Mount Sinai Health System
Department of Otolaryngology–Head and Neck Surgery

Outcomes and Performance 2013

Mount Sinai
Mission

The mission of the Mount Sinai Health System is to provide compassionate patient care with seamless coordination and to advance medicine through unrivaled education, research, and outreach in the many diverse communities we serve.

Vision

The Mount Sinai Health System’s vision is to continue to grow and challenge convention through our pioneering spirit, scientific advancements, forward-thinking leadership, and collaborative approach to providing exceptional patient care.
In 2013, the Department of Otolaryngology-Head and Neck Surgery was ranked among the top 10 by U.S. News & World Report. Growth in clinical programs, translational science programs, and a focus on service excellence have been instrumental in the consistent success of the department. The Department continues to make progress in academic and clinical areas. Basic science funding through the National Institutes of Health continues to be strong in the areas of oncology and laryngology. The addition of the Ear Institute at New York Eye and Ear Infirmary of Mount Sinai and Mount Sinai Beth Israel will strengthen the clinical program and unquestionably provide a great advantage for our patients.

It is my pleasure to share with you the accomplishments of this outstanding Department, one that exemplifies Mount Sinai’s mission to advance biomedical research, drive clinical improvements, and accelerate medical innovation.

Dennis S. Charney, MD
Anne and Joel Ehrenkranz Dean
Icahn School of Medicine at Mount Sinai
President for Academic Affairs
The Mount Sinai Health System

This year, The Mount Sinai Medical Center merged with New York Eye and Ear Infirmary, Beth Israel Medical Center, and St. Luke’s-Roosevelt Medical Centers to form the Mount Sinai Health System. Expansion of Department of Otolaryngology-Head and Neck Surgery to 72 full-time faculty and 541 voluntary faculty brings with it the challenge of maintaining the high standard of patient care across the Mount Sinai Health System. The Division of Clinical Outcomes and Performance Excellence (COPE) was formed to standardize outcomes reporting and identify areas of excellence and areas of deficiency. This initiative has been instrumental in establishing new programs like the Integrated Quality Improvement Program, designed to integrate quality programs across the Health System.

We are pleased to report our 2013 performance outcomes and highlight areas of excellence and new programs dedicated to improving patient care. The formation of the Mount Sinai Health System represents an opportunity to improve patient care. I hope that you will find this report informative.

Eric M. Genden, MD, MHCM, FACS
Professor and Health System Chairman
Department of Otolaryngology - Head and Neck Surgery
The Mount Sinai Health System
What Have We Accomplished?

Measuring our performance and patient outcomes is critical to improving patient care. The initiation of our Patient First Program, a program designed to identify patients at high risk for extended hospital stay, has been an overwhelming success. Identifying high risk patients allows our preoperative medical team to intervene and optimize the patient’s medical status preoperatively. This has resulted in lower complication rates, decreased hospital length of stay, and improved patient experience. This year we have set a goal to focus on safety and outcomes in our ambulatory surgical patient population. Members of the division of outcomes and performance excellence will focus on optimizing outcomes in those patients undergoing ambulatory surgery. We look forward to reporting our progress in next year’s Outcomes Report.

The Patient Hospital Experience

As required by The Centers for Medicare and Medicaid Services, our patients participate in the Hospital Consumer Assessment of Healthcare Provider and Systems (HCAHPS) survey. This survey is important in tracking a variety of outcomes measures, including pain management, and nurse communication with both the doctor and the patient. Mount Sinai has made great strides in achieving excellent HCAHPS scores and continues to improve on these important outcome measures.

At Mount Sinai, the patient experience is central to our mission. Using Press Ganey, a national hospital survey vendor, we administer patient surveys to carefully track more than 60 patient-experience data points. Feedback from our patients helps us to determine our strengths and identify our shortcomings so we can improve programs and procedures. We find that excellent care and patient satisfaction go hand in hand.

In 1904, the new 456-bed, 10-pavilion Mount Sinai Hospital was dedicated on Fifth Avenue at 100th Street. The President of the Hospital, Isaac Wallach, described Mount Sinai as “this House of noble deeds” with a three-fold mission of “Benevolence, Science, Education.” Over the years, the hospital has expanded rapidly both physically and in terms of service.

**Surgical Volume**

In 2013, Department staff provided care for 16,996 ambulatory surgical patients and 3,087 day of admission surgical patients. Surgical volume grew by 113 percent in 2013.

