Alumnus of the Quarter

Dr. Kristina Karlic

By: Adisa Mujkic

An academic atmosphere that encourages camaraderie and curiosity is what steered Dr. Kristina Karlic to return to NYCPM, fresh out of her residency program. Dr. Karlic, a graduate of the class of 2007, was welcomed to NYCPM this year as a professor and attending in the surgery department. Her enthusiasm for learning and at-ease attitude have quickly made her a favorite among the students.

Dr. Karlic, born and raised in Queens, attended Cornell University where she volunteered as a medical assistant and as a mentor on the Universities’ crisis hotline. Dr. Karlic found her path towards podiatry during her first year after college when she worked at a pediatrician’s office. The pediatrician she worked for introduced her to the field of podiatry and encouraged her to explore all of her possibilities.
NYCPM was an easy fit due to its impressive clinical opportunities and its proximity to her family.

Dr. Karlic recounts her four years at NYCPM as a time when she made life-long friends and learned in a challenging yet fostering atmosphere. Comradeship within her class is the key feature that made her time at NYCPM enjoyable and valuable. Dr. Karlic has stayed close friends with many of her fellow classmates. As a student at NYCPM, Dr. Karlic served as the treasurer of the Practice Management Club and was an active member of the Sports Medicine Club. The excitement of Match Day stands out as an unforgettable event.

After graduation, Dr. Karlic, completed a three-year residency program at Long Island Jewish. The passion of the attendings and the diversity of the program made Long Island Jewish a clear choice for her residency. During her residency, Dr. Karlic realized that she most enjoyed being in an academic climate. Being able to collaborate with fellow podiatrists and being surrounded by enthusiastic students drove Dr. Karlic to seek a teaching position at NYCPM. In addition to being an attending at NYCPM, Dr. Karlic works at a private practice in Floral Park, Long Island.

Seeking to get further involved, Dr. Karlic was recently elected as the new Vice President of the Alumni Association. In the future, Dr. Karlic, hopes to invest time towards publications and research.

To relax, Dr. Karlic, loves to cook and read. Traveling has always been a passion. Travels to Paris and Argentina are among her favorite. Dr. Karlic looks forward to traveling more with her husband; a trip to Puerto Rico is in the works.

A piece of advice for students is that podiatry is a small field and the people that you meet in school and along the way are instrumental to your career and success. Dr. Karlic is an Alumna who has brought with her a contagious energy and eagerness for learning. This is a true gift to the students at NYCPM.
This is the first year that New York College of Podiatric Medicine had an exchange program with the Podiatry College of the National University of Ireland Galway. Two NYCPM seniors, Chioma Odukwe and Samantha Cohen, went to Ireland for their fifth externship, and five students from the Podiatry School of NUI Galway came here. Four of the five Irish students remained for the entirety of the exchange, and their names were Doireann Macloughlin, Siobhan Hanley, Donna Rakard and Catriona Rourke.

NUI Galway offers the only BSc (Hons) Podiatry course in the Republic of Ireland. The Discipline of Podiatry was established there in 2008, and was a very exciting initiative. The foreign exchange students who came to NYCPM from Ireland were part of the very first class of 13 members who started in 2008. The students are on track to graduate in May.

The training that the Irish podiatric students receive is different than that of an American podiatric student. They begin their four years right away with a mix of clinical training as well as classroom education, with approximately 25% clinical and 75% academic. The scale tips more toward clinical training with each passing year. They get a lot of hands on experience and are mandated to get a minimum of 1,000 clinical hours before they are eligible to graduate. There are no residency programs in Ireland, but the students can get masters degrees in specialized areas if they wish outside of Ireland. One of the students, Siobhan Hanley, plans to get her master’s degree in Scotland to focus on Diabetic wound care.
As part of the requirements for graduation, the Irish students have to leave Ireland for a month in their senior year in order to get more hands-on training. Some of the students went to various places in Europe, five students came to NYCPM and four of them stayed here for the duration of the month. They arrived on March 3, 2012 and stayed in New York until March 24. The girls said that they had a phenomenal experience with NYCPM. They got to rotate at all of the clinics and hospitals that NYCPM students go to and they got exposure to areas of podiatry that they were unfamiliar with, specifically surgery and radiology. They thoroughly enjoyed learning these new fields, as well as comparing and contrasting treatment modalities that they learned in Ireland with those practiced in New York.

