This book is dedicated with respect and affection to our patients. We are ever mindful of the trust they place in us and endeavor every day to deliver exceptional patient care at the cutting edge of modern medicine.
Dear Friends –

Aristotle said “we are what we repeatedly do; excellence, then, is not an act, but a habit.” For over 150 years, we’ve perfected our habit of devotion to and care for women at all stages of their lives.

It isn’t simply that we’ve delivered more babies than anyone else in Manhattan. Or, that we have one of the largest gynecologic oncology services in the United States. And it’s not that we’re among the most successful infertility treatment programs in the tri-state area and the nation.

We’ve done all these things and more. But, what really makes us so successful are the people behind the medicine. The forty-one full- and part-time faculty and hundreds of affiliated physicians, nurses, nurse practitioners, physician assistants, researchers, and administrative staff who make us who we are and allow us to help thousands of patients each year both here at home and abroad.

From general and High Risk Obstetrics, general Gynecology and Gynecologic Infectious Diseases, to Gynecologic Oncology, Urogynecology and Pelvic Reconstructive Surgery, it is our individual and collective knowledge, experience, passion and compassion for the patients we treat, the physicians we train and our contributions to the field of women’s healthcare that make us stand out.

It is my privilege to introduce you to the outstanding work that we repeatedly do.

Sincerely,

Michael Brodman, MD

DEPARTMENT CHAIR
OUR PASSION...

...is to benefit and promote the health care of women at all stages of their lives.

...is to support excellence in patient-centered care, service and advocacy for women’s reproductive health beyond existing structures and boundaries.

...is to give a comprehensive educational experience motivating our medical students, graduate students, residents, and fellows to be lifelong learners in the field of women’s health.

...is to commit to full departmental collaboration, integration and support to achieve outstanding basic, clinical and translational research.

OUR HISTORY

Although Obstetrical services were not offered at Mount Sinai until almost 100 years after its founding in 1852, the Gynecology service came into early prominence in 1877 when medical and surgical services were established. In that year, the first gynecologist was appointed at the hospital, marking an early step toward specialization in the institution.

In the intervening 113 years, the Mount Sinai Department of Obstetrics, Gynecology and Reproductive Science has made seminal contributions to the field, transforming itself into a full-fledged academic and clinical enterprise, incorporating the newest branches of science and research into its curriculum, and in the practice of medicine.
We stand on the shoulders of these giants.

1875– Paul E. Munde was named the first Chief of the Outpatients Gynecology Clinic. He also served as president of the American Gynecological Society and was named honorary president of the International Congress of Obstetrics and Gynecology.

1877– Emil Noeggerath was appointed the first Gynecologist at Mount Sinai Hospital. He published seminal papers on gonorrhea and carcinoma and in collaboration with another Mount Sinai legend, Abraham Jacobi, he was one of the founding editors of the *American Journal of Obstetrics and Diseases and Women and Children*.

1892– Joseph Beattauer and Florian Krug assumed joint leadership of the Department. Beattauer was a legendary surgeon. He served as president of both the New York Obstetrical Society and the American Gynecological Society. Krug introduced the Trendelenburg position for gynecologic surgery to America.

1896– Hiram Vineberg succeeds Krug. His most important contribution to the Hospital was his nurturing and mentoring of young physicians and gynecologists. He served as president of the New York Obstetrical Society and as first vice president of the American Gynecological Society.

1925– Robert Tilden Frank assumed leadership of the Department. Known as one of the “fathers” of reproductive endocrinology, Frank is among the first to demonstrate the female sex hormone in the follicular fluid of the ovary. He created a rapid test for pregnancy, developed the first test to measure the levels of circulating estrogens in the blood, and originated an operative technique for the construction of an artificial vagina. He coined the term PMS in 1931.

1937– Isidor Clinton Rubin succeeds Frank. He performed the first tubal insufflation using oxygen, which was the first non-surgical method to test the patency of the Fallopian tubes; he also developed a Kymograph for better interpretation of the results. Rubin was among the first to apply X-rays in the practice of Gynecology; he wrote extensively on early carcinoma of the uterus and was the first to describe sudden shoulder pain as a symptom of a ruptured ectopic pregnancy.

1947– Morris Goldberger appointed Chief of the Department. He helped shape the plans for the Department’s new clinical and research facilities. In 1952, the Klingenstein Pavilion opened, providing the most modern and comprehensive obstetrical and nursery services in New York City.

1958– Samuel Geist served as Co-Director with Rubin and assumed leadership of the Department upon Rubin’s death in 1958. Geist was one of the first to study ovarian theca cell tumors. His text on ovarian tumors became a classic in its time.

1962– Saul Gusberg succeeds Guttmacher. An expert in Gynecologic Oncology, he established the first program and fellowship in this specialty. As founding chairman of the Department in the new Mount Sinai School of Medicine, Gusberg’s tenure was notable for a marked increase in the number of women admitted to the school and for more women entering the specialty of OB/GYN. He launched a cervical cancer screening project in the New York City Municipal Hospital System that ultimately resulted in a significant reduction in the prevalence of the disease. His team demonstrated the presence of cell-mediated immunity in patients with cervical, ovarian and endometrial cancers—a finding that would establish a basis for the benefits of immunotherapy. Gusberg also introduced minimally-invasive surgery to the Division and added training in laparoscopic procedures to the fellowship program.

1968– Richard Berkowitz was appointed Chairman of the newly renamed Department of Obstetrics, Gynecology and Reproductive Endocrinology. His years as chairman produced many achievements: the introduction of the modern use of ultrasound to the practice of perinatal medicine; an increase in the number of deliveries in the obstetrical service and in the number of OB/GYN residents; the first successful intrauterine transfusion of blood given by the intravascular route directly into an umbilical vessel without the use of foetoscopy; and, an expansion in the use of minimally invasive surgery in the staging and treatment of gynecologic malignancies. An increase in the number of infectious disease specialists to the Department led to its becoming a leader in research into the epidemiology and management of HIV infection in OB/GYN patients.

2003– Michael Brodman assumed leadership as the only one of the four chairmen of the Department of Obstetrics, Gynecology and Reproductive Science. As a pioneer in urogynecology and pelvic reconstructive surgery, he established the Divisions of Urogynecology, Family Planning, Minimally-Invasive Surgery, Global Women’s Health, as well as a fellowship training program in Urogynecology. He expanded the Divisions of Reproductive Science, Maternal-Fetal Medicine and Gynecologic Oncology, ushering in a new era of innovation and technological advances. Dr. Brodman has served as the President of the Mount Sinai Faculty Practice and President of the Medical Board. He has created a code of professionalism at Mount Sinai and continues to work at the regional level on patient safety, continuing our long tradition of providing excellence in patient care, education and research to benefit women at all stages of their lives.
While numbers don’t tell the full story, many of ours are pretty impressive:

- 18 birthing rooms
- 41 full-time faculty members
- 71 gynecologic beds
- 100+ affiliated physicians
- 110 obstetrical beds
- 800 annual NICU admissions
- 1,000 annual gynecologic oncology discharges
- 2,000 annual in-vitro fertilization cycles
- 4,800 annual gynecologic admissions
- 6,500 annual deliveries
- 100,000 annual outpatient and emergency room visits overseen by faculty/house staff

**CLINICAL CARE**

As noted physician and author Martin H. Fischer said, “Diagnosis is not the end, but the beginning of practice.”

Our robust specialty practices represent the depth and breadth of women’s healthcare, from routine gynecologic services to complicated cancer surgeries and place us among the very best in providing comprehensive health care to women all over the world.
On August 27, 1856 at 8:34pm, Isaac Touro Lichtenstein was the first baby to be born at what was then the Jews’ Hospital. This event preceded the 1952 opening of the Obstetrical Service of the Mount Sinai Hospital by 95 years and 11 months.

“Since then, we’ve welcomed tens of thousands of babies into the world and though much has changed in the intervening years, one thing has stayed the same,” says Eddleman. “That’s our dedication to providing new families with a nurturing and comfortable environment in which to experience one of life’s most precious moments.”

Through an integrated approach involving the best clinicians in multiple fields – nursing, anesthesiology, neonatal intensive care unit, pediatric surgery, and genetics - our team of experts leverage years of clinical experience to care for our patients and to ensure that our labor & delivery, ante partum, and postpartum units work cohesively in order to maximize patient safety.

The Jo Carole and Ronald S. Lauder Center for Maternity Care includes the new Alexandra and Steven Cohen Center for Labor and Birth, a state-of-the-art labor and delivery floor that provides safe, modern and technically advanced care for mother and child in over 6,500 deliveries each year, including:
- 14 labor and delivery rooms
- 4 designated ante partum beds
- 3 operating rooms
- Mother-baby suites
- General care units
- Level III NICU

In addition to our clinical and training programs, our researchers are developing non-invasive approaches to genetic testing and to the diagnosis of infection in the setting of premature labor. “These studies have the potential to significantly reduce the need for amniocentesis to diagnose disorders and infection,” says Eddleman.

The Obstetrics team also includes The Mount Sinai Midwives, a group of nine fully licensed experts in low risk women’s healthcare who attend over 500 deliveries per year on Mount Sinai’s labor and delivery unit. They provide prenatal, postpartum and well-woman gynecology services to low risk women at Mount Sinai Hospital in Manhattan, Mount Sinai of Queens, Settlement Health, North General Hospital and Boriken Health Center. Midwives also offer a broad range of services to support new moms and their new families, including educational classes, breastfeeding assistance, and support groups.

Before surgeons, nurses and other medical staff are deployed to Iraq or Afghanistan, they’re trained in using the latest high tech tools to handle any medical situation. We’re using the same high tech tools in the division. We already have a team of experts on our labor and delivery floor – physicians, nurses, nurse midwives, nurse practitioners and physician assistants. NOELLE® and newborn HAL®, our maternal and neonatal simulators, allows us to take our training and experience to new high-tech levels.

