The Medical Society of the County of Queens
and The Academy of Medicine of Queens County

BULLETIN

Volume 12 • Issue No. 3 | *Over 200 Years of Service to the Medical Community of Queens County* | *Fall* 2020

Inside This Issue

From the President's Desk

Dear Friends and Colleagues,

Welcome to the year 2020 of the Medical Society of the County of Queens (MSCQ).

Now we are dealing with the challenges of the COVID-19 pandemic. With help from The Almighty, and the expertise and dedication of extraordinary frontline workers, scientists and citizens coming together for health, we will make it through.

During my tenure, I plan to demonstrate the value of the Society to all of the physicians of this great County of Queens. Whether they are in private practice or employed by an institution, our Medical Society will continue to be the resource physicians can to turn to in difficult times. Resources are also available from the Medical Society of the State of New York (MSSNY). Disseminating this information to the physicians of Queens will be an effective way to introduce them to the important benefits of membership. MSSNY has sent our Society offices a supply of informative documents at my request. I want our current members to serve as MSCQ ambassadors, actively reaching out to non-member physicians and providing them with this information to begin this educational process.

I will bring to our meetings speakers who will provide information on subjects relevant to all physicians. To start, I will invite representatives of Medicare and Medicaid to come and review updates to the rules and regulations for participation. Hopefully, this can result in reducing the stress and angst of compliance. It is my observation that many physicians are too unfamiliar with the rules and regulations and are at risk of making errors that are easily avoided. Other ideas on how to increase membership and fundraising are welcome, and I encourage all physicians to bring us their suggestions. We welcome creative strategies focused on continuing to make our organization more meaningful to those we serve.

Finally, I will connect with our elected officials in Queens County-their constituents are our patients. We share a commitment to the care and well-being of all members of the community. I will invite them to our meetings to discuss how we can partner to improve the healthcare we deliver to our patients and their constituents. Hopefully, this year will be one in which we accomplish these goals. Let us all work together to make things work for our patients and our profession.

Best regards,
David Vilabrera, MD,
President

Meet the President... *David Vilabrera, MD has been practicing medicine in New York for over 40 years. Dr. Vilabrera attended Herbert H. Lehman College in the Bronx, graduating in 1973 with a BA in Biology. He graduated NYU School of Medicine in 1977 and remained in NY for his residency at the New York Infirmary-Beekman Downtown Hospital and throughout his professional career. Dr. Vilabrera has served the communities of New York City and the Bronx since 1980 at the Metropolitan Hospital Emergency Department, St. John's Queens Hospital Emergency Department, New York City Health and Hospitals Corp Correctional Health Service, and East Tremont Medical Center, Bronx, NY. Dr. Vilabrera was born in Brooklyn, NY to John Vilabrera, a subway conductor, and Lillian Vilabrera, a homemaker. Dr. Vilabrera met his wife Sylvia while he was in medical school at NYU, and they married in1978. They have two children Michael and Alisa. Michael, who taught English in South Korea, is married to Amilla Ji and they are the proud parents of two children, Han and Juan. Dr. Vilabrera has been a member of the Queens County Medical Society since 1982. He has served as an officer of the Comitia Minora in the capacity of Assistant Treasurer, Treasurer, Consultant to the Board of Trustees, and as a Delegate to the annual MSSNY House of Delegates. Dr. Vilabrera says he is "honored to begin his new role as President of the Medical Society and looks forward to an exciting and productive year."*

UPCOMING MEETINGS / CME / EVENTS

Upcoming Meetings	Date / Time
MSCQ Board of Trustees Meetings All Board of Trustees Meetings are held on the 1st Tuesday of the month via Zoom, unless noted	November 3, 2020 • 6:00 pm December 1, 2020 • 6:00 pm
Comitia Minora Leadership Meetings All Comitia Meetings are held on the 1st Tuesday of the month via Zoom, unless noted	November 3, 2020 • 8:00 pm December 1, 2020 • 8:00 pm
First District Branch Meetings Via Zoom, unless noted	November 10, 2020 • 7:00 pm
MSSNY Council Meeting Via Zoom, unless noted	November 5, 2020 • 9:00 am January 14, 2021 • 9: 00 am
Physician Advocacy Day	March 2, 2021 Albany, New York
MSSNY House of Delegates 2020 Via Zoom, unless noted	April 15-18, 2021 Buffalo, New York
AMA Interim Meeting	November 14-17, 2020 San Diego, California

Upcoming Events

NewYork-Presbyterian Heart Failure Education Series:
"Medical Therapy for Chronic Systolic Heart Failure"

Presented By:
Paolo C. Colombo, MD, FACC
Kumudha Ramasubbu, MD, FACC

10.21.20
5:00 PM - 6:00 PM

- **1 CME credit**
- **Held virtually via zoom**
  email: erg9060@nyp.org
  for more info

Registration required. Go to:
https://app.smartsheet.com/b/form/e800d1d606404977beeaac67bb9e46c3

NewYork-Presbyterian

2-DAY ZOOM WEBINAR

NewYork-Presbyterian Queens

Stroke and Neurocritical Care Conference 2020

Wed. October 21 • 3:00-7:00 p.m. AND **Thurs. October 22 • 3:00-7:00 p.m.**

NewYork-Presbyterian Queens designates this **LIVE** activity for a maximum of ***8.0 AMA PRA Category 1 Credit(s)™***.

