment of the Clinique Skin Wellness Center at Weill Cornell.

collaboration will allow us to continue to fulfill our mission of excellence in medical research, education, and patient care."

"A commitment to aligning with the cutting edge of dermatological science is what has always set Clinique apart

from other brands," said Philip Shearer, global president of Clinique. "The Clinique Skin Wellness Center at Weill Cornell embodies the best of dermatology with the best in over-the-counter skin care," he said. "When Clinique was founded 37 years ago by a single dermatologist, it was groundbreaking. Today we recognize that a collaboration with a leading clinical and research institution such as Weill Cornell is essential to achieving the next level of excellence."

Clinique has a history of supporting leading-edge skin biology research and physician outreach. In the past it has conducted joint studies with Weill Cornell, which in turn have led to published research articles.

Clinique has committed a \$7 million grant for the Center, as well as funds for research and the Clinique Clinical Scholar Award. ■

Weill Cornell Hosts Ithaca Colleagues for Invigorating Exchange of Ideas

SCIENTISTS AND RESEARCHERS

at Weill Cornell welcomed 39 colleagues from Cornell University in Ithaca at the academic year's second Science Symposium, held April 19-20. This summit, like the one in Ithaca last year, created a forum for researchers to keep their colleagues abreast of projects, foster collaborations, and harness the synergies abundant among the campus' complementary disciplines.

At the New York Academy of Sciences, a historic townhouse near Central Park, each participant presented a synopsis of research and sought insight, advice, and assistance from colleagues in propelling investigations forward. Dr. David Hajjar, dean of the Graduate School of Medical Sciences, announced at the session that the Weill Cornell Board of Overseers has allocated \$600,000 for initial funding in a planned \$300 million campaign to nurture collaboration across campuses. The symposia are a key component of the campaign's planning. A third symposium, slated for this fall, will continue building on the alliances forged in April.

Dr. Hajjar asked those gathered to think about ways to knit the campuses together over 250 miles of distance for more seamless, integrated collaborations.

"These symposia are designed to support each other, to advance our scientific mission, and to help collaborations flourish," said Dr. Hajjar.

Cornell University's diverse fields of study, cutting-edge facilities, and strong commitment to research all create rich, ample

opportunities for collaborations. Its nanobiotechnology center, which examines biological systems on a molecular scale, holds major promise for clinical care in its detailed studies of pathogens, cell activity, and genetic material. "Nanomedicine is the science of the future," said Dr. Hajjar.

Dr. Carl Nathan, chairman of microbiology and immunology at Weill Cornell, expressed interest in relationships with chemistry colleagues in Ithaca. As he studies genes that help pathogens resist the host immune response, he is open to collaborations involving screening chemical inhibitors.

Other areas ripe for synergistic studies are Cornell's veterinary school and divisions of food and plant science, both of which have yielded new insights to address human disease and protect human health. Its computer science experts can help with both data mining and anatomical modeling. Cornell University boasts a "super-computer," a linked cluster of Intel Pentium microprocessors, for advanced investigation into an array of medical topics.

Weill Cornell, for its part, has an extensive collection of clinical samples, and practical applications for laboratory breakthroughs.

Presentations touched upon various fields of study, bringing researchers from diverse areas together to discuss pathways to remarkably common ground.

"These collaborations are a testament to your imagination, scientific expertise, and desire to see what can be done across campuses," said Biddy Martin, Cornell University provost. ■

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Juggling Life and Death Issues in Sri Lanka

To hold their attention over the sweltering days, she discovered a perfect metaphor in juggling.

"Cognitive behavioral therapy is about taking something very complex and breaking it down into smaller parts, just like juggling," she said. "You start with one ball, learn to catch and throw, and eventually add more objects."

Dr. Roberts will never forget her encounters and experiences in the field. "One day I was driving in the van with Father Reggie, a Catholic priest who runs Annai Illam (which stands for Mother's Arms), the association for counseling, along with several of the other counselors," she recalled. "We saw a woman hunched over several wooden boxes." The van stopped, and Dr. Roberts wondered how they would be able to help.

"Father Reggie said to me, 'Jennifer, let's go to her.' And we did. The boxes were coffins and she needed to bury her children."

Dr. Roberts and the counselors gathered around the woman like a shield. The woman wailed as they stood with her and the three boxes were lowered into the sand. "I felt sad and overwhelmed, dwarfed by the enormity of the raw grief," she said. "There was nothing really to say or to do, but the act of being there was somehow comforting. You could see that she was comforted, and she breathed easier. I believe this was because of the group of women around her who helped her to bear the pain of that moment."

A children's art exhibit included a sobering number of pictures of the "sea monster," their name for the tsunami.

"The children stood proudly underneath their drawings, smiling, as any child showing their work would do, but above them on the wall were horrifying depictions of the things that they had seen," she said. Dr. Roberts recalled drawings of the sea filled with trees, boats, and people. Some drawings showed the sea with arms and a mouth.

"I had to remind myself, the 'people' in these pictures were these children's uncles, sisters, and parents."



MARCUS SANTOS

ABOVE: Dr. Jennifer Roberts trained local counselors, who in turn offered aid to tsunami victims in Sri Lanka.

BELOW: Cognitive behavioral therapy is about breaking down the complex into smaller parts, much like learning to juggle.

Rather than let the surrounding devastation distract her, Dr. Roberts, who also had experience working with burn victims and survivors of 9/11, focused on her role in training the counselors and passing on her knowledge. "My goal was to teach the counselors everything I could," she said.

Many of the counselors would travel two or more hours on bicycle just to reach the training camps. "They had such incredible energy that seemed inexhaustible," she said, moved by their extraordinary resiliency. "They were extremely alert and attentive,

soaking up every detail. Once we got to know them better, we realized that the counselors themselves had experienced losses and were afraid of another tsunami. They, too, had to have a space to talk about their experiences," she said.

