Program Overview

Thank you for your interest in the Mount Sinai Hospital, Icahn School of Medicine at Mount Sinai (ISMMS) fellowship training program in Pulmonary, Critical Care & Sleep Medicine. This is an exciting time for the division, which is in the midst of adding new talented faculty and new clinical programs. We offer an ABIM accredited three-year training program designed and tailored to meet the individual needs of each fellow planning a career in clinical education, clinical investigation or basic science. Support is available for a fourth year of fellowship for promising young investigators.

Our educational mission is to train fellows to be outstanding clinicians within the fields of pulmonary, critical care and sleep medicine and to provide the opportunities and skill-sets to develop successful careers in all facets of academic medicine. 18-24 months of training are largely clinical with a focus on learning the fundamentals of pulmonary, critical care and sleep medicine. Fellows receive the broadest clinical training possible through a diverse patient population at Mount Sinai Hospital. Twelve months of research time is provided in second and third year when each fellow is given the opportunity to acquire research skills and work on an individual scholarly project. The fellows have the opportunity to participate in bench work, translational research, clinical investigative work, education related or quality improvement research projects while being provided mentorship by exceptional research faculty. Opportunity for advanced training in clinical research through the MPH program at ISMMS is available.

Our comprehensive clinical and research experiences are complemented by a robust educational curriculum that includes weekly multi-disciplinary conferences in radiology and pathology as well as core didactic sessions on pulmonary/critical care topics, thrice-monthly journal clubs, and weekly divisional grand rounds.

Training Hospitals: The Mount Sinai Hospital

Number of Fellows: 14

Length of Fellowship: Three years
Leadership and Administration:

Charles A. Powell, M.D.
Chief, Division of Pulmonary, Critical Care and Sleep Medicine
Icahn School of Medicine at Mount Sinai
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Sakshi Dua, MD
Program Director, Pulmonary & Critical Care Medicine Fellowship Training Program
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Division of Pulmonary, Critical Care, and Sleep Medicine

Our Critical Care Faculty

Christian Becker, M.D, PhD
Assistant Professor of Medicine
Additional areas of interest: Basic Science & Immunology

Adam Hernandez, M.D.
Assistant Professor of Medicine
Additional areas of interest: Sleep Medicine

Alison Lee, M.D.
Assistant Professor of Medicine
Additional areas of interest: Pollution & Global Health

Kusum Mathews, M.D.
Assistant Professor of Medicine
Additional areas of interest: ER-ICU Interface

Aditi Mathur, M.D.
Assistant Professor of Medicine
Additional areas of interest: Interstitial Lung Diseases

Hooman Poor, M.D.
Assistant Professor of Medicine
Additional areas of interest: Pulmonary Vascular Diseases

Charles A. Powell, M.D.
Janice and Coleman Rabin Professor and Chief
Division of Pulmonary, Critical Care & Sleep Medicine
Additional areas of interest: Lung Cancer

Lisa Rho, M.D.
Assistant Professor of Medicine
Interim Director: MICU
Additional areas of interest: Quality Improvement (QI)
# Our Pulmonary Medicine Faculty