NOELLE is a pregnant robot simulator that provides a complete birthing experience before, during, and after delivery. As a full-size articulating female mannequin, she is equipped with an intubatable airway with chest rise, IV arm for meds/fluids, practice Leopold maneuvers, multiple fetal heart sounds, automatic birthing system, measure head descent and cervical dilation, multiple placenta locations, replaceable dilating cervices, an articulating birthing baby with placenta, and resuscitation baby with intubatable airway and umbilical catheter site. With controls that smoothly transition between physiologic states in response to commands from a wireless PC, physicians and trainees are able to monitor maternal and neonatal vital signs, including blood pressure and oxygen saturation that can be taken bilaterally using real equipment.

NOELLE also helps us educate our physicians and train our medical students in birthing and hemorrhage drills and to handle life-threatening complications such as shoulder dystocia, breech delivery, C-section, episiotomy repair, postpartum hemorrhage and fundal massage. HAL’s features including crying and convulsions, synchronized with breathing; ECG’s with physiologic variations generated in real-time, conductive skin regions; programmable arm motion and bowel sounds which helps train for APGAR scoring.
“Most people don’t realize how incredible the act of conception actually is,” says Stone. “Sperm have to traverse the vagina, the cervix and uterus, and swim into the fallopian tubes before they reach the egg. Although it’s a distance of only six to seven inches, it’s the equivalent of swimming over 100 lengths of an Olympic-sized swimming pool.”

The odds are stacked against a sperm ever reaching its target in the first place. So once you’re pregnant, you want the best medical care to ensure that your baby is born healthy. You also want to stay healthy enough to care for your newborn. And, if you’ve experienced problems with prior pregnancies or have underlying medical conditions that could impact on pregnancy, you want to rest assured that you are doing everything possible to keep you and your baby healthy. That’s why more women come to our Center for Maternal and Fetal Medicine than anywhere else in the greater New York area.

Our High-Risk Obstetrics Service assists expectant mothers who have a history of complicated pregnancy or those with special concerns during pregnancy such as multiple gestations, diabetes, high blood pressure, predisposing factors that could lead to early labor, and other health issues that may affect pregnancy. Through state-of-the-art diagnostic services and treatments, including 3-D and 4-D ultrasound, our team of board-certified maternal-fetal medicine specialists work in concert with geneticists, neonatologists, pediatric cardiologists and other physicians to help women carry and deliver a happy, healthy baby in a safe and supportive environment.

And if needed, we are among those with the most experience and with multi-fetal reduction and selective termination in the country. “Our technically-advanced equipment and tremendous experience with ultrasound guided invasive procedures can help us diagnose a baby’s risks for genetic, growth and structural differences,” says Stone. “While many babies can be treated with medications, we’re also able to provide treatment through sub-utero invasive procedures in the womb which can be lifesaving for mother and child.”

Our protocols for taking care of women with multiple gestations (twins or more) ensure that women will receive the best, state-of-the-art care throughout pregnancy. This involves frequent surveillance of fetal growth and early detection of cervical change and preterm labor.

We also integrate comprehensive genetics counseling to help our doctors with diagnoses so families can make decisions about medical care for their babies. Our first trimester Down Syndrome Screening Program and the Prenatal Genetics Counseling Program, provide comprehensive clinical and laboratory services to help detect chromosomal abnormalities using diagnostic tests such as CVS or amniocentesis. Working in collaboration with clinical genetics, cytogenisis and biochemical genetics specialists, we can also test for other specific genetic disorders.

1-866-FetalDx provides rapid, coordinated, comprehensive care for any pregnancy-related problem, giving patients immediate access to our maternal-fetal medicine doctors, pediatric cardiologists, geneticists, pediatric surgeons and a neonatology team 24 hours a day. These specialists also provide genetic counseling, diagnosis and management of fetal anomalies, heart conditions, and second opinions.

Mount Sinai is also a leader in critical care obstetrics. If a baby comes early or has special needs, our Neonatal Intensive Care Unit (NICU) is a 35-bed Regional Perinatal Center, the highest designation in caring for the most complex patients. The medical staff includes neonatologists, pediatric sub-specialists and pediatric surgeons. The unit also staffs more than 65 full-time nurses who specialize in newborn care, as well as social workers, lactation consultants, rehabilitation specialists, and respiratory therapists to provide little ones with the most advanced care available.
We focus on the health of the reproductive system throughout all phases of a woman’s life to offer comprehensive care, support and advice to guide women through each stage.

We have expertise in all aspects of gynecologic care, from contraceptive options and abnormal menstruation to preventive and routine gynecologic care including the treatment of endometriosis, pelvic pain, sexually-transmitted diseases, menopause, uterine fibroids and gynecologic cancer screening.

By using a systematic analysis of patient needs, we’re able to provide the least invasive care to optimize outcomes and emphasize wellness and healthy lifestyles. We firmly believe that screening, education, early detection and treatment to provide a solid foundation to help women reach and maintain personal health care goals. We are also studying alternative therapies such as biofeedback and electrical stimulation to treat disorders of the pelvic floor.

“Treating patients from all over the world means we also see some of the most difficult cases no one else wants to tackle,” says Ascher-Walsh. “Robotic tools have revolutionized gynecologic surgery and have allowed us to transition from a culture of laparotomy and invasive procedures to one in which the vast majority of patient care is managed with a minimally invasive approach.”

As a result, we have very low complication rates, diminished length of hospital stays, minimal scarring and high overall satisfaction ratings from our patients.
“What makes gynecologic oncologists so unique,” says Gretz “is that we are skilled radical and minimally invasive surgeons. In addition, we are all practiced in the delivery and principles of chemotherapy and radiation.” As part of their training, our gynecologic oncologists have all spent considerable time in the laboratory. “This results in a seamless and integrative approach to disease management and is one reason why women come to Mount Sinai from all over the world,” adds Gretz.

The Division of Gynecologic Oncology was founded in 1967 before the discipline received official designation as a subspecialty of The American Board of Obstetrics and Gynecology. Since then, we’ve been pioneers in the treatment of all gynecologic cancers — the most common type of cancer in women after breast, lung, and colon cancers — including screening, early detection, therapy and post-treatment surveillance of patients with cancers of the vulva, vagina, cervix, uterus, fallopian tube, ovary and cancers related to accidents of conception and implantation. We estimate that our group performs more complicated gynecologic surgeries than any other medical center in the Northeast.

As part of the surgical management of patients, we provide a comprehensive range of treatments for gynecologic malignancies and complex benign gynecologic conditions. These include: ovarian cytoreduction and debulking, urologic and bowel surgery, lymphadenectomy, port implantation, laser and laparoscopic surgeries. “We were early adopters in the use of robotic surgical systems, many years before it was considered acceptable in most centers” says Gretz. “Now, we use minimally-invasive techniques routinely in a variety of gynecologic surgeries.” Approximately 60% of our surgeries are performed utilizing a minimally invasive approach.

The Division practices at the Derald H. Ruttenberg Cancer Center and in collaboration with the Tisch Cancer Institute to evaluate and manage surgical patients, provide consultations, and administer chemotherapy in a unified and intimate setting designed to ensure patient privacy and comfort. Our Division also utilizes nurses specifically trained in cancer treatment services and onsite oncology pharmacists.

And, we are one of only 35 centers in the United States where physicians can participate in a Board approved Gynecologic Oncology fellowship training program on three campuses in New York, New Jersey and Connecticut. In addition to our main location we provide training and services throughout the New York metropolitan area including Brooklyn, Englewood NJ, Westchester NY, and Fairfield CT.

We have expanded the academic and research capabilities of the Division and are a full member of the Gynecologic Oncology Group (GOG) which offers our patients and fellows exposure to national protocols. Division faculty have been pioneers in investigating optimal chemotherapeutic regimens for patients with gynecologic cancers leading to significant improvements in outcomes. As the Division that contributes the largest volume of cancer cases to the institution, we are a primary component in the support of basic science research. Current investigations and clinical trials are available for patients with ovarian, uterine, cervical, and endometrial cancers.

The Ovarian Cancer Translational Research Group under the leadership of Peter Dottino, MD and John Martignetti, MD, PhD are working to find markers for early detection and prevention of ovarian cancer by identifying molecules that tumors secrete which could be detected by a blood test to possibly signal the earliest stages of tumor formation or response to different treatments.

Herbert F. Gretz, III, MD, MBA
Division Director, Gynecologic Oncology
Director, Gynecologic Minimally Invasive Surgery
Associate Professor, Obstetrics, Gynecology & Reproductive Science

“The most effective treatment advances will be realized through a better understanding of the disease process and the genetic basis of its origin.”
David Fishman, MD, Director of Gynecologic Oncology Research leads the National Ovarian Cancer Early Detection Program (NOCEDP), an international clinical and scientific effort in collaboration with physicians and scientists at the National Cancer Institute, Food and Drug Administration, and other centers of academic excellence, to develop methods that accurately detect early stage ovarian cancer. Our basic science and clinical program has partnered with the National Cancer Institute pioneering the use of proteomic technologies and micro vascular imaging in combination with genetics to optimize women's healthcare. Since 1994 we have been investigating the ovarian tumor microenvironment attempting to develop ovarian cancer specific therapeutics and identify unique proteins and lipids to help create a simple blood test to achieve the detection of early rather than advanced stage ovarian cancer.

“More women die from ovarian cancer than from all other gynecologic cancers combined,” says Fishman. “The purpose of this program is to identify and optimize care for those women who are at increased risk for developing ovarian cancer and to develop new tests to detect ovarian cancer at an early, treatable stage.”

All of our therapeutic and surgical procedures are offered in collaboration with the foremost experts in early detection, diagnostic and interventional radiology, genetics, radiation therapy, palliative care, behavioral medicine, nutrition, and physical therapy.