"I found this experience to be the most rewarding of my professional life," she said. "I teach and mentor many students at Weill Cornell, the best and the brightest, and these counselors equaled our best. They wanted to learn everything they could to help their countrymen." ■



MARCUS SANTOS

Angiogenesis Research Gets Growing

Brain protein also drives new blood vessel development

It's like seeing an old friend in a whole new way: a Weill Cornell team has discovered that a protein called brain-derived neurotrophic factor (BDNF), long known to promote nervous-system development, also plays a key role in the growth of new vasculature. The finding could someday lead to therapies that block angiogenesis and fight the nation's number two killer, cancer, which requires new vasculature to thrive. Using BDNF to increase healthy vascularization might also help treat cardiovascular disease, the nation's number one killer.

Until recently, the bulk of angiogenesis-linked research has focused on vascular endothelial growth factor (VEGF), a protein that helps drive vessel formation. But previous research tipped lead investigator Dr. Barbara Hempstead to test the idea that BDNF might also play a role in angiogenesis.

In their latest study in mice, published in

the March issue of the *Journal of Clinical Investigation*, Dr. Hempstead's team found that BDNF administered via gene therapy or in protein form was just as powerful as VEGF in promoting angiogenesis.

Especially as it pertains to vascular disease, the finding might help scientists get around a thorny problem plaguing angiogenesis-based

therapies. So far, simply injecting VEGF directly into the heart has produced new vasculature, but the resultant vessels have tended to be disorganized and unstable.

"It's become pretty clear that VEGF may kick off the angiogenic process, but BDNF may be required to stabilize and maintain the vasculature," speculated Dr. Hempstead,

co-chief of the Division of Hematology/Oncology at Weill Cornell.

What's more, BDNF appears to work its magic in two ways: first, by encouraging the development of new blood vessels, and second, by mobilizing hematopoietic stem cells in

marrow to migrate at high numbers to those body sites most in need of new vasculature.

"It's really amazing. BDNF seems to be involved in all of these distinct parts of the process," said study co-author Dr. Shahin Rafii, director of the Ansary Center for Stem Cell Therapeutics at Weill Cornell.

Drs. Hempstead and Rafii, along with co-researchers Dr. Ronald Crystal, chairman of the Department of Genetic Medicine, and Dr. Pouneh Kermani, a postdoctoral fellow in hematology/oncology, are optimistic about BDNF's therapeutic potential. Further research is planned and, if successful, the next step would be partnerships with private industry aimed at eventual clinical trials.

"With VEGF, we had one key tool in our arsenal to manipulate angiogenesis and inhibit disease," Dr. Kermani said. "The discovery that BDNF also fuels angiogenesis effectively doubles that arsenal." ■



Dr. Barbara Hempstead predicts that BDNF may play a key role in the growth of new vasculature.

Flipping the Genetic “On/Off” Switch

For years, an enzyme called poly (ADP-ribose) polymerase-1 (PARP-1) has been a predictable, known quantity for cell biologists: a ubiquitous protein involved in intracellular signaling and metabolism.

That view may soon need changing.

In fact, PARP-1 may soon take center stage in the pharmacogenetics of the future, helping to fight cancer, diabetes, and other diseases.

“We’ve found that this enzyme plays a crucial role in gene transcription, effectively allowing the interconversion of genes between active and silent states,” said Dr. W. Lee Kraus, associate professor of molecular biology and genetics at Cornell University, and assistant professor of pharmacology at Weill Cornell.

Pharmacologic researcher Dr. Anthony Sauve believes that “the real question now is ‘What genes are affected?’ And for those genes that are either up-regulated in disease or down-regulated, is there a way we can target PARP-1 to turn these genes on or off?”

Dr. Sauve, an assistant professor of pharmacology at Weill Cornell, is already hard at work developing new drugs that can modify PARP-1 function to do just that.

Working with both human and fly cells, Dr. Kraus’ lab in Ithaca discovered that PARP-1 binds very specifically to nucleosomes, which make up the chromatin structures that surround genes. “When PARP-1 binds to nucleosomes, it tightens up the chromatin architecture, making it more difficult for genes to become expressed,” Dr. Kraus explained.

But another molecule can loosen that grip.



Dr. W. Lee Kraus (left) and Dr. Anthony Sauve

“It’s a very, very exciting story, because a whole range of illnesses may respond to this type of genetic tweaking, cancer being the most obvious candidate.”

— Dr. Anthony Sauve

Weill and Ithaca scientists uncover an exciting new role for a well-known enzyme

As PARP-1 binds with a cellular co-factor called nicotinamide adenine dinucleotide (NAD+), it converts the NAD+ into long chain polymers on its surface, the researchers explained. The attachment of those polymers to PARP-1 weaken PARP-1’s grasp on the gene’s chromatin shell. “That means in the presence of NAD+, PARP-1 dissociates from chromatin, the structure opens up—and genes are free to be expressed again,” Dr. Kraus said.

He and Dr. Sauve hope that by manipulating the PARP-1/NAD+ relationship, drugs might someday be developed that turn targeted, disease-linked genes on or off.

“It’s a very, very exciting story,” Dr. Sauve said, “because a whole range of illnesses may respond to this type of genetic tweaking, cancer being the most obvious candidate.” PARP-1 activity has also been

linked to a host of other conditions, including neurological dysfunction, immune responses, diabetes, and even aging.

There may even be a dietary angle to PARP-1’s makeover.

“NAD+ is actually synthesized in a biological pathway that uses niacin, otherwise known as vitamin B3,” Dr. Kraus pointed out. “That suggests that dietary effects might have a greater impact on gene expression than we ever knew before. That could be a whole new PARP-1 surprise.” ■

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Familiar Faces Take on New Roles

ships entered into by Weill Cornell Medical College and Graduate School of Medical Sciences. In its rapidly developing international agenda, the College has already entered into six international affiliations and agreements with institutions in Qatar, Turkey, Germany, South Korea, Brazil, and the Philippines—establishing educational, research, and clinical relationships that benefit both Weill Cornell and its partners. Growth in this area is expected to continue.

