Is Your Skin Healthy?

Stephen Calabria: [00:00:00] From the Mount Sinai Health System in New York City, this is Road to Resilience, a podcast about facing adversity. I'm your host, Stephen Calabria, Mount Sinai's Director of Podcasting.

Every day our skin tells a story, but are we paying attention? On this episode we explore why caring for your skin is about much more than appearance. It's about prevention, protection, and recognizing when something isn't right.

We begin with the story of Jackie Mills, a New Yorker who sought answers after noticing a suspicious mole on her face and who became a model of trusting your instincts and advocating for your own health.

Then we're joined by dermatologist Dr. Jesse Lewin, who treated Jackie, and who discusses what her experience teaches all of us.

From protecting our skin and recognizing the warning signs of skin cancer to the importance of early detection, second opinions, and the remarkable advances transforming dermatologic care.

We also discussed the ABCDEs that dermatologists recommend when you self-evaluate your skin: [00:01:00] asymmetry, border, color, diameter, and evolution we're honored to welcome Jackie Mills and Dr. Jesse Lewin to the show.

Could you tell us a little bit about yourself?

Jackie Mills: Sure. I am 36 years old, a native New Yorker. I currently live on the Upper East Side, and I am a fourth grade teacher at a public school, also on the Upper East Side.

Stephen Calabria: And so you're here today because you had a really interesting and rather terrifying experience that all started with a routine checkup. Can you tell us about it?

Jackie Mills: Absolutely. So this started when I was around 32. I had noticed a new spot on my face. I do have melanoma history in the family, so I was not unknown to these types of things. But I was concerned 'cause this spot was new. So I had my routine checkup.

I was being seen by a dermatologist outside of the Mount Sinai network, and I said, "I'm concerned about this." Originally, I was dismissed. The dermatologist seeing me did not want to biopsy it, but I pushed [00:02:00] and I advocated.

I knew by looking at the borders of this spot, and different colors inside of it. If you're familiar with the ABCDEs of melanoma which are asymmetrical border, color, diameter, not 100% sure on the E, but I knew from those things that this was not a normal spot.

So they eventually did biopsy this spot, and it came back as melanoma, and I was told that I needed to have a Mohs procedure to remove it on my face.

Stephen Calabria: So you went in to see your dermatologist. and what did your dermatologist tell you?

Jackie Mills: Because I was young and it was on my face, that they were resistant to biopsy it.

Stephen Calabria: And let's be clear, this was not a Mount Sinai dermatologist.

Jackie Mills: Absolutely not. This was not a Mount Sinai doctor. And I just knew, for better or for worse, I think actually this spot being on my face saved my life because I was looking at it every single day, and I said, "Something is not right. It's getting bigger. I can see in a picture from four months [00:03:00] ago that it's bigger."

So I really pushed, and he said, "There's gonna be a scar." And I was like, "I don't really care. I'm sorry, this is about my life and it's about my safety." So they did biopsy it eventually, but I did have to advocate for myself, for sure.

Stephen Calabria: And so you went to a different doctor. Of course. You sought a second opinion.

Jackie Mills: Yes. That is when I took myself to Mount Sinai. I use Mount Sinai for all my other doctors, so I did some research. Once I was told I needed to have the Mohs procedure, that's when I found Dr. Lewin and he was the one that really took me through the whole experience.

It's very scary at 32 to be told, "You have skin cancer in the middle of your face that needs to be dug out." But he really made me so comfortable and feel so safe through the whole process.

He was extremely supportive and not dismissive at all. Anything that I was concerned about, he was concerned about, and he really made the procedure go smoothly and the recovery as well.

Stephen Calabria: Was there anything different about the experience you [00:04:00] got here as opposed to other medical institutions?

Jackie Mills: No, I just felt extremely heard and seen. I was not just another number. I really felt like they saw me as a patient and knew that, my future was important. At the time, I feel like I'm gonna get emotional.

At the time, I was still single. I wasn't married, and now I'm here a few years later and I'm expecting my first child, and I think about all the things I wouldn't have gotten to do without that level of care and attention like I was a family member of theirs, and that really meant a lot.

Stephen Calabria: You got to use some pretty cool new-

Jackie Mills: Yes ...

Stephen Calabria: technology. Is that right, in your treatment?

Jackie Mills: Oh, yes. Actually just came from my Vectra scan 30 minutes ago. So at Mount Sinai, they have this machine called the Vectra machine, and it's basically a full-body picture scan of your entire body.