We also facilitate patient access to social services and internal support groups including helping our patients with disease treatment, medication and side effect management through our partnership with Mount Sinai’s Hertzberg Palliative Care Institute. The team – consisting of medical doctors, nurse practitioners, social workers and massage therapists – enables us to not only help improve our patients’ quality of life, but to help the entire family manage stress, address sensitive topics, and deal with the struggles of their loved one’s illness. We can also provide assistance and guidance with financial and end of life issues.

Gynecologic cancer is an illness that impacts the entire family. Receiving the diagnosis is a devastating and frightening experience for women, but it can be equally terrifying for the people who love them. Providing patients and family members with information and support helps them cope with the reality of their diagnosis and makes them more effective caregivers and advocates.
“We have earned a reputation of being able to successfully treat patients with challenging infertility conditions, while providing support for their individual journey to parenthood,” says Copperman.

Advances in technology – many led by Mount Sinai – have created life-changing treatment options for couples who face infertility. The Mount Sinai IVF Program was one of the very first in the region to achieve healthy babies from in vitro fertilization and ovum donation. Today, improved diagnostic testing and individualized treatment cycles have led to the successful outcomes for thousands of patients who presented with infertility caused by a broad range of reasons.

“We achieve high success rates in both low-tech and high-tech infertility treatments by individualizing protocols, maintaining strict quality control procedures in all departments, and by emphasizing compassionate and patient-friendly care,” says Copperman. “For example, one of the challenges in reproductive medicine is to identify the best embryo to transfer back to achieve a successful outcome. We now use genetic and other markers to help make this decision and then we tailor treatment plans for each patient.”

Innovative Female Fertility Preservation

More recently, the clinical and scientific teams at Mount Sinai and Reproductive Medicine Associates of New York were among the first to help women conceive using previously frozen oocytes from egg donors; and, continue to advance this emerging field. Though still considered experimental, preliminary data show that women can choose to have their eggs extracted and stored in liquid nitrogen for future successful fertilization and implantation. Effectively, this could halt the biological clock as these eggs could be successfully preserved before egg quantity and quality undergo their natural age-related decline in function.

Specialized Male Fertility Care

Although the causes of infertility can vary, more than 40% of all infertility cases may be attributed to an exclusive or contributing male factor which can result from a variety of conditions. Our Center for Male Reproductive Health, Directed by Mount Sinai’s Natan Bar-Chama, MD, is dedicated exclusively to providing the most current and innovative therapies for male reproductive medicine and microsurgical reconstruction for the treatment of male factor infertility.

Building a family through fertility treatment or pursuing fertility preservation can be complex and present unique challenges. Individuals and couples often face emotional, family, work-related and personal challenges that can affect their lives in many ways. Caring and dedicated physicians, in conjunction with a Complementary Care Team of therapists and nutritionists are all part of the multi-disciplinary team approach that has allowed the Mount Sinai Infertility Team to help thousands of individuals and couples achieve the family of their dreams.

Fertility Hope for Cancer Patients

For women who are about to undergo chemotherapy or radiation to treat cancer, preserving eggs opens up the possibility of using their own genetic material to have a child once the disease is treated. In order to spread the word that cancer treatment does not necessarily lead to permanent infertility, Copperman joined the Fertility Advisory Committee of LIVESTRONG, The Lance Armstrong Foundation.

“Lance Armstrong has served as a very important example for men and women that having cancer doesn’t mean you have to give up on your dreams, including having children,” says Copperman. “I am so honored to contribute to fertility preservation through the Lance Armstrong Foundation. In addition to providing medically relevant information, we also provide a very strong – and critically important – dose of hope,” Copperman added.

ALAN COPPERMAN, MD
Division Director, Reproductive Endocrinology and Infertility
Vice Chair & Associate Professor, Obstetrics, Gynecology & Reproductive Science
Co-Director, Reproductive Medicine Associates of New York
A baby is much more than just a statistic, yet there is no better way to understand our great achievement than to see the data.

At Reproductive Medicine Associates of New York, advances in technology have created life-changing treatment options for couples facing infertility.
By turning to the experts at Mount Sinai, women who have suffered the physical and emotional effects of pelvic floor disorders such as urinary incontinence, pelvic organ prolapse, overactive bladder, cystocele, rectocele, enterocoele, stress incontinence, vaginal laxity, labial enlargement, mesh complications, and complications from previous surgery have had their lives restored. We even help patients with complex conditions that have not responded to previous treatments.

There are many conservative treatment options available including dietary changes, pelvic floor muscle exercises, medication, biofeedback, counseling, physical therapy and electrical stimulation. “We also use an Interstim Sacral Nerve Root Stimulator, a tiny pacemaker for the bladder which is placed in the lower back,” says Garely. “Our team has implanted dozens of these devices to control urinary urgency and frequency.”

Designed to meet the needs of the estimated 20 million women in this country with disorders of the pelvic floor, Urogynecology addresses benign conditions with major quality of life importance. For women whose quality of life is bad enough, surgery to reconstruct the vaginal supportive tissues is an option. We utilize the latest technology as a matter of course and minimally-invasive techniques whenever possible.

In cystocele and rectocele repair surgery is traditionally done through the vagina to cut out excess skin using large incisions that then pull the pelvic muscles together, a technique that often results in the vagina being overtightened, leading to pelvic and sexual pain and dysfunction. “We use specialized techniques that pull the vagina up to its natural attachments without cutting and without distorting the normal anatomy,” says Garely.

The field of Urogynecology is relatively new and requires a full residency in either Obstetrics and Gynecology or Urology followed by two to three years of formal fellowship training. Because of the scarcity of training programs throughout the United States, most medical centers do not have a specialist in this area. At Mount Sinai, we have four fellowship-trained urogynecologic surgeons and we are the only medical center in New York with an accredited Urogynecology fellowship program.

We are also committed to helping women within unique populations both at home and around the world. “Many physicians only operate on extremely healthy patients yet we know that women are not always thin, young, or without medical problems,” states Garely. “We’ve developed a reputation for taking care of these “high risk” patients that others can’t or don’t want to treat.”

We also provide religious and culturally-sensitive care to a large number of Orthodox Jewish women and each year, we send three Urogynecologic surgeons to West Africa to fix complicated vaginal fistulas in African women.
“Helping HIV-infected pregnant women realize their goal of delivering a healthy baby is our number one priority.”

Our research has focused on understanding the factors which influence the risk of horizontal and vertical transmission of viral pathogens.

Mount Sinai has been a national leader in HIV research including the management of HIV infections in pregnancy. As co-chair of the NIH funded AIDS Clinical Trial Group (ACTG) study, Dr. Sperling led a team of international investigators in the landmark trial that demonstrated that a regimen of ante partum, intrapartum, and newborn Zidovudine could prevent mother-to-child HIV-1 transmission.

We actively participated in the clinical development of both the quadrivalent and bivalent human papillomavirus (HPV) vaccines that are now recommended for the prevention of cervical dysplasia and cervical cancer. More than 14,000 U.S. women develop cervical cancer each year. In 99.7% of cases, the disease is associated with a strain of HPV.

“It’s a major breakthrough,” says Sperling. “It’s a vaccine that will prevent cancer.”

Current projects include a 5-year, $13 million contract from NIH- NIAID to assess whether the different trimesters of pregnancy (which are characterized by unique hormonal environments) are associated with (a) identifiable, discrete changes in maternal systemic immunity and/or (b) recognizable alterations in susceptibility to influenza and other pathogens and/or (c) differential responses to influenza and other vaccinations.

The Division’s other ongoing research includes: (1) phase III efficacy and safety trials of HPV L1 VLP vaccines for the prevention of cervical dysplasia/cervical cancer; (2) a NIH funded phase III efficacy trial of a glycoprotein vaccine for the prevention of genital herpes; (3) pilot clinical trials assessing the cervical-vaginal micro biome and adverse health outcomes; (4) studies assessing the safety of antiretroviral treatments used for the prevention of mother-to-child HIV transmission; and, (5) studies of disease prevention and health promotion during pregnancy.

Dr. Sperling’s expertise in obstetrics/gynecology, infectious diseases and epidemiology has made Mount Sinai a leader in:

- managing pregnancies complicated by HIV and other viral infections
- evaluating, treating, and preventing sexually transmitted infections
- designing clinical trials to improve women’s health
- providing exceptional clinical care in the field of OB-GYN infectious diseases
“I measure success in the differences – large and small – that we make in the lives of women”

“By providing high quality family planning and preventive medicine to women from all socio-economic groups both here and abroad, we offer our patients a full range of family planning care,” says Jacobs.

We’ve become a driving force in the treatment and research of women’s reproductive health since the launch of the Division in 2007. We implemented a unique Family Planning training program, which has helped to place key family planning specialists throughout the U.S. and abroad. To date, 75 residents, fellows and attending physicians at Mount Sinai have received training.

“This represents a major shift over the past 15 or 20 years when there weren’t many residents who were trained in the sub-specialty of women’s reproductive rights and Family Planning,” says Jacobs.

In addition to training, we’ve conducted and published several seminal studies. In collaboration with the division of maternal-fetal medicine, our study on complications in pregnancy found that the epigenetic marks on human placentas change from the first trimester of pregnancy to the third, a departure from the prevailing opinion that imprinting was permanently established 12 weeks after fertilization. These findings may eventually offer physicians several windows of opportunity to detect risks and modify outcomes during pregnancy.

We recently published a review article on the safety and efficacy of the newest formulations of oral contraceptives, including those with extended regimens that reduce or eliminate menstrual cycles. These new regimens are as safe and effective as traditional oral contraceptives.

We are also a leader in the field of cervical cancer screening in low-resource settings in Central America and in research involving adolescent comprehension of emergency contraception.