**Rate of Readmission and Reoperation**

Readmission rate is a measure of unplanned readmissions to the hospital after a previous hospital stay. It is commonly used as a measure of quality of hospital care. Unplanned readmissions may result from a variety of causes including wound infections or surgical complications. Readmissions are defined as any admission to the same hospital occurring within seven, 15, or 30 days after discharge from the initial visit. The Mount Sinai Head and Neck surgical service has maintained readmission rates below the national average.

**Patient Encounters**

With the addition of the New York Eye and Ear Infirmary, Beth Israel Medical Center (Manhattan and Brooklyn) and St. Luke’s-Roosevelt Medical Centers, patient encounters increased significantly compared to prior years. The Department of Otolaryngology currently evaluates nearly 100,000 patients a year. The volume provides an extraordinary data set to focus on the patient experience and surgical and medical outcomes.

**The Patient Practice Experience**

- **Source:** Press Ganey Patient Experience Survey

**Department Volume and Growth**

- **In 2011,** Mount Sinai Hospital was dedicated on Fifth Avenue at 100th Street.
- **The President of the Hospital,** Isaac Wallach, described Mount Sinai as “this House of noble deeds,” with a three-fold mission of “Benevolence, Science, Education.”
- **Over the years,** the hospital has expanded rapidly both physically and in terms of service.
Departmental Volume and Growth

Infection Rate
Wound infections are a major source of hospital morbidity and cost. Wound infections can result in delayed healing, scarring, and an increased length of stay. At Mount Sinai, we have focused on wound infection prevention. The rate of wound infections, which is determined by the number of infections that delay healing or discharge from the hospital, are below the national average and have been decreasing as a result of programs designed to optimize patient wound care.

Length of Stay
Length of stay rate is calculated as a ratio of the observed and the expected length of stay. The Head and Neck surgical service has maintained a length of stay below the national average by reducing perioperative complications and proactively managing patients with extensive comorbidities. The Patient First program has targeted high risk patients and as a result we have seen length of stay below the national average. By identifying patients with significant risk factors such as diabetes, malnutrition or cardiac disease, we can intervene early to optimize their care and reduce the rate of complications and as a result reduce the length of stay.

The Multidisciplinary Head, Neck, and Thyroid Center—A Center of Excellence

Head and Neck Oncology

Case Distribution

Robotic Surgery Case Distribution
In 2013, the case distribution demonstrated an increase in the number and proportion of robotic cases. The annual worldwide increase in Human Papillomavirus-associated oropharyngeal cancers has translated into an increase in robotic surgery. In 2013, Mount Sinai opened a unique clinical trial focused on treating high-risk patients with HPV-associated disease with low-dose radiotherapy in an effort to decrease the short and long-term toxicity associated with external beam therapy.
Complications Related to Robotic Surgery

As robotic surgery has become more common, the overall rate of complications has decreased. Rates of bleeding remain a concern and a potential catastrophic complication. In our experience, we find that ligation of the superior thyroid, lingual, and ascending pharyngeal arteries reduces the rate of hemorrhage. This approach has been effective and has resulted in a bleeding rate of less than 2%.

Functional Outcomes- Robotic Surgery

Robotic surgical approaches decrease the length of stay by allowing patients to recover more quickly. Most patients begin an oral diet between one and two days postoperatively. This allows a discharge home more quickly than traditional open surgical approaches. In our study of over 500 patients, less than 1% required parenteral tube nutrition.

Head and Neck Oncology- Mortality Rate

Mortality rate is the measure of patients that expire during hospitalization. The rates are calculated as a ratio of the number of deaths among hospital patients with the specific medical condition or procedure by the total number of patients admitted for that same medical condition or procedure. The risk adjustment method is used to account for the impact of individual risk factors such as age, severity of illness and other medical problems that can put some patients at greater risk of death than others.

The Multidisciplinary Head, Neck, and Thyroid Center- A Center of Excellence

Dr. Stimson Schantz, Head and Neck Surgeon, New York Eye and Ear Infirmary of Mount Sinai.

Dr. Daniel Buchbinder, Health System Chief of Oral and Maxillofacial Surgery, Mount Sinai Beth Israel.

Dr. Gregory Randolph, Associate Professor at Harvard University and Director, General and Thyroid Surgical Services at Massachusetts Eye and Ear Infirmary. The Mount Sinai Health System attracts high profile speakers from across the country to speak at their monthly Grand Rounds. These speakers provide updates and new information in the field of Otolaryngology.
Midway through 2013, our service transitioned thyroidectomy and parotidectomy from day of admission (DAS) to ambulatory procedures. An early experience suggests that ambulatory thyroidectomy and parotidectomy are well tolerated. There has not been an increase in complications and patient experience scores remain high.