And what's really nice about that, if you're someone like me who has, family history or you're covered in spots, they take a picture every year, and [00:05:00] then they compare the images year to year.

So it's not only your doctor's eyes on it, which is still very important. It's this extra layer of protection of, oh, we have a image from last year. Let's look at it. For example I had a spot on my chest. This year, I found it in about May.

And as I mentioned, I'm pregnant, so sometimes you can get new spots when you're pregnant, but I was like, "That looks new. I'm not really sure." I went to my dermatologist. We pulled up my Vectra scan from last July.

He said, "Nope. Yeah, that's new. We've-- That was not here last year. Let's scrape it." Everything was fine, but to have that technology to be able to refer back to the imaging was huge and is really big for anyone who has a higher risk of melanoma.

Stephen Calabria: So what did you take from this experience?

Jackie Mills: There's a few things, and I say this to not only everyone listening, but I will talk about this to any family and friends for hours on end. The first thing is that you are your own [00:06:00] protector. You are the first line of protection for skin cancer.

You go your, see your doctor every year, that's great. You're supposed to do that, but that's once a year. You need to be checking yourself all the time for the ABCDEs like we just talked about. And if you see something suspicious don't be afraid to speak up.

The worst thing that can happen is a doctor says, "Okay, it's nothing. We're not concerned. Let's biopsy it." But there's never a downside for you advocating for yourself and putting, your health first.

Stephen Calabria: Finally, how has this experience changed the way you think about your own health and your own life more broadly?

Jackie Mills: I would say one thing that really changed for me was my relationship with the sun and sun protection in general. I will admit, even with the family history, when I was a teenager and in my college years, I was one to go outside all the time without sunscreen.

I would go sit in the sun for hours, no sunscreen. That is a non-negotiable for me now. I wear sunscreen on my face 365 days a [00:07:00] year. Snowstorm, sunscreen's going on, it doesn't matter. And if I'm gonna sit in the sun for any amount of time, I'm alw- always using, the best sun protection that I could be, and just being really cautious.

Stephen Calabria: That's it for my questions. Was there anything else you wanted to say?

Jackie Mills: I would say that, again, you really can't be afraid to speak up and, if you see something new on your body especially, it's really important to go get it checked out.

Melanoma especially, unfortunately grows fast and aggressively, and you can't wait six months till your next checkup because it might be too late.

think there's a big misconception that, especially with age, melanoma and skin cancers are something that older people tend to get. And I would say, do not

make the mistake of thinking you're too young to have an experience like this, and to just be vigilant and be alert.

Stephen Calabria: Jackie Mills, thank you so much for being on Road to Resilience.

Jackie Mills: Thank you so much for having me.

Stephen Calabria: Jackie's story is incredibly powerful, but it's also not unique. To help [00:08:00] us understand what everyone can learn from experiences like Jackie's, we're joined now by the dermatologist who treated her.

Dr. Jesse Lewin, welcome to Road to Resilience.

Dr. Jesse Lewin: Thank you. Thanks for having me.

Stephen Calabria: Could you tell us about your medical background?

Dr. Jesse Lewin: Yes. I'm the chief of Mohs micrographic surgery at Mount Sinai at the Icahn School of Medicine at Mount Sinai.

I essentially just do skin cancer and reconstructive surgery, so I'm a dermatologist who went on to specialize in skin cancer surgery, and I do a procedure called Mohs micrographic surgery to treat basal cell and squamous cell carcinoma, which are the two most common types of skin cancer, as well as melanoma.

And we do a procedure for melanoma with immunohistochemistry. So it's Mohs micrographic surgery with a Mart-1 immunostain, and that's what we often use to treat melanomas on the face.

Stephen Calabria: Without getting into private details, what first stood out to you about Jackie's case?

Dr. Jesse Lewin: For one thing, Jackie is young, and the number of [00:09:00] skin cancers we see in people tends to go up with age. And so she's certainly on the younger, age range for people who have a skin cancer.

The other thing that stood out about Jackie is that, she really was her own advocate and was told by several doctors that this lesion could be benign and nothing to worry about. And I think she really trusted her gut, which served her

really well, and she went on to get a second opinion and have that lesion checked and biopsied.

And even though it looked like a subtle little brown spot, it ended up being early stage melanoma. And so really, to her credit, I think she saved her own life in that regard by saying something when she was concerned.

