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A Message from the Editor-in-Chief

Dear Readers,

Welcome to the latest issue of «M for Medics,» where our mission is to connect and collaborate with medical professionals across United States of America, UK, Poland, Switzerland, Israel, Singapore and Japan. We are dedicated to bridging the gap between advanced medical practices and healthcare services, fostering a global community of medical excellence.

In this issue, we bring you exclusive interviews with leading experts from various fields of medicine. By uniting the Top Doctors and innovative minds promoting MedTech, we aim to create a vibrant network of collaboration and knowledge exchange. Through our extensive network and events, we facilitate interactions that drive growth, innovation, and shared learning. Each issue features interviews with esteemed doctors, including renowned Harvard Medical School Alumni, showcasing their expertise and contributions to the field.

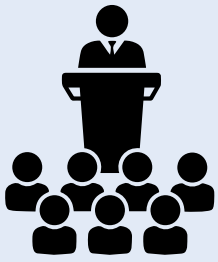
At «M for Medics,» we believe in the power of connection. Our platform allows doctors to network, share their knowledge, and support each other. By providing a space for these interactions, we hope to inspire collaboration that transcends borders and enhances patient care globally.

We are also passionate about promoting the most innovative medical technologies through our #MedTechPremium initiative, highlighting advancements that have the potential to transform healthcare and improve patient outcomes.

«M for Medics» is available as a PDF, ensuring our cutting-edge content is accessible to medical professionals worldwide. As you read through this issue, I hope you find inspiration in the stories and innovations featured. Together, we can shape the future of healthcare.

Thank you for joining us on this journey.
Warm regards,
M.

Allow me to introduce myself: I am Magdalena Kucharska, your Editor-in-Chief. I hold a master's degree in Healthcare Management from the Medical University of Warsaw and have completed the HMX Fundamentals course at Harvard Medical School, obtaining certificates in pharmacology and immunology. Additionally, I have pursued studies on Artificial Intelligence in Healthcare at Stanford University School of Medicine. I am passionate about psychology and understanding people's mindsets. I have a great sense of humor and love engaging conversations.



OUR MISSION IS TO BUILD A COMMUNITY WHERE DOCTORS CAN CONNECT, SHARE KNOWLEDGE, GROW TOGETHER, AND SUPPORT EACH OTHER. THEY CAN COLLABORATE ON PROJECTS, ORGANIZE CONFERENCES, AND ENGAGE IN RESEARCH, LEADING TO MEDICAL BREAKTHROUGHS.

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– Online education platform.....(see **Education** at mformedics.com)
– Conferences & training events..... (**Events** tab)
– Community of top doctors & boutique medical HR support .....(**Find a Doctor** tab)

Audience:

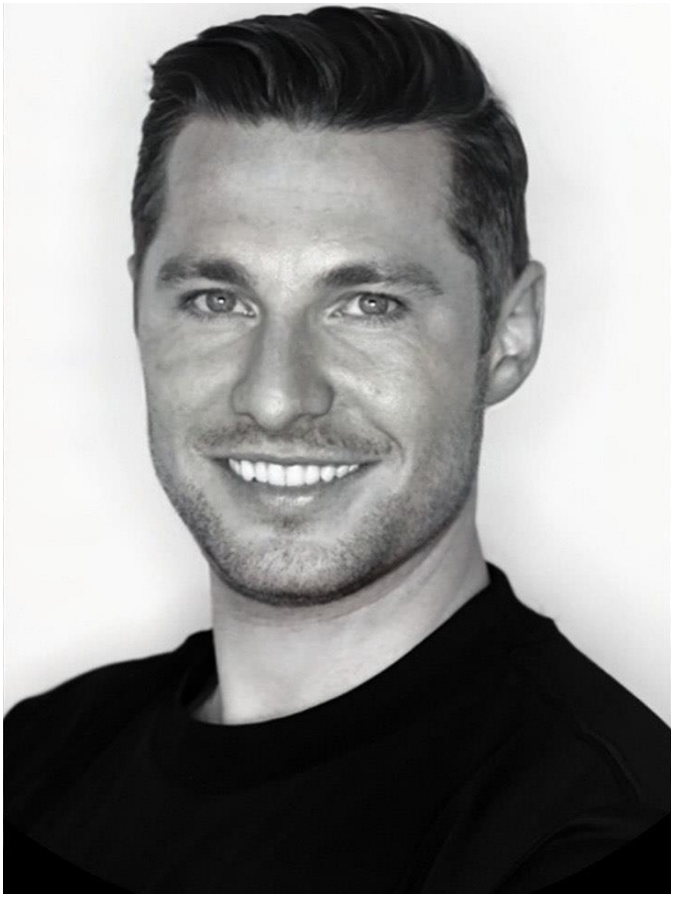
- Medical students, young doctors
- Doctors looking for top mentors & training
- Patients seeking medical tourism providers

Plastic Surgery

Dr. Stefan Targosinski, FEBOPRAS, is a board-certified plastic surgeon at the Prevention-Center private practice in Zurich and in St. Gallen, Switzerland. His clinical focus includes aesthetic facial and breast surgery. He received his medical and surgical training at renowned institutions such as Paracelsus Medical University Salzburg, Harvard Medical School, the University Hospital Zurich and the Cantonal Hospital St. Gallen. Dr. Targosinski has published in leading medical journals and co-authored the award-winning best scientific aesthetic publication in Plastic and Reconstructive Surgery in 2019. He maintains strong professional exchange with international experts in the field and is an active member of the Swiss Society of Plastic, Reconstructive and Aesthetic Surgery, the International Society of Aesthetic Plastic Surgery and Fellow of the European Board of Plastic, Reconstructive and Aesthetic Surgery. He is known for his professional, honest consultations and a strong focus on precision, patient safety and well-being.

You studied medicine at the Paracelsus Medical University in Salzburg, a city known for its cultural heritage, humanistic spirit and strong medical tradition. How did your time in this unique environment influence your clinical mindset and guide you toward a career in plastic surgery?

My time at the Paracelsus University in Salzburg shaped not only my clinical foundation but also my way of thinking. Inspired by Paracelsus' holistic view of medicine, I learned to see the human body as both structure and story. The strong focus on anatomy, early practical exposure and international exchanges helped me discover plastic surgery as a discipline where science meets artistry. I was particularly fortunate to join the group led by Professor Sebastian Cotofana — the world-renowned expert in aesthetic anatomy — where we explored facial anatomy in depth through a structured, research-based program.



This formative experience built my precision and my perspective in aesthetic procedures today.

You did a traineeship abroad at Harvard Medical School, known for its leadership in innovation and interdisciplinary medicine. What key insights did you gain there that still influence your daily practice today?

During my traineeship at an Harvard-affiliated plastic surgery department, I was exposed to cutting-edge traditional surgical techniques, regenerative medicine and translational research, which deeply shaped my view of reconstructive surgery. I learned to integrate biological thinking into surgical practice seeing tissue as dynamic and potentially regenerative, a perspective that still guides me today, especially with modern treatments like biostimulators, regenerative cell therapies and skin quality optimization. This, combined with the department's strong focus on evidence-based, interdisciplinary collaboration, continues to influence my approach to innovation and patient-centered care.

You began your clinical career at the University Hospital Zurich and completed your doctoral thesis at the University of Zurich, one of Europe's most

rigorous academic environments. How did this combination of clinical immersion and academic research shape your approach to plastic surgery and patient care?

Starting my clinical career at the University Hospital Zurich gave me early exposure to complex cases, interdisciplinary teamwork and a high standard of clinical excellence. Working in such a demanding environment taught me to think systematically, act precisely and never lose sight of the human being behind the diagnosis. At the same time, pursuing my doctoral studies at the University of Zurich deepened my understanding of scientific methodology and critical analysis. This academic grounding continues to influence how I evaluate new techniques and innovations in plastic surgery today. I learned to question trends, rely on evidence and always prioritize long-term outcomes over short-term results. The combination of hands-on clinical work and research shaped me into a surgeon who is both pragmatic and forward-thinking.

You've worked extensively in both reconstructive and aesthetic plastic surgery. How do you navigate the fine line between surgical precision and the highly personal expectations patients bring to the aesthetic field?

It starts with honest, empathetic conversation. Reconstructive surgery teaches you anatomy, function and technical discipline — aesthetic surgery, demands precision and a deeper understanding of perception as well as emotions. Patients don't just want a change; they want to reconnect with a version of themselves. My role is to align surgical realism with personal vision, not aiming for perfection, but for proportion, authenticity and renewed confidence.

As a Fellow of the European Board of Plastic Reconstructive and Aesthetic Surgery (EBOPRAS) and member of international societies, what would you identify as the most pressing challenges for emerging plastic surgeons in today's medical landscape?

Young surgeons are expected to master a wide range of techniques while also standing out in a competitive, image-driven environment. As a Fellow of EBOPRAS and member of the International Society of Aesthetic Plastic Surgery (ISAPS), I see these institutions as essential anchors: The board certification creates a high-quality standard of care across Europe in our field ensuring surgical competence, societies such as ISAPS offers global education, peer exchange and ethical guidance in aesthetic innovation. Together, they help us board-certified plastic surgeons uphold quality, safety and professionalism in a rapidly evolving field.

The word 'prevention' features prominently in the name of your clinic. In your view, how does the philosophy of preventive care intersect with the practice of aesthetic medicine?

Prevention in aesthetic medicine means taking thoughtful steps to preserve natural structures and actively guide an well-aging process. This includes regenerative treatments like biostimulators as well as skin quality procedures and well-timed surgical interventions. Prevention in aesthetic surgery does not mean postponing operations, but choosing the right moment when they can provide the greatest functional and aesthetic benefit to achieve harmonious and natural results protecting one's vitality and confidence.

Leadership and mentorship seem to have come early in your career. How do you personally support the next generation of doctors, particularly in such a competitive and image-driven specialty?

In our clinic network, we offer structured continuing education, opportunities for surgical observation and discussions about indications and innovations based on hands-on experience and scientific evidence. We view the field not just as competitive, more as collaborative where learning from different perspectives and building strong professional networks is key. Collaboration within the clinics and across disciplines are far more valuable for long-term success than trying to stand out through competition alone. Most importantly, this culture of exchange and support directly benefits our patient care and safety, which should always remain at the heart of our work in this fast-evolving specialty.

You often express support for colleagues and peers in your professional network. How important is community and collegiality in a field that can sometimes feel solitary or hyper-competitive?

Essential. We all benefit from sharing insights, referring cases when appropriate, and celebrating each other's work. No surgeon should operate in isolation. Aesthetic medicine may have competitive elements, but collegiality and mutual respect are what elevate the entire field. I'm

fortunate to be part of networks where we support rather than compete and that's something I actively nurture.

Plastic surgery is often mischaracterized as superficial. What is one common public misconception about your profession that you believe needs to be corrected?

That it's purely about looks. In reality, plastic surgery - even aesthetic surgery - is about quality of life. When done ethically, it can restore confidence, function, and well-being. It's not about vanity, it's about identity and behind every procedure is a person with a story, not just a photo reference.

You studied regenerative medicine at Harvard and stem cell therapies in Zurich. Which developments in this space do you consider most promising — and realistic — for the future of aesthetic medicine?

I'm particularly interested in regenerative cell therapies like adipose-derived stem cells, stromal vascular fraction, exosomes as well as bio-stimulants that activate the body's own tissue remodeling mechanisms. These approaches aim to improve tissue quality, collagen density and skin structure with lasting, natural results. While regulation and standardization remain key challenges, I believe we're getting closer to safe, evidence-based regenerative aesthetics.