“A recent study showed that young women understand emergency contraception as well as their adult counterparts,” says Jacobs. “This study was cited by the FDA as one of the reasons why the over-the-counter age restriction for contraception access was lowered from 18 to 17.”

Further research has been conducted to investigate delayed vs. immediate IUD placement after second trimester abortion. The preliminary data shows that women who have an IUD placed immediately are much more likely to be using highly effective contraception at six months. We believe this study will give evidence that will encourage providers to offer their patients an IUD after second trimester abortion procedures.

The Family Planning Division is also working with the Mount Sinai Department of Social Work to provide comprehensive and innovative support services for patients, including our Perinatal Bereavement Program for women and families experiencing fetal loss.

This unique program provides spiritual, religious and culturally sensitive bereavement services to families experiencing losses at any stage of pregnancy and those experiencing early infant loss at any time following a loss. Women having medical terminations of pregnancy may also be referred to the program.

Services include counseling and guidance to help patients and family members cope with loss, including support groups strategies for coping, community based referrals and facilitation of meaningful rituals with community-based referrals as needed.
We’re trying to change the odds. “Economically disadvantaged communities throughout the world are deeply affected by the health-related consequences of poverty,” says Shirazian. “And few of the more than 16,000 students who earn medical degrees in the U.S. each year have been trained to address the health needs of these most vulnerable populations.”

Mount Sinai Global Women’s Health programs combine resident education with real world charitable care in order to establish sustainable programs, improve access and availability of services, reduce maternal morbidity and mortality, and educate and train providers around the world to deliver quality women’s health care. In short, we’re preparing our physicians to be good global citizens, and we are building programs internationally to facilitate this goal.

In Monrovia, Liberia, for instance, where the female mortality rate is 180 out of 1,000 live births, we have partnered with other Mount Sinai departments as well as other U.S. academic medical centers to send teams of physicians to a tertiary care hospital. “In a country with only six obstetrician gynecologists where the average life expectancy for women is 41 years old, our physicians provide critical training and education for local healthcare providers to help change these odds,” says Shirazian.

In the foothills of Santiago, Guatemala, we have partnered with a small community hospital to provide clinical care and birthing kits to the rural community. With the highest infant mortality rate in Central America, Guatemala is also home to numerous indigenous tribes resulting in cultural and language barriers to healthcare. We provide training and resources in both Spanish and the local Mayan dialect. Through our birthing kit initiative, we teach traditional birth attendants about how to perform clean, safe delivery and about how to detect early warning signs in labor.

And in El Salvador, a country with the highest incidence of cervical cancer in Latin America, we provide training for healthcare providers to perform, see and treat colposcopy for early cervical cancer screening.

Saving Mothers
Mount Sinai has partnered with Saving Mothers a non-profit organization that aims to prevent neonatal and maternal death around the world by supplying women with materials to promote safe delivery. One current project is the distribution of birthing kits to women in Sierra Leone and Tanzania, areas that have long been afflicted with the highest maternal and child mortality rates in the world. In Guatemala, Saving Mothers sends volunteers to provide clinical care at the local hospital and birthing kits to the rural communities of Santiago.

Back home in the United States, Saving Mothers – with the support of the March of Dimes – has developed a Lifestyle Modification Program that empowers obese pregnant women by teaching them about nutrition and exercise routines that can lead to lower gestational weight gain and, ultimately, safer deliveries for both mothers and babies.

Saving Mothers is building awareness about global women’s health care issues and seeks to involve all interested volunteers. It has established graduate, medical and undergraduate student chapters across the U.S. to give students the opportunity to take part in high impact projects that promote women’s health.

Dr. Shirazian believes that everyone has a role in improving the lives of women around the globe. “They key is to be involved in constructive, organized programs that form sustainable relationships with local providers and organizations. So many people want to give back and be involved internationally, but it’s important to be involved in a socially responsible way,” she says.
Founded on the principle of balancing biologic thinking in medicine with a concern for society and the whole patient, our students and faculty create a rich environment for life-long learning.

EDUCATION and TRAINING

“To study the phenomenon of disease without books is to sail an uncharted sea, while to study books without patients is not to go to sea at all.”

Sir William Osler
When trainees come to the Mount Sinai School of Medicine (MSSM), they learn in a vital and progressive academic community from faculty who are among the top in the nation. Likewise, the trainees are eager and gifted, with a variety of backgrounds and strengths. The result is a medical school that ranks 18th out of 126 medical schools nationwide, according to the 2010 U.S. News & World Report Best Medical School rankings.

We offer an Obstetrics and Gynecology clerkship for 132 medical students annually; have an accredited four-year residency program for 28 residents; and, provide three accredited fellowships in Gynecologic Oncology, Maternal-Fetal Medicine and Female Pelvic Medicine and Reconstructive Surgery/Urogynecology.

Clerkship
Our mission in the Obstetrics and Gynecology clerkship is to improve the way medical students are taught so that they acquire the knowledge, skills and attitudes they will need to provide the best in women’s health care for generations to come. The clerkship is offered at three sites in two states: Mount Sinai Medical Center in Manhattan, New York; Elmhurst Hospital Center in Queens, New York; and Morristown Memorial Hospital in Morristown, New Jersey.

Our clerkship is ranked in the top three as compared to other clerkships in other departments at MSSM. In addition, individual residents and faculty have won school-wide awards for their outstanding contributions to medical student education.

Residency Program
In the four-year residency program, we are committed to maintaining our academic vision while responding to the world of health care reform by preparing our residents for careers in academic and clinical medicine with a level of knowledge, skill and caring to meet the needs of our future patients.

The program meets the standards set forth by the Council on Resident Education in Obstetrics and Gynecology (CREOG) and includes rotations in:
- Emergency Medicine
- Obstetrics
- Reproductive Endocrinology and Infertility
- Family Planning
- Gynecologic Oncology
- Gynecology
- Urogynecology and Pelvic Reconstructive Surgery
- Gynecologic Pathology
- Maternal-Fetal Medicine
- Research
- Ultrasonography

Our graduating residents go on to some of the nation’s top fellowship programs, many competing for positions in our Department’s accredited three sub-specialties.

Fellowships
Gynecologic Oncology: Our goal is to educate fellows to deliver superior patient care; to develop the intellectual strengths and organization of thought to permit analysis and possible solution of new and old problems in the field of Gynecologic Oncology; and, to have exposure to sufficient talent and imagination to permit continued growth and education for the rest of their professional lives.

The major strength of our three year program is the diverse attending staff of 11 gynecologic oncologists with a presence in hospitals in New York, New Jersey and Connecticut. They each have a wide array of clinical acumen and a large volume of cases that exposes our fellows to all facets of Gynecologic Oncology.

We have expanded the academic and research capabilities of the Division and have become a full member of the Gynecologic Oncology Group (GOG) which offers our patients and fellows exposure to national protocols. We have also tapped into the extensive translational research facilities of MSSM. As the Division that contributes the largest volume of cancer cases to the institution, we are a primary component in the support of basic science research. Consequently, we have been granted access to globally recognized scientists and state-of-the-art facilities to provide our fellows with the opportunity to pursue any basic science research endeavor in which they have an interest.

This alliance between clinical experts and the scientists working on cutting-edge research is an example of the kind of teamwork that enhances fellowship training, patient care and divisional contributions to the field of Gynecologic Oncology.
Maternal-Fetal Medicine
Our goal is for fellows to develop competence in the diagnosis, treatment and management of medical and obstetrical complications of pregnancy, as well as fetal diagnosis and therapy.

One of the major strengths of our program lies in the training in prenatal diagnosis and management of a wide variety of maternal and fetal problems for which our division has received international recognition. Our large clinic service provides a wealth of material about a wide spectrum of high-risk problems in the pregnant patient. This clinical material, together with our close relationship with several other services, particularly Genetics, Neonatology, Pediatric Cardiology, Pediatric Surgery and OB Anesthesia provides our fellows with an excellent opportunity to become well-trained sub-specialists and consultants for managing high-risk pregnancies. We have an outstanding faculty with a variety of interests, including research, genetics, infectious diseases and maternal medical conditions.

The intellectual and laboratory resources at MSSM provide a superb milieu for innovative research. It is therefore not surprising that most of the graduates of our fellowship program are practicing at major academic centers.

Female Pelvic Medicine and Reconstructive Surgery/Urogynecology
Our highly competitive and fully accredited program requires three additional years of training after completion of an accredited residency in Obstetrics and Gynecology or two additional years after completion of an accredited residency in Urology. The goals of the fellowship include leading the field through research and innovation with new and improved methods for treating benign gynecologic conditions and training future leaders in the field.

Our program draws on the strengths of four urogynecologists at our three academic medical centers, as well as a female urologist – all of whom are trained in the cutting edge of minimally invasive treatments in all aspects of the field.

We also regularly collaborate with the faculty of the surgical divisions of Urology and Colorectal Surgery to offer our fellows a complete range of clinical and surgical training. Our fellows have become academic and clinical leaders in our field.

All fellows are required to have completed a research project and to present its design, methods, results and conclusions at a formal Research Day Symposium attended by members of the department. In addition, fellows are vital to the teaching of medical students and residents and in reading and evaluating the medical literature for formal case presentations, journal club sessions, and morbidity and mortality conferences.

Other Educational Programs
We also offer a one-year fellowship in Advanced Minimally Invasive Gynecologic and Pelvic Surgery with training in advanced laparoscopic and operative hysteroscopic surgery for malignant and benign gynecologic and pelvic disorders. Fellows also have the opportunity to work with other faculty members in the Division of Minimally Invasive Surgery in the Department of Surgery.

Our Continuing Medical Education (CME) at Mount Sinai School of Medicine’s Page and William Black Post-Graduate School enables physicians and other health professionals to extend their knowledge and remain current in their specific fields. In March 2007, MSSM was awarded “Accreditation with Commendation” by the Accreditation Council for Continuing Medical Education (ACCME) – the highest available by a CME provider, and according to ACCME policy one “reserved for programs which are truly exceptional.”