Stephen Calabria: Now, melanoma is a type of skin cancer. What differentiates melanoma from other types of skin cancer?

Dr. Jesse Lewin: So melanoma, it's really the cells that they originate from, the melanocytes, which gives our skin pigment.

So melanoma is when those cells start to divide out of control because they have DNA damage. And melanoma [00:10:00] can be caused by a number of factors. It's not probably entirely one factor or another.

We know that sunburns and tans can increase your risk of melanoma. We also know that there's genetic influence, and if you have a family history of melanoma, that can increase your risk as well.

The other types of skin cancers we see most commonly basal cell carcinoma and squamous cell carcinoma, are really just skin cancers from different cell origins. But when we talk about melanoma, we're talking about an overproliferation of those pigment producing cells called melanocytes.

Stephen Calabria: So why can melanoma or other skin cancers sometimes be difficult to recognize even by experienced clinicians?

Dr. Jesse Lewin: So oftentimes, particularly early stage skin cancers, whether it's non-melanoma or melanoma skin cancers can look subtle.

When we see lentigo maligna, which is melanoma on the face on sun exposed areas, it can be really subtle because oftentimes people have background [00:11:00] hyperpigmentation, so their skin can be darker to begin with on their face from normal aging brown spots and from sun damage spots.

And so sometimes a melanoma in situ, a very superficial stage zero melanoma can really just blend into some of the surrounding pigment that people have on their faces.

And it's not until you really notice a history of change or one portion of a lesion becoming asymmetric or irregular or getting darker that it really stands out. So it is easy to overlook very early stage skin cancers.

Stephen Calabria: I imagine there are misconceptions out there too about what constitutes a dangerous skin mole as opposed to one that isn't dangerous.

Dr. Jesse Lewin: Yes. I would say that, when we talk about melanoma we're usually highlighting these characteristics like the ABCDEs of melanoma.

So we tell patients to look out for lesions that are asymmetric, have irregular borders, have color irregularity, the diameter bigger than six millimeters or a pencil eraser, and the E in [00:12:00] ABCDE is for evolution or a history of change.

And so some melanomas don't actually follow those rules so closely, and we think about that particularly, as in Jackie's case, for early stage melanomas on sun damaged areas, we sometimes don't really see those features.

What you do see is something more subtle. You can just see a slightly irregular brown patch. And so the most subtle skin cancers are usually the earliest, most treatable skin cancers, and so you just have to have a really high index of suspicion when you're looking at the skin and looking for change or new lesions.

Stephen Calabria: How do you balance reassuring patients and their families about their prospects while open to the possibility that something, may have been missed, or that in other cases the prognosis is not very good?

Dr. Jesse Lewin: Fortunately, for skin cancer compared to cancers within your body, we have the advantage of being able to see them on the surface. And so , while you hear [00:13:00] melanoma, you think of a really scary, aggressive cancer. Most melanomas are curable surgically.

Melanoma in situ, stage one melanoma is really curable. And in addition, we have these unbelievably effective immunotherapy these days as well that treat later stage melanoma. There have been a lot of advances that make melanoma less scary, but nothing can really beat early detection.

Prevention is what we talk about to prevent melanoma and non-melanoma skin cancer, really just sun protection avoiding tans and burns. But when you talk about, something that's already developed, our biggest advantage is early

detection. So when you detect these guys at their earliest stages, entirely curable and treatable.

So we really try to just get people with regular frequency to have head to toe skin checks with the dermatologist. That's very helpful. It's like the subway. If you see something, say something. We have people do skin self-exam, look at themselves in the mirror once a month. Try to, take a full length mirror, look at yourself front [00:14:00] and back and sides.

And if you notice anything that's new or changing, it's always better to have it checked. But again, we do have that advantage over skin cancer compared to underlying malignancies where, you know, unfortunately, until you're losing weight or vomiting or having some other systemic sign of something wrong, you really can't find it

Stephen Calabria: Since we're in the heart of summer, what are the biggest mistakes you think people make when it comes to protecting their skin from the sun?

Dr. Jesse Lewin: I think the, probably the biggest mistake is, short of not wearing sunscreen, which is obviously not great. If you're wearing sunscreen, you want an SPF 30 or above broad-spectrum sunscreen.

There's a lot of bad press about chemical sunscreens. I think using a physical blocker sunscreen, meaning a sunscreen that has zinc or titanium, and the brand is really not so important. The best sunscreen is a sunscreen that you'll wear.