From your perspective, how does Zurich compare with the rest of Europe in terms of pricing, patient demand, and access to high-end aesthetic care? For international physicians considering a move to Switzerland, what is the process for credential recognition and opening a private clinic — for example, if a doctor from the EU wanted to relocate and practice in Zurich?

Zurich offers international high standards and strong patient demand for individualized, high-end aesthetic procedures, but it's also one of the most saturated and competitive markets in Europe. In recent years, many new clinics, studios and private practices have opened, making it increasingly difficult to establish a new presence without a clear concept and reputation. For international physicians from EU countries, the recognition process includes approval by MEBEKO, proof of German language proficiency and at least three years of clinical practice in a Swiss public hospital. Opening a private practice further requires cantonal approval, liability insurance and business registration, but for well-qualified professionals, Switzerland remains an attractive and stable place to work.

Plastic Surgery

Dr. John Anastasatos is a globally recognized plastic surgeon with a private practice in Beverly Hills, CA. Formerly an expert reviewer for the Medical Board of California. Named one of the "World's Top 10 Plastic Surgeons" by The Luxe Insider. Renowned for his facial facelifts that leave no visible scars, he is also highly regarded for his breast argumentation.

Can you introduce yourself in a few sentences, including your education, specialization, and hobbies?

Board Certified by the American Board of Plastic Surgery

Member of the American Society of Plastic Surgeons

Member of the American Society of Aesthetic Plastic Surgery Fellow, American College of Surgeons

Former Assistant Professor in Plastic Surgery at the University of Alabama in Birmingham

Former expert Reviewer for the Medical Board of California

Presently in Private practice in Beverly Hills, CA; Satellite clinic in Athens, Greece

My Hobbies: Movies, sailing, working out, dinners, martinis, museums, art collections, classical music, house music, Frank Sinatra, old and new sports cars.

What principles do you live for?

Be real, authentic, eager, hardworking, excellent, humble, kind, and be of service to others.

Dr. Anastasatos, can you tell us about the moment you first realized you wanted to pursue a career in plastic surgery?

I knew I was meant to be a plastic surgeon since I was a teenager. I began spending time with various surgeons then. I started scrubbing and operating at the age of 15. From the moment I entered into the operating room and began assisting surgeons I knew that this was my "home" and I was meant to be a surgeon. As a high school and later college student I volunteered in clinics that specialized in general surgery, plastic surgery, vascular surgery and heart surgery and assisted in those major operations as a first or second assistant. It was later in medical school that I discovered my love for anatomy and plastic surgery surpassed everything else.

Your work seamlessly blends science with artistry. How do you balance the technical aspects of surgery with the aesthetic considerations to achieve such natural-looking results?

There is no easy or simple answer to that. This requires constant self-development as a plastic surgeon. There is always a higher level of doing something and this applies to plastic surgery and entails art in many ways and forms. I am motivated by providing the most extraordinary outcomes I can for my patients. So, I operate with love and passion. There is a sense of romanticism and art in this approach. Furthermore, I see my patients as whole psycho-somatic entities and not just as flesh. When I am able to connect deeply with them then I can understand their vision and offer them the results they dream of.

With offices in both Beverly Hills and Athens, you attract an international clientele. How do you tailor your approach to meet the diverse aesthetic preferences of patients from different cultural backgrounds?

My practice is inter-continental as I operate in two continents: The United States and Europe with offices in Beverly Hills and Athens. In both locations I have patients traveling form all of the United States and the rest of the world to get injectable and surgical procedures by me. I have been in Beverly Hills and Southern California for 20 years already and I have been exposed to most ethnic and cultures backgrounds. The Athens clinic is new and was created two years ago. The tailored approach you speak of in your question does not only relate to the cultured background of a patient but the emotional, mental and psychological background of a patient. It requires me to spend a considerable amount of time with each patient and understand their vision for themselves. Once I do that then I can deliver that beautiful vision of transformation and self-improvement. It is therefore part of my daily practice as a plastic surgeon.

Beverly Hills is known for its high standards in cosmetic surgery. What current trends in plastic surgery are you seeing in Los Angeles, and how do you address the unique demands of your clientele?

Patients in Beverly Hills are definitely more demanding than other places in the world because they are more educated and more interested in beauty procedures. It represents a high value to them. Furthermore, Beverly hills has many good plastic surgeons and this competitive culture is good for all because it fosters a higher level of care. I enjoy all my patients form everywhere and treat them the same way. I also like educated patients because it allows me to have a more insightful consultation regarding their needs.

Being named one of the "World's Top 10 Plastic Surgeons" by The Luxe Insider is a remarkable achievement. How have you maintained such high standards of excellence?

It was a surprise for me to find out about this great recognition. One of my patients from Monaco sent me a message to congratulate me. On the same day another patient of mine from Beverly Hills also called to congratulate me. I feel honored to be named one of the top 10 plastic surgeons in the world and also have my Beverly Hills clinic “Los Angeles Plastic Surgery” be named as one of the ten best plastic surgeons in the world.

As I mentioned earlier, I started going to operating rooms and assisting various surgeons of different specialties since I was 15 years old. Since then, I have dedicated my whole life to the pursuit of excellence in plastic surgery and becoming the best plastic surgeon I can be. It is not merely my occupation but my calling in life. In addition to the scientific aspect of it, I have approached my work in plastic surgery as a higher purpose which I practice with dignity, humanity and respect.

With such recognitions comes great responsibility too. My responsibilities are clear and simple therefore. They consist of maintaining the established path of excellence, never stop learning and growing, being humble, and being of service to others.

Dr. Anastasatos, you are renowned for performing facelifts that leave no visible scars. Can you explain the techniques you use to achieve such remarkable results, and what inspired you to develop this approach? How has this innovation impacted your patients' satisfaction and recovery times?

The midface lift without scars is my signature procedure and something I am most proud of. I was blessed to be trained by a great mentor who is Dr. Luis Vasconez. He is one of the most plastic surgeons of all time with countless contributions to the field of plastic surgery. He introduced me to this concept of lifting the face without

scars and I then later developed it further. I have been performing this surgery since 2009.

Ideal candidates for this procedure are patients who experience midface descent thus requiring a facelift but do not have significant skin laxity. It is the skin laxity that creates the requirement for the extensive incisions in front, around and behind the ears. The closed or scarless facelift is an actual facelift without such scars around the ears. It is done through a small 3 cm scar in the hair of the temples. So, it is hidden. Ideal candidates for this facelift are those up until their early forties who need a facelift but their skin tightness is still good. Ideal candidates are also those patients who have had a facelift already and have experienced new onset midface sagginess or ptosis 9descent). The aging signs of midface ptosis are the following five: Jowls, deepening and elongation of the naso-labial folds, loss of cheek fullness and projection, sagging corners of the mouth and tear-trough deformities. Out of those Jowls are the worst for patients because they ruin the ideal beautiful oval shape of the face. The best treatment of jowls is a facelift. This is why my scarless midface lift is so popular especially among the younger ages who are afraid of extensive cuts and recovery of the classic type facelifts.

You are highly regarded for your breast augmentation outcomes using silicone gel implants. Could you share the specific techniques and considerations you employ to ensure successful and natural-looking results? How do you tailor these procedures to meet the individual needs and expectations of your patients?

There are surgical secrets to doing what I do which I cannot share with you. However, I can allude to something critical for optimal results. Plastic surgeons and patients alike think that the type of breast implant they use and the shape are the most important. Although they play a small role they are not as critical. The most critical technical aspect of the surgery is how the plastic surgeons creates the breast pocket that will host the breast implant. The key to success is there 100%. There is a way to perform a breast augmentation and make the breast look and feel perfectly natural so that others who look at them may wonder: “Are they real?”.

Male facial implants are becoming increasingly popular. Can you discuss the specific considerations and techniques you use when performing facial implant procedures on male patients? How do you ensure that the results enhance masculinity and align with the patient’s desired aesthetic?

There are many ways to provide cheek augmentation. It can be done with injectable fillers, silicone implants and scarless midface lifts such as my signature procedure. They are all good options depending on the right candidate. It is important to provide all options to patients and let them decide.

The way to perform zygomatic augmentation in males is different than females because the ideals of beauty and the facial skeleton are different. The secret is that volume augmentation for increasing cheek projection inn males should be more lateral (towards the side of the face) over the zygomatic arch. In females it is more important to pronounce the medial or more central part of the zygomatic (cheek) region.

Body lifts after massive weight loss can be transformative. How do you approach these complex procedures and address the unique challenges they present?

They are very transformative and are multi-step procedures. A patient after massive weight loss requires a pentad (5) of surgeries at least: facelift/neck lift, breast lift, arm lift, thigh lift and body lift which includes abdominoplasty and buttock lift. So, it is a process that can take a few years. Not everything can be done at once obviously. These patients require extra expertise as their procedures can entail more complications than patients who have not lost massive weight.

Plastic surgery is a rapidly evolving field. What recent advancements or emerging trends do you find most exciting, and how do you incorporate these into your practice? Additionally, can you share how you utilize innovative medical technologies in your surgeries to enhance outcomes and improve patient experiences?

I am known for the percutaneous facelift for which I developed my own method. This is a unique facelift performed without the classic extensive scars in front and around the ears which concern many people. To have a facelift without visible scars is appealing to many patients especially younger ones when they begin to see the

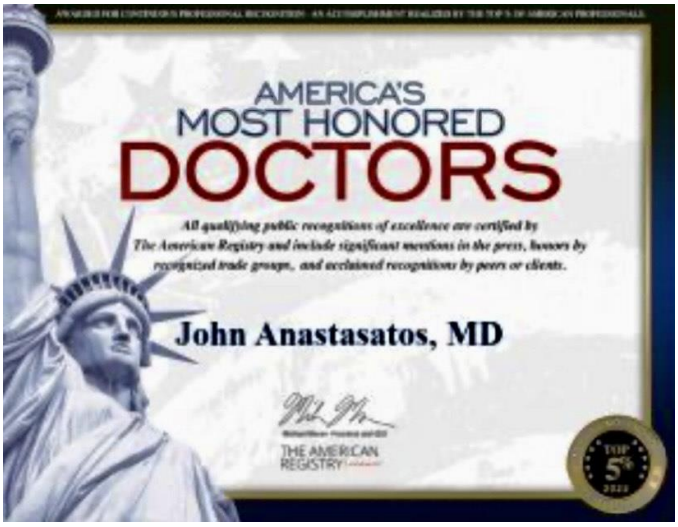
bothersome signs of aging on the face. This coupled with an expeditious and painless recovery make it attractive to the right candidates for the operation.

I am also known for performing facelifts under local anesthesia. This makes the procedure possible and available to patients who are otherwise afraid of anesthesia.

The endoscopic browlift and forehead lift as well as endoscopic surgery of the face, are also very popular procedures in my practice because they can be done through very small incisions.

When it comes to the rest of the body, I am also known for very natural looking breast augmentations, body contouring transformations, and a procedure called the modern abdominoplasty. This is a type of abdominoplasty that accomplishes the goals of abdominal and flank rejuvenation but it a painless, easy, and fast recovery.