Furthering the College’s reach here at home, **Dr. Dirk Sostman**, formerly senior associate dean for clinical affairs and executive vice dean, and chairman of radiology at the Medical College, has been named to the position of chief academic officer and chief medical officer at The Methodist Hospital System in Houston. In his new role, Dr. Sostman will spearhead the partnership between Weill Cornell, NewYork-Presbyterian, and The Methodist Hospital, while helping to implement many new initiatives in quality, research, clinical care, and academics. Dr. Sostman remains an executive vice dean and professor of radiology at the Medical College.

“We express our utmost gratitude to Dr. Sostman for his leadership and dedication,” said Dean Gotto. “We are fortunate to be keeping him in the Weill Cornell family as he brings his assets to The Methodist Hospital, one of our newest clinical and research affiliates.”

Dr. Robert Min has assumed Dr. Sostman’s duties as acting chairman of radiology at the Medical College and acting radiologist-in-chief at NewYork-Presbyterian/ Weill Cornell.

Building upon Dr. Sostman’s legacy will be **Dr. E. Darracott Vaughan**, who has been appointed the new senior associate dean for clinical affairs for the Medical College.

The former chief medical officer of the Weill Cornell Physician Organization and

chairman of the Medical College’s Urology Department from 1978 to 2001, Dr. Vaughan, the James J. Colt Professor of Urology, will oversee all matters relating to clinical organization and patient care. He will also serve as chief liaison among the clinical faculty, Physician Organization, and Dean Gotto.

Established by Cornell University for the management of the faculty’s clinical practices, the Weill Cornell Physician Organization (PO) is dedicated to the advancement of medical science and education, as well as the delivery of excellent patient care.

“Dr. Vaughan’s track record of accomplished leadership, along with his thorough familiarity with the Physician Organization, render him superbly qualified to serve as dean for clinical affairs,” said Dean Gotto. “We are certain his vision will prove equally fruitful in this new capacity as they have in his nearly 30 years at the Medical College.”

Assuming Dr. Vaughan’s former role as chief medical officer of the Weill Cornell Physician Organization is **Dr. Daniel Knowles**, the David D. Thompson Professor and chairman of the Department of Pathology and Laboratory Medicine at the Medical College, as well as pathologist-in-chief at NewYork-Presbyterian Hospital/ Weill Cornell Medical Center.

“We are so pleased to name Dr. Knowles as the chief medical officer of our Physician Organization,” said Dean Gotto. “This position is key to the smooth operation of our clinical practices, lending support to our faculty and therefore our community. Dr. Knowles is a very strong asset to our organization.”

“I am grateful to be afforded the opportunity to lead the Physician Organization at such an exciting time,” Dr. Knowles said. “I am looking forward to working with the PO management team assembled by Dr. Vaughan and with all the clinical department chairs to facilitate our clinical mission.” ■

Antigens Put Myeloma Vaccine into Focus

deally, the best target for a cancer vaccine would be an antigen found only on malignant cells, and nowhere else.

In the case of deadly multiple myeloma, that type of therapeutic bull’s-eye may be close at hand, say a team of researchers at Weill Cornell and Memorial Sloan-Kettering Cancer Center.

Reporting in the July issue of the journal *Blood*, they found that two antigens—CT7 and MAGE-A3/6—are commonly expressed in the cancer cells in myeloma-patient bone marrow. CT7 was found in 80 percent of patients, while MAGE-A3/6 was detected in 70 percent. Even more impressive, expression of CT7 increased as multiple myeloma reached

professor of medicine in the Division of Hematology/Oncology at Weill Cornell.

The antigens’ close association with advanced disease and cell proliferation suggests they might even help spur malignancy and relapse, although Dr. Cho stressed that more research is needed to confirm that theory.

What is known is that very few other cells in the body express either of the two antigens, minimizing the potential side effects of any vaccine.

“They’re only expressed in two tissue types: cancer cells and germ cells—sperm, egg and some cells in the placenta,” said Weill Cornell co-researcher Dr. Scott Ely. Because reproductive-system cells are naturally

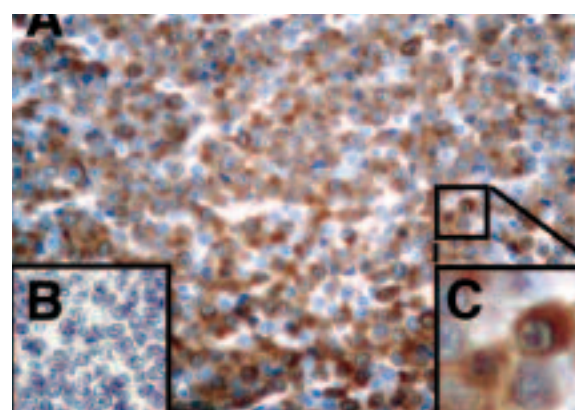
shielded from vaccine interventions, “this means that any vaccine targeting CT7 or MAGE-A3/6 probably won’t harm normal, healthy tissue in most patients,” he said.

Multiple myeloma kills more than 15,000 Americans annually and currently has no cure. Although existing treatments can send the disease into remission, relapse is inevitable.

According to Dr. Cho, the team’s next step is to determine whether immune T-cells from multiple-myeloma patients can recognize and then attack cells bearing the antigens. If that proves successful, clinical trials

might start as early as a year or two later.