And so essentially, we want patients to wear broad-spectrum sunscreen, UVA and UVB blocking that's 30 or above. And you really need [00:15:00] almost a shot glass full of sunscreen applied every two hours to adequately protect you.

So I think probably the biggest shortcoming is just not reapplying and not putting on enough sunscreen. So you really need to reapply every two hours. If you swim, even though it may be called a waterproof sunscreen, it's still good to reapply that.

And then, sunscreen is not an absolute barrier. And so it's still best to, enjoy the outdoors, but seek shade. Try not to sit out and just fry even if you have sunscreen on. So your best metric of if you're getting too much sun is if you're getting a tan.

We used to think that there was a healthy tan or a healthy glow, but really that's really not in line with our scientific understanding anymore. Really, we know that a tan is an injury response. When the melanocytes get stressed and damaged, they spit out pigment.

And so that's really not a normal thing to have. So I would say Not seeking shade is a mistake. Not applying enough sunscreen is a mistake. Not reapplying.

And then I guess using too low of a number. If you use like an SPF five or 15, that's probably not [00:16:00] adequate.

If you're talking about an SPF 30 versus 100, you could certainly pick the higher number because perfect world use is not really how sunscreen is used, and so maybe that will make up for a little bit of the difference if you're not applying quite enough or quite frequently enough.

Maybe using the 50 or the 100 may give you a little benefit in that regard. I think sometimes people forget about hats. Wide brim hats are great. When you wear a baseball cap, that's certainly good for protecting your nose, your eyebrows but it really doesn't help your ears.

You don't wanna miss your ears and your lips. They make SPF lip balm So I think another thing, we see quite a bit is squamous cell carcinoma on the lower lip. The lower lip protrudes more than the upper lip, and so you do tend to get more of a direct hit with sun, and people don't usually sunscreen their lips.

And so that's where hats and those SPF balms can come into play. The other thing that's really great for summer is SPF clothing, like SPF shirts, and there are lots of companies that make these now.

There's Nike, there's Coolibar, Solumbra, and [00:17:00] they're like rash guards, but they're lighter and not so uncomfortable. So I love those things. You don't have to worry so much about sunscreening your entire body if you're wearing an SPF 50 shirt.

You just have to make sure to apply, sunscreen to the areas that aren't covered. So those are, I would say, my biggest pearls for the summer.

Stephen Calabria: Looking ahead, are there newer technologies like AI-assisted imaging or total body photography that are changing early detection?

Dr. Jesse Lewin: Yes. Absolutely. We have at Mount Sinai, we're one of the few centers in the country to have this machine called the Vectra, which is a series of cameras that visualize and image your moles or nevi, as we call them, and they can help track for subtle changes.

And, as we know, when we talk about those ABCDEs of melanoma, E for evolution is a really strong predictor of a harmless lesion becoming a melanoma.

And so if you're able to use the imaging technology to help the naked eye track those changes, that's really helpful. So [00:18:00] at the Waldman Skin Cancer Center at Mount Sinai, we have that Vectra machine.

I think that's a great adjunct in addition to seeing a really good dermatologist, and they'll integrate that technology.

Dermatologists use magnifying devices called dermatoscopes that can see the network of the pigmented lesion under the surface, and there are certain patterns that look more benign and reassuring, and then there are other patterns that look malignant.

So we are using that. AI is also, coming down the line. People are doing a lot of work looking at whether AI can help pattern recognition of these lesions.

It sounds like it's not really ready for primetime yet in the dermatology space but in radiology, there've been tremendous advances in artificial intelligence and helping radiologists read F for abnormalities.

So I think it's coming, and I think it will be a helpful adjunct. But for now, I think the best thing you could do is see someone really good and competent who does skin checks all day long.

If you're a high-risk person, then, maybe just seeing a dermatologist once a year is not enough. We [00:19:00] tend to risk stratify people, so if you've had a melanoma, you see someone every three to four months.

If you have a lot of moles, maybe you see someone every three to four months or six months, plus you get a Vectra scan. So there are ways that we can stack the deck in patients' favor by using technology and just keeping a close eye on people.

So if you do have something which is not entirely pre-preventable, we just detect it in its earliest stages.

Stephen Calabria: Now, we're lucky enough to have listeners from all over the world, including those right now who are in their winter months. Is there any less of a danger from the sun in winter months as opposed to summer months?