One thing that deserves very special merit is the ability to do plastic surgery procedures and offer a painless recovery. Many patients stop short of getting plastic surgery procedures because they are afraid of the post-operative recovery. They are afraid of pain afterwards. When I tell me patients that they will not have pain their procedure with me they do not believe me even though they obviously trust me. They are indeed surprised when after the operation they do not have pain. My patients in most cases do not take any kind of pain medicine after surgery even though I give them to them so that they do not worry. Painless recovery has to do with the right surgical technique. It has been one of the best services I have been able to offer to my patients.



Dentistry

Dr. Eric Poznyansky is an expert in implantology and cosmetic dentistry with specialized training in Invisalign. He teaches postgraduate courses at NYU College of Dentistry, known for his international lectures and hands-on training in advanced surgical techniques. Dr Poznyansky is the director of a clinic on Broadway in White Plains and the owner of multiple practices in New York City, where he ensures the highest standards of care.

Dr. Poznyansky, as a leader in the field of implant dentistry and the director of a dental clinic in White Plains, how do you manage the complexities of running a practice that focuses on advanced implantology while ensuring the highest standards of patient care?

Managing a dental practice specializing in advanced implantology requires a meticulous balance between clinical excellence and patient-centered care. At our clinic, this is achieved through a combination of state-of-the-art technology, a highly skilled team, and an unwavering commitment to patient engagement. Tools such as intraoral scanners and CBCT imaging play a pivotal role in our workflow, allowing for unparalleled diagnostic precision and streamlined treatment planning. These tools also enhance patient understanding by providing visual demonstrations of procedures, fostering trust and confidence in their care. A key component of our success is addressing patients' past dental experiences and alleviating their fears. Many patients come to us with anxiety or concerns based on previous treatments, and I prioritize creating a welcoming, empathetic environment where they feel heard and supported. This personalized approach not only enhances their comfort but also builds long-lasting trust, which is vital in dental care. Happy and satisfied patients often become advocates for our practice, sharing their positive experiences with friends, family, and colleagues. These referrals are invaluable, as they reflect the confidence and satisfaction our patients feel.

By blending advanced clinical expertise, cutting-edge technology, and compassionate care, we consistently deliver exceptional outcomes that not only improve oral health but also strengthen our reputation within the community. This holistic, patient-focused approach allows us to excel in providing world-class implantology while fostering meaningful connections with those we serve.

As the owner of Riverdale Dental P.C., what inspired you to establish your own practice, and how do you ensure it remains at the forefront of dental innovation?

Riverdale Dental P.C. was established to provide a comprehensive and forward-thinking approach to dentistry, blending innovation with individualized care. My extensive background as a director of multispecialty practices and an educator at NYU College of Dentistry inspired me to create a practice that combines cutting-edge treatments with a strong focus on patient trust and comfort.

To ensure we remain at the forefront of dentistry, we leverage advanced tools such as digital radiography and 3D printing technology, which enhance accuracy in diagnosis, treatment planning, and the execution of complex procedures like implant restorations. These technologies enable us to provide patients with personalized solutions while reducing treatment times and improving outcomes.

Our practice philosophy extends beyond technology. We place significant emphasis on understanding each patient's unique dental history and addressing their concerns or anxieties. This empathetic approach allows us to build genuine relationships with our patients, ensuring they feel confident and cared for throughout their treatment journey.

Ultimately, patient satisfaction drives our growth. By delivering exceptional care that exceeds expectations, we cultivate loyalty and encourage referrals, building a practice that thrives on trust and results. Riverdale Dental P.C. stands as a testament to my belief in the power of combining innovation, expertise, and compassion to advance modern dentistry.

In your experience as an educator at NYU College of Dentistry, particularly in the Advanced Program for International Dentists, how do you approach the challenge of teaching advanced implantology techniques to seasoned professionals, and what key skills do you emphasize to ensure they can apply these techniques effectively in their own practices?

Teaching advanced implantology to experienced professionals at NYU College of Dentistry's Advanced Program for International Dentists requires a thoughtful and innovative approach. My focus is on equipping practitioners with the expertise and confidence to integrate cutting-edge techniques into their own practices while elevating patient outcomes.

Key areas of emphasis include mastering advanced diagnostic tools, such as digital imaging for precise treatment planning, and adopting minimally invasive surgical protocols and guided implant placement techniques. I also prioritize training in digital workflows for restorative design, enabling participants to achieve functional and aesthetically superior results with greater efficiency.

Critical decision-making skills, such as case selection, risk management, and the ability to adapt to diverse clinical scenarios, are central to my teaching. Just as important is fostering strong patient communication skills, empowering practitioners to explain complex procedures clearly and build trust with their patients.

Through interactive lectures, hands-on workshops, and live surgical demonstrations, I provide a comprehensive learning experience that bridges theory and practice. This approach not only enhances technical proficiency but also inspires confidence, allowing participants to lead advancements in implant dentistry and elevate the standards of care in their practices worldwide.

Given your expertise in full mouth rehabilitation using implants, what are some of the most complex cases you've encountered, and how did you leverage advanced techniques and technology to achieve successful outcomes?

Full mouth rehabilitation using implants often involves managing a variety of highly complex cases, and I have successfully treated many patients facing challenges such as severe bone loss, compromised occlusion, and a history of failed dental treatments. These cases require not only advanced techniques but also a comprehensive, patient-centered approach to ensure successful outcomes.

A key factor in managing these cases is clear and effective patient communication. I dedicate time to thoroughly discussing the treatment plan, setting realistic expectations, and addressing any concerns the patient may have. This fosters trust and ensures that patients are informed and engaged throughout their rehabilitation journey.

Pre-surgical preparation is another critical component. Advanced diagnostic tools, including digital imaging and virtual treatment planning, allow for meticulous pre-operative analysis. These preparations enable the design of precise surgical guides and custom provisional restorations, ensuring optimal implant placement and streamlined workflows. Techniques like guided bone regeneration (GBR) are often employed to rebuild the foundation for successful implant integration.

For the restorative phase, I use CAD/CAM technology to create patient-specific prosthetics that deliver both functional and aesthetic excellence. Every step of the process is carefully documented with extraoral and intraoral photos to evaluate progress and showcase the transformation.

Through advanced tools, pre-surgical planning, and effective patient communication, I have been able to consistently achieve life-changing results. My experience with full mouth rehabilitation highlights the importance of combining clinical expertise, technology, and a personalized approach to successfully address even the most complex cases.

As someone who both practices and teaches implantology, what do you consider the most critical innovations in this field over the past decade, and how have these influenced your clinical practice and educational approach?

Over the past decade, implantology has undergone transformative advancements that have redefined both clinical practice and the way we educate the next generation of practitioners. Among these, the integration of digital technology has been the most critical. Digital workflows, encompassing cone-beam computed tomography (CBCT), intraoral scanning, CAD/CAM systems, and 3D printing, have revolutionized every stage of treatment—from diagnosis and planning to surgical execution and prosthetic restoration. These tools allow for unparalleled precision, improved surgical predictability, and enhanced patient outcomes, while also streamlining workflows and reducing treatment times.

Another pivotal innovation is the development of advanced biomaterials, such as enhanced implant surfaces and bone grafting materials with improved biocompatibility and regenerative properties. These materials have expanded the scope of treatment possibilities, enabling successful outcomes in cases once considered too complex, such as those involving severe bone loss or challenging anatomical constraints. Additionally, immediate implant placement and loading protocols have evolved significantly, offering patients faster restorations without compromising stability or long-term success.

These advancements have had a profound impact on my clinical practice. The incorporation of digital technologies allows me to approach each case with precision and predictability, ensuring optimal implant positioning and functional outcomes while minimizing surgical invasiveness. Patients benefit from shorter treatment times, reduced discomfort, and restorations that are both durable and aesthetically pleasing. The availability of advanced biomaterials has also empowered me to confidently address complex cases, restoring oral health and function even for patients with significant challenges.

In my role as an educator, these innovations have reshaped the way I teach implantology. I place a strong emphasis on digital planning and guided implantology, ensuring that students master tools like CBCT imaging and 3D printing. Hands-on workshops, where students gain practical experience with digital workflows and immediate loading techniques, are a cornerstone of my educational approach. Equally important is teaching the evidence-based application of advanced biomaterials, fostering a deeper understanding of their potential to enhance outcomes in diverse clinical scenarios.

By combining cutting-edge science with practical expertise, I aim to prepare the next generation of implantologists to lead the field with confidence and innovation. These advancements not only elevate the standard of care we can provide but also inspire practitioners to push the boundaries of what is possible in modern dentistry.

Leading a practice that specializes in complex dental procedures requires a specific set of management skills. How do you cultivate a culture of excellence within your team, particularly when it comes to staying updated with the latest advancements in implantology?

Leading a practice that specializes in complex dental procedures, such as advanced implantology, requires not only clinical expertise but also exceptional management skills to cultivate a culture of excellence. My experience as a clinical educator at NYU College of Dentistry, where I managed clinics with over 23 dentists, gave me invaluable insight into orchestrating diverse teams in high-pressure environments while ensuring consistent delivery of quality care. This background has greatly influenced my ability to lead and manage my own practice effectively.

A successful practice begins with a clear vision, which I communicate to every team member. Central to this vision is the integration of the latest advancements in both clinical techniques and operational innovations, including artificial intelligence (AI). AI-powered tools, such as predictive diagnostics and treatment planning software, have revolutionized how we approach patient care, enabling more precise and personalized solutions. Operationally, AI enhances efficiency through automated scheduling, patient follow-ups, and inventory management, allowing the team to focus on providing exceptional care.

Continuous education is a cornerstone of our practice management. Drawing on my teaching experience, I ensure my team stays updated on the latest developments in implantology and the applications of AI in dentistry. This includes facilitating attendance at conferences, workshops, and in-house training sessions where we explore cutting-edge technologies and share insights from complex cases.

Operational efficiency is another key component. Digital technologies and AI-driven systems streamline clinical workflows and administrative tasks, creating a seamless patient experience. These innovations reduce inefficiencies, optimize resource allocation, and ensure our team can dedicate their full attention to patient outcomes.

Open communication is equally important. Regular team meetings foster collaboration, encourage feedback, and create opportunities to align on goals. This approach ensures everyone is invested in the practice's success and committed to continuous improvement.

Finally, I lead by example. Whether it's adopting the latest advancements in implantology, incorporating AI tools, or engaging in ongoing education, I demonstrate my commitment to staying at the forefront of the field. This inspires my team to embrace a similar mindset of growth and innovation.

By combining strong leadership, advanced technology, and a collaborative culture, I've created a practice that excels in clinical care, operational efficiency, and innovation. These principles, rooted in my experience at NYU and honed in private practice, continue to drive our success and deliver outstanding outcomes for our patients.

Your role involves organizing and conducting workshops on advanced surgical and prosthodontic techniques. What strategies do you employ to ensure these workshops are not only informative but also practically beneficial for participants?

Organizing and conducting workshops on advanced surgical and prosthodontic techniques requires a strategic approach that integrates both theoretical knowledge and practical application. My experience in the Continuing Education department at NYU College of Dentistry, where I taught in both the Cosmetic Implant and Surgical departments, as well as my international experience leading hands-on courses that include both didactic and clinical training, has been instrumental in shaping the structure and effectiveness of my workshops.

At NYU and through my international teaching engagements, I've worked with participants from diverse backgrounds and varying levels of expertise. This has taught me the importance of tailoring content to meet the needs of attendees while maintaining a focus on advanced, evidence-based techniques. I design workshops with a progressive curriculum that combines surgical precision in implant placement with prosthetic and aesthetic excellence. This comprehensive approach allows participants to gain a holistic understanding of implantology, from diagnosis to restoration.

