Welcome to the Residency Training Program in Otolaryngology–Head and Neck Surgery at New York Presbyterian Hospital – Columbia and Cornell campuses. We are glad you are here to see the outstanding opportunities offered by our training program. This is a unique program, which combines the resources of Departments of Otolaryngology–Head and Neck Surgery at two Ivy League medical schools, and includes rotations at three top-ranked hospital campuses.

We are fortunate to have an outstanding group of residents in the program, and the faculty and residents look forward to meeting you.

Sincerely,

Lanny Garth Close, MD
Howard W. Smith Professor and Chairman
Department of Otolaryngology-Head & Neck Surgery
Columbia College of Physicians and Surgeons
Co-Program Director

Michael G. Stewart, MD, MPH
Professor and Chairman
Department of Otolaryngology-Head & Neck Surgery
Weill Cornell Medical College
Co-Program Director
New York-Presbyterian Hospital

The New York-Presbyterian Hospital, a nationally ranked medical institution, was officially established as a single hospital complex in 1997 through the merger of two renowned medical centers: the former Columbia-Presbyterian Medical Center, and New York Hospital. The merged hospital has two main campuses: New York-Presbyterian Hospital/Columbia University Medical Center in the Washington Heights section of upper Manhattan, and New York-Presbyterian Hospital/Weill Cornell Medical Center on the upper east side of Manhattan. Memorial Sloan Kettering, another affiliated hospital involved in the Otolaryngology residency, is located across York Avenue from Weill Cornell Medical Center. New York-Presbyterian Hospital is ranked #6 in the USA in the US News and World Report rankings, and Memorial Sloan-Kettering is currently ranked #2 among cancer centers in the USA.

Otolaryngology-Head and Neck Surgery Training Program

Specialties/Divisions:

General Otolaryngology and Basic Science Education
The General Otolaryngology experience is very strong at both Columbia and Weill Cornell sites. Residents experience the full gamut of specialties and are well trained to become exceptional general otolaryngologists after residency. Each site has full-time faculty with general otolaryngology practices, whereas at many training programs, every faculty member is a subspecialist. In addition to clinical experience, there is a formal didactic curriculum, including a yearly anatomy course with head and neck cadaver dissection, and biannual temporal bone dissection courses. Throughout the year, a series of basic and clinical science lectures are given to the residents. These lectures are organized over a two year curriculum, so that each resident repeats the basic science and clinical lecture series twice throughout their residency. Topic content is based on the Scope of Knowledge report from the American Board of Otolaryngology to prepare residents for In-training and Board examinations. In addition, as part of that schedule, residents supplement their knowledge in weekly small study group discussions led by a faculty member during protected academic time.

There are also several other weekly academic activities which add to the learning environment including: weekly multidisciplinary Radiology rounds, weekly tumor boards, morning rounds with various attendings, monthly journal club, weekly landmark article discussions, weekly Departmental Grand Rounds, and more.

Hospital-based outpatient clinics at both Weill Cornell and Columbia are important aspects of the general otolaryngology experience and provide great learning experiences. Research activities include various clinical reviews and prospective studies, outcomes research and quality of life studies, as well as many other opportunities.

Head and Neck Surgery
The head and neck surgical experience is extensive at all sites. Throughout the residency, residents participate in a variety of head and neck surgeries. Weekly radiology rounds with all of the attendings help to extend the experience beyond the operating room. Tumor boards occur weekly with a lively interdisciplinary discussion including otolaryngology, radiation oncology, medical oncology, pathology, as well as others depending on the cases. This ensures a full experience with the gamut of head and neck cancers. During the PGY-3 and PGY-5 years, every resident spends 3 months at Memorial Sloan Kettering Cancer Center with the 8 full-time faculty members; the site director for the Memorial Sloan Kettering rotation is Dr. Dennis Kraus. These 6 months provide an intensive hands-on resident experience in diagnosis, evaluation, surgical, post-surgical, and non-surgical management of head and neck cancer. Research activities in head and neck include studies on pathology, surgical techniques in cancer treatment, Fanconi’s anemia as a model for head and neck cancer, development of a rat model for study of genetic determinants of various carcinomas, identification of tumor suppressor genes, and several other projects.
Rhinology and Endoscopic Sinus Surgery
Throughout residency, residents work with various attending otolaryngologists in the operating room, where we have state-of-the-art technology in video, photography, and surgical navigation CT scanning (Landmark, VTI, Brainlab, Fusion). The rhinology experience is extensive and all residents are very well trained by the end of their residency. There is also opportunity to be involved with endoscopic anterior skull base cases in conjunction with neurosurgery to expand the basic endoscopic sinus surgery skills. Research is ongoing in the study of novel techniques for treatment of epistaxis, genetic analysis of patients with chronic sinusitis, novel approaches to endoscopic skull base surgery, outcome after computer-assisted endoscopic sinus surgery, effect of sinus surgery on voice parameters, role of local factors in pathogenesis of chronic rhinitis and sinusitis, and clinical research on obstructive sleep apnea and snoring.