To Register: www.nypqcme.org • 718-670-1419 • email: pgw9001@nyp.org

NewYork-Presbyterian Queens

For information about placing a CME program listing, please contact 718.268.7300.

BULLETIN
is published 3x/year for the membership of the Medical Society of the County of Queens and Academy of Medicine of Queens County.
For information about membership, advertising, tax deductible inquiries, article submission, CME listings and Letters to the Editor,
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fax: 718.268.6918 or
e-mail: ERTripp@QueensMedicalSociety.org

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The Medical Society of the County of Queens • 112-25 Queens Boulevard, 4th Floor, Forest Hills, NY 11375

NewYork-Presbyterian Heart Failure Education Series:

Medical Therapy for Chronic Systolic Heart Failure

10.21.20

5:00PM-6:00PM

Presented By:

Paolo C. Colombo, MD, FACC
Sudhir Choudhrie Professor of Cardiology
Director, Mechanical Circulatory Support
Division of Cardiology
Columbia University Irving Medical Center
NewYork-Presbyterian Hospital

Kumudha Ramasubbu, MD, FACC
Director, Heart Failure
Division of Cardiology
NewYork-Presbyterian
Brooklyn Methodist Hospital

- **1 CME credit**
- **Held virtually via zoom**
- **Registration required**
- **email: erg9060@nyp.org for more information**

TO REGISTER, GO TO:
https://app.smartsheet.com/b/form/e800d1d606404977beeaac67bb9e46c3

NewYork-Presbyterian

NY State DOH Pain/Opioid Course Deadline Extended Until Oct 1st

Due to the impact of Novel Coronavirus – COVID-19 in NYS, prescribers who were due to attest or re-attest between June 30, 2020 and September 30, 2020, now **have until October 1, 2020 to complete the required coursework** or training and attest or re-attest.

Course is free to all MSSNY members and is available **here**.

MSSNY's Peer to Peer (P2P) Program

If you or someone you know is struggling with everyday life stressors, reach out to the P2P program to be connected with a peer supporter to help!

Email:
P2P@mssny.org

Phone:
1-844-P2P-PEER (1-844-727-7337)

MSSNY Telemedicine Video Education Series

How to Set Up Free Telemedicine for Your Patient

To watch the video, go to:
http://www.mssny.org/MSSNY/Practice_Resources/Telemedicine/Telemedicine_Video_Education.aspx

Medical Society of the State of New York

COVID in NYC: View from the Board of Trustees Chair

Louis J. Auguste, MD, MPH, FACS

Dear All,

I would like to share with you some of my thoughts about what just unfolded in the state during these difficult times. While managing the arguably most difficult health crisis of the century in this state, the governor, justifiably or not, relied heavily on a large resource rich health system that responded well to his needs and the needs of the population.

Having said that, I would like to underline that, absent from the public discussion was the leader of the largest professional society of NY State, the president of MSSNY. The governor failed to invite to the discussion the leader of the group of physicians who provide care to the largest proportion of the state population and the most remote parts of the cities or the state where the health systems have no presence or no penetration.

These physicians not only extend the reach of the mega systems by providing care for the COVID patients who never come to the hospitals or those treated at the hospitals after discharge, but also provide a significant number of employments to New Yorkers. I think that ignoring them was a mistake.

I believe that MSSNY should take the initiative to celebrate the non-hospital associated physicians who continued to provide care in the trenches.

If you are still reading this long message, I would ask you to bear with me for a few more minutes. When resources are scarce, economics teaches us that the consumers will stratify, prioritize their needs.

I have no doubt in my mind that the physicians, even during difficult times, will continue to pay their dues, if they find value in the services provided by MSSNY.

To wit, as you look at the number of physicians who perished due to the COVID pandemic, one can argue whether the resources were equally distributed.

I heard unofficial reports that some hospitals in Brooklyn faced serious shortages of PPEs and this may have caused some healthcare workers to be unnecessarily exposed.

We perhaps lost an opportunity to explore this situation and draw the attention of the authorities, before losing any of our members or fellow physicians. Thus we could have been the voice of the unheard or ignored.

Second, as the restrictions are being loosened, physicians are facing other challenges, namely the ability to acquire PPEs, alcohol gel hand washes, disinfectant wipes, goggles, gloves, etc. Many entrepreneurs, honest or dishonest, have found a way to obtain these items in bulk that they are reselling to our colleagues at a significant profit. (I paid $155 for 10-N95 masks.)