NYCPM hopes to maintain this new affiliation with the NUI Galway Podiatry College. The first year of this program has been successful and enlightening for everyone who has been involved. The interchange of information that this new exchange program with Ireland offers is exceptional. This is yet another paramount opportunity for podiatric students to broaden their knowledge base and gain exposure to the diversity and vastness of the field of podiatry on an international level.

Mission Trip to India
By: Cailin Rubino

A mission trip is a very rewarding and one-of-a-kind experience. Dr. Iorio and a group of twelve students from the class of 2014 are going on a mission trip to India. The students are Pooya Lashkari, Mina Hanna, Kunal Amin, Aakruti Bhalja, Ana Pimentel Tejeda, Corey Bess, Mark Shearer, Gabriel Lopez-Ross, Emily Pepyne, Jalpen Patel, Prakash Panchani, and Anshini Dalal. The students, along with Dr. Iorio, will be going to St. Joseph’s Hospital in Kolkata, India. Their main goal is to help set up a diabetic limb salvage clinic.

India is one of the most populated countries in the world, and more than a quarter of the population lives below the poverty line. Low socioeconomic status is a marker for high morbidity and mortality. India also has a very high incidence of diabetes, one of the highest in the world. Currently, there are not any clinics that handle wounds with the expertise of podiatrists in the U.S. Our students and Dr. Iorio will be working alongside doctors in India throughout surgical, clinical, and hospital rotations in the villages and communities that need the most help. They will also be travelling to villages on the outskirts of Kolkata such as Midnapore where there are high rates of Leprosy, Tuberculosis, and HIV. While in India, they will provide many foot screenings, lectures, protocols for dealing with chronic ulcerating wounds, and will assist the doctors in India with providing healthcare. The students and Dr. Iorio will be traveling to India on April 24th and returning May 2nd. We will get all the information on their endeavors when they return.

Special thanks to Dr. Iorio for all his help in setting up this trip. Also, many thanks to the faculty and student body of NYCPM for their support and donations.
Foot Ball 2012

By: Prema Hampapur

On March 10, 2012, the annual New York College of Podiatric Medicine Foot Ball took place from 7-11pm. Held at the Capitale on the Bowery at Grand Street in Manhattan, the Foot Ball was a great success. 320 guests attended the event and included students, faculty, alumni and residents. The night was organized with a 7-8pm cocktail hour followed by 8-9:30 dinner and dessert and rounding out with dancing until 11pm.

The menu of the night included a first course of grilled artichoke, wild arugula, frisee and trumpet royal mushroom salad, pecorino and aged balsamic. The main course was organic roasted chicken, slow-roasted tomatoes and green olives, fresh asparagus, roasted potatoes, with the delicious dessert being chocolate lava cake, with sweet vanilla cream and chocolate sauce. “The food was great,” said Joseph Park (2015). “All the food worked well together. I really liked the hors d'oeuvres during the reception as well!” A great DJ played music all night, keeping the dance floor a busy place.

Planning for the Foot Ball began one year ago under the leadership of Jackie Prevete (2013), NYCPM Student Association Treasurer. From printing the tickets and invitations to table arrangements to the awards ceremony, Prevete and her committee were very busy making sure the event was a success. “So much work went into the entire evening to help make it a success, and my goal throughout the planning of it all was to make sure everyone had a great night,” Prevete shared. “From the comments I received from people and the response I got after the night was over, I could see that a great time was had by all and the hard work paid off.”

Dr. Khan receives his award for Clinician of the Year.
From left to right: Jackie Prevete, Jen Seifert, Liz Piselli and Dr. Khan

Top photo courtesy of Prema Hampapur. Bottom photo courtesy of Jackie Prevete.
The Class of 2012

The Class of 2013

The Class of 2014

Photos courtesy of Jackie Prevete
Dr. Rizzo, Dr. Shapiro, Dr. Trepal and Dr. Gudeon enjoying their evening at Capitale.