Hands-on training is the foundation of my workshops, inspired by my global experience in clinical teaching. Participants actively engage with advanced technologies such as digital treatment planning software, guided surgery systems, and CAD/CAM tools to replicate real-world scenarios. These sessions cover critical skills such as accurate implant placement, bone grafting, and prosthetic design, ensuring attendees leave with the practical expertise needed to implement these techniques in their practices.

I also prioritize creating a collaborative and interactive learning environment. Drawing from my international teaching experience, I incorporate open discussions, peer-to-peer interactions, and problem-solving exercises that encourage participants to exchange ideas and refine their approaches. I maintain a low participant-to-instructor ratio to provide personalized feedback, fostering a supportive atmosphere where individual learning is prioritized.

To ensure workshops are practically beneficial, I provide detailed post-course materials, including step-by-step protocols, clinical references, and access to mentorship opportunities. This follow-up mirrors the comprehensive support I've provided in my courses both at NYU and internationally, ensuring participants are well-prepared to apply their learning effectively.

By combining my experience in the Cosmetic Implant and Surgical departments at NYU with my international teaching expertise, I create workshops that blend cutting-edge technology, hands-on clinical training, and personalized guidance. This approach equips participants

with the skills, confidence, and knowledge to elevate their practice and deliver exceptional patient care.

Digital Implant Dentistry Preceptorship (8-week program)

Jul. 7 - Aug. 29, 2025 | Harvard School of Dental Medicine, 188 Longwood Avenue Boston, MA 02115
In Person

This 8-week Digital Implant Dentistry Preceptorship Program immerses dentists in digital diagnostics, virtual treatment planning, implant placement protocols, multidisciplinary care, and evidence-based clinical research alongside faculty and AGE students...

Periodontology Preceptorship (8-week program)

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This program provides advanced training in periodontology and implant dentistry through clinical observations, hands-on exercises, faculty mentorship, and career counseling with internationally recognized experts.

Dermatology

Dr. Doris Day is a board- certified dermatologist specializing in laser, cosmetic, surgical, and aesthetic dermatology. She is a medical educator and a highly, respected and sought- after media personality.

From your early degree in English and journalism to becoming a board-certified dermatologist, how has your background in communication influenced your approach to patient care and public education in dermatology?

It has been an essential component because one of the key elements of medicine is communication- making sure that the patient understands their condition and the treatment so that they can be fully compliant and have the best results possible. Also, by being an English major I studied the humanities, and people going through things like experiencing an illness or a skin condition are not just that condition, but they are whole people with feelings about what they are going through, and who are suffering, and being able to understand the humanistic side of it goes a long way in helping them heal more quickly.

As a clinical professor at NYU Langone Medical Center and a recipient of the award for Excellence in Teaching, what changes or innovations in dermatology education have you witnessed, and how do you adapt your teaching methods to keep pace with the latest advancements?

One of the most important and exciting parts of being a physician is that we understand about lifelong learning. I continue to study, read journals, attend meetings, and lecture all the time.

It not only brings me great satisfaction, but it also helps to make sure that I'm aware of the latest advancements and that I get to contribute to those advancements as well.

You've specialized in a wide range of dermatological treatments, including lasers and aesthetic procedures. What would you say are the biggest breakthroughs in non-invasive cosmetic treatments today, and where do you see the field heading in the next decade?

Some of the biggest breakthroughs have included new devices that help tighten and lift with minimal downtime, as well as biostimulator fillers that help the body regenerate and repair its own collagen naturally. In the future, I believe we will focus more on longevity medicine and longevity beauty where we start at a younger age with specific skin care and supplements to help slow down the aging process altogether as well as repair damage already done.

Your work in media has made you a respected voice in both the medical community and among the general

public. How do you balance the roles of being a dermatologist, educator, and media personality while maintaining credibility in each sphere?

They are all related. Each one allows me to hone my skills, and each of the areas you mentioned is a different angle with the same end goal of helping to explain, analyze, advance, and treat skin conditions. I love talking about skin health in any forum!

You've published several books, including *Beyond Beautiful* and *Forget the Facelift*. How has writing for a broader audience allowed you to communicate the science of aesthetic dermatology in a way that resonates with non-specialists, and how do you approach demystifying complex treatments?

Writing has been very therapeutic for me, I love telling stories and sharing what I know. Also, when I write, I do research and focus on the information in a slightly different way, which helps me grow as a physician and as a communicator of information.

As an advocate for lifelong learning, you've continuously been involved in research and lecturing. What are the most significant challenges dermatologists face when staying up-to-date with the rapidly evolving cosmetic and medical technologies?

It's the same problem we all have, which is a shortage of time. Learning takes time and energy, but I've found that the more I study, the easier it is to learn, and I've always loved to study!

You are part of prestigious organizations like the American Society for Dermatologic Surgery and the Women's Dermatologic Society. What role do these societies play in shaping the future of dermatology, particularly with the inclusion of more women and diverse voices in leadership?

They are critical in protecting our specialty, and the public, and they are a great resource for us to share ideas and advance our specialty.

Being active on platforms like Instagram, you offer insights into both your personal and professional life. How important is social media in fostering patient trust and educating the public about realistic expectations for dermatological treatments?

It has been helpful in making it possible for me to reach the public directly, on a larger scale and to make sure they have access to accurate information. It also helps them get to know me and it has helped grow my practice by connecting me with patients who have similar goals.

With rapid advancements in MedTech, how are new technologies like AI, machine learning and teledermatology reshaping the practice of aesthetic dermatology, and what innovations are you most excited about implementing in your clinic?

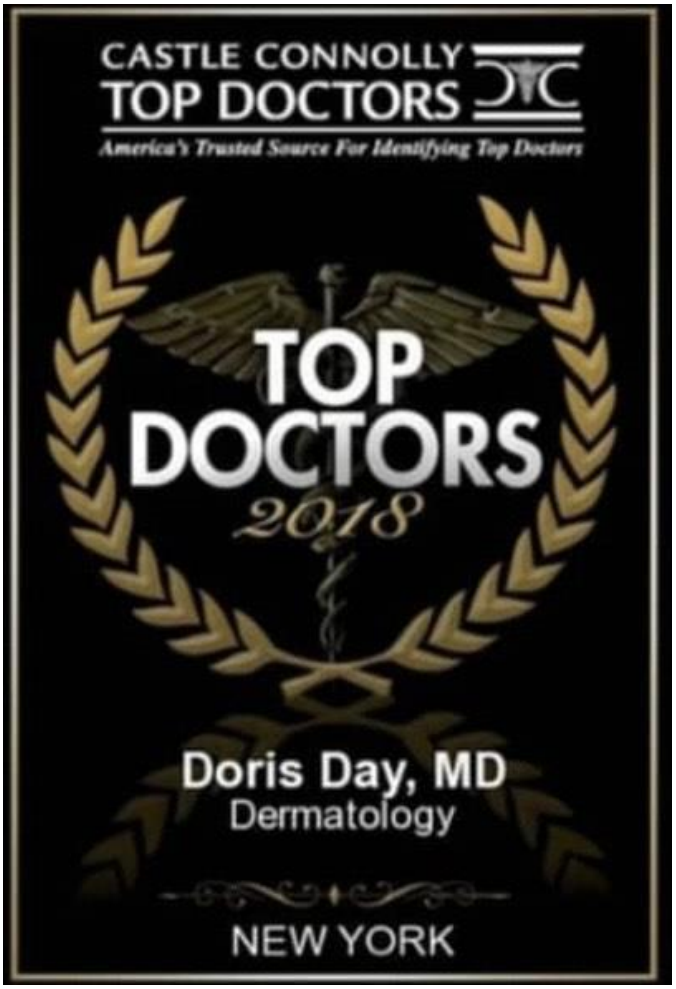
This is going to be the mainstay of practice and I think it will be a great asset in helping us take the best care of our patients more efficiently and at a lower cost.

With the rise of personalized medicine, skincare is becoming more tailored to individual genetic and lifestyle factors. How do you incorporate personalized treatments into your dermatological practice, and what role do you see technology playing in developing customized skincare solutions?

We are just beginning to see how personalized skincare can be helpful. I don't think it's of value just yet, but one day, possibly in the near future, it will be the norm.

As a mother and a professional, how do you balance your personal life with your demanding career, and do you think this balance has evolved over the course of your career in medicine and media?