Is MSSNY at liberty to enter into a contract agreement with a legitimate company or individual to procure these items to the non-hospital affiliated physicians who are members of the society at a reasonable price? That would definitely put a check in the category of membership benefits.

Finally, since many young physicians are joining these mega health systems, signing blindly contracts with clauses that may end up hurting them later, I think that MSSNY could provide the benefit of reviewing contracts for these individuals who may end up representing a large proportion of our membership.

I believe that benefit exists already to some degree but it should be better promoted and also it should not serve as an introduction to some costly scheme by lawyers who are supposedly offering pro bono services to the society.

That is my pitch!
Feel free to agree or disagree but we cannot let this opportunity pass. ■

About the Author

Louis J. Auguste, MD, MPH, FACS, Surgical Oncology/ General Surgery; Clinical Professor of Surgery, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell; Chair/Board of Trustees, Medical Society of the County of Queens

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Checklist to Mitigate Risk with Telehealth

During the COVID-19 pandemic, telehealth encounters have been essential to providing care. While telehealth services may be necessary, there is always a concern that using this technology may lead to liability exposure.

The following is a checklist of factors to consider when using telehealth for the treatment of patients:

Is this an appropriate patient for a telehealth encounter?

- If not, recommend a traditional office visit.

Was consent obtained for the telehealth encounter?

- It must be documented in the chart and/or obtained with a signed form, if possible.

Where is the patient located?

- As telehealth services are delivered where the patient is located, licensing issues may exist for care being provided to a patient located in a state where the practitioner is not licensed.

How is the video/audio quality?

- Poor audio quality can result in a lack of communication and misunderstandings.
- Poor video quality can result in potential misdiagnosis.

Is the encounter properly documented in the patient chart?

- Create, maintain, and update medical records as you would an in-office visit.

Is HIPAA-compliant technology being used?

- Enter into an appropriate Business Associate Agreement.
- Use a platform/network that encrypts data for end-to-end protection during the telehealth transmission.

Does the telehealth encounter mirror an encounter in the examination room?

- Ensure the patient is in a secure location where exchanges are not audible to others.
- No one should be present at the practitioner's location that should not be privy to the encounter.
- Consider the presence of a chaperone for encounters of a sensitive nature.

Is there a proper plan in place for recommendations and follow-up?

- Adhere to the same follow-up requirements as in-office visits.

Written by:
Danielle Mikalajunas Fogel, Esq.
Fager Amsler Keller & Schoppmann, LLP
Counsel to MLMIC Insurance Company

The ABC's of Genetic Testing

David A. Fishman, MD;
Bonnie Federman, MD, MS, CGC

All cancers have a genetic basis but not all cancers are hereditary. Germline genetic testing for inherited cancer predisposition syndromes assesses mutations present in every cell. Over the last 25 years, genetic testing has become more accessible but highly complicated due to technology and the discovery of hundreds of inherited cancer-related syndromes.

Diagnosis of genetic predisposition involves risk assessment based on the patient's family history of cancers, components such as family pedigree, age, and personal history of cancer. Management includes testing for known genetic mutations and extensive pre- and post-test counseling performed by a multidisciplinary team involving board-certified genetic counselors to aid the patient in understanding the implications of their condition and available treatments.

Because the total number and type of gene mutations associated with hereditary cancers continue to rapidly expand from the initial two (BRCAl and BRCA2), a negative workup for a genetic mutation does not preclude management in the presence of a positive family pedigree. Red flags for an inherited predisposition include an individual with a young age of onset of cancer, multiple cancers, unusual cancers such as male breast cancer or medullary thyroid cancer, and multiple family members in multiple generations affected with the same type of cancers. Presently over 300 hereditary cancer syndromes have been recognized and over 592 genes are associated with inherited cancers.

Genetic information is accumulating at a rapid pace, due to a significantly reduced price of acquisition of information, improvement of testing platforms, and patents that once restricted testing have now been ruled unconstitutional. Geneticists use this information to determine prevalence as well as penetrance of the mutations, in addition to discovering new genes responsible for increasing the risk of developing cancer.

Initially, this information was focused on solid tumors but recently, we have started identifying germline predisposition to hematologic cancers.

There are many compelling reasons to identify a genetic mutation. Most importantly, it creates the ability to individualize a patient's treatment with targeted therapies such as PARP inhibitors and checkpoint blockade therapeutics. It also allows us to identify other cancers the patient has an increased risk of developing and alter our surveillance to enable early stage detection (or potentially prevention) of cancer.

After identifying a genetic mutation, we can offer cascade testing to first degree family members who have a 50% chance of carrying the familial mutation. It also permits us to enroll the patient in research trials requiring that mutation.

As we conduct more testing, we are learning that family history and personal history alone are missing a significant proportion of individuals who carry a germline mutation. This emphasizes the importance of collecting comprehensive family history, maintaining a high index of suspicion, and at a minimum, testing patients who meet the guidelines.