Sanaz Lalehparvar, Annie Zeb, Sara El Bashir, and Sally Fayed on the dance floor. (L.to R.)

Photos courtesy of Dr. Gudeon.
January 2012 marked the beginning of a full scope Sports Medicine Clinic at the Foot Center of New York. The clinic is headed by Dr. Brian Halpern, MD. Dr. Halpern is an Attending at Hospital for Special Surgery and a professor at Weill Cornell Medical College. Dr. Halpern’s specialty is primary care sports medicine and he has pioneered research on PRP uses for tendinopathy and arthritis.

Dr. Halpern sought to have a pro-bono sports medicine clinic in order to offer medical services to athletes in underserved areas. The clinic currently runs once a month. Third-year students and Metropolitan Hospital Residents have the opportunity to work with Dr. Halpern to assess each of the patients. In the future, Dr. Halpern is looking forward to seeing the sports medicine clinic grow, particularly to reach out to local schools and youth sports teams.

Sports Medicine Club takes the **Polar Plunge!**

*By: Prema Hampapur*

On March 3, 2012 from 10am to 12pm, over 300 people attended the Polar Plunge which was held at North Hempstead beach in Port Washington, Long Island. The Polar Plunge is an event hosted by the Special Olympics of New York where money is raised for the Special Olympics. All teams that enter set a goal of the amount of money they would like to raise. Once the set goal has been reached each team member is allowed to jump on plunge day.

The Sports Medicine Club at New York College of Podiatric Medicine has participated in this event for the past 3 years. This year Paul Carroll (2014), Rob Nwosu (2015) and Brandon Ewald (2015) represented NYCPM. They were chosen by their class and the class worked together to raise money. Once the monetary goal was accomplished, each class won the right to choose what each participant would wear when they would take the plunge.

Carroll was in charge of organizing NYCPM’s participation. He received school approval and oversaw the donation process as well as organizing logistics such as transportation to and from the event. “There were numerous emergency volunteers as well as live music. Food and prizes were given out at the event,” states Carroll. “Many individuals wore costumes including the three representing the school.”

The Sports Medicine Club at NYCPM has started a custom that is very popular among students and a tradition that gives back to the community. The Polar Plunge has definitely cemented its place at NYCPM. “This event was exciting to organize and participate in. The event staff were very friendly and helpful,” adds Carroll. “If I had the opportunity to do it again, I would.”
Dance medicine Outreach at Joffrey Ballet

By: Adisa Mujkic

Dance medicine is a unique and fine-tuned specialty. Whether it’s due to an interest in sports medicine, a love for the arts, or years of previous dance training, a group of third year students came together to begin a lecture and workshop series at Joffrey Ballet. Under the guidance of Physical Therapist, Greg Taylor, third-year students Alicia Attanasio, Angel Colandrea, Ilya Shnitser, Lee Greenberg, Jackie Prevete, Adisa Mujkic, Olga Shvets, and Ilya Makarovskiy make monthly trips to the Joffrey Studio in Greenwich Village to work with a talented group of pre-professional ballet dancers.

Each session at the Joffrey Ballet begins with a didactic lecture, with topics including common dance pathologies, functional anatomy, and proper foot care to prevent injuries. Following the lecture, a workshop is held emphasizing stretching techniques, palliative care, and individualized assessment of each dancer. The aim is to have a new topic and workshop each month that builds upon the previous lectures and workshops to create an educational environment for both the dancers and the third-year students.

The students are accompanied by Greg Taylor, who has in years past served as the physical therapist for Joffrey Ballet. Taylor has also worked with a variety of modern and Broadway dancers. Taylor’s rich experience with dancers and enthusiasm for dance medicine has been essential to the launch of this program. Additionally, Dr. Emily Splichal, DPM, specializing in human movement and fitness, has joined the group to discuss trigger points in dancers.