“Immune-based cancer therapy is definitely a work in progress,” Dr. Cho cautioned. “But its potential is enormous, bringing fresh hope to everyone struggling with cancer.” ■

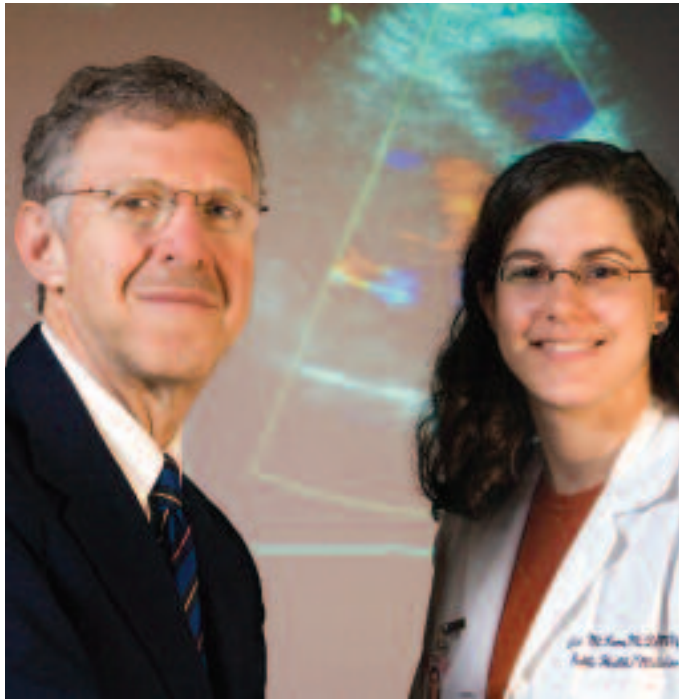


A bone marrow biopsy specimen from a patient with multiple myeloma. “A” shows a large mass of myeloma cells, all of which are staining brown, a positive test for CT7. “B” shows the same patient without the antibody, demonstrating that it is a specific reaction, and “C” is an enlargement showing staining in both the cytoplasm and nucleus of the myeloma cells.

its more advanced stages and as tumor growth accelerated. “Our findings support the idea that these antigens are strong immune markers for proliferating cells,” said senior researcher Dr. Hearn Jay Cho, assistant

Stress Test or Stress-Buster?

Study finds cardiac treadmill test relieves the heart of worry



Dr. Alvin Mushlin and Dr. Lisa Kern

might change a patient's outlook on life?

"Even though it's of great importance to patients, it's been a relatively unexplored area of medicine," explained Dr. Alvin Mushlin, the Nanette Laitman Distinguished Professor and chairman of the Department of Public Health at Weill Cornell.

In the most rigorously designed study of its kind to date, a team led by Dr. Mushlin found that most patients with

chest pain suggestive of coronary artery disease (CAD) reacted positively to the result of their cardiac stress test—even when findings indicated the presence of CAD.

"There appears to be a real psychological benefit to testing in terms of reassurance and a decline in patient uncertainty," said Dr. Lisa Kern, assistant professor of public health and medicine at Weill Cornell and co-author of the study.

Using a variety of methods, the researchers assessed levels of physical pain, anxiety, uncertainty, and views on the future (i.e., expectations regarding lifespan) in 320 patients with suspected CAD who had been referred to treadmill testing from primary-care practices in upstate New York.

Besides being a promising diagnostic tool, the test seemed to offer psychological benefits as well. The majority of patients said they felt less worried after receiving their test results, with many adding that their symptoms bothered them less, too. Many patients also revised their expected lifespan a bit upward following the treadmill results.

As expected, most of the study participants ended up testing negative for CAD—an obvious source of relief. "But, surprisingly, we didn't find any diagnosis-related psychological harm when people tested positive for CAD, either," Dr. Mushlin said. "In fact, there was an indication that these people were at least relieved to know exactly what it was they had."

Dr. Kern noted that the prospective study's methodology received high praise

from journal editors at *Medical Decision Making*, who gave the paper lead-article status when it was published this spring.

"We were able to measure reassurance—an emotional variable that's been tough to measure until now," she explained.

"If these findings are confirmed elsewhere, then the methods we used here should be applied to other evaluations on a wide range of diagnostic tests," Dr. Kern added.

A better understanding of the psychological impact of screening may even influence cost-effectiveness decisions governing the

"There appears to be a real psychological benefit to testing in terms of reassurance and a decline in patient uncertainty."

— Dr. Lisa Kern

use of specific tests, Dr. Mushlin noted.

"Interventions that look right now like they might not be cost-effective, in terms of patient benefit, may turn out to be very cost-effective when we include these emotional factors in the mix," he said. "It's a whole new area for exploration." ■

Each year millions of Americans undergo cardiac treadmill or "stress" tests to evaluate chest pain, a symptom that often makes patients appropriately worried about their risk of heart disease. While the results of these tests may dictate a physician's plan of treatment, how do the results affect how patients feel and think? Is it possible that the results of a cardiac stress test—positive or negative—

science at a glance

Redefining the ART of the Prostatectomy

AN INTERNATIONAL SYMPOSIUM AT WEILL CORNELL ON JUNE 25

unveiled the latest luminary to join the Medical College's prostate cancer surgical team: no less a name than da Vinci. The robotic surgical system pursues the anatomic precision advanced by its namesake to offer a new, minimally invasive and less compromising approach to removing a cancerous prostate.

The state-of-the-art system is comprised of a surgeon's console and a patient-side robotic system with a high-resolution camera and micro-instruments used in surgery. The device scales the hand movements of the surgeon down to the micro movements of the instruments. Unlike standard laparoscopic instruments, the

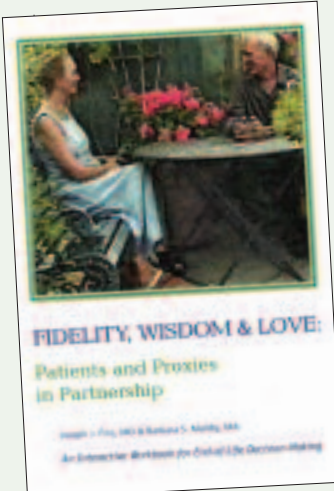


The da Vinci robotic surgical system in action

specialized da Vinci instruments can rotate 360 degrees with unparalleled precision and flexibility. The camera affords the surgeon a clear, magnified, and three-dimensional view inside the pelvis, articulating the muscles and delicate nerves involved in both urination and erections. The da Vinci robot helps the surgeon

remove the cancerous prostate while sparing these structures. Once the prostate is cleanly detached, it is removed through a tiny incision in the abdomen. Surgery with the da Vinci robot means less painful incisions, reduced blood loss and scarring, shorter hospital stays, improved cancer control, early return of urinary function, and an improved outlook for potency.