Each professional society has created its own recommendations for genetic testing and the criteria are constantly evolving. Most insurance companies tend to base reimbursement for genetic testing with criteria set forth in the **National Comprehensive Cancer Network (NCCN).**

The most recent NCCN guidelines recommend germline genetic testing for any individual with a personal history of the following cancers:

- Ovarian cancer (dx at any age)
- Pancreas cancer (dx at any age)
- Metastatic or intraductal prostate cancer (dx at any age)
- Breast cancer diagnosed under the age of 45, male breast cancer
- Triple negative breast cancer
- Colon and/ or endometrial cancer dx < 50 yrs
- Please refer to NCCN .org for additional testing criteria

The ABC's of Genetic Testing *continued from page 7*

Many labs are conducting testing such as Ambry Genetics, Invitae, Myriad Genetics, GeneDx, but not all labs are created equally.

At this point in time, the size of panel testing remains part of the "art of medicine." Each commercial lab has created multiple options for testing and includes both well-established moderate and high penetrance genes as well as preliminary evidence genes in their panels. When ordering a test, there are specific high penetrance genes that have clinical management recommendations and should be included on panel testing.

The following genes are well established and recommended as part of current testing in 2020:

- **Breast:** ATM, BRACl/2 ,CDHl, CHEK2, NBN, NFl, PALB2, PTEN, STKl 1, TP53
- **Pancreas:** BRCAl/2, CDKNA, TP53, STKl 1, MSH2, MLHl, MSH6, EPCAM, SMAD4, BMPRIA, ATM, PALB2
- **Ovarian:** Pancreas panel+ BRIPl, RADSIC, RADSlD
- **Colorectal:** APC, BMPRIA, EPCAM, MLHl, MSH2, MSH6, PTEN, SMAD4, STK11, TP53

There are many upsides to genetic testing that generally outweigh the uncertainty that is also inherent in the testing process. While the use of panel testing increases the likelihood of finding a mutation, it also increases the likelihood of finding a variant of uncertain significance (VUS). A VUS should not be acted upon with medical or surgical interventions. As more data is collected, a VUS may be downgraded (typically about 90% are downgraded over time) to a polymorphism or upgraded to pathogenic, and guidelines will then be provided for medical management.

Another possibility is that one may identify a mutation that does not have a well-established recommendation for medical management. In this case, you should base surveillance on family history.

Additionally, you may find a gene mutation that is not causally related to the development of cancer but can have other implications for the patient and their family. For example, you could be testing a patient with breast cancer and find that they carry a mutation in one of the Lynch syndrome genes. While Lynch syndrome is most likely not related to the patient's breast cancer, there are further implications that they may not be expecting and could cause further anxiety.

Germline and somatic testing are now available to help identify those that are inherited and acquired which opens new venues to optimize patient care.

Interestingly, somatic testing also has the potential to reveal a germline variant. If any suspicion for a germline mutation is found using a somatic-tumor testing platform, confirm the mutation with germline testing. Identifying patients with genetic predisposition for cancer is the first step toward risk assessment and prevention.

A cancer risk assessment and prevention resource in Queens

Part of the NewYork-Presbyterian Queens Cancer Center, the NewYork-Presbyterian Risk Assessment and Cancer Prevention program is a resource available for any of your patients in the Queens/Brooklyn catchment area.

The physicians, certified genetic counselors and dedicated staff at NYP Queens Risk Assessment and Cancer Prevention Program are leading the way with advances that include the use of molecular and genetic evaluation and testing along with ultrasound technologies that increase the range of options for patients. The team consists of professionals from a wide range of medical disciplines who work with cutting-edge technologies. A comprehensive personalized prevention and care plan is created for each patient.

Notably, NewYork-Presbyterian Queens hospital's Cancer Center in Flushing received the highest level of recognition in June 2019 for providing high-quality cancer care for its patients.

Recently, the Commission on Cancer (COC), a program of the American College of Surgeons (ACS) awarded three-year re-accreditation with Gold Level Commendation to the academic comprehensive cancer program of NewYork-Presbyterian Queens. The Outstanding Achievement Award (OAA) is designed to recognize cancer programs that strive for excellence in demonstrating compliance with the COC's standards for their commitment to ensuring high-quality cancer care.