Dr. Jesse Lewin: Yeah. I would say for sure you're spending less time outdoors but there's no such thing as no risk. And for instance, if you're a skier we see skin cancers from the reflection of the sun off the snow and ice, and that's a direct hit to the face and the lips.

And so it is helpful if you're skiing to wear, some SPF, some sunscreen on your nose, the SPF balm on your lips. So for sure you, you still can get [00:20:00] burns. Skiers get those burns. But, obviously all in all, less risk. Less of your skin is exposed to the sun in the winter months 'cause you're wearing warmer clothing.

But I think if you're still doing outdoor activities, that's something to consider. I think another thing in the summer to consider is if you're out on open water in boats essentially, it's like the skiing phenomena where that, the UV rays are gonna reflect off the water and kinda get you.

So even if you don't feel that you're baking there is a lot of reflection off water, the same way there's reflection off snow and ice where you can still get a burn. So it's just important even if you're not... a lot of times people will get bad sunburns on those hazy, overcast days because they're not perceiving the, the warm rays kinda getting to them.

But we still see a lot of burns on those types of days.

Stephen Calabria: Jackie's story is also one about advocating for oneself. What advice do you give patients who feel their concerns aren't being heard?

Dr. Jesse Lewin: Being your own advocate is really important. I think if you have a good rapport [00:21:00] with your doctor, that certainly becomes easier.

There are many times that it's not necessarily that you would need a second opinion, but you may say to the doctor, I, I'm a little worried about this." And they'll say, "It looks okay." And then maybe you say, express that worry one more time.

"You know, I really didn't have that before. This is worrying me. This is freaking me out." And that may prompt a biopsy. And probably once or twice a day I hear a story like that because, doctors aren't perfect. And again, that history of change is really critical. And so your doctor's looking at you at one static, moment in time, and you're looking at yourself every day and over months and years.

And so even if a, very subtle basal cell that looks like a little red papule, a little bump, a little pimple looks not scary looking to the doctor on that day or a little very early brown patch, if you know that it's something new or changing for you or if you know that, a month ago it bled, that's something that I think you just highlight.

And then I think if you highlight something and, your concerns really aren't being addressed properly, then that really is the [00:22:00] role of a second opinion. Just go see someone else, show someone else. But I do think, again most doctors, obviously we wanna do what's right for the patient.

And we serious- we really take seriously what patients say, and most patients will find their own skin cancers. They may not be able to give it a name but they'll know that there's something new or changing that's off, and they'll bring it to the doctor's attention.

I think it's really a partnership. You can't watch your own back, so having those head-to-toe checks is critical because most melanomas we see in men are on the back. Most melanomas we see in women are on the legs.

And, we also see melanoma on the soles of the foot and on the genitals and inside the mouth and in areas that really you're not looking for. And so it's really important not only that you see a good board-certified dermatologist, but that they know your history so they really can, be thorough.

And just like Jackie was her own advocate, having something shown to someone else, if you're seeing someone who's not taking off your shoes and socks and underwear, if they're not looking through your scalp and [00:23:00] looking through your hair, I think, that's the time where you say, "Oh, you know what?

I have this history." Or you have no history, but you say, "Can you just take a look below the underwear? Can you take a look in the socks? Could you..." So I, I do think that, if you're not comfortable that someone is being thorough

enough, give them that, that prompt. And if they're still not thorough enough, just see someone else.

But I do think that's really critical to be your own advocate in that regard.

Stephen Calabria: For patients who've wanted to get a second opinion, it can feel a little awkward, like it implies they don't trust the advice of their doctor. Is there a respectful way you think patients can seek second opinions?

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Dr. Jesse Lewin: mean- truthfully, I don't think there's any need to tell the doctor. I think if you wanna get a second opinion, you just go see someone else. It's not like you have to terminate a relationship.

If you have a skin check, and you walk out and you say, I don't know, I feel like maybe they... I still feel uncomfortable with that lesion they didn't biopsy." You find someone else to see, and you go see that other person.

And you don't have to tell the person you just saw, you don't have to tell the new doctor. You could tell the new [00:24:00] doctor. I think sometimes if you go to get the second opinion, and you highlight it to that doctor that it is a second opinion, that reframes the conversation a little bit.