Dr. Ashutosh Tewari, associate professor of urology, director of Robotic Prostatectomy and Outcomes Research, and head of the newly established Institute of Robotic Urologic Surgery, led the symposium. Dr. Peter Schlegel, chairman of the Department of Urology, Dr. E. Darracott Vaughan, the James J. Colt Professor of Urology, and Dr. John P. Mulhall, associate professor of urology and director of the Sexual Medicine Program, were among the faculty present. ■



Insights Ease End-of-Life Decisions

TERRI SCHIAVO'S PLIGHT EARLIER THIS year swung the spotlight once again to the terminally ill and those charged with their care. A new study led by Weill Cornell medical ethicist Dr. Joseph Fins suggests the relationship between the two may be more flexible than previously assumed. Reporting in the *Journal of Pain and Symptom Management*, his team found that health-care "proxies" often re-evaluate a dying patient's written directives as circumstances change. "It's not so much a

contract as it is a covenant, based on mutual experience and trust," Dr. Fins said. Using these kinds of insights, he and his colleagues have produced "Fidelity, Wisdom & Love: Patients and Proxies in Partnership," a workbook and accompanying video that helps patients and proxies better understand this complex relationship. ■

A New Treatment Option for PTSD?

POST-TRAUMATIC STRESS DISORDER (PTSD) currently has two accepted treatments: medication and "exposure" therapy, in which the patient is confronted with triggers linked to the traumatic event. But what if patients didn't have to "relive" that traumatizing experience? A small pilot study, conducted by researchers Dr. Kathryn Bleiberg and Dr. John Markowitz, suggests a potential new option. Reporting in the *American Journal of Psychiatry*, the Weill Cornell team found that interpersonal psychotherapy—in which patients focus on current relationship difficulties rather than past trauma—appeared effective in treating PTSD. Larger studies are needed to confirm the findings, but "it's nice to know that an alternative therapy might be out there," Dr. Bleiberg said. ■

Targeting Crohn's Disease

A DRUG RECENTLY FDA-APPROVED for use against traveler's diarrhea is showing promise against a much more serious foe—Crohn's disease. In a small, open-label trial involving eight patients, gastroenterology researchers Dr. Ellen Scherl and Dr. Brian Bosworth found the antibiotic rifaximin to be both safe and effective in easing symptoms. Announcing the findings at this year's Digestive Disease Week conference in Chicago, the researchers cautioned that these results need to be confirmed in larger, controlled studies. But they say that the drug is especially suited to treating Crohn's because it is extremely gut-specific, with minimal side effects. ■

Yoga as Therapy for Parkinson's Disease

THE SANSKRIT WORD "YOGA" shares its roots with "yoke," as in the alignment of mind and body. Ongoing research at Weill Cornell, funded by the Weill Cornell Center for Aging Research and Clinical Care, is revealing the extent of yoga's capacity to fight an insidious neurodegenerative disease.

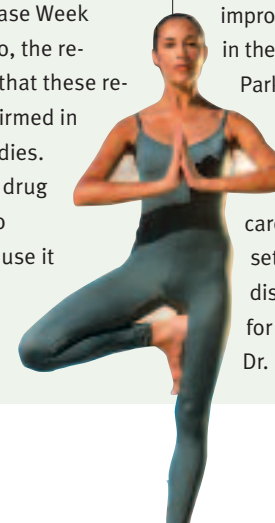
Dr. Claire Henchcliffe, assistant professor in the Department of Neurology and Neuroscience at Weill Cornell, in collaboration with members of the Weill Cornell Center for Complementary and Integrative Medicine, conducted pilot studies indicating that gentle yoga may assuage some of the symptoms of Parkinson's disease, including the depression, anxiety, and fatigue suffered by many with the disease.

Since meditation is known to increase striatal dopamine release, Dr. Henchcliffe hypothesized that yoga also could drive up levels of dopamine in the brain.

Ten one-week sessions of gentle stretching, breathing control, and meditation seemed to have a positive impact on the study's participants. In interviews, they reported increased energy, reduced stress,

improved sleep, and a decrease in the stiffness that is common in Parkinson's patients. The study tentatively concludes that

"energy-yoga" is a safe exercise regimen in a carefully chosen, screened subset of patients with Parkinson's disease. "The time is ripe for definitive studies," said Dr. Henchcliffe. ■



Students Raise Awareness About Organ Donation

Do you have the power within yourself to save someone's life in a time of need? We all do—in the form of our heart, lungs, liver, kidneys, intestines, pancreas, and corneas. However, in emergency situations, caregivers are not always able or willing to give their consent to the donation of a deceased loved one's organs.

Believing future doctors can narrow the gap between supply and demand, last fall two students at Weill Cornell Medical College—Brant W. Ullery and Avnish Deobhakta—founded the Medical Students for the

age of organs, Kochik framed the challenge as “a health-care problem with a solution.” He stressed that many misconceptions still surround the issue of organ and tissue donation.

While the public supports it in theory, he said, few patients or family members will consent in practice. The doctor often plays a critical role in the decision-making process. “[Providing] accurate and timely information to the patient's family, and their hospital experience, is key to fighting the consent paradox,” Kochik said.