We are available to consult with you and your patients regarding referrals and any questions you might have about genetic testing, cancer risk, assessment and prevention. Please contact:
Bonnie Federman, MD, MS, CGC
at: bof9009@nyp.org
or leave a message at: 718-670-1322 ■

About the Authors

David A. Fishman, MD
Director- Cancer Center
Director- Gynecologic Oncology, Vice-Chair- Obstetrics and Gynecology, NewYork-Presbyterian Queens, Professor-Obstetrics and Gynecology, Weill Cornell Medicine; President-Elect of the Medical Society of the County of Queens

Bonnie Federman, MD, MS, CGC, Risk Assessment and Cancer Prevention Program, NewYork-Presbyterian Queens

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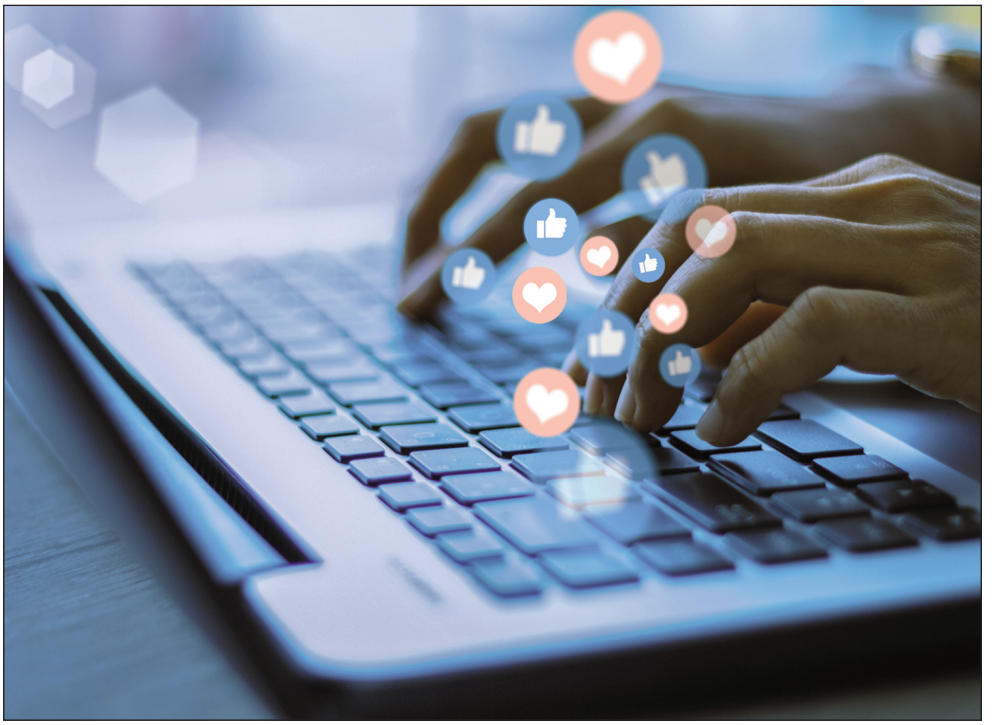
Social Media and Medicine

Louis J. Auguste, MD, MPH, FACS

The digital age has revolutionized every aspect of human activities, particularly the world of communication. The advent of the Internet has brought communities closer to one another. It has also ushered in a sense of immediacy in the transfer of information. Medicine has not been spared by this revolution and every stakeholder within the field has sought to capitalize on this new opportunity.

Physicians and healthcare providers in general have seized the Internet and social media to offer information to potential customers and the public in general about health issues and recommendations about all types of common or even rare illnesses. At the same time, the social media were used to disseminate their profiles and contact information and to promote their unique skills that may give them an edge over the competition.



Similarly, the healthcare centers and the health systems have used the social media to introduce and promote their services and distinguish themselves from the alternative options.

As we have entered a better and better defined patient-centered culture, customer satisfaction has become an important focus of attention on both sides of the debate, the hospital courting the public for positive endorsement while the consumers get an opportunity to voice their opinions regarding their recent experiences. These unofficial surveys can appeal to new customers and translate into added revenues for the facilities.

On the other side, these opinions may be skewed easily by one or two disgruntled customers. Such individuals may be more vocal and forceful than many satisfied but quiet customers who more often than not, shy away from chat discussion.

The unsophisticated Internet user may take these opinions at face value, without considering the total number of responders or the statistical significance or lack thereof.

In addition, the Internet provides an unfiltered forum of information. All claims of proven or unproven approaches to healthcare conditions, treatments and outcomes are offered to a public who more and more wants to share in the decision-making and has grown suspicious of the mainstream guidelines and recommendations.

On balance, immediate and free information is beneficial to all stakeholders and helps make better health decisions.

However, this education process should take place in a context of integrity and better overall maturity and sophistication that will allow all to separate reality from fiction and fantasies. ■

About the Author

Louis J. Auguste, MD, MPH, FACS, Surgical Oncology/ General Surgery; Clinical Professor of Surgery, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell; Chair/Board of Trustees, Medical Society of the County of Queens

In a Feb 18, 2020 Forbes.com article, senior consumer tech contributorJohn Koetsier cited findings from Hootsuite's digital state of the union report:

5.2 billion
of us now have phones globally

4.5 billion
are connected to the internet

3.8 billion
are active social media users

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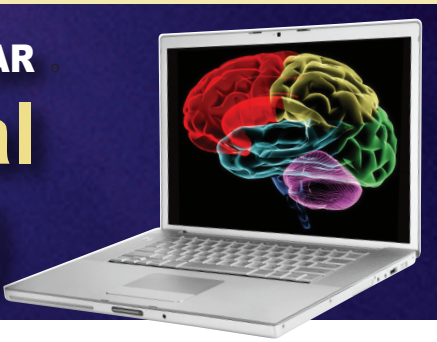