I don't separate the two, it's all life. I try to be fully present wherever I am and to be grateful for every moment and opportunity I have.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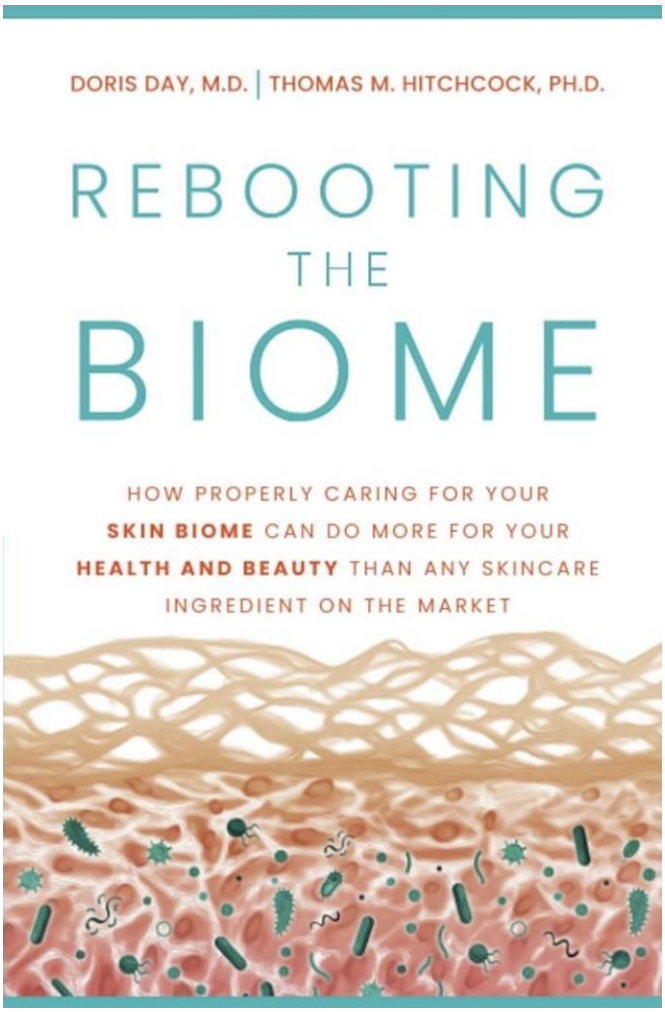
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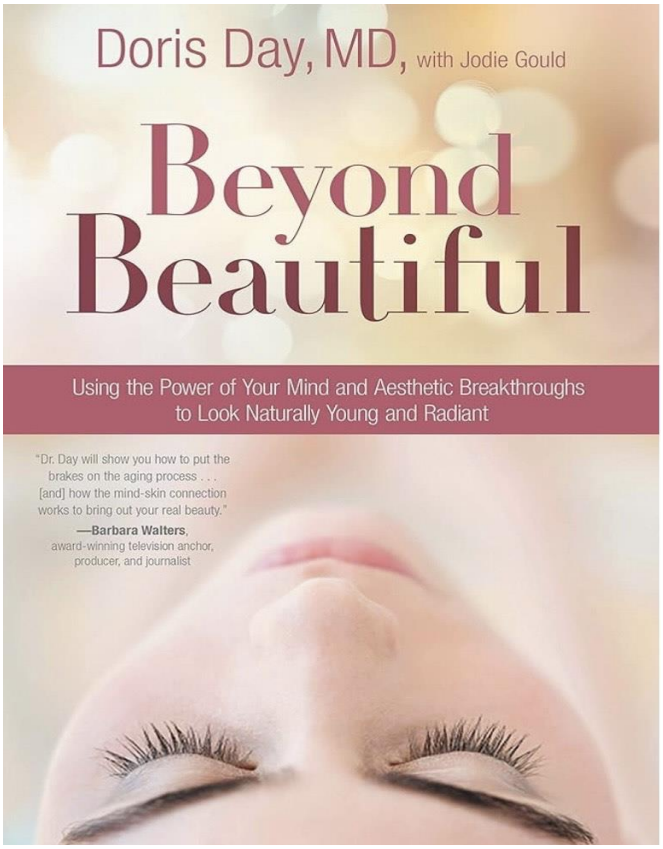
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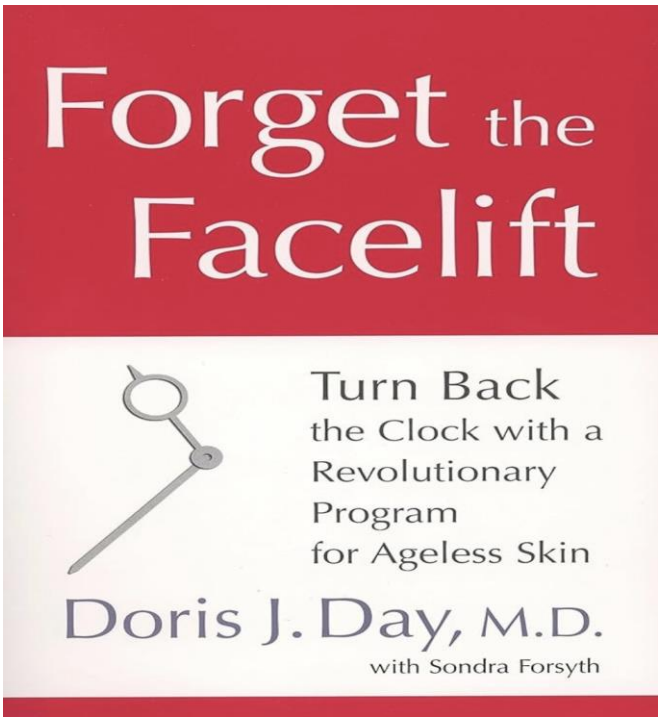
award-winning television anchor, producer, and journalist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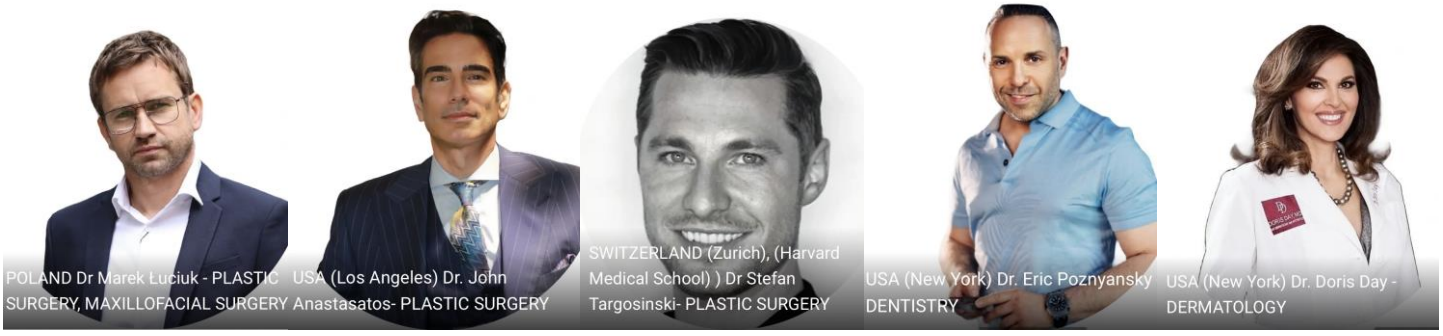

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Neurology

Dr. Massimo Barbagallo is a neurologist based in Zurich, affiliated with the University of Zurich, specializing in the diagnosis and treatment of neurological disorders. His professional interests include neurodegeneration, neuroimaging, and advanced neurological therapies.

Dear Massimo, could you share your experience studying at the University of Zurich? How did your time there shape your approach to medicine and research?

My time at the University of Zurich was truly unforgettable, and I still enjoy lying back and go through all those memories. My medical school journey began at the Irchel campus—a picturesque park with a lovely little lake at its center, surrounded by lush flora and fauna. It also offered many opportunities for sports, studying, or simply fading out the day with friends over a beer at the end of the day. We spent our first two years here, studying the anatomical, biochemical, and physiological basis of the (healthy) human body. We encountered the notorious cadaver dissections, which enhanced our three-dimensional understanding of the human body and the interplay and connections of its functional structures. The following two years took us to the University Hospital of Zurich. The mornings were devoted to lectures on various pathologies, organized in different blocks of medical disciplines such as pulmonology, cardiology and neurology. In contrast, the afternoons were reserved for practical clinical courses. It was during these courses when we met real patients for the first time—patients who shared not only their medical histories but also their hopes, fears, and personal struggles.

Some were terminally ill and who shared their last moments with us, an experience that profoundly impacted us and reminded us of the reason behind our studies. I remain grateful for the opportunity to be confronted to such topics at an early stage of our education. In our fifth year, the year of the clerkships, we rotated through different departments of our choice to gain practical experience and identify the specialties that fascinated us the most. Finally, in the sixth and final year, we consolidated our knowledge, preparing for the responsibilities of the life as a physician. Simultaneously, we embarked on our first scientific research projects, a critical component of our medical training. Looking back, I am incredibly thankful for this well-organized six-year journey. The vast breadth of medicine, the intensity of the curriculum, and the high costs of the education (exceeding 500,000 CHF) underscore the difficulty of organizing these six years.

Your recent research suggests that coffee may have cognitive benefits for individuals with atrial fibrillation (AFib). What led you to explore this link,

and what do you think it means for AFib patients moving forward?

This was indeed an interesting observational study, involving a cohort of 2,415 Swiss patients with atrial fibrillation, recently published in the Journal of the American Heart Association (JAHA). The AFib is unfortunately a widespread cardiac condition that often remains undetected by patients, yet it significantly increases the risk of stroke by approximately fivefold. Not all strokes manifest as obvious clinical deficits. Sometimes some smaller "silent" strokes may go unnoticed, but can accumulate damage over time, eventually leading to what is known as “vascular dementia”. Unfortunately, up to now there is no reliable cure to reverse this condition.

Motivated by the numerous reported cognitive benefits of coffee, I was inspired to investigate whether these effects maybe “measurable” in a population at risk for cognitive decline. However, given the observational nature of this study—and the influence of numerous confounding factors, it would be inappropriate to advocate for an increased coffee consumption among AFib patients.

Nonetheless, considering the findings we published, patients with AFib might find even greater joy in enjoying their next cup of coffee.

"Looking back at your career, what advice would you give to your younger self?"

Looking back at these very interesting and moving years, I would advise myself to always follow the path of my own interests. I certainly would not recommend that a person seeking the path of least resistance in life should embrace the challenge of medical school and the choice of becoming a doctor. It is a highly demanding path in which you will have to work while others are sleeping. You will have to work when others are enjoying time with their loved ones or when there's a concert, a show, or a celebration you wanted to attend. You also have to be patient—only time will show how your skills improve and how you become better at managing difficult situations. So don’t give up. Take a break when things get difficult, then continue and never give up!

If there would be a thing you could change in the medical education, what would you change?

I believe that I had the pleasure and good fortune of receiving a well-structured medical education, covering a wide range of topics. It not only taught us medical knowledge but also prepared us to face psychologically challenging moments in our job, such as delivering difficult messages to patients or their relatives. However, medicine is evolving rapidly, and education should adapt accordingly.

In the future, skills such as basic knowledge of IT programming and AI technologies—which may not replace doctors but will undoubtedly become essential tools for systematically collecting new knowledge and structuring patients' medical histories—will be indispensable.

We should also keep in mind that medical knowledge will continue to expand to the point where we will have more and more specialists but fewer generalists. As a result, there may be a shortage of professionals who can maintain an overview of the bigger picture.

Therefore, I believe medical education might eventually be divided into different sub-specialties or sub-medical schools, where one path focuses on a broader medical education while another prepares students for highly specialized fields.

In the case of the patient with WEBINO syndrome, you highlighted the effectiveness of high-dose steroids. In your experience, how do you determine the most appropriate treatment in acute neurological cases with unclear causes?

Thank you for this intriguing question. As outlined in the WEBINO case report we published on this topic, there are often subtle distinctions between two pathologies, making it crucial to base your therapeutic decisions based on comprehensive information. In this particular case, we had to differentiate between an ischemic origin (indicating a reduced blood supply) and an inflammatory origin. While a certain therapy might benefit one cause, it could potentially exacerbate the symptoms of the other. After evaluating the patient’s medical history, analyzing the progression of acute symptoms, reviewing blood tests, and carefully examining various aspects of the MRI findings (in which you should be able to differentiate the two origins), we opted for a high-dose steroid treatment.

However, in general it is important to note that in emergency situations, every minute matters, so you don't have much time to think!

In your view, how important is it to use advanced imaging, like MRI, when diagnosing and treating complex neurological symptoms, especially when the cause is not immediately clear?

Without a doubt, the cornerstone of every medical discipline remains the clinical approach. This includes the symptoms the patient shares with you—or fails to share, if they are unable to—and the clinical signs you identify with your trained eye. Once you have built in your mind a suspicion, only then should you consider additional diagnostic tools, such as an MRI scan. Before employing such a powerful tool, it is essential to have at least an idea, what you are looking for and which findings might be relevant. Only under these circumstances does such an examination make sense. Unfortunately, it is becoming increasingly common for patients with diffuse complaints to arrive at the ER, requesting an urgent MRI (maybe after consulting Dr. Google?), often without first providing their medical history or detailing their symptoms. This is not how medicine is meant to work.

Regarding MRI scans, particularly the new-generation devices that utilize 3-tesla magnetic fields, they allow for ultra-high resolution imaging of brain tissue, enabling a more detailed understanding of morphological abnormalities. However, while these scans can reveal structural differences, they cannot detect physiological or metabolic abnormalities in the brain.

To circle back to my initial point, you should always first define what you are searching for, and then determine which diagnostic tools are appropriate to confirm your theory. In such cases, an MRI scan can indeed be an excellent tool to achieve your goal.

What are some of the key lifestyle factors that patients should be aware of when managing conditions like AFib, and how do you incorporate this knowledge into your practice?

For patients with AFib, it is crucial to recognize early signs of heart dysfunction, known as "cardiac insufficiency". This entails monitoring your body weight, as rapid weight gain may signal a progressive accumulation of fluids. Additionally, pay attention to whether your legs become swollen (fluid build-up in lower body tissues, known as edema) or if you experience shortness of breath or reduced tolerance to physical activity (indications of fluid overload in the lungs). Should any of these symptoms arise, it is essential to consult your doctor promptly.