<table>
<thead>
<tr>
<th>Name</th>
<th>Title and Role</th>
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<tbody>
<tr>
<td>Sidney Braman M.D.</td>
<td>Professor of Medicine&lt;br&gt;Additional areas of interest: COPD, Asthma, QI programs</td>
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<tr>
<td>Patrick Chae, M.D.</td>
<td>Assistant Professor of Medicine&lt;br&gt;Director of Inpatient Pulmonary Consult Service</td>
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<tr>
<td>Glen Chun, M.D.</td>
<td>Assistant Professor of Medicine&lt;br&gt;Additional areas of interest: General Pulmonary Medicine</td>
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<tr>
<td>Louis Depalo, M.D.</td>
<td>Professor of Medicine&lt;br&gt;Clinical Director of MS-NJ Respiratory Institute (RI)</td>
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<tr>
<td>Sakshi Dua, M.D.</td>
<td>Assistant Professor of Medicine&lt;br&gt;Additional areas of interest: ILD, Pulmonary HTN, Med Ed</td>
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<tr>
<td>Steven Feinsilver, M.D.</td>
<td>Professor of Medicine&lt;br&gt;Director, Center for Sleep Medicine&lt;br&gt;Fellowship Director for Sleep Medicine Training Program</td>
</tr>
<tr>
<td>Timothy Harkin, M.D.</td>
<td>Associate Professor of Medicine&lt;br&gt;Director, Bronchoscopy Service&lt;br&gt;Additional areas of interest: Interventional Pulmonary</td>
</tr>
<tr>
<td>Adam Morgenthau, M.D.</td>
<td>Assistant Professor of Medicine&lt;br&gt;Director, Sarcoidosis Clinic&lt;br&gt;Additional areas of interest: PFT</td>
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<tr>
<td>Maria Padilla, M.D.</td>
<td>Professor of Medicine&lt;br&gt;Director, Advanced Lung Disease Program&lt;br&gt;Additional areas of interest: ILD, sarcoidosis</td>
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<tr>
<td>Linda Rogers, M.D.</td>
<td>Associate Professor of Medicine&lt;br&gt;Clinical Director of MS-NJ RI Asthma Program&lt;br&gt;Chest Clinic Director</td>
</tr>
</tbody>
</table>
E. Neil Schachter, M.D.  Professor of Medicine and Community Medicine  
Director, Pulmonary Rehabilitation Program  
Additional areas of interest: COPD

Gwen Skloot, M.D.  Associate Professor of Medicine  
Director, Pulmonary Physiology Laboratory  
Additional areas of interest: Asthma

Juan Wisnivesky, M.D., MPH  Professor of Medicine  
Vice Chairman for Research  
Additional areas of interest: Lung cancer, Asthma

Our Current Fellows

1st Year Class:

Julia Budde – Icahn School of Medicine at Mount Sinai
Neha Goel – Icahn School of Medicine at Mount Sinai
Vaishnavi Kundel - Emory University
Gabriel Schneider – New York University
Catherine Oberg – University of Southern California

2nd Year Class:

Matthew Durst – Albert Einstein/Montefiore University Hospital
Nan Li – Mount Sinai Beth Israel Hospital
Khurram Shahjehan – University of Illinois
Stacey-Ann Whittaker - University of Pennsylvania

3rd Year Class:

Jennifer Fung – Brown University
Robert Hiensch – Icahn School of Medicine at Mount Sinai
Klaus Till Meinhof – Albert Einstein/Montefiore University Hospital
Maria Plataki – Bridgeport University Hospital
Isaac Shalom – Yale University
OVERALL EDUCATIONAL PROGRAM OVERVIEW

The overall goal of our fellowship is to train our fellows to be superb academic clinicians and physician scientists in Pulmonary and Critical Care medicine (PCCM) over a 36-month period of time. The fellows develop and hone their clinical skills in PCCM over approx 24-month period of time and pursue research endeavors for approx 12 months towards the later half of their fellowship. During all 36 months they participate in continuity pulmonary clinic and all divisional conferences. The goals, objectives and competencies vary with each year of training with graduated increased responsibility over the 36 months of fellowship.

Year 1 of fellowship training is dedicated to learning the fundamentals of pulmonary diseases, physiology, procedures, critical care medicine and bronchoscopy. Year 2 of fellowship training is focused on further improving upon clinical skills in PCCM, initiating research projects and developing leadership abilities. Towards the later half of the 2nd year into the 3rd year, the fellows are allotted research time to develop skills in academic leadership. The fellows are provided dedicated research time with the expectation of scholarly activity in education, quality improvement, clinical medicine or basic sciences with the benchmark of a presentation at national conferences and/or manuscript publications.

1. CORE COMPETENCY OBJECTIVES:

A. Medical Knowledge:

PCCM fellows must demonstrate knowledge of established & evolving biomedical, clinical, epidemiological and social-behavioral sciences in PCCM as well as the application of this knowledge to their patients. The fellows are expected to acquire this knowledge through a) direct patient care activities with supervisions and teaching from PCCM faculty, b) active participation in all fellowship and divisional conferences including Radiology Conference, Pathology Conference, Case conference, Core Lecture Series, Journal club, and Grand Rounds. Fellows are expected to demonstrate self-direct learning and learn independently through preparation for presentations they give throughout their fellowship.