Wednesday, October 21, 2020 & Thursday, October 22, 2020

Part I

3:00 p.m. **Introduction**
Gary L. Bernardini, MD, PhD

3:05 p.m. **Overview of Acute Ischemic Stroke**
Gary L. Bernardini, MD, PhD

3:40 p.m. **Treatment Options for Atrial Fibrillation**
Candice Perkins, MD

4:15 p.m. **Reversal and Resumption of DOACs in Atrial Fibrillation and ICH**
Feliks Koyfman, MD

4:50 p.m. **Q & A • All Part I Speakers**

Part II

5:05 p.m. **TIA and Minor Stroke: Update on Management Including Use of Dual Antiplatelet Therapy**
Ji Y. Chong, MD

5:40 p.m. **Common Vascular Causes of Vision Loss**
Jay Yasen, MD

6:15 p.m. **Cerebrovascular Manifestations of COVID-19**
Alexander E. Merkler, MD

6:50 p.m. **Q & A • All Part II Speakers**

7:00 p.m. **Closing Remarks / Evaluation**
Gary L. Bernardini, MD, PhD

Part I

3:00 p.m. **Introduction** (Including Housekeeping)
Gary L. Bernardini, MD, PhD

3:05 p.m. **Malignant Edema from Stroke: Optimal Treatments and Lessons From the GAMES Trial**
Kevin N. Sheth, MD

3:45 p.m. **Controversies in Mechanical Thrombectomy**
Ning Lin, MD

4:25 p.m. **Endovascular Treatment for Pulsatile Tinnitus**
Srikanth Reddy Boddu, MD

4:55 p.m. **Q & A • All Part I Speakers**

Part II

5:05 p.m. **Lifestyle Modification for Secondary Prevention After Ischemic Stroke and TIA**
Neal Parikh, MD

5:40 p.m. **Elevated ICP in the Neuro-ICU: Etiology, Diagnosis and Treatment**
Margaret Huynh, DO

6:15 p.m. **Rapid Response and Critical Care EEG**
Baxter B. Allen, MD

6:50 p.m. **Q & A • All Part II Speakers**

7:00 p.m. **Closing Remarks / Evaluation**
Gary L. Bernardini, MD, PhD

Co-Chairs

Gary L. Bernardini, MD, PhD
Professor and Chair
Department of Neurology
NewYork-Presbyterian Queens
Vice Chair, Department of Neurology
Weill Cornell Medicine

Ning Lin, MD
Assistant Professor
Department of Neurological Surgery
Weill Cornell Medicine
Attending, Department of Neuroscience
NewYork-Presbyterian Queens

Statement of Need In the United States someone has a stroke every 40 seconds, and every 4 minutes someone dies from stroke. Stroke is also a leading cause of serious long-term disability. To adapt to the COVID-19 pandemic and its implications, the **6th Annual Stroke and Neurocritical Care Conference** has been transformed into a fully virtual event. Presented by the Department of Neurology and the Department of Neurosurgery, this conference will provide registrants with an excellent, evidence-based educational experience. Broadcast LIVE from NewYork-Presbyterian Queens, speakers will present scientific advances and best practice in stroke care and neurocritical care to optimize successful patient outcomes. Topics will include stroke assessment, current therapeutic approaches, controversies and the latest information on COVID-19 cerebrovascular manifestations and management.

Target Audience Primary care physicians, neurologists, neurosurgeons, ER physicians, residents, fellows, interns, medical students, physician assistants, nurse practitioners, registered nurses, and others involved in the care of stroke patients.

Accreditation NewYork-Presbyterian Queens is accredited by the Medical Society of the State of New York to provide continuing medical education for physicians.

NewYork-Presbyterian Queens designates this live activity for a maximum of ***8.0 AMA PRA Category 1 Credit(s)™***. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

PLEASE NOTE With our Zoom platform we are able to document the length of your participation. Physicians claim credit based on participation time, rounded to the nearest quarter hour; this is the number of credits awarded.

Registration Fees $50 Physicians | $25 General Registrants | No Fee: Physicians-in-training, NYP Queens Physicians & Staff (copy of NYP Queens ID required with registration).

Cancellation Refunds will only be made upon receipt of written notification a minimum of five work days prior to the session.

Educational Objectives It is intended that this NYP Queens CME activity will lead to improved patient care. At the conclusion of this conference, the participant will be able to:

- Specify current management of acute ischemic stroke.
- Identify treatment options for atrial fibrillation.
- Discuss guidelines and observational data for DOAC's in AF and ICH.
- Describe TIA and minor stroke therapy including dual antiplatelet therapy.
- Review the vascular etiology of vision loss.
- Identify and assess COVID-19 cerebrovascular manifestations.
- Specify treatment of malignant edema from stroke.
- Delineate controversies surrounding mechanical thrombectomy.
- Specify management of pulsatile tinnitus.
- Review recommended preventive and lifestyle changes related to ischemic stroke and TIA.
- Specify etiology, diagnosis and treatment of ICP in the Neuro-ICU.
- Discuss assessment efficacy of rapid response EEG in critical care.