Otology/Neurotology
Basic training occurs during the yearly anatomy course and the biannual temporal bone courses with otology attendings. In addition, radiologic review of temporal bone anatomy is done weekly at radiology conference. Operative experience spans the entire spectrum of otologic and neurotologic surgery, including transnasal, anterior and lateral skull base surgery, in conjunction with neurosurgery.

Research in otology includes treatment modalities include treatment for sudden sensorineural hearing loss, implantable devices for hearing restoration, speech and voice impact of cochlear implantation, performance of users of Bone-Anchored Cochlear Stimulators, inner ear perfusion for treatment of vertigo, hearing loss, tinnitus, treatment modalities for vertigo and sensorineural hearing loss, and pressure measurements of the inner ear. The Fowler Memorial laboratory at Columbia specializes in basic otologic research, including pressure phenomena in the middle and inner ear.

Pediatric Otolaryngology
Residents work with attendings in pediatric otolaryngology at both Morgan Stanley Children’s Hospital of New York at the Columbia campus, and the Komansky Children’s Center at Weill Cornell Medical Center. There are 7 fellowship-trained pediatric otolaryngologists on the full-time faculty in total. Residents begin in the operating room mastering general pediatric otolaryngology procedures and working closely with the attendings on various pediatric consults. Weekly teaching conferences are held with a specific focus on pediatric otolaryngology. Multidisciplinary craniofacial clinics are held monthly and include otolaryngology, plastic surgery, OMFS, pediatrics, genetics, neurology and speech pathology in a joint setting. As residents gain experience, they participate in more complex cases including airway reconstruction, sinus surgery, otology, and head and neck cases. Also, there are potential opportunities for surgical mission trips for cleft palate surgery in Central America and Asia. Pediatric otolaryngologic research activities include techniques of tonsillectomy treatment of cystic fibrosis, pediatric voice disorders, hearing impairment in children, and treatment of velopharyngeal insufficiency and its voice ramifications.

Laryngology/Voice Disorders
The laryngology experience is extensive at both Columbia and Weill Cornell campuses, including anatomy, physiology, and pathology. Specific techniques learned include Flexible Endoscopic Evaluation of Swallowing with Sensory Testing (FEESST), flexible laryngoscopy, videostroboscopy, transnasal esophagoscopy, in-office laryngeal biopsy, in-office laryngeal injections, as well as many others. In office and operative techniques are progressively mastered during residency. The laryngologists work closely with speech pathologists in voice retraining and voice therapy. Research activities include 3D imaging reconstruction of the larynx, aerodynamic studies of the glottis in teenagers, swallowing disorders, evaluation using FEESST, optical transesophageal echocardiography, transnasal esophagoscopy, outcomes in treatment of voice disorders, care of the professional voice, laryngeal physiology, and voice acoustics and aerodynamics.
Facial Plastic and Reconstructive Surgery
Facial plastics activities are present at Columbia and Weill Cornell and their satellite surgical suites. There is opportunity to get involved with the full-time facial plastic surgeons at both locations, and also to work with the voluntary faculty, in cosmetic and reconstructive facial plastic surgery. There is a quarterly plastics teaching course for the residents to gain further exposure to some of the basics in facial analysis, planning, and cases studies. In addition, a weekly session of one hospital-based clinic is dedicated to facial plastics, which provides some clinic-based cases for residents. Research activities include mechanisms of facial nerve regeneration, tissue growth factors, factors affecting nasal obstruction, as well as others.

Allergy
Allergy is an active subspecialty at both Columbia and Weill Cornell, with full allergy programs including testing and treatment in place at both campuses. Residents work with the otolaryngic allergy specialists to learn the background of allergy testing and immunotherapy. Patients in the hospital-based clinics who are believed to have an allergic component to their disease are encouraged to bring them for further testing and immunotherapy treatment, which is performed directly by the resident under supervision. This level of involvement during training will enable residents to qualify for the otolaryngic allergy boards, if desired.