B. Patient Care:

Fellows must learn to provide compassionate and effective patient care for the treatment of a vast array of PCCM disease processes. Fellows are expected to learn the practice of disease prevention, diagnosis, treatment and health promotion for a broad population of patients with diverse age, socioeconomic, racial, and gender makeup. Fellows learn this practice from faculty during inpatient rounds, through outpatient clinic, through didactics and case based lectures.
C. Practice Based Learning and Improvement:

PCCM Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence and to continuously improve patient care based on constant self-evaluation and life-long learning. Fellows are expected to develop skills and habits to identify strengths and deficiencies in their PCCM knowledge and expertise and to set learning and improvement goals to improve upon these weaknesses. Fellows identify and perform appropriate learning activities, systematically analyze practices and quality improvement methods and implement changes with the goal of practice improvement. Fellows learn to locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems and use information technology to acquire this information. Finally, fellows facilitate the learning of patients, families and other health-care workers. These skills are developed through multiple learning experiences. Fellows learn directly from faculty in inpatient and outpatient settings through rounds, didactics and from direct faculty supervision of their performance. They learn to practice evidence-based medicine through requirements of case presentations, journal clubs, and core curriculum conferences. They receive both formal electronic feedback as well as direct feedback from supervising attendings that they then incorporate into their daily practice.

D. Interpersonal and Communication Skills:

PCCM fellows must demonstrate interpersonal and communication skills that result in effective exchange of information and collaboration with patients, their families, and health professionals. Fellows are expected to work effectively in a variety of healthcare delivery systems in both pulmonary and critical care environments and collaborate with others as part of a multi-disciplinary team. The fellows learn to communicate effectively with patients and families from a diverse range of socioeconomic and cultural backgrounds. They are expected to be effective teachers for other members of the health care team. Fellows achieve these competencies by integrating into multi-disciplinary teams including those in the critical care setting and in the care of patients who are chronically critically ill. They are evaluated on their ability to communicate with their colleagues as well as their patients through 360 evaluations and patient evaluations, respectively.

E. Professionalism:

PCCM fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Fellows are expected to practice medicine with compassion, integrity, and respect for others with sensitivity to a diverse population of patients including but not limited to diversity in gender, age, culture, race, religion, disability, and sexual orientation. Fellows are expected to demonstrate responsiveness to the needs of patients and society that
supersedes self-interest; they must demonstrate accountability to patients, society, and the profession, with a commitment to excellence and ongoing development. These skills are developed through direct role modeling and supervision by PCCM faculty over the duration of the fellowship. Fellows are directly evaluated by supervising faculty as well as by multi-disciplinary groups consisting of physicians and nurses regarding professionalism. In addition, a 360 evaluation as well as a patient evaluation of the fellow are performed annually. These evaluations are regularly reviewed with fellows to ensure that they constantly self-assess their professionalism.

F. Systems Based Practice:

PCCM fellows must demonstrate an awareness of and responsiveness to the larger context and system of healthcare as well as the ability to call effectively on other resources in the system to provide optimal healthcare for their patients. Fellows are expected to work effectively in various health care delivery settings relevant to the practice of PCCM. Fellows work as members of interprofessional and multi-disciplinary teams to enhance the safety and quality of care of their patients. Fellows coordinate care of their patients within the various healthcare systems that they work in and identify system errors. They rotate in different health care systems including a tertiary care center at Mount Sinai Hospital and ambulatory clinics (Chest Clinic, Sleep Clinic, Sarcoid Clinic). Within the hospital, they rotate through different systems including units staffed by house staff and units staffed primarily by nurse practitioners. They participate in multi-disciplinary rounds and are active participants in identifying quality issues and helping to provide solutions that can be adopted by all faculty and fellows (e.g. Quality Initiative Projects). In addition, they receive didactics on these topics throughout the fellowship.