Disclosure Statement NewYork-Presbyterian Queens relies upon planners and faculty participants in its CME activities to provide educational information that is objective and free of bias. In this spirit, and in accordance with the guidelines of MSSNY and ACCME, all speakers and planners for CME activities must disclose any relevant financial relationships with commercial interests whose products, devices or services may be discussed in the content of a CME activity that might be perceived as a real or apparent conflict of interest. Any discussion of investigational or unlabeled uses of a product will be identified.

Information Ms. Pamela Williams, Director, Continuing Medical Education
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NewYork-Presbyterian Queens

The Medical Society of the County of Queens, Queens Boulevard circa 1930

Who could have imagined that 90-years ago gridlock was to be reckoned with on Queens Boulevard. Some things never change!

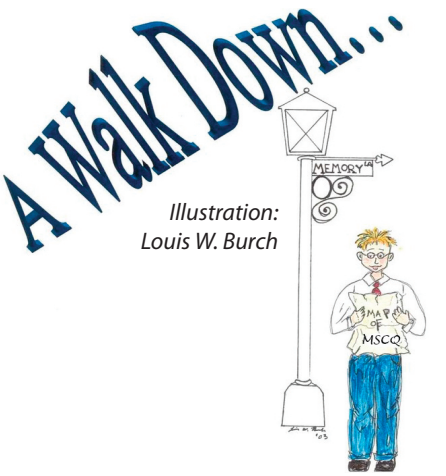


Illustration: Louis W. Burch

Preserving Our Profession

Louis J. Auguste, MD, MPH, FACS

Dear Colleagues,

We are certainly living through difficult times, in a world where all norms of decency seem to have vanished, where the concept of fairness seems to be a thing of the past, and where the sole purpose of a human life seems to have become the accumulation of material wealth.

In this disconcerting environment, I would like to remind all of us that we have chosen to devote our lives to promote health among our patients and our communities. We have spent countless hours, days, and years of our lives to accumulate the necessary knowledge in order to become the best "doctors" that we can be. I am proud of all of you for your selflessness and for espousing such noble ideals. Medicine is for me the greatest profession and I would never discourage a youngster from engaging in a medical career.

Unfortunately, we are also living in an era where we seem to have lost control of our profession. Wall Street, short on moral values, wants to transform every human activity in a business model. And yes! Medicine has not been spared. All that we are experiencing currently is the direct consequence of this malignant attitude infiltrating every single daily activity, promoting less qualified individuals to assume roles that are above their level of preparation, while trying to downgrade and diminish the role of duly trained physicians and placing all sorts of financial and regulatory obstacles in the way.

However, the medical profession and the context of medical practice are two different things and they cannot be conflated. If we stop believing in the values of our profession, who will? WE have chosen to join organized medicine at the county, state, or national level; to preserve and defend our profession. We are the last bastion of resistance against the many assaults against medicine. Our battle lines are facing the insurance industry, the government, all the supposedly allied but competing professions, and unfortunately against ourselves, if we stop believing in our mission.

These are challenging times, but are we going to drop our weapons before the fight? Are we going to just walk away from this fight? We have been elected leaders of the medical profession. The context of medical practice in this country will not fix itself. Without our guidance, our young colleagues will be lost sheeps without a shepherd, easy prey for all the wolves on the prowl. They have the energy. They are willing to fight for a more equitable system. They are looking up to us to share our experiences. Now is the time to close our ranks, to strategize, and redefine our purpose for ourselves and for the future of our profession.

This morning, I woke up with this passage from the Bible on my mind and I think it is quite germane to our discussion:

"Ye are the salt of the earth: but if the salt has lost his savour, wherewith shall it be salted? It is thenceforth good for nothing, but to be cast out, and to be trodden under foot of men."

"We are the light of the world. A city that is set on a hill cannot be hid."

"Neither do men light a candle, and put it under a bushel, but on a candlestick; and it giveth light unto all that are in the house."

"Let your light so shine before men, that they may see your good works and glorify your Father which is in Heaven."