MSAT also invited speakers who have received lifesaving transplants. A New York woman, one of the first recipients of a heart-liver transplant, narrated her story of chronic illness and sudden hope. “I went from knowing I was going to die to knowing I was going to live,” she said. MSAT's speaker series will feature prominent transplant surgeons, organ donors, and recipients, as well as public health policy advocates.

To date, MSAT has developed a national “pen pal” program that connects pediatric patients undergoing organ transplantation. The

group also has created a mentoring program between medical students and pediatric transplant patients, and has launched a youth outreach program to educate high-school and middle-school students in New York City about organ and tissue transplantation.

In the future, MSAT hopes to develop media materials to chronicle the lives of patients undergoing organ and tissue transplantation. They are also developing an internship program for medical students interested in the study of organ donation, transplantation, or disease prevention. ■



MELISSA HANTMAN

Brant Ullery '08 and Avnish Deobhakta '08, founders of Weill Cornell's Medical Students for the Advancement of Transplantation.

Advancement of Transplantation (MSAT) to raise awareness about organ donation for medical students and the public alike, and to build a support system among organ donors and recipients. At the inaugural meeting on May 5, the students invited Rob Kochik, clinical director of the New York Organ Donor Network, to describe scenarios in which organ donation could save a life.

Kochik discussed the challenges in approaching patients about the delicate subject of donating organs, which can be recovered following brain or cardiac death. Although there is a short-

advancing the clinical mission

An Invitation to Faculty and Staff

Our capital campaign, *Advancing the Clinical Mission*, is among the largest ever undertaken by a medical college, and we are well on our way to our \$750 million goal. Through December 31, or until funds are depleted, whichever comes first, donors have the special opportunity to increase the amount and recognition level of gifts through the \$50 million Dean's Challenge, which matches most campaign gifts on a one-to-one basis.

As a member of the Weill Cornell staff, you can significantly impact the future of the institution. Faculty and staff who participate in the campaign by making a commitment often serve as a source of inspiration to alumni and friends of the Medical College.

The College has a longstanding tradition of publicly recognizing leading gifts from benefactors, and named gifts offer a meaningful and lasting opportunity to memorialize your

name—or that of a loved one—in perpetuity. We are pleased to offer a variety of giving levels and naming opportunities to meet personal goals.

Prominent and elegant recognition walls located in the lobby of the new Ambulatory Care and Medical Education Building will acknowledge campaign gifts from faculty and staff of \$5,000 or more.

The Medical College accepts a wide variety of gifts and gift plans, including cash, appreciated assets, irrevocable bequests, charitable gift or deferred gift annuities, charitable lead or charitable remainder trusts, or any combination thereof.

An investment in *Advancing the Clinical Mission* is one that will ensure Weill Cornell's pre-eminence in medical science for generations to come. For more information, contact Mindy Miller, campaign director, at (212) 821-0537, or mim2020@med.cornell.edu. ■

academic affairs and appointments

Dr. Matthew Fink Appointed Vice Chairman of Clinical Services



Weill Cornell welcomes **DR. MATTHEW FINK** as vice chairman of clinical services in the department of neurology at the Medical College and chief of the division of stroke and critical care neurology at NewYork-Presbyterian/Weill Cornell. Dr. Fink, an expert on stroke research and care, will direct the clinical and academic programs for Weill Cornell's Stroke Center and Neurology/Neurosurgery ICU, and plans to expand training in the science and practice of stroke neurology for medical students, residents, and fellows. Dr. Fink previously served as chairman of neurology, followed by president and CEO of Beth Israel Medical Center from 1997 to 2002. In 2004, he was named associate medical director and chief of the division of vascular and critical care neurology in the department of neurology at St. Luke's-Roosevelt Hospital Center.

Dr. Phyllis August Named First Baer Professor of Medical Research



DR. PHYLLIS AUGUST, professor of medicine, public health, and medicine in obstetrics and gynecology, has been named the first Ralph A. Baer, M.D. Professor of Medical Research at Weill Cornell Medical College. The Baer professorship was established with a \$2 million pledge by the James Hilton Manning and Emma Austin Manning Foundation, in honor of Dr. Ralph Baer, clinical associate professor of medicine. Dr. August has been a faculty member for more than 20 years, and has been with NewYork-Presbyterian/Weill Cornell since 1978.

Dr. Karl Krieger Appointed Geier Professor of Cardiothoracic Surgery



DR. KARL KRIEGER has been named the newly established Philip Geier Professor of Cardiothoracic Surgery at Weill Cornell Medical College. Dr. Krieger, who is also vice chair of the Department of Cardiothoracic Surgery, is director of the cardiothoracic surgery training program at NewYork-Presbyterian/Weill Cornell. Funds for the Geier professorship come from a \$2 million gift from Philip Geier Jr., chairman emeritus of the board of directors of the Interpublic Group of Companies Inc.

Murphy Assistant Professorship Established



DR. JOHN BOOCKVAR has been named to the Alvina and Willis Murphy Assistant Professorship, which was made possible through funds raised by the Department of Neurological Surgery and a generous bequest from the estate of Alvina Murphy, in memory of Mrs. Murphy and her late husband, Willis Murphy. Dr. Boockvar is a past recipient of the Charles Elsberg Fellowship from the New York Academy of Medicine and has received the Basic Research Fellowship from the American Brain Tumor Association for his work on neural stem cells.

Blumenthal Assistant Professor of Medicine Named



DR. RAKESH MISHRA has been named to the David S. Blumenthal Assistant Professorship, which was established in January 2000 with gifts from the Scientific Components Corporation and the Harvey and Gloria Kaylie Foundation in honor of Dr. David Blumenthal, clinical professor of medicine at Weill Cornell.

Clinical Scholars

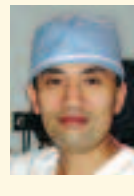
The Clinical Scholar Endowments are created with a gift of \$1 million or more and granted to junior faculty members who have demonstrated outstanding research or clinical care.