Our CME course - Challenges in Obstetrics, Gynecology, and Women’s Health - is designed to provide the practicing clinician with updates in the field of Obstetrics, Gynecology, Reproductive Medicine, and Women’s Health. The diversity of the topics presented is a reflection of the scientific breadth of a discipline which provides healthcare for women throughout their reproductive lifespan. Our goal is to provide a unique, interactive course which elucidates disease pathogenesis and explains the scientific advances which support current clinical practice guidelines and public health recommendations.
“Every two minutes someone in the United States is sexually assaulted and one in three girls and one in six boys will experience a sexual assault by their eighteenth birthday,” says Iona Siegel, SAVI program director. “In addition, it is estimated that one in four women will experience domestic violence in her lifetime. Yet, many victims struggle alone without the care and support of crisis intervention services.”

Founded in 1984, the Mount Sinai SAVI Program has been addressing issues of Sexual and Domestic Violence on individual and societal levels throughout NYC. For more than 25 years, SAVI has strived to respond to the needs of the community by continuing to develop new, innovative programming through its advocacy, counseling, and education services.

Therapeutic Services: Using a victim-centered, culturally-sensitive model, our licensed mental health professionals provide free and confidential therapy, advocacy, and referral services to victims of rape, sexual assault, child sexual abuse, and domestic violence services in 10 different languages. These services are also extended to the victim’s family members and friends and are accessible to all, regardless of gender, sexual orientation, race, ethnicity, or socioeconomic status. It assists victims in their transition to survivors, strengthening their families and neighborhoods in the process.

Volunteer Advocate Program: SAVI coordinates more than 200 trained and certified Volunteer Advocates who are on-call to the emergency rooms (ER) of seven hospitals in Manhattan and Queens to provide crisis intervention services to victims of sexual and domestic violence.

“Post-trauma research has demonstrated that these initial interactions a victim has following a traumatic event are the strongest factors in their recovery,” says Siegel.

Outreach, Education and Training Program
This program is also committed to the prevention of sexual and domestic violence, as well as to increasing sensitive and empathetic implementation of services by medical professionals, law enforcement, and other social service providers. Free workshops, trainings, and informational sessions are provided for schools, businesses, community-based organizations, and other institutions.

Volunteer Advocate Program: SAVI coordinates more than 200 trained and certified Volunteer Advocates who are on-call to the emergency rooms (ER) of seven hospitals in Manhattan and Queens to provide crisis intervention services to victims of sexual and domestic violence.

“I found the courage to make changes in my life…I know I was one of the lucky ones to get a second chance.”

Sexual Assault Forensic Examiner Program (SAFE)
Comprised of specially trained medical professionals (doctors, nurses, nurse practitioners, and physicians’ assistants who complete 40-hour certification training) we provide individualized, sensitized, state-of-the-art forensic and medical care to rape and sexual assault victims in The Mount Sinai Emergency Department. In 2006, SAVI received accreditation from the New York State Department of Health as a “Center of Excellence” for the SAFE Program. In May 2010, the SAFE Program achieved 24/7 Emergency Room coverage.

Takanot Program
We offer culturally sensitive and religiously specific individual counseling, group services, and outreach initiatives to Orthodox Jewish survivors of sexual assault, domestic violence, and childhood sexual abuse. Takanot collaborates with respected Orthodox service providers as well as maintains ongoing communication with leaders in the Orthodox community.

Program against Commercial Sexual Exploitation (CSE)
The CSE Program provides advocacy and counseling for commercially sexually exploited youth in Queens. SAVI’s clinical staff offer referrals, provide counseling and clinical services, advocate for safe housing, and support clients through the court process, when needed. Each client is also provided with intensive case management services to assist her/him in obtaining health care, educational and vocational services, and opportunities for peer support and connection. Additionally, we facilitate an ongoing drop-in group for young females at high risk for recruitment into prostitution or who are trying to leave “the life”.

“Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.”
– Margaret Mead
Founded in 2003, Woman to Woman is a unique network of trained volunteer survivors of gynecologic cancer who provide hope, one-on-one support, education and advocacy for women in treatment at Mount Sinai, their partners and families.

“From their first meeting with a woman to the end of treatment, our volunteers help patients adjust to their new lives as cancer survivors,” says Arden Moulton, program director.

All women being treated at Mount Sinai are offered the opportunity to participate in the program by being matched with a survivor volunteer who has undergone rigorous training.

Survivor volunteers also speak to second-year medical students and healthcare providers to heighten awareness of, and sensitivity to, the patient’s point of view. Conventional teaching is intellectual; patients’ stories are a contribution to the emotional component of learning. The women tell their stories so that students can hear firsthand not only how difficult it is to confront a cancer diagnosis, but also, in the case of ovarian cancer, how difficult it can be to diagnose it correctly and quickly.

Male partners of women diagnosed with a gynecologic cancer are often overlooked by health care workers, family and friends resulting in confusion, anxiety, and anger. To help address the needs of this unique group, Woman to Woman created a “Guide for Male Partners” which contains information on gynecologic cancer, treatment and side effects, sexuality, finances, how to deal with family and friends, and resources for each topic. We also provide peer mentoring from men whose partners have already completed treatment for gynecologic cancer.

Woman to Woman annually serves a population of approximately 250 women with gynecologic cancer and is the only hospital-based program of its kind in the United States.

Esperanza y Vida (Hope and Life) and the Witness Project of Harlem™ Each year it is estimated that 12,000 women are diagnosed with cervical cancer and close to 4,000 die, with significant statistical differences between white and minority women. This discrepancy is addressed in two community outreach programs in East Harlem and Harlem in New York City in collaboration with the Department of Oncological Sciences at Mount Sinai School of Medicine:

These programs are sponsored by the Program for Cancer Prevention and Control and are culturally tailored to the Latino and African-American communities. Both aim to teach about prevention and early detection of breast and cervical cancer by increasing awareness, knowledge and access to screening.

“The Mount Sinai School of Medicine was the 2009 Spencer Foreman Award winner for Outstanding Community Service. This annual award given by the American Association of Medical Colleges honors member institutions with a longstanding, institutional commitment to addressing community needs and recognizes exceptional programs that go well beyond the traditional role of academic medicine to reach communities whose needs are not being met through the traditional health delivery system.

Mount Sinai has woven education opportunities into its numerous outreach and community initiatives and in so doing, has helped New York City’s most vulnerable populations for centuries. We are not only eliminating disparities in care, but are creating what Mount Sinai School of Medicine Dean and Executive Vice President for Academic Affairs of The Mount Sinai Medical Center Dennis Charney, MD calls the “new American physician” - a doctor who is aware and also part of his or her community.
RESEARCH DISCOVERIES

“Research is to see what everybody else has seen, and to think what nobody else has thought.”

Albert Szent-Gyorgyi
1937 Nobel Laureate, Medicine

“As committed as we are to patient care, we are equally dedicated to researching new treatments, the effectiveness of current treatments, and measuring outcomes to provide the best treatment options for our patients,” says Rhoda Sperling, MD, Vice-Chair of Research. “Our number one priority is to ensure the well-being of women under our care.”

This builds upon the strength of our basic science departments and on several areas of research excellence within our clinical department in nearly every subspecialty. From new approaches in prevention and diagnosis to successful treatments and cures, the critical research conducted in the Department of Obstetrics, Gynecology & Reproductive Science has a long tradition of dramatically improving the lives of our patients.

- Pioneer in developing salpingography – x-ray visualization of uterine tubes with radio-opaque substance.
- Introduced the use of per uterine insufflation of the fallopian tubes for the diagnosis & treatment of sterility in women (Rubin test).
- Among the first to demonstrate the female sex hormone in the follicular fluid of the ovary; created a rapid rat test for pregnancy; developed the first test to measure the levels of circulating estrogens in the blood.
- Coined the term PMS (premenstrual syndrome).
- Performed the first tubal insufflation using oxygen – the first non-surgical method to test the patency of the Fallopian tubes.
- Recognized the link between estrogen replacement therapy and endometrial cancer.
- One of the first to study theca cell ovarian tumors.
- First use of a sequential combination regimen of chemotherapy for adjuvant treatment of ovarian cancer; first to note the association of adenomatous hyperplasia with unopposed estrogen exposure as a precursor to the development of endometrial cancer; and introduced the concept of including factors such as uterine size and histologic features in patients with endometrial cancer in a staging system which formed the basis for FIGO, the internationally accepted staging system. Also demonstrated the presence of cell-mediated immunity in patients with cervical, ovarian and endometrial cancers – a finding that would establish a basis for the benefits of immunotherapy.
- Provided the first demonstration that the human ovary could synthesize testosterone in vitro. Research on Clomid and Pergonal provided regimens that became the standard of care for the administration of these drugs.
Our fellowships in Maternal-Fetal Medicine, Gynecologic Oncology, and Urogynecology and Reconstructive Pelvic Surgery incorporate 18 months of dedicated research time into their training programs and all third year residents are required to complete an original research program. The faculty within the Division participate in multi-disciplinary patient oriented research, and provide leadership in residency and medical education.

Current research initiatives include:

**Immune Responses to Virus Infections during Pregnancy:** A 5-year NIH-NIAID Division of allergy, immunology, and transplantation to assess whether the different trimesters of pregnancy, which are characterized by unique hormonal environments, are associated with:

1. Identifiable, discrete changes in maternal systemic immunity
2. Recognizable alterations in susceptibility to select bio-defense pathogens
3. Differential responses to influenza and other vaccinations

This study is led by principle investigators Rhoda Sperling, MD from the Department of Obstetrics, Gynecology & Reproductive Science and Thomas Moran, MD from the Department of Microbiology. Results from this study could change the way illness is managed in the pregnant patient, with the goal of improving outcomes through avoidance of hospitalizations and reduced miscarriage rates.