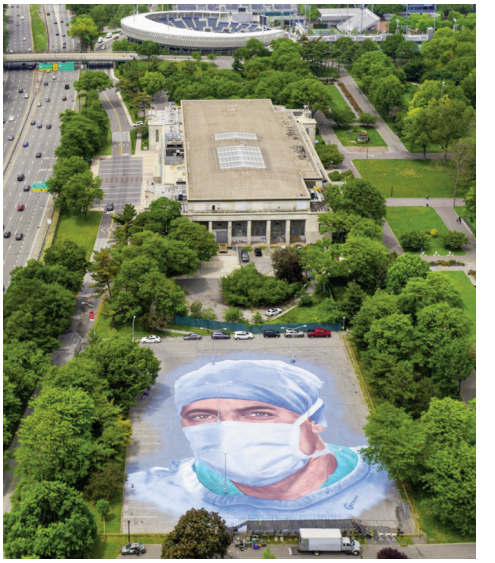
-Matthew 5, verses 13 to 16 ■

Paying Tribute

Excerpted content printed with Queens News and Community (QNS) permission from article by Bill Parry.

Conceptual artist Jorge Rodriguez-Gerada has created an extraordinary 20,000-sq. foot memorial to COVID-19 victims located in Flushing Meadows, Corona Park. The eyes of the portrait are inspired by Dr. Ydelfonso Decoo, one of the first minority physicians to die from COVID-19. The doctor was preparing to retire when he changed course and joined his colleagues on the frontlines treating patients as part of SOMOS Community Care, a network in New York City primarily comprised of Latino and Chinese doctors treating patients and families in underserved communities. The artist maintains that the project is not solely about Dr. Decco. It is a tribute to all victims of COVID-19 and to the health care workers and first responders who continue to provide quality, compassionate care to each patient now, during this unprecedented crisis, and always- our forever heroes!

The NYC Parks Department, the Queens Museum, SOMOS and Make the Road New York all played important roles in the successful realization of the project. ■



Photos courtesy of GreenPoint Innovations

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A Message from The Secretary and Editor

Joseph T. Cooke, MD

To members of the
Medical Society of the State of New York
elected as delegates to the
American Medical Association
at the first virtual House of Delegates
meeting in September 2020,
congratulations and well done!

The Medical Society of the
County of Queens
is pleased to announce that
two of our esteemed physicians
were elected as delegates:
Dr. Arthur C. Fougner
and
Dr. Louis J. Auguste
We are proud to have you represent us.

Newly elected delegates from MSSNY to serve a Two-Year term - 2021-2022:

DELEGATES

Arthur C. Fougner, MD / *Queens*
Parag Mehta, MD / *Kings*
Joseph Sellers, MD / *Schoharie*
Bonnie L. Litvack, MD / *Westchester*
Corliss A. Varnum, MD / *Oswego*
Andrew Y. Kleinman, MD / *Westchester*
Maria Basile, MD / *Suffolk*
Louis J. Auguste, MD, MPH, FACS / *Queens*
Robert J. Hughes, MD / *Saratoga*
Leanna Knight, *Medical Student* / *Monroe County*

ALTERNATE DELEGATES

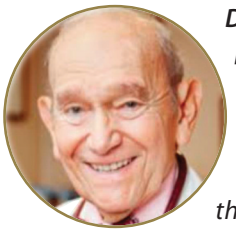
Daniel M. Young, MD / *Broome*
Malcolm D. Reid, MD, MPP / *New York*
Robert B. Goldberg, DO / *New York*
Brian Murray, MD / *Albany*
Michael Erisman, MD / *Nassau*
Barry Rabin, MD / *Onondaga*
Joseph DiPoala, Jr. MD / *Monroe*
Stephen Coccaro, MD / *Suffolk*
Bryan Mayrsohn, MD, *Resident Physician* / *New York*

The Ralph E. Schlossman, MD
Humanism in Medicine Award

This prestigious award will be presented to one outstanding physician annually who has cared for patients in the County of Queens and has taught residents and/or medical students with compassion, dedication and professionalism.

To Submit Award Nominations

Nominations may be submitted by individuals or groups.
To submit a nomination form, please visit: www.MSCQ.org



Dr. Ralph E. Schlossman *was a renowned physician in New York State for over 50 years. He mentored many medical students and physicians, including two individuals who later became President of the Medical Society of the State of New York. He was a Diplomat of the American Board of Family Medicine and held teaching positions at the State University of New York Downstate Medical Center, the New York Hospital Weill College of Medicine of Cornell University, and the Touro College of Osteopathic Medicine. Throughout his career, he was an attending physician at State University Hospital in Brooklyn and New York Hospital Queens. In December 1958, Dr. Schlossman joined both the Medical Society of the County of Queens and the Medical Society of the State of New York. He served as President of the Medical Society of the County of Queens in 1970-1971; served on the MSCQ Board of Trustees from 1972-1984 and subsequently as its Chair for over twenty years. Dr. Schlossman was the recipient of the Medical Society of the County of Queens highest honor, the MSCQ Lifetime Achievement Award. He was President of the Medical Society of the State of New York from1998-1999; and served as Chair of the MSSNY Board of Trustees from 2004-2005. Dr. Schlossman was the recipient of the Medical Society of the State of New York's highest honor, the Henry I. Feinberg Award for Leadership. He was a longtime delegate from the MSCQ to the MSSNY and from the MSSNY to the American Medical Association.* ■

2020 - 2021
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