So if you go see another dermatologist and you say, " I saw my regular dermatologist, I just, I'm just still not so comfortable with this," you know what? That may prompt the second doctor to say, "This is the second visit. They switched to another doctor. This is something we should investigate."

But, you know, I don't think, unless you feel like there's a strong reason to tell a doctor that you're terminating a relationship or something, I think it's totally reasonable. Go to another institution, go to the same institution.

We all have patients that get a second opinion, and honestly I think second opinions are great because nobody's perfect. And you know what?

For the patient's physical health and mental health, it's better to get the second opinion and hear the same thing again, that it is a benign lesion, there's nothing to do, and then maybe you'll have some peace of mind.

Stephen Calabria: Finally, if you could correct one misconception about how the public views skin cancer, what would it be?

Dr. Jesse Lewin: [00:25:00] I think there are a couple of things. One, I still think there is this concept of a healthy tan. I think that, the upshot of social media and sort of image consciousness is that people and younger people are paying more attention to cosmetic products and their skin, and that, if they're using things that have SPF, that's great.

And I think a lot of people are learning more and more that, using moisturizers with sunscreen will keep you looking younger longer. And so I think the anti-aging sort of part of it is a plus, and I think that's probably we are gonna see ultimately, in 20, 30 years I'm really hoping that some of that will trickle down, and we'll start to see some lower rates of skin cancer.

Because as it is, we're seeing more and more, and we're seeing more in younger people. So I am hoping that, that Instagram sort of influence and social media influence will help if people are using the right products.

On the flip side, there's a lot of misinformation out there. There are, influencers saying that you don't need sunscreen causes cancer. There's a [00:26:00] lot of misinformation out there, so you really have to be careful what your source is.

There's this tan-maxxing. There are people doing silly things out there, and so you have to be careful with who you're listening to and what they're telling you.

Stephen Calabria: What is tan maxing?

Dr. Jesse Lewin: I think it's like anything else where you just try to get as good a tan as you can get. You try to maximize your tan. And there are people that will give you advice on social media as to how to do that, what to put on your skin to get the best brown color.

And so it... That stuff is scary, and I think if you don't know better, you can really, follow the wrong information. So there are a lot of, like this podcast, and there's a lot of the Skin Cancer Foundation, there's a lot of organizations that are really working to combat that misinformation.

So I would say that the other misconception is that everyone hears melanoma and they think, "Oh, that's deadly. That's horrible." The two sides to that are, one, early stage melanoma, very curable. Even later stage melanoma, we have good treatments now.

And so melanoma is not a death sentence. The other thing is that squamous cell carcinoma, which is the second [00:27:00] most common type of skin cancer,

actually has a similar number of deaths per year as melanoma, and people don't really give squamous cell carcinoma the respect that it deserves.

There's far more squamous cell carcinomas than there are melanomas, but if you look at the total number of deaths per year from cutaneous squamous cell carcinoma, so I'm not talking about squamous cell carcinoma of the tonsils or the throat or the lungs, I'm talking about skin cancer.

And so I think everyone kinda gives melanoma all the fear and, that's the one you don't want. But there's a subset of squamous cell carcinoma, unfortunately, that behaves very aggressively too.

Now, those look like a red bump that grows quickly. It may look like a scaly, flaky red patch that doesn't go away. And so I think in general, if you have something new or changing on your skin, get it checked.

But again, we have this big advantage. You can see these things. They really don't happen invisibly for the most part. And so if you detect something early, it's like a totally different ballgame.

Stephen Calabria: That was it for my questions. Was there anything else you wanted to [00:28:00] say?

Dr. Jesse Lewin: Enjoy the summer. Don't fear the sun. Still be outside with your family and friends. Just protect yourself. Seek shade during those peak hours between ten in the morning and two in the afternoon.

Use umbrellas, use hats, use sunscreen, wear sunglasses to protect your eyes. But I think if you're doing all those things, you can very safely enjoy the outdoors.

Stephen Calabria: Dr. Jesse Lewin, thank you so much for your time, sir.

Dr. Jesse Lewin: Thank you, Stephen.

Stephen Calabria: Thanks again to Jackie Mills and Dr. Jesse Lewin for their time. That's all for this episode of Road to Resilience. If you enjoyed it, please rate, review, and subscribe to our podcast on your favorite podcast platform.

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It's produced by me, Stephen Calabria, and our executive producer, Lucia Lee. From all of us here at Mount Sinai, thanks for listening, and we'll catch you next time.