Additional research includes:
1. Phase III efficacy and safety trials of HPV L1 VLP vaccines for the prevention of cervical dysplasia/cervical cancer
2. NIH-funded phase III efficacy trial of a glycoprotein vaccine for the prevention of genital herpes
3. Pilot clinical trials assessing the cervical-vaginal micro biome and adverse health outcomes
4. Trials studying the utility of pre-operative PET/CT scanning prior to radiation therapy to detect lymph node spread in patients with advanced cancer of the cervix
5. Safety of antiretroviral treatments used for the prevention of mother-to-child HIV transmission
6. Multiple projects in Maternal Fetal Medicine, Gynecologic Oncology, Reproductive Endocrinology, and Urogynecology.

Our minimally-invasive surgeons are also exploring the efficacy of complementary therapies such as hands-on healing during surgery to determine whether they aid in post-operative recovery.

Discoveries being made in our laboratories fuel an expansive research effort aimed at translating promising laboratory findings rapidly into clinical applications for patients at Mount Sinai.

**Family Planning Research**

Our research efforts focus on improving health literacy and access to a variety of contraceptive techniques, including:

**Improving effective use of contraception:** Further research has been conducted to investigate delayed vs. immediate IUD placement after second trimester abortion. The preliminary data show that women who have an IUD placed immediately are much more likely to be using highly effective contraception at 6 months. We believe this study will give evidence that will encourage providers to offer their patients an IUD after second trimester abortion procedures.

**Abortion usage:** Furthering the understanding surrounding abortion stigma will help providers during patient options counseling. Research regarding the safety and efficacy of second trimester abortion may also affect patient care and decision making.

**Improved access to emergency contraception:** The study, co-led by Miriam Cremen, MD of the Department of Obstetrics, Gynecology & Reproductive Science, showed that young women understand emergency contraception as well as their adult counterparts. This study was cited by the FDA and was one of the reasons why the over-the-counter age restriction was lowered from 18 to 17 years of age.

**Gynecologic Oncology Research**

In 2006, the Division established the Gynecologic Oncology Group (GOG) at Mount Sinai. Funded by the National Cancer Institute, it is the primary research organization for gynecologic cancer in the United States. As one of only two medical centers in New York City that are members in this prestigious group, we are able to:

- Enroll our patients in clinical trials right here at Mount Sinai
- Access federal funding for research and investigations
- Offer our patients many more options and resources, including state-of-the-art treatment

**Clinical Trials**

We offer a number of clinical trials for women with ovarian, uterine (endometrial) and cervical cancers. All attending physicians at Mount Sinai are co-investigators of trials, so any doctor can enroll patients. In addition, studies comparing different chemotherapy agents in various stages of disease are being conducted in uterine and ovarian cancer and there is a study of pre-operative imaging for cervical cancers. Mount Sinai trials also allow women with ovarian cancer free access to Avastin (Bevacizumab) in combination with standard chemotherapy for first-line and second-line therapy.

We participated in international clinical trials that led to the development of the HPV vaccine Gardasil (Merck), which was approved in 2006 for girls and young women to protect against cervical cancer, and we are currently working with drug companies on trials for a new vaccine.
Peter Dottino, MD and John Martignetti, MD, PhD are intent on finding markers for early detection and prevention of ovarian cancer by identifying molecules that tumors secrete which could be detected by a blood test to possibly signal the earliest stages of tumor formation or response to different treatments. They are also investigating potential therapeutic targets and genetic markers associated with disease recurrence and risk that are present even before a tumor develops. Ultimately, the goal is to provide the genetic information which can change how we deal with ovarian cancers.

More than 100 women have enrolled in the ongoing study which also includes collection of a blood samples, ascites fluid, and cell lines established from their tumors in an international collaboration with Memorial Sloan Kettering Cancer Center, New York; MD Anderson Cancer Center, Houston, Texas; British Columbia Cancer Agency, Vancouver, Canada; and, the Mario Negri Research Institute in Milan, Italy.

The data we have been collecting is incredibly rich and is providing us with an unprecedented view into the identity of these tumor cells. One example is a research finding that Mount Sinai investigators made when working on the KLF6 gene, a tumor suppressor gene that stops cancer from developing. A variation in this gene drives cells to grow and metastasize. Our research team showed that treatment with certain chemical compounds attacked this genetic variation, and the survival rate tripled. This work was recently published in the prestigious journal *Cancer Research* and as a chapter in the book *The Biology of the Kruppel-like Factors* (Springer).

So little is known about ovarian cancer, but our cutting-edge investigations, dedicated scientists and clinicians, and patients who are willing to serve on the leading edge of the research frontiers are what keep Mount Sinai at the forefront of the ever-changing and challenging research revolution.

“Every day that passes without a cure means the suffering and death of countless women,” says David Fishman, MD, Director of the NOCEDP at Mount Sinai. “Our number one priority is to help save women’s lives. There’s nothing more rewarding than that.”

Mount Sinai leads an international clinical and scientific effort to identify new screening methods for the early detection of epithelial ovarian cancer in asymptomatic high-risk women. Established in 1999, we are the only NOCEDP site where gynecologic oncologists are working so closely with genetic counselors.

The hallmark of the program is the coordinated, multidisciplinary services we provide during each comprehensive clinic visit including evaluations by board certified specialists in Cancer Genetics, Gynecologic Oncology, Ultrasound, and Psychology. Participants receive a consultation with a board certified genetic counselor that reviews the family history of cancer in detail and provides an estimate of the likelihood of hereditary susceptibility. We also provide women and their families the opportunity to discuss the numerous and complicated issues surrounding genetic testing. Women who participate in the program return every six months for follow-up, but remain with their own gynecologists for routine care.

As a state-of-the-art clinical research program, the NOCEDP has achieved international recognition for scientific insights regarding the genetics, biology and mechanisms of ovarian cancer. It is our goal to translate the information we learn into new methods for both the identification of at-risk women, as well as early detection of early stage disease and treatment of ovarian cancer. These studies, if successful, will have a significant impact on lowering the mortality rate associated with ovarian cancer and significantly improve women’s healthcare.

Ovarian cancer is the fifth leading cause of cancer death among U.S. women and has the highest mortality rate of all gynecologic cancers. The majority of women continue to be diagnosed when the disease has reached an advanced stage and the overall survival rate for women is poor. However, if ovarian cancer is detected early, the survival rate is more than 90%, requires less radical operations, and may not require adjuvant chemotherapy.

Ultimately we hope that the work of the NOCEDP will lead to an affordable ovarian cancer screening test that can be used anywhere in the world.

“There’s nothing more rewarding than to help save women’s lives.”
Improving fertility treatments and preservation options

The Division of Reproductive Endocrinology and Infertility (REI) at the Mount Sinai School of Medicine is a leader in the technological advancement of reproductive medicine and in patient-focused care. The Mount Sinai In Vitro Fertilization Program was one of the first clinics in the region to achieve healthy babies from in vitro fertilization as well as from ovum donation. In recent years, there have been dramatic breakthroughs in the understanding of human reproduction and physiology, leading to success rates among the highest in the world for the treatment of infertile patients. The Division's approach to reproductive issues has transformed from the application of interventions at the systemic level down to the cellular, the sub-cellular, and even the genomic level. Some key areas of research include:

- Differences in glucocorticoid receptor polymorphisms among different ethnic populations
- Effects of intrapartum anesthesia on fetal heart rate tracings

In our research laboratory, we're focusing on the role of hypoxia and glucocorticoids on placental cell culture in models of intrauterine growth restriction and preeclampsia and are currently working on developing a cord blood and placental biobank to store samples that can later be used to study various childhood and adult diseases. Maternal fetal and placental tissue can provide unique insight into disease pathways and elucidate important medical information to assist with early detection and treatment.

We also have established collaborations with the Departments of Community Medicine, Genetics, and Microbiology to study placental gene expression, loss of imprinting, and other epigenetic research using the placenta as a model. Other research projects include studying the effects of stress in pregnancy, RH disease, preterm birth, and multiple gestations in order to identify safe and effective interventions for pregnant women and their fetuses.

The Division’s collaborative research has led to award winning presentations related to parthenogenic activation of oocytes to generate stem cells, as well identification and characterization of spermatogonial sperm cells in the male. Ultimately, it is the goal of our Division's research to promote continued translation of basic scientific findings into clinical applications. Our use of improved diagnostic testing, utilization of individualized treatment protocols, and maintenance of strict quality control procedures throughout our clinical practice has resulted in thousands of successful outcomes annually.
Mount Sinai is a national leader in developing unique programs that demonstrate a commitment to ensuring a high-quality, seamless experience for our patients.

The foundation of our program is the creation of a culture that appreciates the inherent risk in modern healthcare and strives to reduce medical errors by improved reporting, development and monitoring of best practices, and continued learning. Our initiatives have changed the culture at Mount Sinai where everything is a teachable moment for our faculty and staff.

Initiatives that have improved upon Mount Sinai’s already excellent national safety record include:

- **Executive Walk Rounds:** The leadership communicates with front-line staff about safety issues during regularly scheduled Executive Walk Rounds.
- **Quality Committees:** Staff participates in the improvement of patient safety by reporting events and serving on one of the many quality committees in the Department to identify critical areas for improvement and develop effective strategies.
- **Safety Surveys:** The staff also participates in a regular survey that assesses the safety culture.
- **Obstetric Guidelines and Best Practices:** These have been developed in conjunction with our malpractice carrier, and compliance with these practices is carefully monitored.
- **Surgical Care Improvement Project:** Gynecology care is monitored and publicly reported.
- **Weekly safety conferences:** These focus on errors and prevention strategies, along with education of new science and technology.
- **Code of Professionalism:** A multidisciplinary plan has been established and sets a standard for excellence in professional behavior for all staff.
- **Near Miss Reporting:** An electronic system for reporting and analysis of near misses is in place.
- **Drills:** All staff undergo simulation drills for communication and obstetrical emergencies such as shoulder dystocia and hemorrhage.
- **EMR and Standardized Orders:** The Department has collaborated with the institution to institute electronic medical records and standardized orders.