2. INCREASING LEVELS OF RESPONSIBILITY & SUPERVISION

Throughout the fellowship, the fellows are supervised in the care of their patients by PCCM faculty. Each rotation has a core group of clinical faculty called “key clinical faculty” (KCF). On each rotation, an attending has direct supervision of a fellow. With each year of additional training, the fellow acquires graduated levels of responsibility for each rotation. Fellows begin by learning the fundamentals of PCCM and then progress through their 2nd and 3rd year with respect to their management skills, procedural skills, and level of responsibility in leading the team and educating members of the team. Ultimately, at the end of the 36 months of training, fellows are expected to have gained enough experience and knowledge to independently practice PCCM.

3. EDUCATIONAL RESOURCES
There are a variety of educational resources that are available to the fellow. These include:

A. The Levy Library with online access to standard pulmonary and critical care textbooks as well as relevant publications in pulmonary and critical care.
B. Pulmonary and Critical Care reading lists (updated annually by the PD and APD).
C. Board Review curriculum (available as a hard-copy or from the internal pulmonary fellowship website).
D. A schedule of divisional and external weekly conferences emailed to all faculty and fellows including combined teleconferences within the Mount Sinai Health System and with National Jewish Hospital, Denver.

4. ASSESSMENT TOOLS & METHODS

PCCM fellows are evaluated on the six core competencies with each educational experience using multiple assessment tools. For each rotation that is directly supervised by a faculty member, there is a corresponding New Innovation electronic evaluation form that is to be completed by the attending. The attending receives reminders to complete the evaluation form and the program administrator, Lourdes Mateo, monitors this. Similarly, the PCCM fellows have the opportunity to electronically evaluate their attending on a specific rotation. All evaluations are anonymous. In addition, the fellows can give direct feedback about their experience or attending to the Program Director at any time or during monthly fellowship meetings.

6. CLINICAL COMPETENCY COMMITTEE

The new accreditation system (NAS) has set up a system whereby fellows need to meet certain milestones within the three years of training. These milestones correspond to the 6 competencies. A fellow’s performance is evaluated by a Clinical Competency Committee (CCC) made up of key clinical faculty (KCF): Drs Dua, Poor, Rho, Harkin, Feinsilver, Braman, Rogers, DiFabrizio, Mathur, Powell. They meet on a semi annual basis to review each fellow’s progress and then determine if there are any deficiencies in meeting milestones. If a fellow is found to be deficient in milestones, they meet with the PD to discuss strategies on improvement. Fellows meet with the PD on a semi-annual basis to review their performance.

RESEARCH ROTATION
GOALS, OBJECTIVES AND CORE COMPETENCIES
During the 2\textsuperscript{nd} and 3\textsuperscript{rd} year fellows have an opportunity to pursue supervised research for an average of 12 months in total. During these months the fellows are not on clinical rotations, but are still required to attend educational conferences, continuity clinics, and subspecialty clinic. Therefore, while this is considered to be protected time to pursue research, fellows are still gaining important fund of knowledge and education while seeing patients in the outpatient setting and attending educational conferences. The fellow may also have clinical duties for weekend calls dispersed throughout the research blocks but no weeknight call during their research time. The Program Director (PD) and associate PD (APD) and division Chief usually begin the discussion of research focus with the fellow during their first year. The PD on an annual basis collects information from all faculty regarding ongoing projects that fellows may participate in. In addition, fellows are encouraged to initiate research questions on their own and to find an appropriate mentor to assist them in developing the project (sometimes even outside the division). After exploring what a fellow’s interests are, the PD and Division Chief recommend specific mentors and projects. The fellow then meets with several possible research mentors and chooses accordingly.

Select fellows are offered a fourth year of fellowship (non-ACGME). This fellowship year is protected research time with a focus on developing skills needed to become a successfully funded independent researcher.
Clinical Training: Pulmonary Medicine

A. Pulmonary Consult Rotation: The “consult” fellow along with the pulmonary consult service attending of the week provides inpatient pulmonary consultative services for a variety of medical & surgical services in the hospital. In addition to bread and butter pulmonary diseases such as asthma and COPD, the fellow gains the experience of managing complex lung diseases such as bronchiectasis, interstitial lung diseases, pulmonary hypertension and sarcoidosis.