New Research

Why do cancer cells that have been dormant for years suddenly become activated leading to metastasis after years of quiescence? Dr. Julio A. Aguirre-Ghiso, PhD and his team explain.

The development of metastasis is the major cause of death in cancer patients. In certain instances, this occurs shortly after primary tumor detection and treatment, indicating these lesions were already expanding at the moment of diagnosis or initiated exponential growth shortly after. However, in many types of cancer, patients succumb to metastatic disease years — and sometimes decades — after being treated for a primary tumor.

Dr. Aguirre-Ghiso explains how therapy may cause the onset of dormancy in the surviving fraction of cells after treatment and how autophagy may be a mechanism that maintains the residual cells that are viable for prolonged periods.

Dr. Aguirre-Ghiso explains that upon arrival at secondary sites, the crosstalk between the disseminated tumor cells and the new microenvironment will determine the fate of the tumor cells. In a permissive microenvironment (right), such as the lungs, interactions with the extracellular matrix and stromal cells of the favorable microenvironment will allow tumor cells to adapt and integrate growth-promoting signals thereby promoting tumor cell proliferation and the formation of micrometastasis. However, in restrictive microenvironments (left) such as bone marrow or liver for some cancers, either the loss of surface receptors or the interaction with non-growth-permissive ligands will result in activation of stress signaling that will induce both quiescence and survival signals, which will in turn lead to a prolonged phase of dormancy.
The Division of Facial Plastic and Reconstructive Surgery

Outcomes
Mount Sinai performed over 300 major reconstructive procedures utilizing a variety of donor sites. The diversity of procedures provides an excellent training experience and ensures the optimal donor site for complex head and neck reconstruction.

Dr. Anthony Sclafani, Director of Facial Plastic and Reconstructive Surgery at the Mount Sinai Health System

- Free tissue transfer: 64%
- Regional flaps: 21%
- Combined: 15%
- Other:
  - Latissimus: 23%
  - Serenius: 12%
  - Rectus: 21%
  - Anterolateral thigh: 13%
  - Scapula: 18%
  - Radial: 35%
  - Anterior thigh: 43%
  - Latisimus: 41%
  - Mandible: 8%
  - Combined: 2%
  - Nasofacial: 23%
  - Other: 26%
- Implant borne: 35%
- Tissue borne: 43%
- No restoration: 18%

Management of Facial Nerve Paralysis
The Facial Plastic and Reconstructive Surgery Program for Facial Paralysis is a multidisciplinary team of neurologists, surgeons, and neurophysiologists dedicated to improving the function and form of patients with facial paralysis. The program's growth has been instrumental in evaluating the impact of care on quality of life and function.

- Head and Neck Reconstruction
  - Free flap
  - Regional flap

Graphs showing the number of procedures from 2011 to 2013.
The Division of Facial Plastic and Reconstructive Surgery

Functional Outcomes
The Mount Sinai experience with mandibular and maxillary reconstruction has revealed that osseointegrated implant-borne dentures improve functional outcomes. While cost remains prohibitive, nearly one-quarter of our patients undergo implants.

Facial Plastic Surgery

![Facial Plastic Surgery Chart]

*Other includes, fistula, wound break down, dehiscence

The Division of Laryngology

Patient Volume

![Patient Volume Chart]

Tracheal Reconstruction
Complication Rate (n=23)
Basic Science Research

Primary dystonia is a movement disorder of unknown etiology and pathophysiology, which is characterized by sustained or intermittent muscle contractions causing abnormal, often repetitive, movements. Dr. Kristina Simonyan’s laboratory studies spasmodic dysphonia with the long-term goal to identify the neural mechanisms underlying the pathophysiology of this disorder and develop new strategies for its enhanced clinical management.

As a research tool for elucidation of brain organization in dystonia, she uses a variety of neuroimaging methodologies: Functional MRI (fMRI) for mapping brain functional activity and metabolites; pharmacological fMRI (ph-fMRI) for assessment of the drug effects on brain function; high-resolution structural MRI and diffusion-weighted imaging (DWI) with tractography for evaluation of brain structural organization; and positron emission tomography (PET) with radiolabeled ligands for neuroreceptor mapping.

Figure 1. Increase differences of GMV in patients with SD compared to healthy controls are dependent on sample size. The color bar represents F values and reflects the significance of changes in patients compared to controls.