“When choosing a hospital, you want one where **quality of care, safety and patient satisfaction** are the number one goals.”

ERIN DUPREE, MD
Deputy Chief, Medical Officer and Vice President, Patient Safety, Mount Sinai Medical Center
Vice Chair for Quality and Assistant Professor Obstetrics, Gynecology & Reproductive Science

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Mount Sinai is a national leader in developing unique programs that demonstrate a commitment to ensuring a high-quality, seamless experience for our patients.
Let’s face it - when you’re sick, you want the highest-quality care you can get.

In 2010, 27 of our physicians in four sub-specialties made the Castle-Connolly and New York Magazine Best Doctors lists. These are the doctors other doctors go to see.

We always knew we were among the very best in the U.S.

▶ Obstetrics & Gynecology
  Alvin Berman
  Michael Brodman
  Charles Ascher-Walsh
  Charles Bacall
  Rebecca Brightman
  Sheldon Cherry
  Sharon Diamond
  Mark Evans
  Lynn Friedman
  Ricky Friedman
  Martin Goldstein
  Cynthia Krause
  Gila Leiter
  Robin Phillips
  Jonathan Scher
  Judith Schwartz

▶ Gynecologic Oncology
  Linus Chuang
  David Fishman
  Jamal Rahman

▶ Maternal Fetal Medicine
  Keith Eddleman
  Andrei Rebarber

▶ Reproductive Endocrinology and Infertility
  Alan Copperman
  Sami David
  Lawrence Grunfeld
  Tanmoy Mulherjee
  Benjamin Sandler

Michael Brodman, MD
Ellen & Howard C. Katz Chairman’s Chair and Professor
Obstetrics, Gynecology & Reproductive Science
President, Medical Board, Mount Sinai Hospital
Medical Director, Sexual Assault and Violence Intervention Program

Michael Brodman is internationally recognized as a physician/educator in the field of Obstetrics and Gynecology. He has been a member of both the Council on Resident Education in OB/GYN (CREOG), and the Association of Professors in OB/GYN (APGO). As a nationally renowned pelvic surgeon he helped promote the need for a sub-specialty in Urogynecology and Pelvic Reconstructive Surgery. Mount Sinai is one of only a few centers nationwide that has an accredited fellowship in this recently recognized field of medicine. Dr. Brodman serves on the Board of the International Organization for Women and Development, a group that travels to Niger to perform fistula repair surgery and as a Board Examiner for the American Board of Obstetrics and Gynecology. Dr. Brodman received his medical degree from the Mount Sinai School of Medicine. He completed his Residency in Obstetrics and Gynecology and a Fellowship in Pelvic Surgery at Mount Sinai School of Medicine and has been a member of the faculty since then.

Charles J. Ascher-Walsh, MD, MS, FACOG
Assistant Professor Obstetrics, Gynecology & Reproductive Science
Division Director, Gynecology
Director, Urogynecology and Pelvic Reconstructive Surgery

Charles Ascher-Walsh has extensive experience in Urogynecology/Female Pelvic Medicine and Reconstructive Surgery. He has specific training and proficiency in all areas of pelvic surgery including vaginal, laparoscopic and graft augmented surgical techniques. Dr. Ascher-Walsh is the director of Fellowship in Urogynecology/Female Pelvic Medicine and Reconstructive Surgery at Mount Sinai; is a member of the Medical Advisory Board of the International Fund for Women and Development, Obstetric Fistula Repair in Niger, Africa; the Obstetric Fistula Subcommittee, International Urogynecology Association; and is the Director of the New York Fibroid Center. His international research experience includes the completion of a randomized control trial and several projects examining minimally invasive techniques. Dr. Ascher-Walsh received his medical degree from The State University of New York, Health Science Center. He completed his Residency in Obstetrics and Gynecology at the New York Columbia Presbyterian Medical Center and continued his training there as a Fellow in Urogynecology.

TOP DOCTORS

DEPARTMENT LEADERSHIP
Katherine T. Chen, MD, MPH
Associate Professor, Obstetrics, Gynecology & Reproductive Science
Vice Chair of Education
Director, Medical Student Clerkship

Katherine Chen is responsible for Obstetric and Gynecology-related academic programs in undergraduate, graduate, and continuing medical education. Under her leadership, the OB/GYN Medical Student Clerkship achieved a top ranking among all Mount Sinai clerkships. Dr. Chen has clinical expertise and research endeavors in infectious diseases and has authored over 25 original research articles, reviews, chapters, and editorials. She was an ACOG Fellow in Women's Health Policy and also an NIH Scholar in the Women’s Reproductive Health Research Career Development Program. Dr. Chen’s teaching awards include the Outstanding Mount Sinai School of Medicine Clinical Attending Faculty Award in 2009. She was recently elected by the Mount Sinai Institute of Education as a Fellow and by the Mount Sinai Alpha Omega Alpha Honor Society as Faculty Member. She has presented her innovative teaching techniques at many national conferences. Dr. Chen received her medical degree from Harvard Medical School and a Masters of Public Health from Columbia University. She completed her Residency in Obstetrics and Gynecology at the Brigham and Women’s Hospital in Boston, MA. Prior to joining Mount Sinai, she held academic positions at New York University Medical School, Harvard Medical School, and Columbia University’s College of Physicians and Surgeons.

Alan B. Copperman, MD
Vice Chair and Associate Professor, Obstetrics, Gynecology & Reproductive Science
Division Director, Reproductive Endocrinology and Infertility

Alan Copperman is an experienced and respected clinician and has published numerous award-winning papers and textbook chapters on egg freezing, infertility, in vitro fertilization, and pelvic surgery. He is board certified in Reproductive Endocrinology and Infertility as well as in Obstetrics and Gynecology and is a fellow of the American College of Obstetricians and Gynecologists and of the American Society for Reproductive Medicine. Dr. Copperman has presented research findings and scientific data at both national and international meetings and is frequently quoted in the media, both in print and on local and national television and news shows. New York Magazine has recognized Dr. Copperman as one of its Best Doctors nine years in a row, and Castle Connolly and SuperDocs have annually recognized Dr. Copperman as one of the top fertility doctors. The American Fertility Association awarded him its 2003 Family Building Award. Dr. Copperman received his undergraduate degree from the University of Pennsylvania and his medical degree from George Washington University Medical Center in Washington, D.C. and continued his training as a Fellow in Clinical Genetics at New York Presbyterian-Weill Cornell Medical Center in New York and as a Fellow in Maternal Fetal Medicine at The Mount Sinai School of Medicine.

Keith A. Eddleman, MD
Professor, Obstetrics, Gynecology & Reproductive Science
Professor, Human Genetics and Genomics
Division Director, Obstetrics

Keith Eddleman is well known in the fields of Maternal-Fetal Medicine and Reproductive Genetics, and for his skill in ultrasound and diagnostic procedures. He is also board certified in Clinical Genetics. Dr. Eddleman has co-authored the books Pregnancy for Dummies and The Pregnancy Bible with his colleague Joanne Stone, MD. Pregnancy for Dummies is now in its third edition, and was turned into a four part TV series airing on Discovery Health; it is currently available on DVD or on i-Tunes. Dr. Eddleman received his medical degree from Bowman Gray School of Medicine at Wake Forest University Medical Center in Winston-Salem, NC. He completed his Residency in Obstetrics and Gynecology at George Washington University Medical Center in Washington, D.C. and continued his training as a Fellow in Clinical Genetics at New York Presbyterian-Weill Cornell Medical Center in New York and as a Fellow in Maternal Fetal Medicine at The Mount Sinai Medical Center.

Erin S. DuPree, MD
Vice Chair for Quality and Assistant Professor, Obstetrics, Gynecology & Reproductive Science
Deputy Chief Medical Officer, Mount Sinai Medical Center
Vice President, Patient Safety, Mount Sinai Medical Center

Erin DuPree leads improvements in the areas of quality, risk, and safety while continuing her clinical work and has developed a robust quality improvement process that is founded on safety culture principles. In collaboration with the malpractice carrier, Dr. DuPree has been instrumental in the creation of a risk management council for shared learning and best practices for providers and is working with The Joint Commission Center for Transforming Healthcare on an initiative to improve the safeguards to prevent patients from wrong site, wrong side and wrong patient surgical procedures. Common to all of her efforts is the engagement of physicians and other healthcare professionals in developing and executing solutions to quality and safety issues including the recognition and removal of the barriers that can serve to impede the process. Dr. DuPree received her undergraduate degree from the University of California, Berkeley and her medical degree at Columbia University College of Physicians and Surgeons. She completed her residency in Obstetrics and Gynecology at The Mount Sinai Hospital. After residency she developed a clinical practice while on faculty at The Mount Sinai School of Medicine and Weill Cornell. Upon returning to Mount Sinai, Dr. DuPree joined the Mount Sinai Office for Excellence in Patient Care.
David Fishman, MD
Professor, Obstetrics, Gynecology & Reproductive Science
Fellowship Director, Gynecologic Oncology
Director, Gynecologic Oncology Research
Director, National Ovarian Cancer Early Detection Program

David Fishman is an internationally recognized Gynecologic Oncologist especially noted for his innovative research on the regulation of ovarian metastasis and in developing new methods for the detection of early stage ovarian carcinoma. He is the only physician in the US to be awarded NIH grant support for his work involving the use of ultrasound microvascular imaging to detect early stage ovarian cancer. Dr. Fishman established The National Ovarian Cancer Early Detection Program in 1999 and serves as its Director and Principal Investigator. His research has received awards from the National Institutes of Health, National Cancer Institute, Society of Gynecologic Oncologists, Gynecologic Cancer Foundation, American Cancer Society, Society for Gynecologic Investigations, Berlex Foundation and multiple philanthropic agencies. He is a member of national and international cancer institute study sections from the National Cancer Institute and Centers for Disease Control to the Royal College of Obstetricians and Gynecologists. His membership in many medical and honor societies and patient advocacy groups include the American Gynecologic and Obstetrical Society, Society for Gynecologic Investigation, AOA, the Society of Gynecologic Oncologists and the National Ovarian Cancer Coalition. Dr. Fishman received his medical degree from Texas Tech School of Medicine in Lubbock, TX and completed his Residency and Fellowship in Obstetrics and Gynecology and Gynecologic Oncology at the Yale University School of Medicine in New Haven, CT.