Audiology
Audiology is a part of the Department at both Columbia and Weill Cornell campuses, where audiograms, electronystagmograms, auditory brainstem reflex testing, and other audiologic tests are performed, as well as prescribing and dispensing hearing aids, and other rehabilitative devices including cochlear implantation. Doctoral-level audiology faculty are also integral parts of the resident’s didactic curriculum.

Research initiatives include rehabilitative impact and outcome measures, cochlear implants, efficacy of new technology, development of new test procedures and materials, challenges in geriatric aural rehabilitation, central auditory disorders and evaluation methods, early detection of hearing loss, effect of micronutrient deficiencies on hearing in developing countries, and outcomes of neonatal hearing screening failures.

Residency Program:
The department accepts 4 residents per year. The PGY-1 year is spent on rotations in the Departments of Surgery at Columbia and Weill Cornell (6 months at each campus) that help prepare residents for training in Otolaryngology-Head and Neck Surgery. 1-2 months during the PGY-1 year are spent on Otolaryngology-Head and Neck Surgery. The American Board of Otolaryngology requirements are always followed, and other rotations include but are not limited to: emergency medicine, plastic surgery, anesthesia, general surgery, vascular surgery, and neurological surgery.

The subsequent 4 years are spent on the Otolaryngology-Head and Neck Surgery service at the various sites. During years PGY-2 through PGY-5, you will spend 18 months at Columbia, 21 months at Weill Cornell, 6 months at Memorial Sloan-Kettering and 3 months on research. Both Weill Cornell and Columbia have the full complement of subspecialties of Otolaryngology - Head and Neck Surgery, giving a wide basis of experience for residency training. Memorial Sloan-Kettering has a primary focus on head and neck oncology and provides an oncology experience that is among the best in the nation.
Otolaryngology-Head and Neck Surgery Residents 2012-13
NewYork-Presbyterian Hospital - Columbia and Weill Cornell Campuses

PGY 5
Victoria Banuchi Crespo  Benjamin Talei  Andrea Wang  Emily Stucken

PGY 4
Micah Berman  Justin Cohen  Nicole Hsu  Jiovani Visaya

PGY 3
Gavriel Kohlberg  Melanie Malone  Stefan Miot  Shan Tang

PGY 2
Luke Donatelli  Hardik Doshi  Yuna Larrabee  Brian Stater

PGY 1
Jin Suk Calvin Kim  Valeria Silva Mere  David Phillips  Oscar Trujillo

Design/Photography by: Weill Cornell Art & Photography
### 2012:

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<th>Name</th>
<th>Fellowship:</th>
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<tbody>
<tr>
<td>Alyn Kim, MD</td>
<td>Facial Plastic and Reconstructive Surgery, University of Toronto, Canada</td>
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<tr>
<td>Alison Maresh, MD</td>
<td>Pediatric Otolaryngology, Children’s National Medical Center, Washington, DC</td>
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<tr>
<td>Saral Mehra, MD, MBA</td>
<td>Head &amp; Neck Surgery and Microvascular Reconstruction, Beth Israel Medical Center, New York, NY</td>
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<tr>
<td>Roheen Raithatha, MD</td>
<td>Advanced Rhinology and Endoscopic Skull Base Surgery, Weill Cornell, New York, NY</td>
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<tr>
<td>Amy K Hsu, MD</td>
<td>Private Practice with Dr. James Li, New York City. In 2012, Fellowship in Facial Plastic Surgery, Lasky Clinic, Beverly Hills, CA</td>
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<tr>
<td>Deya Jourdy, MD</td>
<td>Rhinology, University of Miami, Miller School of Medicine.</td>
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<tr>
<td>Dara Liotta, MD</td>
<td>Facial Plastic and Reconstructive Surgery, Lenox Hill and Manhattan Eye Ear And Throat Hospitals.</td>
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<tr>
<td>Mani Sugumaran, MD</td>
<td>Laryngology, Mount Sinai Medical Center, New York, NY.</td>
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### 2010