As for my personal approach to a healthy lifestyle, I strive to follow general recommendations: maintaining an active lifestyle that includes regular exercise (primarily cardio training), avoiding harmful substances such as tobacco and alcohol, adhering to a balanced diet with minimal processed foods (favoring the Mediterranean diet), and staying curious and eager to learn new things.

As a clinician and researcher, how do you approach balancing traditional medical treatments with the evolving research on new therapies and lifestyle recommendations?

This is undoubtedly an important topic in the education and training of medical personnel. Given that medicine is a rapidly evolving field with frequent, significant discoveries, it is essential to organize regular congresses and updates. These events provide opportunities to share new findings among medical professionals and to encourage meaningful discussions in their regards.

Looking ahead, what areas of neurological research do you think will have the most significant impact on improving patient care in the coming years?

Neurology and neuroscience are among the fastest-growing fields of science, likely due to the increasing prevalence of neurological, particularly neurodegenerative, diseases in aging populations. In addition to advancements in stroke research—one of the most common and debilitating conditions in neurology—the field of neurodegeneration promises to deliver significant breakthroughs in the next years. Closely related to this is the growing interest in the field of neurological longevity, which focuses on understanding how to preserve brain function into advanced age.

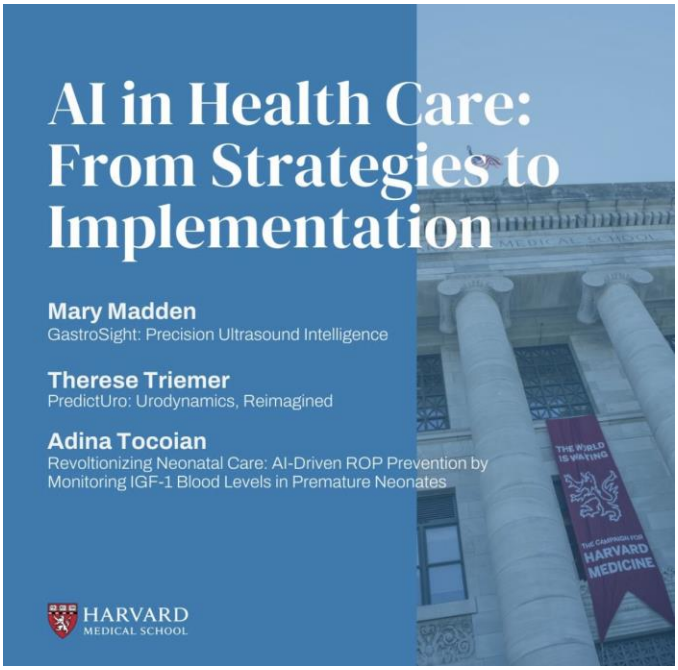
Dr. Barbagallo, in addition to your medical career, you're known to have a passion for DJing. How do you maintain balance in your life, and how do hobbies like DJing contribute to your well-being and work-life harmony?

To stay productive and excited in your profession—especially in a stressful and demanding role like that of a

doctor—it is crucial, as you mentioned, to find balance in your work-life and to feed your mind with interests beyond medical topics.

For example, while DJing I learnt how to use and enhance my creativity, to create new inspiring mixes. Also, a friend of mine, Roman Sager, and I developed the website www.berichteguru.com, which provides templates and standard documents commonly used in medical reports. This helps physicians, who on average work 11 hours a day but spend only 2 hours with patients (the rest being dedicated mostly to bureaucracy), by offering a tool to draft reports more efficiently while ensuring completeness.

This project required me to acquire various new skills, such as programming, organizing, negotiating, and marketing our idea. To maintain joy and enthusiasm in your profession, it is essential to challenge your mind periodically with endeavors from other fields. One day, a skill gained in another domain might save a patient's life or help you in creating a groundbreaking product.



Cardiology

Dr. Jamal S. Rana MD, PhD, FACC Chair, Medical Specialties & Interventional Services. Chair, People Operations & Professional Development, Oakland Medical Center. The Permanente Medical Group. Adjunct Investigator, Division of Research, Kaiser Permanente Northern California Past President, American College of Cardiology California Chapter.

Kaiser Permanente is known for its integrated healthcare system. How does this model support better outcomes for cardiovascular patients compared to more traditional healthcare systems?

Kaiser Permanente has 75-years of experience operating as an integrated, value-based care organization. Which means, we proactively aim to reduce the burden of chronic disease, and foster collaboration among physicians, specialists, and other medical professionals. Which is different from fee-for- service 'sick care' model in most of U.S. It is better to prevent a heart attack, along being ready to emergently treat it if happens. Our goal is to provide right care at the right time to our patients, helping them live their healthiest lives.

As the Past President of the California Chapter of the American College of Cardiology (ACC), what were the key initiatives you spearheaded, and how have they impacted cardiology practice in California?

Epictetus (circa 55-135 CE) said "Events do not rise to meet our expectations", my term started in April 2021 amid unprecedent times of uncertainty of COVID, something none of us had expected. It is how we react and deal with the events that eventually counts. Therefore, I started the term to get our professional chapter re-energized with the message of "Emergence and Transformation".

Despite all odds our Chapter remained extremely active during my term. I was thrilled to see our Fellows in Training (FIT) and Early Career Catalysts standing up and energizing so many. From the blockbuster success of the first of its kind "FIT virtual Bootcamp" with faculty from fellowships across California to "California ACC Leadership Forum" roll out with top notch leaders from all around the state sharing their wisdom and inspiring a whole generation of future leaders.

The ACC is a vital organization for continuing education and networking among cardiologists. How do you think the ACC can further leverage technology to foster collaboration and learning among its members?

I am extremely proud of the work ACC continues to do for education of cardiovascular care teams. Journal of American College of Cardiology (JACC), that goes out to all ACC members, is the premier journal for cardiology research and education in the world. In addition, it has a family of 9 journals that cover areas from CV Interventions, Imaging, Heart Failure, Electrophysiology and so on. To expand equity for research across the world there is now JACC Asia journal as well. Our ACC Annual Scientific Sessions meeting is an excellent event. It is a one of the best sources for learning about cutting edge

science and networking. The ACC Innovation Program is working to lead the digital transformation of cardiovascular health care delivery. This program ties together surveillance, engagement, thought leadership, and collaborations with industry and academic institutions to improve cardiovascular care.

During your research fellowship at Harvard Medical School, you focused on risk factors like diabetes and obesity and their impact on heart disease. Could you share some insights from your research and how they continue to influence your clinical practice today?

I started looking at impact of diabetes and obesity on heart disease at population level more than two decades ago. Unfortunately, the rates of both diabetes and obesity continue to rise despite best efforts. Now, we are in an exciting time of treatments such at GLP-1 inhibitors which is giving hope to so many who have been struggling with these chronic conditions. There is however a lot more work ahead for us.

Harvard has a rich environment for medical research and collaboration. How did your time there shape your approach to integrating academic research with clinical practice?

I was fortunate to have that opportunity during my formative years and it was indeed transformational for me. It fostered in me the spirit of both research and clinical practice. To date, as a clinician researcher, I am active in both areas.

Dr. Rana, you've witnessed significant advancements in MedTech within cardiology. What current technologies or innovations do you believe are revolutionizing cardiovascular care the most?

As is discussed everywhere these days, artificial intelligence (A.I) is going to revolutionize cardiovascular care.

With artificial intelligence and machine learning gaining momentum in healthcare, how do you see these technologies being integrated into daily cardiovascular care, particularly in early disease detection?

There are studies showing that with help of A.I chest CT scans done for non-cardiac reasons can provide information for heart plaque buildup. Similarly, AI applied to Coronary Artery Calcium scans can predict even non coronary heart disease events, including heart failure, atrial fibrillation, and stroke. Similar groundbreaking work is happening with echocardiograms and EKGs.

What challenges do you think still exist for MedTech adoption in cardiology, and how do you see the role of physicians evolving with these technological advancements?

A.I assisting cardiologists to do their work efficiently will help to decrease burnout. We don't have to worry about A.I replacing us, as our patients still need our compassionate care and the human touch.

Cardiovascular disease prevention is a key focus in modern medicine. Based on your extensive experience, what practical steps and lifestyle changes do you personally recommend for individuals looking to maintain heart health and reduce the risk of heart disease?

Absolutely, as cardiovascular care remains the number 1 killer in the world, despite all the technological advances. Principles for reducing remain simple, eat healthy, exercise, manage sugar levels and blood pressure, do not smoke and prioritize sleep. However, it's easier said than done, as our modern society with processed foods and non-active work has made it challenging. That is why cardiology community is continuing to take on these challenges head on.

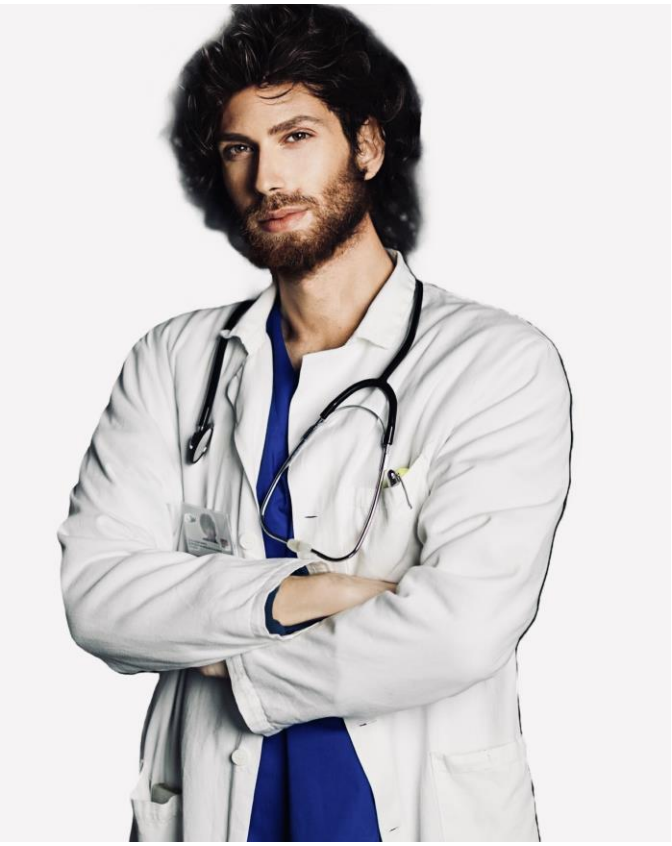
Gastroenterology

Dr. Alessio Rosario Marte holds a summa cum laude Combined MD- PhD degree in Medicine and Research from Harvard Medical School. Specializing in Neuro-Immuno- Gastroenterology, he has conducted extensive research on the microbiota-gut-brain axis and epigenetic mechanisms related to autoimmune and chronic-inflammatory diseases. Dr. Marte has previously worked as a medical consultant at the CHUV in Lausanne and currently works as a researcher at the Mayo Clinic.

How did your experience as a full-time student at Harvard Medical School shape your perspective on the practice of medicine and your approach to clinical research?

Studying at Harvard Medical School, a cornerstone of medical science, gave me the opportunity to be trained in a setting where the historical foundations of medicine intersect with the latest breakthroughs. It instilled in me a deep respect for the knowledge passed down through generations. Being part of this means pushing oneself to reexamine and, at the same time, advance the legacy we've inherited, for the future of clinical practice.