Frederick Friedman, Jr., MD
Associate Professor of Obstetrics, Gynecology & Reproductive Science
Division Director, Obstetrics and Gynecology Generalists
Associate Director, Obstetrics and Gynecology
Director of Resident Research
Director of Appointments and Promotions

Ricky Friedman is currently an Associate Professor of Obstetrics and Gynecology & Reproductive Science at the Mount Sinai School of Medicine, Director of Resident Research, Director of Appointments and Promotions, and Director of The Division of Generalists in that department. He has received the National CREOG Award for Resident Education as well as several other accolades for his educational and clinical efforts. Dr. Friedman has several peer-reviewed publications and has authored textbook chapters concerning both Obstetrical and Gynecologic topics. He maintains a busy clinical practice in general obstetrics and gynecology, and plays an active role in the education of medical students and residents. Dr. Friedman received his Bachelor of Arts cum laude from the University of Pennsylvania and his medical degree from the State University of New York Downstate Medical Center where he was awarded the Ronge Prize for excellence in Obstetrics and Gynecology. Upon completion of his Residency in Obstetrics and Gynecology at the Mount Sinai Medical Center in New York, Dr. Friedman joined the full-time faculty.

Alan D. Garely, MD
Associate Director, Obstetrics, Gynecology & Reproductive Science
Division Director, Urogynecology and Pelvic Reconstructive Surgery

Alan Garely is an innovative leader in the practice of female pelvic floor disorders including uterine and vaginal prolapse, urinary incontinence, overactive bladder, complication from previous surgery and pelvic fistulas. He is a pioneer in minimally invasive pelvic surgical procedures including the mini-lap and TVT sling approaches. He has lectured and operated around the world. Dr. Garely has served on the Board of Directors for the American Urogynecologic Society and remains on the Finance Committee. He has been active in fellowship programs in Female Pelvic Medicine and Reconstrucitive Surgery at both the Louisiana State University Medical Center and at The Mount Sinai Medical Center. Dr. Garely received his medical degree from St. George's University in Grenada, West Indies and completed his Residency in Obstetrics and Gynecology at St. Vincent's Hospital Medical Center of New York. He continued his training as a Fellow in Urogynecology at Louisiana State University in Baton Rouge and at The Mount Sinai Medical Center.

Herbert F. Gretz, III, MD, MBA
Associate Professor, Obstetrics, Gynecology & Reproductive Science
Division Director, Gynecologic Oncology
Director, Gynecologic Minimally Invasive Surgery

Herbert Gretz has pursued a dual career integrating business and medicine. He earned a Masters of Business Administrations from Columbia University in 1997. He is also a diplomat of American College of Obstetrics and Gynecology and is Board Certified in Obstetrics & Gynecology, and Gynecologic Oncology. Dr. Gretz practiced at New York Presbyterian Hospital from 1993 to 1999 and joined the Department of Obstetrics, Gynecology & Reproductive Science at The Mount Sinai School of Medicine in 1999. Dr. Gretz teaches students, residents, and fellows, and manages clinical trials for treatments of gynecologic cancers. He lectures internationally, and has published papers in the fields of gynecologic oncology and minimally invasive and robotic surgery. Dr. Gretz received his undergraduate degree from Lehigh University, Bethlehem, PA and his medical degree from New York University Medical College in Valhalla, NY. He completed his Residency training in Obstetrics and Gynecology at The New York University Medical Center, New York. He then completed a Fellowship in Gynecologic Oncology at the University of Michigan Medical Center, Ann Arbor, MI.
Adam R. Jacobs, MD, FACOG
Assistant Professor, Obstetrics, Gynecology & Reproductive Science
Assistant Professor, Pediatrics
Division Director, Family Planning

Adam Jacobs is an international leader in family planning and women's reproductive rights. He has worked tirelessly to develop a formal family planning training program for residents at Mount Sinai and to secure dedicated space for a family planning center. He has won numerous awards including the 2010 George Tiller Abortion Provider Award from Physicians for Reproductive Choice where he is one of the principal investigators for "Project in a Box" which is evaluating and improving medical school curriculum in the areas of family planning and reproductive topics. Dr. Jacobs serves on many boards, including Planned Parenthood where he is co-director of the Caribbean Initiative family planning training program which allows healthcare professionals from the islands to come to the U.S. and receive hands-on training. Dr. Jacobs received his medical degree from University of Medicine and Dentistry of New Jersey and completed his residency in Obstetrics and Gynecology at Albert Einstein College of Medicine in New York.

Taraneh Shirazian, MD
Assistant Professor, Obstetrics, Gynecology & Reproductive Science
Director, Global Women's Health

Taraneh Shirazian is a leader in women's health, specializing in gynecologic care and surgery. She serves on the board of the American College of Obstetricians and Gynecologists and is currently the national chair of their Junior Fellow College Advisory Council. Dr. Shirazian works extensively with the residents and medical students at Mount Sinai School of Medicine on institutional and international research projects and serves as the faculty leader for the surgical mission to San Pedro Sula, Honduras with the Medical Students Making an Impact group. She also organizes curriculum for the OB/GYN residents in the Global Health Residency Track. She is the director of Saving Mothers, a non-profit organization dedicated to women's health, education and empowerment to reduce maternal mortality in the U.S. and abroad, including Sierra Leone, Tanzania and Guatemala. Dr. Shirazian received her medical degree through the accelerated medical program (PLME) at the Warren Alpert Medical School at Brown University in Providence, RI and completed her training as a Resident in Obstetrics and Gynecology at The Mount Sinai Medical Center.

Rhoda S. Sperling, MD
Professor, Obstetrics, Gynecology & Reproductive Science
Professor, Medicine, Medical Infectious Diseases
Vice Chair, Research

Rhoda Sperling is an experienced clinical researcher and women’s health practitioner and has contributed to clinical practice guideline committees (sponsored by federal and local agencies as well as professional societies) encompassing a broad range of topics related to infectious diseases and women’s health. Currently, her funded research projects are focused in the areas of immunologic changes in pregnancy and in adult vaccination. Dr. Sperling has formal training in Obstetrics/Gynecology, Infectious Diseases and Epidemiology. She received her medical degree from the University of Chicago, Pritzker School of Medicine. She completed her residency in Obstetrics and Gynecology at The Mount Sinai Medical Center and continued her training at the University of Texas Health Science Center in Houston as a Fellow in Infectious Disease and at the City Hospital Center at Elmhurst, New York as a Fellow in Infectious Disease.

Joanne L. Stone, MD
Professor, Obstetrics, Gynecology & Reproductive Science
Fellowship Director, Maternal-Fetal Medicine
Division Director, Maternal Fetal Medicine
Director, Perinatal Ultrasound

Joanne Stone is a well known expert in the field of Maternal-Fetal Medicine. She has a busy consultative and clinical practice, as well as being active in teaching and research. Her areas of interest include ultrasound, fetal therapy, multi-fetal pregnancy reduction and prenatal diagnosis. She has co-authored the books Pregnancy for Dummies and The Pregnancy Bible with her colleague Keith Eddleman, MD. *Pregnancy for Dummies* is now in its third edition, and was turned into a four part TV series airing on Discovery Health; it is currently available on DVD or on iTunes. Dr. Stone received her medical degree from the Columbia College of Physicians and Surgeons in New York and completed residencies in Obstetrics and Gynecology at Long Island Medical Center and The Mount Sinai Medical Center in New York. She completed her training as a Fellow in Maternal Fetal Medicine at The Mount Sinai Medical Center.
Imagine doctors having the ability to detect cancer early and to use hands-on healing in the operating room to help patients get better faster. Advances such as these, unheard of a decade ago, are now within sight. And Mount Sinai is leading the way. By recruiting more of the world’s most talented physicians and scientists — and providing them the ideal conditions for innovation — Mount Sinai is achieving breakthroughs that will make medical history. Collaboration between scientists and physicians, and among specialists, enables our clinical teams to apply the latest knowledge and employ the newest, most sophisticated techniques and technologies to provide a patient experience marked by compassion and a profound respect for the dignity of every person.

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The Mount Sinai Medical Center encompasses both The Mount Sinai Hospital and Mount Sinai School of Medicine. Established in 1968, Mount Sinai School of Medicine is one of few medical schools embedded in a hospital in the United States. It has more than 3,400 faculty in 32 departments and 15 institutes, and ranks among the top 20 medical schools both in National Institute of Health funding and by U.S. News & World Report. The school received the 2009 Spencer Foreman Award for Outstanding Community Service from the Association of American Medical Colleges.

The Mount Sinai Hospital, founded in 1852, is a 1,171-bed tertiary- and quaternary-care teaching facility and one of the nation’s oldest, largest and most-respected voluntary hospitals. U.S. News & World Report consistently ranks The Mount Sinai Hospital among the nation’s best hospitals based on reputation, patient safety, and other patient-care factors. Nearly 60,000 people were treated at Mount Sinai as inpatients last year, and approximately 530,000 outpatient visits took place.

For more information, visit www.mountsinai.org. Follow us on Twitter @mountsinainyc.

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