Dr. Simoyan has demonstrated that structural brain imaging studies have shown that not only the basal ganglia but also the sensorimotor cortical regions and cerebellum may be instrumental in the pathophysiology of this disorder.

Optimal management of vocal fold paralysis would entail recurrent laryngeal nerve reinnervation resulting in normal vocal fold motion. Unfortunately, reinnervation currently results in a nonfunctional vocal fold due to synkinesis reinnervation. Therapeutic interventions that guide regenerating axons back to the appropriate muscle would prevent synkinesis and restore vocal fold and glottal function.

Dr. Michael Pitman believes that the initial step toward developing these therapies is the elucidation of the embryologic innervation of the larynx. Dr. Pitman and his research group studied the age of occurrence, timing, and pattern of embryologic innervation of the rat larynx, hypothesizing that differences in these parameters exist between distinct laryngeal muscles.

Figure 1. Embryologic day 15 rat glottis. Axons are labeled red with neuronal class III b-tubulin polyclonal antibody. Axonal branching is noted and most significant dorsally (arrow). A collection of mesenchymal cells are seen lateral and dorsal to the epithelial lamina and are identifiable as the progenitors of the posterior cricoarytenoid muscle (arrow heads).

Figure 2. A 603 confocal image reveals formed neuromuscular junctions with a single axon innervating multiple MEPs arranged in a central band within the posterior cricoarytenoid muscle.
The Division of Otology and Neurotology

Treatment of Otosclerosis
The Ear Institute provides a wide spectrum of care for patients with otologic, neurotologic, and balance disorders.

People who have otosclerosis have an abnormal sponge-like bone growing in the middle ear. This growth prevents the ear bones from vibrating in response to sound waves. Such vibrations are needed in order for you to hear.

A stapedectomy involves removing the immobilized stapes bone and replacing it with a prosthetic device. The prosthetic device allows the bones of the middle ear to resume movement, which stimulates fluid in the inner ear and improves or restores hearing. The figure shows the improvement in 51 patients treated in 2013. The average improvement was 21 decibels.

Dr. Eric Smouha, Director of Neuro-Otology and the Center for Hearing and Balance at The Mount Sinai Hospital.

The Division of Otology and Neurotology

The Ear Institute provides a full range of services including communicative sciences, adult and pediatric hearing and balance programs, and adult and pediatric cochlear implant programs. Additionally, the Institute provides vestibular evaluation as well as rehabilitation and a craniofacial anomaly center.

17 full-time audiologists administered over 10,000 audiograms and dispensed over 500 hearing aids.

Balance Disorders
The Hearing and Balance Center administered more than 900 videonystagmographies (VNGs), 160 rotational chair analyses, and over 100 electrocochleographies (ECGs). This multidisciplinary center provides diagnostic and therapeutic services.

Pediatric Hearing Center
The Pediatric Hearing Center is comprised of five full-time pediatric audiologists, a social worker, an educator, and an early intervention team.

The team saw 4,000 pediatric patients and administered 231 auditory brain response tests. The Center provided over 100 pediatric hearing aids and the early intervention team provided 150 new audiology evaluations.
The Division of Otology and Neurotology

The Cochlear Implant Center
The adult and pediatric cochlear implant program is comprised of three full-time and three part-time cochlear implant audiologists.

Over 180 surgical procedures were performed with more than 1,900 cochlear implant mappings.

The Vestibular Rehabilitation Therapy Program
The vestibular rehabilitation therapy program is comprised of four full-time therapists.
The therapists evaluated over 800 new patients and provided therapy for 3,613 patients.

■ The Division of Allergy and Rhinology

New Research
Sinosal sarcoidosis is a disease of unknown etiology. Dr. William Lawson and his research group proposed a new classification system for the disease based on Dr. Lawson’s more than 30 years of experience treating it:

I. Mucosal hypertrophic
II. Atrophic
III. Destructive
IV. Nasal enlargement

The classification system serves to characterize the various forms of the disorder and guides clinicians on treatment approach. Each subgroup responds differently to treatment and has its own differential diagnosis. Surgery is only indicated for a select group of patients and the vast majority of patients benefit from medical management alone.

New Research


This is an investigator-initiated prospective pilot clinical trial of patients with squamous cell carcinoma of the oropharynx (OPSCC) who are to undergo ablative transoral robotic surgery (TORS). We propose to test the hypothesis that the Listeria-based HPV vaccine ADX11-001 induces systemic and tumor-infiltrating antigen-specific T cells in HPV16+ oropharyngeal cancer patients undergoing TORS resection. The primary aim of this study is to determine the immunogenicity of ADX11-001 vaccination in patients with HPV16+ SCC of the oropharynx and to evaluate the tolerability, safety of ADX11-001.