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<tr>
<td>Joshua Levinger, MD</td>
<td>Full-time faculty at Weill Cornell Medical College</td>
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<tr>
<td>Rahmatullah Rahmati, MD</td>
<td>Head &amp; Neck Surgery, Memorial Sloan Kettering Cancer Center</td>
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<td>David Rosow, MD</td>
<td>Laryngology, Massachusetts General Hospital, Boston</td>
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<td>Kathy Yu, MD</td>
<td>Private Practice, Costa Mesa, California</td>
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<tr>
<td>2009</td>
<td>Tali Lando, MD</td>
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<td>Scott Rickert, MD</td>
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<td>Anna Stern, MD</td>
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<td>Caroline Yoon, MD</td>
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<td>2008</td>
<td>Jeffrey Liu, MD</td>
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<td>Paul Johnson, MD</td>
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<td>Vicki Owczarzak, MD</td>
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<td>2007</td>
<td>Benjamin Saltman, MD</td>
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<td>David Hiltzik, MD</td>
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<td>Jerry Lin, MD, PhD</td>
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<td>2006</td>
<td>Andres Orjuela, MD</td>
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<td>Nooshin Parhizkar, MD</td>
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<td>Mark Shrime, MD</td>
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**Full-time Faculty:**

Lanny Garth Close, MD  
Chairman; head and neck oncology, endoscopic sinus surgery, skull base surgery

Joseph Haddad, Jr., MD  
Vice Chairman, Chief of Pediatric Otolaryngology

Salvatore M. Caruana, MD  
Head and Neck Surgery

Sezelle Gereau-Haddon, MD  
Pediatric Otolaryngology

Eli Grunstein, MD  
Pediatric Otolaryngology

Chandra Ivey, MD  
Laryngology

Anil K. Lalwani, MD  
Otology and Cochlear Implantation

R. Wais Rahmati, MD  
Head and Neck Surgery

Jayde Steckowych, MD  
General Otolaryngology

Monica Tadros, MD  
Facial Plastics

Erik Waldman, MD  
Pediatric Otolaryngology

Jaclyn Spitzer, PhD  
Audiology, audiology research

Elizabeth Olson, PhD  
Biophysics/otology research

Gloria Su, PhD  
Head and neck cancer research
Full-time Faculty:

Michael Stewart, MD, MPH  Chairman, General Otolaryngology
Samuel Selesnick, MD  Vice Chairman, Otology/Neurotology, Skull Base
Robert Ward, MD  Chief of Pediatric Otolaryngology
Max April, MD  Pediatric Otolaryngology
Kevin Brown, MD, PhD  Otology/Neurotology
Marc Cohen, MD  Head and Neck Surgery
Vikash Modi, MD  Pediatric Otolaryngology
Ashutosh Kacker, MB,BS  Rhinology, General Otolaryngology
William Kuhel, MD  Head and Neck Surgery
David Kutler, MD  Head and Neck Surgery
Joshua Levinger, MD  General Otolaryngology
Kate McCarn, MD  Facial Plastic Surgery
Joseph Montano, EdD  Chief of hearing and speech
Thomas Murry, PhD  Voice, Swallowing and Speech
Aaron Pearlman, MD  Rhinology, General Otolaryngology
Mukesh Prasad, MD  General Otolaryngology
William Reisacher, MD  Allergy, General Otolaryngology
Rita Roure, MD  General Otolaryngology
W. Shain Schley, MD  General Otolaryngology
Lucian Sulica, MD  Laryngology, Voice Disorders
Erich Voigt, MD  General Otolaryngology
Full-time faculty:

Jatin P. Shah, MD  Chief, Head and Neck Service; Elliot W. Strong Chair in Head and Neck Oncology
Jay O. Boyle, MD  Head and neck surgery
Ian Ganly, MD  Head and neck surgery
Luc Morris, MD  Head and neck surgery
Bhuvanesh Singh, MD  Head and neck surgery, Director of epithelial cancer biology
Snehal Patel, MD  Head and neck surgery
Ashok Shaha, MD  Head and neck surgery
Richard Wong, MD  Head and neck surgery
Columbia and Weill Cornell Voluntary Faculty:

There are many voluntary faculty that practice at both institutions, and the residents interact with these faculty as well.