Monthly sessions at Joffrey will be passed on to the upcoming third-year class to create a lasting relationship with the dance community and provide an opportunity for students interested in dance medicine.

Angel Colandrea, Jackie Prevete, and Dr. Splichal working with the dancers.
Dr. Nejat (’97) Shares Advice for Out-of-State NYCPM Students

By: Prema Hampapur

Students at the New York College of Podiatric Medicine are a diverse group of individuals coming from different backgrounds, experiences and hometowns. Many students come from the southern states, the western states, the midwest and even farther up north from Canada. I had the great honor of interviewing an NYCPM alumnus, Dr. Albert Nejat (class of 1997), who has set up his practice in Culver City, California. Dr. Nejat shared advice on how to successfully set up a practice and career outside of the New York/New Jersey area.

PH: Hi Dr. Nejat! I appreciate you taking the time to answering some of my questions.
Dr. Nejat: It is my pleasure!

PH: Can you tell me a little about your background?
Dr. Nejat: I grew up in southern California. I earned my undergraduate degree at UC Irvine and then moved to New York to study at NYCPM.

PH: What drew you to travel across the country to study at NYCPM?
Dr. Nejat: I was really drawn to the clinic, which I believe is the best. You learn a lot there and gain really valuable experience. I highly suggest getting involved with the clinic.

PH: Where did you do your residency?
Dr. Nejat: I did my residency in New York at the Brooklyn VA. I did rotations through St. Albans and North General Hospital.

PH: What advice can you give a podiatric medical student who would like to eventually practice in an area outside New York/New Jersey?
Dr. Nejat: Do your externships where you want to go and get to know the directors of the residency programs, so when they are going through applications they will remember who you are. Get to know the doctors, as well. The more you do out where you want to do your residency the better.

PH: Students do their externships in their fourth year. Do you have tips for first- and second-year students?
Dr. Nejat: During your breaks, find residencies that interest you in the areas that interest you. Once you do that, go in and introduce yourself to the doctors. Try to spend as much time as you can at the residency programs that you want to apply to.
**PH:** What steps can you take if you do your residency in New York but would like to practice in another region?

**Dr. Nejat:** I suggest going to conferences held by the podiatric medical association of the state you are interested in. It is a great opportunity to meet doctors of the state and cities that you would like to eventually move to. Many times you can get a discounted fee because you are resident, so you should check out their website beforehand.

**PH:** You did your residency in New York and then moved back to California. What did you do personally to set yourself up professionally?

**Dr. Nejat:** I went to medical-based conferences as well as podiatric medical conferences and met many doctors. When I moved to LA, I called orthopods and assisted on knee implants and built relationships with other doctors, which is important for any doctor to do. Building relationships means not only with orthopods but rheumatologists, dermatologists, and family practitioners.

**PH:** How do you like being in the podiatric medical field?

**Dr. Nejat:** I really enjoy treating patients! The last bit of advice I’ll share is to try to get some business experience, because that was one of the challenges I faced as a new doctor.

**PH:** Thank you so much Dr. Nejat! You have been so helpful!

**Dr. Nejat:** Sure! Let me know if you have any other questions!

---

**Saving Lives: NYCPM Blood Drive**

*By: Cailin Rubino*

On Friday, March 16th, NYCPM held a blood drive from 10 am to 4 pm in the Bruce Frankel Conference Room. The blood drive was coordinated by Jackie Prevete (Class of 2013) and Rene Kafka (Class of 2015). The blood was donated to the New York Blood Center. 52 donors registered and 44 units were collected.

There were two different collection processes available at the blood drive; whole blood and double red cell. Double Red Cell donation is an automated process where they collect blood from the donor, centrifuge out the red cells, then send the plasma and platelets back to the donor with some saline. They end up collecting the red cell quantity equivalent that you would normally get from 2 whole blood donations. Donors for this type of process have to be taller, weigh more and have a very high hematocrit. They wait twice as long to donate again as a whole blood donor does.