New Research

Phase I Study of Cabazitaxel-PF Induction Chemotherapy in Patients with Locally Advanced Squamous Carcinoma of the Head and Neck.

The primary objective of this study is to assess the safety, the maximum tolerated dose (MTD) and the dose limiting toxicity of cabazitaxel when combined with cisplatin and 5-FU induction chemotherapy in patients with locally advanced SCCHN. Furthermore, the trial aims to establish the phase I recommended dose of cabazitaxel when combined with cisplatin and 5-FU induction in patients with locally advanced SCCHN.

The Quarterback Trial: A Randomized Phase III Clinical Trial Comparing Reduced and Standard Radiation Therapy Doses After Induction Chemotherapy for Locally Advanced HPV 16 Positive Oropharynx Cancer.

This is a randomized Phase III study comparing two doses of definitive radiation therapy (5600 cGy and 7000 cGy) given with TPF induction chemotherapy and concurrent chemotherapy in HPV-positive oropharynx, nasopharynx or unknown primary cancer. The primary objective of this study is to determine the comparative rate of progression free survival (PFS) and of local-regional control (LRC) at 3 years in patients treated with reduced or standard dose chemoradiotherapy.

New Research

A Randomized Phase II Study of Adjuvant Concurrent Radiation and Chemotherapy versus Radiation Alone in Resected High-Risk Malignant Salivary Gland Tumors.

High risk resected salivary gland malignancies represent a clinical scenario with potential for improving outcomes through multimodality therapy. The obvious limitations to prospective scientific inquiry in this group of malignancies are the infrequency of the disease and the retrospective quality of historical data. The cooperative group is the ideal mechanism for study of these tumors. This randomized phase II study is an unprecedented effort that primarily focuses on 2 objectives: determining the feasibility of a multi-institutional prospective study in this group of malignancies and obtaining preliminary efficacy data on outcomes after postoperative chemoradiation therapy using weekly cisplatin compared to radiation therapy alone.

The SIRS Trial: The Sinai Robotic Surgery Trial in HPV Positive Oropharyngeal SCCA

This is a non-randomized Phase II de-escalation clinical trial to establish recurrence rates, site of recurrence, survival and quality of life outcomes for early T-stage HPV positive oropharyngeal SCCA treated with upfront surgery. The primary objective of this study is to determine the rate of local regional control (LRC), progression free survival (PFS), and overall survival (OS) at 5 years in patients with early and intermediate stage HPV-related oropharynx cancer treated with surgery alone and at 3 years in patients with HPV-related oropharynx cancer treated with a de-intensified adjuvant protocol.
Palliative Therapy Clinical Trials

Phase II multicenter, randomized, double blind, placebo-controlled study assessing the efficacy of buparlisib (BKM120) plus paclitaxel vs. placebo plus paclitaxel in patients with platinum pre-treated recurrent or metastatic head and neck squamous cell carcinoma. This is a multicenter, randomized, double blind study to assess the efficacy and safety of daily buparlisib in combination with weekly paclitaxel vs. buparlisib-matching placebo plus weekly paclitaxel on median progression-free survival (PFS) in patients with recurrent or metastatic HTS SCC that has progressed after prior platinum-based regimen. The study will also explore the role of PDK pathway activation as a potential predictive factor for response to buparlisib in this patient population.

A Randomized Phase II Multicenter, Open-label Study of BYL719 in Combination with Cetuximab in Patients with Recurrent or Metastatic Head and Neck Squamous Cell Carcinoma (HNSCC). This is a randomized, double-blind, placebo-controlled study to assess the efficacy and safety of daily BYL719 in combination with weekly paclitaxel vs. placebo-matching placebo plus weekly paclitaxel on median progression-free survival (PFS) in patients with recurrent or metastatic HNSCC. BYL719 will be assessed in combination with cetuximab for efficacy, safety and tolerability, and PK profile in both cetuximab-naive and cetuximab-resistant settings.