The Victor and Tara Menezes Clinical Scholar in Neuroscience



DR. MICHAEL KAPLITT Assistant professor of neurological surgery and neurological surgery in neurology, Dr. Kaplitt is also director of the Laboratory of Molecular Neurosurgery. He is a recognized expert in gene transfer and gene therapy, with a focus on disorders such as Parkinson's disease, Alzheimer's disease, Batten disease, and epilepsy.

The Tessler Grandchildren Clinical Scholar Award in Reproductive Medicine and Infertility



DR. TAKUMI TAKEUCHI Assistant research professor of obstetrics and gynecology and reproductive medicine, Dr. Takeuchi has played an integral part in a number of research projects with the guidance of Dr. Gianpiero Palermo in the Center for Reproductive Medicine and Infertility.

The Michael Wolk Heart Foundation Clinical Scholar Award in Cardiology



DR. JONATHAN WEINSAFT Assistant professor of medicine in radiology, Dr. Weinsaft uses cardiovascular MRI to research the predictive accuracy of scar burdens and to examine structural risk factors of left ventricular thrombus. ■

Budding Careers in Medical Science

Local high-school students spend the summer training in Weill Cornell laboratories

On a hot July morning, eight high-school students gathered in a Weill Cornell laboratory to isolate plasma DNA from bacterial culture, a procedure known as a mini prep. Weill Cornell graduate students Clare LeFave and David Huron, both from the pharmacology program, led students through the finer points of pipetting and encouraged them to develop their own hypotheses about their experiments. “Techniques in Molecular Biology: From DNA to Proteins” is part of a six-week course and is offered to students from the Manhattan Comprehensive Night and Day High School who plan to pursue careers in science. Designed by graduate students under the guidance of Fellowships and Outreach Office director Dr. Brian Turner, the course is one more example of Weill Cornell’s commitment to New York City schools.

The Manhattan Comprehensive Night and Day High School serves a unique student population on the Lower East Side. The students are older than average (18 to 21 years of age), and most are new to New York. As the name implies, the school accommodates the hectic lives of young adults with a full schedule of day and evening classes. The stu-

dents are high-achieving—98 percent of students pass the state’s science Regents Examinations—but have limited access to career development programs, especially in medical research.

Assistant Principal Michael O’Herling was aware of the Graduate School’s teacher training programs in the scientific method, and he contacted Dr. Turner to explore the possibility of developing a similar program—in the form of a summer academy for highly motivated high-school students. This spring, Dr. Turner convened a group of graduate students to design a six-week course using Weill Cornell’s sophisticated laboratories to teach techniques rarely offered to secondary-school students.

“The idea was to offer students a real hands-on experience in the laboratory,” Dr. Turner reported. “While there is solid theory behind all of the activities, we didn’t want to spend a

lot of time lecturing. We wanted students to learn laboratory techniques by doing science.”

After much discussion, the group decided to focus on teaching laboratory techniques in molecular biology—including DNA isolation, pipetting, DNA ligation, and western blots. A core group of 15 graduate students played a vital role in developing the course lesson plans, carefully testing each lab experiment to be sure of its usefulness to high-school students, and serving as teaching assistants for each class.

High-school junior Ria Roberts, a recent immigrant from St. Vincent who wants to be an orthopedic surgeon, found the course both challenging and engaging. “I’m glad to get the exposure to more in-depth DNA analysis. The skills I’m learning will mean a lot when I apply to college next year.”

For the high-school students who want practical experience in science, the course offers a much-needed introduction to the scientific method in a laboratory setting.



ABOVE: Liang Chen Shao perfects the fine art of pipetting.

BELOW LEFT: Ria Roberts and Rose Domingue confer on a measurement.



According to Mr. O’Herling, “These students will be ready and able to seek out internships in research labs. This course serves as a building block to their careers in science.”

The course also serves the needs of the Graduate School. “Many of our students are interested in teaching, and the summer academy gives them an opportunity to plan a course and gain practical experience by working one-on-one with students as they conduct the lab experiments,” says Dr. Turner. ■

technologydevelopment

Understanding the Process of Licensing a Reagent

AN NIH GUIDELINE THAT HAS RECEIVED special attention from reviewers is the “NIH Guideline for Disseminating Research Resources Arising Out of NIH-Funded Research.” This Guideline is meant to govern “unique research resources,” meaning the full range of tools that scientists use in the laboratory—including cell lines, monoclonal antibodies, reagents, animal models, growth factors, combinatorial chemistry and DNA libraries, methods, laboratory equipment, and machines.

The goal of the Guideline is to ensure “prompt access to the unique research resources that arise from biomedical research laboratories throughout government, academia, and industry,” so that science can be advanced and results can be verified.

But what are investigators to do if they make a reagent (i.e., any substance used in a chemical reaction) that colleagues clamor for? Which is more important—doing science or supplying colleagues with a popular reagent?

This is an area where the Weill Cornell Office of Technology Development (OTD) can help. In the past, OTD has successfully licensed protein expression systems, hybridomas, and polyclonal antibodies.

Dr. Carl Nathan, chairman of microbiology and immunology and the R.A. Rees Pritchett Professor of Microbiology, has

worked with OTD to license reagents created in his labs. “Use of this service through OTD has saved my lab countless hours acting as a shipping service, a correspondence center, and an MTA bureau,” Dr. Nathan said. “Typically, after a paper comes out, we supply the first handful of investigators’ requests for reagents ourselves, but sometimes there comes



Licensing a reagent for replication is one way of saving valuable time in the lab.

a point when this becomes a burden. That’s when we ask OTD to help us turn the antiserum, plasmid, or cDNA over to a commercial firm for replication. Once that’s done, we can get back to work.”

To license a reagent, the first call should be to the OTD. The caller will be asked to complete an Invention Disclosure

Form, after which the OTD will write up a description to send to their contacts at reagent companies. If one should express interest in the reagent, OTD will negotiate a licensing agreement that will give the company the right to make and sell the reagent and, in turn, pay a royalty to Weill Cornell.