New York Blood Center alone requires over 2,000 volunteer blood donations each day to meet the transfusion needs of patients in close to 200 New York and New Jersey hospitals. The participation of NYCPM students and faculty helped with this critical mission.

To get more information on donating to the New York Blood Center, go to [www.nybloodcenter.org](http://www.nybloodcenter.org)
The 2012 Annual ACFAS Scientific Conference was held in San Antonio, Texas in early March. Spencer Monaco, Britton Plemmons, Samantha DelRegno, and Todd Chappell presented “A Rare Incidence of a Fibrosarcoma in the Plantar Foot that Mirrored Fibromatosis: A Case Report”. Their poster presentation represents months worth of meticulous research on fibrosarcoma as it presents in the lower extremity. In depth analysis of this rare case, including the follow-up of the surgical excision highlights the clinical value of their findings.

As members of the executive board for the ACFAS Surgery Club Monaco, Plemmons, DelRegno, and Chappell received the chance to present this case at the conference. ACFAS Surgery Club members from eight other Colleges of Podiatric Medicine also presented posters and collectively they were judged. First, second, and third place winners were announced at the conference. First place for student posters was awarded to our very own Surgery Club exec board.

The conference also served as a forum for discussing and recognizing advances within the realm of foot and ankle surgery. Britton Plemmons, Class of 2013, most enjoyed the opportunity to hear many expert opinions on numerous surgical topics.

NYCPM was well represented by the hard work and dedication of our ACFAS Surgery Club!
A Rare Incidence of a Fibrosarcoma in the Plantar Foot that Mirrored Fibromatosis: A Case Report

Spencer J. Monaco, BS; Britton Plemmons, BS; Samantha DelRegno, BS; Todd M. Chappell, BA
New York College of Podiatric Medicine 53 East 124th Street New York, NY 10035

Purpose
A case report is presented of a fibrosarcoma that arose in the plantar foot mimicking plantar fibromatosis.

Literature Review
- Fibrosarcoma: a life-threatening malignant tumor of fibroblasts that shows no evidence of cellular differentiation and is capable of recurrence and metastasis.
- It is known that fibrosarcoma mimics the clinical presentation of the more commonly diagnosed plantar fibromatosis (Ledderhosus disease) and is often excluded from the differential diagnosis.

Fibrosarcoma is a rare soft tissue tumor in the foot and ankle. (Table 1)

<table>
<thead>
<tr>
<th>Age</th>
<th>Gender</th>
<th>Location</th>
<th>Size</th>
<th>Histology</th>
</tr>
</thead>
<tbody>
<tr>
<td>25-35</td>
<td>M</td>
<td>Plantar foot</td>
<td>5.5 cm</td>
<td>spindle cell</td>
</tr>
<tr>
<td>40-50</td>
<td>F</td>
<td>Plantar foot</td>
<td>4.3 cm</td>
<td>fibroblastic</td>
</tr>
<tr>
<td>50-60</td>
<td>M</td>
<td>Plantar foot</td>
<td>3.2 cm</td>
<td>myofibroblastic</td>
</tr>
</tbody>
</table>

Table 1 (1-2)

- Clinical findings consist of a firm, indurated mass with ill-defined borders. Typically, 3-5 cm in size, surrounded by a fibrous capsule.
- Secondary fibrosarcomas may originate in pre-existing lesions and may represent previous trauma.
- Early detection of this soft tissue neoplasm is paramount.

Case Study
A retrospective case report is presented of a 38-year-old Caucasian male with a two-year history of a plantar soft tissue mass (STM) of his right foot. The patient was first seen by another practitioner four months prior to the initial visit where he was treated conservatively with a compression bandage. The patient consulted with an interest in surgical excision of the STM. He states that the mass was originally the size of a peanut; however, it has grown larger and is becoming painful on weight bearing.

The patient denies any medical conditions, family history of medical conditions or medication use. He has a 10 pack/day history of smoking cigarettes, and besides the discomfort of the right plantar mass on weight-bearing, has no other complaints.