A Randomized, Double-Blind, Placebo-Controlled Study of Chemotherapy Plus Cetuximab in Combination with VTX-2337 in Patients with Recurrent or Metastatic Squamous Cell Carcinoma of the Head and Neck. This is a randomized, double-blind, VTX-2337 in combination with cetaplatin or carboplatin, 5-FU and cetuximab in prolonging the progression-free survival in subjects with recurrent or metastatic (R/M) SCC. This is a Phase II study with the primary endpoint of progression-free survival (PFS). The Phase II study will assess the anti-tumor activity of BYL719 (PI3 kinase inhibitor) in combination with cetuximab vs. cetuximab alone in cetuximab-naive patients. BYL719 will be assessed in combination with cetuximab for efficacy, safety and tolerability, and PK profile in both cetuximab-naive and cetuximab-resistant settings.

Thyroid Clinical Trials

A Randomized, Double Blind Study to Compare the Complete Remission Rate Following a 5-Week Course of Sulfamethin or Placebo and Single Dose Adjuvant Radiosensitive Iodine Therapy in Patients with Differentiated Thyroid Cancer. This is a Phase II study to compare the efficacy of sulfamethin with radiosensitive iodine therapy (RAI) versus placebo with RAI by assessment of complete remission rate at 18 months post RAI treatment in the overall study population.

Oncology Grants

Dr. Marshal Posner, Professor of Medicine and Otolaryngology, and Director of Head and Neck Medical Oncology. Under the direction of Dr. Posner, Mount Sinai offers patients a broad spectrum of clinical trials.
Grants

Imaging genetics of spasmodic dysphonia. 04/01/2012-03/31/2017 - NIDCD/NIH R01 DC011805: PI: Kristina Simonyan

Voice tremor in spasmodic dysphonia: central mechanisms and treatment response. 07/01/2012-06/30/2017 - NIDCD/NIH R01 DC012545: PI: Kristina Simonyan

Cortical-subcortical interactions in Parkinson’s disease and normal speech. 04/01/2012-03/31/2017 - NIDCD/NIH R01 DC007658: PI: Sidtis, Subcontract PI: Kristina Simonyan


Differences in brain activation via the utilization of functional magnetic resonance imaging in patients with spasmodic dysphonia and voice tremor. 02/2015-01/2016 - Royal Australasian College of Surgeons, Foundation for Surgery Reg Worcester Research Fellowship: PI: Diana Kirke, MBBS, FARC; Sponsor: Kristina Simonyan

Head and Neck Oncology


Publications – 2013

Facial Plastics and Reconstructive Surgery


Oral Maxillofacial Surgery

Laryngology


Otology and Neurotology


Sleep Disorders


The Mount Sinai Hospital sent medical units to both World Wars. Of the 24 physicians and 65 nurses serving in World War I with Base Hospital No. 3 of the U.S. Army Medical Corps in France, the majority of doctors and nurses were from Mount Sinai. The group finished the conversion of a 15th century monastery in Vauclaire, Dordogne into a 500-bed hospital that at one point housed 2,800 patients.

Faculty List

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Mount Sinai Beth Israel
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Department of Otolaryngology—Head and Neck Surgery Outcomes and Performance 2013
Practice Locations

NEW YORK EYE AND EAR OF MOUNT SINAI

New York Eye and Ear Infirmary of Mount Sinai
310 E. 14th Street
New York, NY 10003
Main Number: 212-263-2000
Physician Referral Line: 212-263-4472

Columbus Circle
200 W 57th Street, Suite 1610
New York, NY 10019
212-657-6933

Ear Institute
380 2nd Avenue, 9th Floor
New York, NY 10016
212-988-6333

Financial District
65 Broadway
New York, NY 10006
212-756-6933

Madison Avenue
161 Madison Avenue
New York, NY 10016
212-337-3533

Tribeca
77 Worth Street
New York, NY 10013
212-966-3901

Upper East Side
1430 2nd Avenue
New York, NY 10021
212-535-2298

Upper East Side
Office Relocation & Expansion
62 East 88th Street
New York, NY 10128
Opening Summer 2015

Bay Ridge
5020 5th Avenue, 3rd Floor
Bay Ridge, NY 11209
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WEB SITE SHORTCUTS

The Department of Otolaryngology – Head and Neck Surgery
www.mountsinai.org/ent

Center for Head and Neck Cancer
www.mountsinai.org/cancer

Center for Hearing and Balance
www.mountsinai.org/hearing

Center for Minimally Invasive Robotic Surgery
www.msk/cc/robotics

Center for Thyroid and Parathyroid Diseases
www.mountsinai.org/thyroid

Eugen Grabeck MD Voice Center
www.mountsinai.org/voicecenter

Facial Plastics and Reconstructive Surgery
www.mountsinai.org/facialplastics

Skull Base Surgery Center
www.mountsinai.org/skullbase