If the reagent is renewable (say, a cDNA or a hybridoma), the company will require a supply of the reagent, as well as the protocols for replicating or maintaining it. If the reagent is non-renewable (e.g., polyclonal antibodies), OTD can structure deals whereby a researcher provides the company with an initial supply to sell—with the option of either supplying more of the product, or giving the company the tools to make more on their own.

Several companies that produce polyclonal or monoclonal antibodies are willing to enter agreements under which investigators supply an antigen and the company produces an antibody. In exchange for the exclusive right to sell the antibody to the research market, a researcher will get a reasonable supply of the antibody and a window in which to publish findings.

Contact the Office of Technology Development at www.med.cornell.edu/research/technology for further information. ■

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Antibodies Against Alzheimer’s?

Laboratory tests revealed concurrent increases in beta-amyloid protein in the blood plasma and decreases in that protein in the spinal fluid that bathes the brain.

“Besides changes in cognition, our Phase I trial also demonstrated that blood levels of beta-amyloid, the protein that forms the brain plaques associated with Alzheimer’s, increased in our patients after each IVIg treatment—suggesting that the antibody is drawing beta-amyloid away from the brain where it causes so much harm,” explained Dr. Weksler.

He stressed that the results are preliminary and the study group included just eight patients, so no definite conclusions can yet be made.

Still, the findings “do suggest the value of initiating larger, controlled Phase II clinical trials,” Dr. Weksler said. The groundwork for those trials is already underway.

But the researchers know they have their work cut out for them.

“Immunotherapy has shown tremendous promise in the laboratory but has been difficult to translate into clinical practice,” Dr. Relkin said. “Still, IVIg—which is produced from antibodies that occur naturally in human blood—is an especially attractive agent because it has an established safety record and has been FDA-approved for the past 25 years for the treatment of immune disorders.”

Side effects of the therapy were mild, usually being limited to chills following the infusion, the researchers added. Further trials will be necessary to determine any other potential reactions to the therapy.

While these early results are encouraging, the Weill Cornell team is collectively holding its breath, waiting for the Phase II trial to begin and for those results to come in before labeling the therapy a success.

“This was a small, short-term trial—there’s still too much we just don’t know about the treatment’s long-term effectiveness,” Dr. Weksler stressed. “But we are hopeful.” ■

New Hippocratic Oath Makes Its Debut at Commencement

Revisiting a hallowed ritual in medical education, a special committee within the Medical College convened this spring to craft an updated version of the Hippocratic Oath.

Originally written in ancient Greece, the oath expresses principles still fundamental to the practice of medicine today. Over the years, it has become a poignant rite of passage as many new doctors take some form of the oath as they graduate from medical schools across the country.

On June 1, the new oath was unveiled at Commencement ceremonies for the Weill Cornell

that guide both our work and our lives.”

The original Hippocratic Oath has been revised many times to reflect changes in medical practice. Historically, these revisions have been undertaken by individuals or professional associations. To determine whether a revision of the oath was appropriate for the Medical College, Dean Gotto formed an institution-wide committee comprised of faculty, staff and students. They were asked to consider whether it was necessary for the College to update the oath to reflect contemporary issues, such as social justice in medicine, that would enhance the

oath’s relevance for today’s graduates of the Medical College.

“The age-old precepts of the Hippocratic Oath have connected generations of physicians since antiquity,” Dean Gotto said. “At the same time, evolving medical practice presents new issues that we must address, and duties that we must embrace.”

The oath reaffirms a “sacred trust” between doctors and patients, reminding doctors to “use their power wisely.” It also fosters respect within the profession by including a pledge to help sustain colleagues in

their service to humanity. The revised oath ends on a more positive note than the classical version, which threatened retribution for any doctor who transgressed the oath. Revised, it now reads: “I now turn to my calling, promising to preserve its finest traditions, with the reward of a long experience in the joy of healing,” underscoring personal responsibility as a guidepost in one’s profession. ■



Graduates taking the newly-revised Hippocratic Oath during Commencement ceremonies in Carnegie Hall on June 1.

Medical College and Graduate School of Medical Sciences at Carnegie Hall. After Dr. Antonio Gotto Jr., dean of the Medical College, administered the new oath to the graduates, he invited the medical faculty and other physicians present to stand and recommit themselves to the oath’s principles.

“By raising our right hand,” Dean Gotto said, “we will join our new colleagues in affirming the values

The Hippocratic Oath

The Joan and Sanford I. Weill Medical College and Graduate School of Medical Sciences of Cornell University

I do solemnly vow, to that which I value and hold most dear:

That I will honor the Profession of Medicine, be just and generous to its members, and help sustain them in their service to humanity;

That just as I have learned from those who preceded me, so will I instruct those who follow me in the science and the art of medicine;

That I will recognize the limits of my knowledge and pursue lifelong learning to better care for the sick and to prevent illness;

That I will seek the counsel of others when they are more expert so as to fulfill my obligation to those who are entrusted to my care;

That I will not withdraw from my patients in their time of need;

That I will lead my life and practice my art with integrity and honor, using my power wisely;

That whatsoever I shall see or hear of the lives of my patients that is not fitting to be spoken, I will keep in confidence;

That into whatever house I shall enter, it shall be for the good of the sick;

That I will maintain this sacred trust, holding myself far aloof from wrong, from corrupting, from the tempting of others to vice;

That above all else I will serve the highest interests of my patients through the practice of my science and my art;

That I will be an advocate for patients in need and strive for justice in the care of the sick.

I now turn to my calling, promising to preserve its finest traditions, with the reward of a long experience in the joy of healing.

I make this vow freely and upon my honor. ■

the Scope Weill Cornell at a glance

September • October 2005



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IVIg immune therapy may boost patients’ thinking abilities

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