Upon physical examination, the STM was located on the plantar aspect of the right mid-foot near the level of the second metatarsal head (Figure 1). The size of the lesion was measured to be 4.0 x 2.8 cm. Soft tissue edema was noted on direct palpation. The STM was supple to the touch and freely mobile, however the lesion did not move with the plantar fascia when the patient walked and the viralas mechanism engaged. The patient’s vascular, dermatological and neurological status was intact.

X-rays and an MRI with and without contrast were ordered to evaluate the integrity of the STM of the right foot (Figure 2).

The MRI was performed without contrast of the lesion was clearly defined and was interpreted as a lesion that demonstrates imaging features most consistent with solitary superficial soft tissue fibromatosis.

The patient was scheduled for surgical resection of the plantar fibroma. A 6.0 cm curvilinear incision was made over the lesion and blunt dissection to the level of the fibroma was performed. It was observed intraoperatively that the mass penetrated through the plantar fascia (Figure 3) and host a pedicle extending distally which received a relatively large blood vessel medially.

The specimen was widely excised making sure that resection encompassed 1.0 cm beyond the periphery of the mass. The specimen was sent to pathology for further analysis (Figure 6). The excision site was closed primarily. The patient tolerated the procedure well and no complications were reported.

The immunohistochemistry pathology report was analyzed by the radiology department and interpreted as a spindle cell sarcoma which favored an intermediate grade fibrosarcoma (Figure 5).

Results
Two weeks status post-operative surgical resection of the fibrosarcoma, the patient returned for a follow-up visit and the results of the pathology report were discussed. The patient was referred to the oncology department at a nearby hospital in which additional MRI imaging with contrast was ordered. The results of the MRI imaging did not indicate any remaining fibrosarcoma from the post-operative excision site (Figure 6). However, the patient underwent an additional surgical wide excision to ensure all malignant tissue was successfully excised and there was no metastasis of the fibrosarcoma. The patient was referred to physical therapy. Five months after resection of fibrosarcoma, there were no signs of recurrence. Patient’s life was saved and limb salvage was achieved.

Discussion
- Soft tissue sarcoma are rare and account for only 0.5 to 1% of all adult malignancies in the United States (1-3).
- MRI is the imaging modality of choice for the diagnosis of soft tissue sarcoma of the foot (14,15).
- MRI with contrast provides a peripheral pattern of enhancement when imaging fibrosarcoma that may lead to a definitive diagnosis (10).
- Intralesional biopsy remains the only way to definitively diagnose a fibrosarcoma (1-3).
- Surgical treatment options include wide excision with a 5cm margin, partial amputation, or local excision with adjuvant chemotherapy or radiation treatments (12,16).
- In the past, below-knee amputation was the surgical treatment of choice for fibrosarcoma of the foot and ankle, due to the inherent risk of metastasis.
- In 2015, Cibb et al. reported that the presence of a soft tissue sarcoma in the foot or ankle is not an indication for amputation (17).
- With early detection, proper diagnosis and an aggressive treatment plan, preservation of life and limb can be achieved.

References

The specimen was widely excised making sure that resection encompassed 1.0 cm beyond the periphery of the mass. The specimen was sent to pathology for further analysis (Figure 6). The excision site was closed primarily. The patient tolerated the procedure well and no complications were reported.

The immunohistochemistry pathology report was analyzed by the radiology department and interpreted as a spindle cell sarcoma which favored an intermediate grade fibrosarcoma (Figure 5).
Is there anything you would like to see in the next issue of the Student Alumni Report? Perhaps you have an Alumnus you would like to nominate for our Featured Alumnus Article. As the Alumni Representatives and staff of the Student Alumni Report, we appreciate your input and feedback. Please feel free to contact any of the class Alumni Reps to make suggestions for future editions of the Student Alumni Report.

The Alumni Association Executive Board with Past and Present Presidents.

From Left to Right: Dr. Alan Bass, Vice President; Dr. Arthur Gudeon, President; Dr. Debra Weinstock, Secretary; Dr. Terry Spilken, Past President and Dr. Steven Plotka, Treasurer.

Photo courtesy of Dr. Barry Block.