**Weill Cornell**

Vijay Anand, MD            Sinus surgery, skull base surgery  
Linda Dahl, MD              General otolaryngology  
Lloyd Dropkin, MD           General otolaryngology  
David Edelstein, MD         General otolaryngology, plastic and reconstructive  
Clark Huang, MD             General otolaryngology, sinus surgery, skull base surgery  
Jerry Huo, MD               General otolaryngology  
Milton Ingerman, MD         General otolaryngology  
Jacqueline Jones, MD        Pediatric otolaryngology  
Alvin Katz, MD              General otolaryngology  
Inocencio Kho, MD           General otolaryngology  
Charles Kimmelman, MD       General otolaryngology, rhinology  
Marc Kramer, PhD            Audiology  
Anthony LaBruna, MD         Facial plastics, general plastic surgery  
Samuel Nodelman, MD         General otolaryngology  
Ariadna Papageorge, MD      General otolaryngology  
Norman Pastorek, MD         Facial plastics  
Michael Setzen, MD          Rhinology  
Larry Shemen, MD            General otolaryngology, head and neck surgery  
Raymond Soletic, MD         General otolaryngology  
Sarah Stackpole, MD         General otolaryngology  

**Columbia**

Jeffrey Ahn, MD              Facial plastics, sinus/rhinology  
Andrew Blitzer, MD           Laryngology, voice and swallowing disorders  
Youngnan Jenny Cho, MD       General otolaryngology  
Lee D. Eisenberg, MD         General otolaryngology  
John Frank, MD               General otolaryngology  
David Hiltzik, MD            General otolaryngology, head and neck surgery  
Ofer Jacobowitz, MD          General otolaryngology  
Albert Jen, MD               General otolaryngology, facial plastics  
Maurice M. Khosh, MD         Facial plastics  
Daniel Kuriloff, MD          General otolaryngology  
Arlene Markowitz, MD         General otolaryngology  
Jason Moche, MD              Facial plastics  
Orville Palmer, MD           General otolaryngology, head and neck surgery  
Daniel Pender, MD            General otolaryngology  
Steven Pearlman, MD          Facial plastics  
Ran Rubinstein, MD           General otolaryngology
Housing

New York-Presbyterian owns and leases approximately 1,600 residential apartments located adjacent and in close proximity to the East Campus on the Upper East Side of Manhattan (primarily a residential neighborhood). Our buildings are within walking distance of Central Park and the East River Promenade, and to all types of stores and restaurants in the neighborhood. We are also convenient to mass transportation (the Lexington Ave. subway line, uptown, downtown and cross-town buses).

Helmsley Medical Tower - 1320 York Ave. 1 Bedroom Studio Apt.

Payson House - 435 E. 70th Street 1 Bedroom 3 Bedroom Apt.
Each Campus offers on-site daily parking accommodations for patients and visitors and monthly parking accommodations (limited availability) for staff.
New York City: Myths

New York City is a vibrant collection of melding neighborhoods and boroughs. Above all, it is a walking city. Both Columbia and Weill Cornell are located in Manhattan – the epicenter of New York City – and are within easy walking distance to all forms of public transportation (subway, bus, train). There are many misconceptions about New York and living here.

1. “You have to be rich to live in New York”
   Actually there are many daily events that are free or close to free. There is even a weekly magazine (Time Out New York) that routinely lists all the hundreds of daily events, many of which are free. Residents can select housing in a desirable section of Manhattan, at significantly subsidized rental rates – and without having to go through a realtor.

2. “You have to be from New York to live in New York”
   New York is the quintessential melting pot. Besides its tremendous ethnic diversity, many people from other states and countries move to New York to be a part of it.

   Of the residents, 80% are not from New York or the surrounding area.

   Of the attendings, 60% are not from New York, including both chairmen.

3. “New York is an unsafe city”
   Crime in New York City is the lowest among the 25 largest cities in the United States. Since 1991, New York City has seen a continuous fifteen-year trend of decreasing crime. Neighborhoods that were once considered dangerous are now much safer. Violent crime in the city has dropped by 75% in the last twelve years and the murder rate in 2005 was at its lowest level since 1963. Overall, New York City had a rate of 2,801.6 crimes per 100,000 people in 2004, compared with 8,959.7 in Dallas; 7,903.7 in Detroit; 7,402.3 in Phoenix; 7,346.8 in San Antonio; 7,194.8 in Houston; 5,470.5 in Philadelphia; 4,376.0 in Los Angeles; and 4,102.7 in San Diego.

4. “New York is hard to get from place to place”
   New York has one of the most developed and wide-reaching public transportation systems in the world. Between subways, buses and trains, it’s rare to be more than a couple of blocks from public transportation. The subway and bus cost $2.25 per ride (less with a monthly pass), and one transfer is free. Taxis provide the most direct service, are easily found throughout Manhattan, and fares are among the lowest in the USA. NYC is so compact that distances are not large.