B. Bronchoscopy Rotation: The “bronch” fellow works closely with Dr. Timothy Harkin in learning the fundamentals of bronchoscopy and more advanced procedures including endobronchial ultrasound, balloon dilation and cryotherapy. In addition, other types of interventional procedures including pleural biopsies and medical chest tubes during this dedicated procedures-based rotation are performed.

C. Outpatient Continuity Clinic: Each fellow has a continuity clinic over 3 years where a patient panel drawing from the East Harlem population is built. The breadth of pulmonary diseases includes difficult asthma, COPD, pulmonary nodules, lung cancer, and interstitial lung diseases. The fellow through this experience gains an expertise in the outpatient management of a wide array of pulmonary diseases and in performing the pre-op chest exam.
D. Sarcoidosis Clinic: Through the outpatient Sarcoidosis clinic, fellows learn the diagnosis & management of complex manifestations of the disease.

E. Physiology Rotation: The “Physiology” fellow learns the fundamentals of performing & interpreting pulmonary function tests, methacholine challenge tests and cardiopulmonary exercise testing.

F. Sleep Rotation: During physiology rotation several hours of the week are spent with the Sleep medicine attending learning the basic of sleep medicine, reading sleep studies and attending sleep clinic.

G. Respiratory Institute Rotation: The “RI” fellow assists the faculty in their respective subspecialty fields (such as asthma, COPD, ILD, lung cancer) by attending office-based practice of programmatic faculty. This is interspersed by participating in the care of pre/post-operative thoracic patients a few days of the week in conjunction with thoracic surgery services.

Critical Care Medicine:
A. MICU Rotation: The “MICU” fellow supervises a team of medical residents & interns under the guidance of one MICU attending of the week to manage the care of 14 critically ill patients. This rotation provides a wealth of experience in acquiring procedural and ultrasound skills as well as the fundamentals of mechanical ventilation & the care of the critically ill.

B. Night Float Rotation: Two fellows share a two-week block of night float when they are responsible for managing the MICU between 6 PM- 7 AM. This rotation provides the fellow with further experience in managing critically ill patients with supervision from an off site attending.

C. Critical Care Consultative Service (CCCS): The “MARS” fellow along with a supervising attending provides triage and resuscitative services for critically ill patients on the floors.

D. SICU rotation: this rotation involves joining other fellows from the Critical Care Fellowship training programs in managing post-operative patients with a specific focus on the care of patients post solid organ transplantation.

E. “Other” Intensive Care Unit: Every fellow gets an opportunity to rotate through other non-medical ICU’s such as Neuro-ICU and cardio-thoracic ICU to gain exposure to neurosurgical and cardiothoracic surgical patients.

Research Training:
Fellows have dedicated research time usually beginning in the second half of Year 2 into first half of Year 3. Prior to their research blocks, they meet with the Program director (PD) and Dr
Powell (Division Chief) as well as attend a yearly research ‘open house’ to showcase ongoing research projects by our faculty.

A Research Mentorship Committee helps to find a suitable mentor and project based on fellow’s interests. The Research Mentorship Committee meets with all research fellows to monitor progress and milestones. Additional training through Masters of Science, Masters in Public Health, Quality Improvement & training grants are available.

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<th>Typical Schedule for PCCSM Fellow</th>
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**Year 1**

- Pulmonary Consults – 6 weeks
- Night float - 8 weeks
- Bronchoscopy - 6-8 weeks
- MICU – 6-8 weeks
- CCCS – 4-6 weeks
- SICU - 2 weeks
- Sleep/Physiology – 6-8 weeks
- Elective – 2 weeks
- Airways – 2 weeks
- Resp Institute – 2-4 weeks
- Vacation - 4 weeks

**Year 2**

- Pulmonary Consults – 2-4 weeks
- Night float – 6-8 weeks
- Bronchoscopy – 2-4 weeks
- MICU – 2-4 weeks
- CCCS – 2-4 weeks
- Other ICU - 2 weeks
- Sleep/Physiology - 2 weeks
- Research – 24 weeks
- Airways – 2 weeks
- Vacation - 4 weeks

**Year 3**

- Pulmonary Consults - 2 weeks
- Night float- 8 weeks
- Bronchoscopy – 2 weeks
- MICU- 2 weeks
CCC – 4 weeks
Other ICU - 2 weeks
Sleep/Physiology – 2 weeks
Research – 28 weeks
Vacation - 4 weeks