You recently developed an innovative technique that involves the Selective Induction of KIT Mutation using CRISPR-Cas9, followed by Activation and Subsequent Inhibition of the KIT Signaling Pathway. This approach, combined with CAR-T cell engineering targeting the mutant KIT, and the integration of immune checkpoint inhibitors, has drawn considerable attention. After you filed your patent application with WIPO, Gilead Sciences, which recently acquired Kite Pharma, recognized its potential and acquired the technology. Could you explain the potential impact this innovation could have on the future of leukemia treatment and personalized cancer therapies'?



"One must be a sea to receive a muddy river without becoming turbid." I was personally invested in this.

I believe the only way to approach a challenge is to see it as an opportunity for progress, no matter how difficult or limiting. However muddy or destructive these incoming rivers may be, without them, the sea would not be what it is. It has the capacity to absorb them. My only concern is that what I've done may, in the future, help restore lives where they've been broken. I thank Gilead Sciences, pioneers in this field, whose focus on advancing this new generation of therapies could be crucial in shaping the treatments of tomorrow.

As the study of the microbiota gains increasing importance in modern medicine, how do you see this field shaping the future of healthcare and disease treatment?

The microbiota is like an immense expanse—full of questions, but more importantly, rich with answers. Its influence extends across nearly every system in the body, the key lies in having the precision and intuition to know where to focus; with the right approach, this field can

provide almost limitless clinical answers, given its vastness and critical relevance.

What has your experience working at Mayo Clinic, consistently ranked among the best hospitals in the world, taught you about pushing the boundaries of research and patient care?

The Mayo Clinic represents the pinnacle of clinical medicine, branching out with exceptional results in every field. It offers a unique environment where each researcher is given the space and resources to advance their work. This commitment to fostering innovation and excellence across all specialties is fundamental in pushing the boundaries of clinical research.

What role does the microbiota play in immune-mediated gastrointestinal disorders, such as inflammatory bowel disease and celiac disease?

The microbiota is fundamental in modulating the immune system's interaction with the gut. In disorders like inflammatory bowel disease and celiac disease, it influences immune responses and maintains the balance between tolerance and inflammation. The possibility of rebalancing the microbiota offers a promising avenue to not just manage symptoms, but to fundamentally alter the course of these immune-driven conditions.

What is your perspective on how next-generation probiotics could reshape the management of chronic diseases?

Next-generation probiotics are shifting the paradigm in chronic disease management. These targeted interventions are designed to correct microbial imbalances at their source, going beyond symptom relief. By actively modifying the microbiome, they hold the potential to alter disease progression in profound ways, offering new hope for conditions that were once considered difficult to treat.

Could you elaborate on the connection between microbiota dysbiosis and metabolic disorders like diabetes and obesity?

The microbiota is deeply intertwined with the body's metabolic regulation. Dysbiosis affects key processes like insulin sensitivity and fat metabolism, contributing to conditions such as diabetes and obesity. Correcting these microbial imbalances can act as a reset, helping restore proper metabolic function and offering a novel approach to tackling these widespread disorders.

How does the gut microbiota influence neurodegenerative diseases such as Alzheimer's and Parkinson's, and what are the potential therapeutic implications?

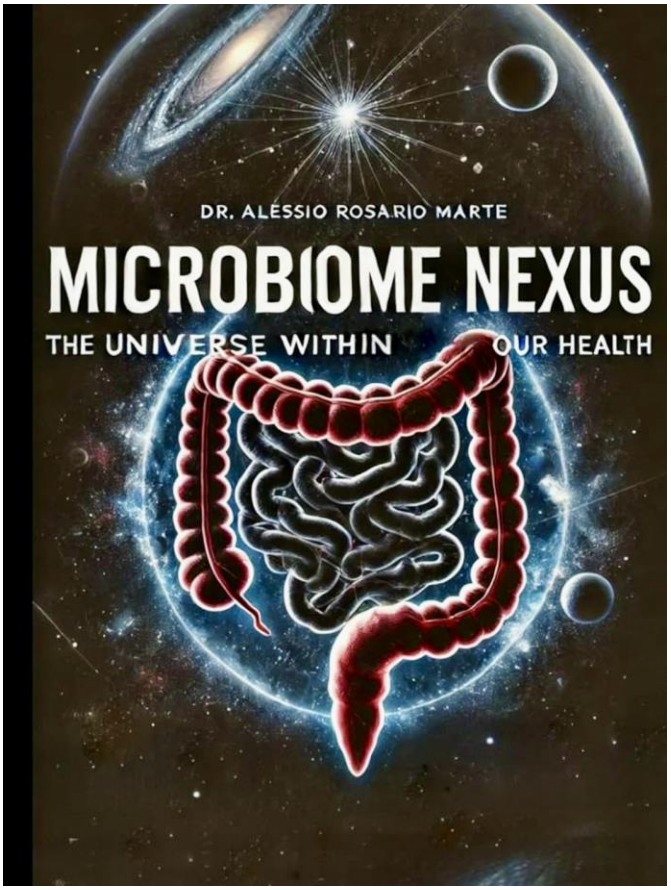
The gut microbiota has emerged as a critical player in neurodegenerative diseases. Its influence on neuroinflammation, neurotransmitters balance, and even the integrity of the blood-brain barrier is undeniable. The real challenge now is harnessing this knowledge. By manipulating the microbiota, we are opening doors to therapies that could slow or even alter the course of diseases like Alzheimer's and Parkinson's—a profound shift from merely managing symptoms.

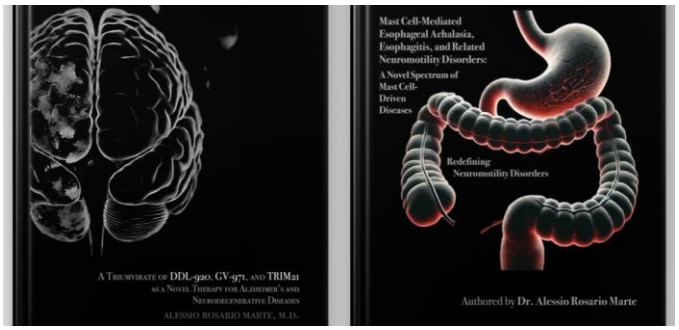
Given your extensive research on the microbiota-gut-brain axis, how do you foresee its integration into personalized medicine?

The microbiota-gut-brain axis is the future of personalized medicine. Each individual's microbiota is as unique as a fingerprint, offering us a roadmap for tailored treatments. Imagine a future where psychiatric and neurological treatments are not just based on general diagnoses but on the specific microbial composition of each patient. This is where medicine becomes truly personal—targeting the microbiota to unlock solutions that were previously unimaginable.

In your opinion, what is the most exciting area of microbiota research that could transform future healthcare?

The ability to harness the microbiota for both diagnosis and treatment is, without question, the most transformative frontier. We are on the cusp of a revolution where the microbiome will allow us to predict, prevent, and personalize treatments in ways that were never possible before. This isn't just about treating disease—it's about fundamentally rethinking what health means at the microbial level.





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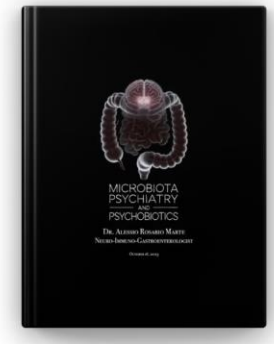

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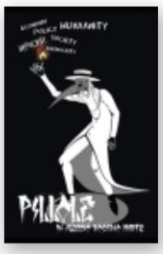

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Immunology

Dr. Shirin Hund is a Harvard trained internal medicine physician, medical educator, life sciences consultant, and start up advisory board member, currently working in the fields of hospital medicine, preventative medicine, and anti-aging diagnostic technologies and treatments. Dr. Hund is an acclaimed speaker and moderator who presented her ideas during the World Economic Forum and at TEDx Zurich 2024. She has received grants to support her interests in improving medical access and services for vulnerable patient populations and was accepted to the Harvard Macy Institute Program for Future Academic Clinician-Educators for her development of an innovative curriculum to improve Grand Rounds for medical students. Her work in public health reform, medical education, medical humanities, and clinical immunology has been published in the Frontiers in Immunology, Journal of General Internal Medicine, Academic Medicine, and Immunology.

You completed your residency in internal medicine from a Harvard Medical School teaching hospital in 2019. Looking back, what were the most transformative aspects of your medical education, and how have they shaped your career?

I am very proud to have trained at Cambridge Health Alliance for my residency. It was an incredibly unique experience to serve several communities through a safety net hospital system which was mandated to serve the public with a strong focus on vulnerable populations (the homeless population, undocumented immigrants, asylum seekers, many patients with mental illness or substance abuse). I learned not just excellent clinical medicine from my mentors, but gained a nuanced understanding of how to apply the science of medicine to the art of taking care of challenging patient populations that combine medical complexity with significant socioeconomic challenges. Imagine prescribing insulin to a patient with diabetes and multiple complications from suboptimal care without access to a refrigerator for his insulin because he does not have a permanent home.

Can you conceive of safely discharging a patient from the hospital whose home was quite literally in a salt pile on the side of the road? How can one effectively educate a patient on how to use their new inhaler while using a telephone translation service for Amharic?

It was a true immersion in learning how to release a patient trapped by the limitations of multiple medical conditions which were chained to the patient's social determinants of health. My education included dedicated research time on social advocacy and health care reform, climate change, public health, and the public narrative. I left my residency training with a keen sense and responsibility of the true role of a physician, which involves using the knowledge obtained to advocate for social justice: for the individual patient and the community in which they belong.

Harvard is known for fostering interdisciplinary collaboration in medicine. Were there any particular mentors or experiences during your time there that

influenced your approach to clinical work and innovation?

My mentor, who is currently the Chief of Medicine, is an example of a physician who combines outstanding clinical expertise with an uncanny intuition of how to uncover a patient's intrinsic motivation to finally enable the first steps towards better health. It was his coaching that helped me understand that the art of medicine is beyond the expert utilization of clinical guidelines and algorithms, a step further than what the physical examination or any laboratory data provides. The art of medicine rather gently uncovers what is so often hidden during the patient encounter and reveals the true factors of why patients are limited in seeking health. It is this nuanced skill that is not taught in medical school, which allows a great doctor to discover why their patient is unable to take their medication reliably, why the patient so often no-shows to their important appointments, why one might relapse into the pit of addiction yet again.

I will never forget how an extremely medically complex patient who traveled to three different doctors in three different states in the USA gently rebuked my efforts to help him, stating "Just stop. You don't have to keep trying to save me."

I went to my mentor asking me to help me with this ethical challenge. How could I allow my patient to give up on himself? Why would he refuse my well-intentioned help and knowledge? For me, this was a failure of my ability as a doctor and no amount of time in the classroom prepared me for this situation.

My mentor listened to my experience with the patient and advised me to put aside my plan of tackling his untreated diabetes, high blood pressure, and chronic heart and lung diseases among 14 other unmanaged conditions. He encouraged me to ask myself and the patient why he kept going to three different doctors in three different states if he truly did not want medical assistance? Perhaps the help he was seeking was a different type of help than what all the doctors wanted to prescribe. In fact, it was my responsibility to uncover this hidden motivation, a more crucial medical intervention than any medication prescribed.

You completed a postgraduate trainee program at the Harvard Macy Institute, which focuses on advancing medical education. What inspired you to pursue this program, and what were your key takeaways?