Division of Pulmonary and Critical Care Conferences:

- **Journal Club**
  Three Mondays a month 12 PM
  Facilitator: Dr. Wisnivesky, Dr. Mathews, and Dr. Lee
  All available faculty and fellows attend Journal club. Dr. Wisnivesky or Mathews or Lee facilitate the conversation focusing on methodology and basic statistics. A designated fellow meets with one of the above attendings in advance to review either a pulmonary or critical care article (chosen by the fellow or mentor) prior to this discussion.

- **Multi-Disciplinary ILD Conference**
  Most Mondays 1 PM
  Facilitator: Dr Padilla
  Two or three pre-determined ILD cases are discussed by having their clinical history presented in a multidisciplinary forum with chest radiologist (Dr Salvatore) and lung pathologist (Dr Beasley) to discuss the cases with clinical-radiologic-pathologic correlation.
• Radiology Conference
  Thursdays 4 PM
  Facilitator: Dr. Mendelson Or Dr Eber
  This conference is designed to review interesting CXRs, Chest CTs, and to discuss management of challenging cases on in-patient consult service. While it is expected that the fellow on pulmonary consult service present cases, these may also come from bronchoscopy service, chest/sarcoidosis clinic, or ICU cases. Other pulmonary and Thoracic Surgery attending also sometimes bring cases to be presented. The consult fellow usually starts with just the MRN of the patient, the thoracic radiologist reviews the films and provides a differential diagnosis based purely on imaging and then the fellow provides the pertinent clinical history and final diagnosis.

• Fellows Core Critical Care and Pulmonary Lecture Series
  Tuesdays 4-6 PM
  Facilitators: Program Directors
  Lectures include core curriculum related pulmonary, critical care and sleep medicine topics.

• Thoracic Oncology Conference
  Wednesdays 7:30 AM
  Facilitators: Thoracic Surgery Fellow
  The thoracic surgery fellow reviews all the recent surgical cases with a focus on interdisciplinary discussion regarding pulmonary tumors.

• Pathology Conference
  Alternate Mondays 4 PM
  Facilitator: Dr Beasley
  The assigned fellow presents 4-5 interesting cases with available radiology and a confirmed pathological diagnosis. A radiologist is in attendance to review the imaging followed by a review of the relevant histology by the pathologist.

• Case Conference
  Alternate Thursdays 4 PM
  Facilitator: Dr Poor
  Two interesting cases are presented by the assigned fellows with a short evidence based discussion on a relevant topic pertaining to the case (diagnostic work up, management). The aim is to answer a specific question using literature-based evidence.

• Grand Rounds
Fridays 12:30 PM
Facilitator: Dr. Becker
Fellows, faculty members, and guest speakers present various clinical and research topics.

Faculty Selected Abstracts/Publications


9. Stacey-Ann E. Whittaker , MD , Marybeth Beasley , MD , Timothy J. Harkin , MD , Sakshi Dua , MD. Late Onset Post-Transplantation Lymphoproliferative Disorder (PTLD): A Rare Case of Intravascular B-Cell Lymphoma. Am J Respir Crit Care Med 191;2015:A6035

10. Alex Ortega , MD, Timothy J. Harkin , MD , Mary B. Beasley , MD. , Sakshi Dua , MD. Extrapulmonary Anthracosis in a Non-Smoker Living in New York City. Am J Respir Crit Care Med 191;2015:A4656

11. Alex Ortega , MD Timothy J. Harkin , MD , Mary B. Beasley , MD. , Michael Palese , MD , Matthew Galsky , MD , Andrew Kaufman , MD, Sakshi Dua , MD. "Burned-Out" Or Regressed Non-Seminomatous Germ Cell Tumor Presenting As An Endobronchial Lesion. Am J Respir Crit Care Med 189.1; 2014: A4067

12. Chun GB, Beasley MB, Kauffman A, and Dua S. Cellular Type Non-Specific Interstitial Pneumonia In A World Trade Center First Responder. Am J Respir Crit Care Med 187; 2013: A6130