I applied for the Harvard Macy Institute Program for Post-Graduate Trainees: Future Academic Clinician-Educators in 2018 in part because I was so grateful for the profound influence my teachers on my training as a physician and because I had the privilege to teach junior residents and medical students as I progressed in my training. It was an exceptional program, which involved creating an educational initiative for one's residency program, and applying both learning theories and practical feedback through workshops on how to fully implement our educational initiative to fruition. I especially loved one exercise we did which was like a 5 minutes. We had 5 minutes to teach a complex topic to our peers and we were judged on how effective we communicated the lesson and content in such a short period of time.

How did your experience at Harvard Macy help you develop your Grand Rounds curriculum for medical students? What challenges did you encounter in rethinking traditional medical education?

Grand Rounds is a tradition in academic medicine where residents and senior doctors present interesting patient cases, novel treatments, or new clinical trials all rooted in the foundation of evidence-based medicine to a large audience. I proposed having Harvard Medical Students also participate in the Medical Grand Rounds and designed a series of workshops on how to teach them to identify a case and design a Grand Rounds presentation. I argued that just because medical students traditionally do not present at Grand Rounds does not mean they should not be given the opportunity to do so. The students presented in front of an audience of more senior and experienced physicians and gained confidence and expertise in this fundamental ritual in medicine… and did so with aplomb!

You are deeply involved in hospital medicine, preventative care, and anti-aging technologies. How do you see the future of preventative medicine evolving, particularly with advancements in diagnostics and personalized treatments?

We have already seen how traditional methods of diagnosis and management of diseases have been repurposed into preventative health technologies (for example, the full body screening MRI or the continuous blood sugar monitor for non-diabetics). I foresee that doctors will have many more noninvasive screening tests at their disposal which will replace the standard-of-care protocols (for example, blood markers to screen for

cancers or retinal imaging for neurodegenerative diseases).

Your work intersects clinical medicine, public health, and life sciences consulting. What challenges do you see in translating cutting-edge medical research into real-world clinical applications?

The challenges always involve the time delay with the clinical trial and regulatory processes as well as finding an appropriate market. A treatment that was studied in a phase 4 clinical trial and found to have tremendous benefit (such as decreased morbidity or mortality) may not necessarily correlate to success in the commercial space. It can also be challenging to translate something that was effectively demonstrated in a laboratory setting and shown to have clinical significance in a clinical study to an intervention that insurance companies might embrace, and thus make it more available and accessible to the general public.

Your publications span fields from public health reform to clinical immunology. How do you balance the demands of clinical work, research, and advocacy while maintaining a patient-centered approach?

At this point in my career, I am a 100% clinician and my experience with patients constantly teaches me, humbles me, and excites me to continue my learning journey. I continue my research and advocacy endeavors in the early mornings and late evenings, as these two arenas bring me tremendous joy and allow me to feel like I can contribute my experience to a greater community and engage in meaningful dialogue with my peers.

As an advisory board member for startups, what key factors do you consider when evaluating the potential of new health-tech innovations? Are there any emerging trends in biotech or digital health that particularly excite you?

We live in a world and an era where amazing ideas are incubating faster than we can implement them. As excited as I get with every pitch and proposal, I do always think about the unique selling proposition in a saturated market as well as who the consumer is (the patient, a hospital, an insurance company).

I am personally interested in different areas of the microbiome (oral microbiome, vaginal microbiome, skin microbiome) and how further research will optimize these microcosms of immunity.

Given your experience as a speaker at TEDx Zurich during the World Economic Forum, how do you approach communicating complex medical ideas to both medical professionals and the general public?

While I have been trained in medical jargon and this is how I write or communicate with my peers, I always imagine myself back in my office explaining a concept to a patient: in their language, in their realm of understanding, in the metaphors and images that resonate with them. The real challenge is how to communicate uncertainty to a patient (a not yet final but most likely diagnosis) in a way that balances trust and expertise with grace and humility.

At TEDxZurich 2024, you delivered a talk titled "How the 'biological footprint' could keep patients alive". Could you elaborate on the concept of the "biological footprint" and its potential impact on patient care?

Think of the carbon footprint: it is a metric of the carbon dioxide emissions generated by our own choices, but even more, it is a way to track how small, individual actions affect climate change on a planetary scale.

While I had the carbon footprint in my head, I kept ruminating on how doctors traditionally counsel patients to make changes towards better health for the benefit of the patient (which is completely correct), but often does not lead to any meaningful change on the patient's part. We tell patients to lose weight, exercise, take their medications, reduce stress for their own benefit, and we ponder why our advice so often does not work.

I have seen remarkable results by patients taking initiative to change their destructive habits by thinking about the impact their health has on something or someone else (a family member, a pet, a friend, a hobby).

By thinking first and foremost about an external factor and working to become healthier by recognizing the impact of living healthier on this external factor, they ultimately changed themselves more effectively than if they tried to live healthier for their own benefit.

Similar to the carbon footprint, the biological footprint is a metric of the impact that small, individual actions have on something external to ourselves. It quantifies how living healthy or unhealthy lives has a measurable impact on the world. It is a way of establishing our agency over our inherited legacy of suffering. But even more it is a way to hold ourselves accountable not just for our own

wellbeing, but for the communities and societies to which we belong.

Your TEDx talk emphasized the need to change how doctors diagnose and dispense healthcare. What are some practical steps that healthcare systems can take to implement these changes? I believe it begins with how health care

Right now, health care is governed by billing and reimbursement for every conceivable diagnosis, intervention, and medication prescribed. There is no time to thoroughly engage in meaningful discussion about how a patient can truly live healthier and no financial incentive to do so.

I imagine a world where doctors ask patients about their biological footprint by prompting the patient to answer the question: what or who will benefit from you living a healthier life? I envision the biological footprint being part of the medical record, being tracked by the doctor just as we track blood sugar and cholesterol, and that a good biological footprint will have reciprocal economic return.

I hope one day it will be a metric to assess the health of a population or the health of a country, just as the carbon footprint has become a prominent figure in the campaign for environmental reform.

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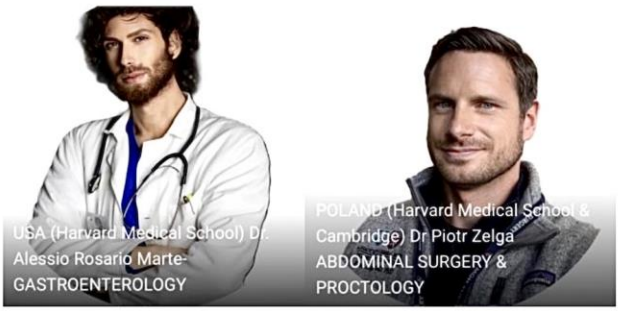
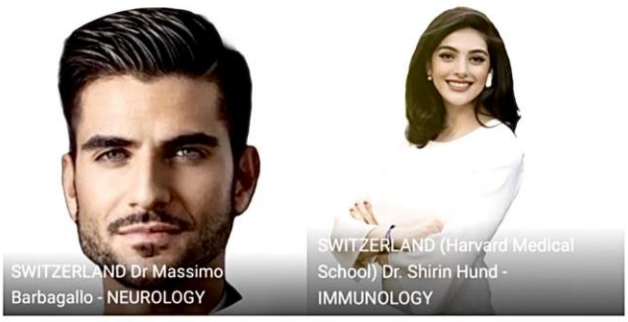
HOW DOES THE BIOLOGICAL FOOTPRINT YOU LEAVE MAKE THE GREATEST IMPACT?

Dr. Shirin Karimi Hund is a Harvard-trained internal medicine physician, pharmaceutical advisor, and advisory board member, currently working in the fields of preventative medicine and anti-aging diagnostic technologies and treatments. She received grants to support her interests in improving medical access and services for vulnerable patient populations and was accepted to the Harvard Macy Institute Program for Future Academic Clinician-Educators for her development of an innovative curriculum to improve Grand Rounds for medical students. Dr. Shirin has multiple publications in the fields of medical education, medical humanities, and clinical immunology in the Journal of General Internal Medicine, Academic Medicine, and Immunology.





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Mental Wellbeing

Dr. Christoph Dönitz, M.Sc., is a board-certified internist and TCM specialist based in Lucerne and Zurich. Fluent in five languages and shaped by training in Mexico, China, U.K. and the USA, he blends Western diagnostics with acupuncture, moxibustion, Chinese massage and medical qigong to offer personalized integrative care. Outside the clinic, he recharges in the Swiss mountains, by the sea, or at beautiful Lake Lucerne.

Your academic journey began with a BA in Philosophy, Politics, and Economics at Oxford, followed by an MSc at the London School of Economics. What inspired your transition from social sciences to medicine?

My journey started at Oxford and continued at LSE—immersed in ideas, politics, and economics. Yet I discovered a deeper calling: helping people firsthand. Medicine offered a way to combine rigorous analysis with real human impact, particularly through integrative care that bridges conventional and holistic approaches.

You pursued Traditional Chinese Medicine (TCM) alongside conventional medical studies from day one. What drew you to that path, and how does this dual training shape your patient care?

TCM captivated me with its holistic philosophy—understanding the body, mind, and soul as an inseparable whole. By combining Western diagnostics with TCM's ancient wisdom, I can go beyond treating symptoms—I work to identify and address the root imbalances that affect each patient's well-being.

You co-developed Europe's first Master's in TCM at the University of Porto. What were the challenges and key milestones in bringing TCM into academia?

Building that program meant bridging two very different worlds. We had to design a curriculum rooted in centuries-old practice while meeting strict academic standards and scientific validation. Crossing that divide—and seeing students graduate with a dual respect for tradition and evidence—was profoundly rewarding.

At Seeklinik Brunnen, you specialized in treating burnout, depression, sleep disorders, and pain. How did those years shape your view on the mind–body connection in integrative medicine?

My time as the leading physician at Brunnen deepened my belief that physical and mental health are two sides of the same coin. Patients often carry emotional burdens that manifest as pain, insomnia, or hopelessness. Integrative medicine allows me to address these dimensions together, fostering deeper, more lasting healing.

In your current practice in Lucerne and Zürich, you combine Western diagnostics with TCM therapies. Can you share a case where this integrative approach truly made a difference?

One memorable patient came to me with chronic back pain that had resisted conventional treatments. Using advanced diagnostics to understand the root causes, we then added targeted acupuncture, herbal therapy and Tuina massage. Over just a few months, his pain dropped

dramatically and he regained full mobility—no longer reliant on long-term pain medication.

You offer acupuncture, herbal therapy, moxibustion, Chinese massage and medical qigong. How do you decide which combination fits each patient best?

It starts with a thorough intake—medical history, diagnostic tests, and a TCM assessment in ordert to establish a holistic diagnosis. This diagnosis contains a recommended course of action. From there, I customize a plan that blends Western and TCM techniques tailored to their physiology, symptoms, and lifestyle. There is no place for a one-size-fits-all approach which in the end suits nobody really well. The result is a truly personalized therapy that evolves with the patient's progress.

Fluent in five languages and trained in Mexico, China, and the USA—how have these multicultural experiences influenced your practice?

Working across cultures taught me that healing looks different depending on context—belief systems, traditions, expectations all matter. This global perspective makes my practice more empathetic and adaptive to each individual's cultural background.

You emphasize treating both body and soul. How do you bring this philosophy into everyday patient interactions?

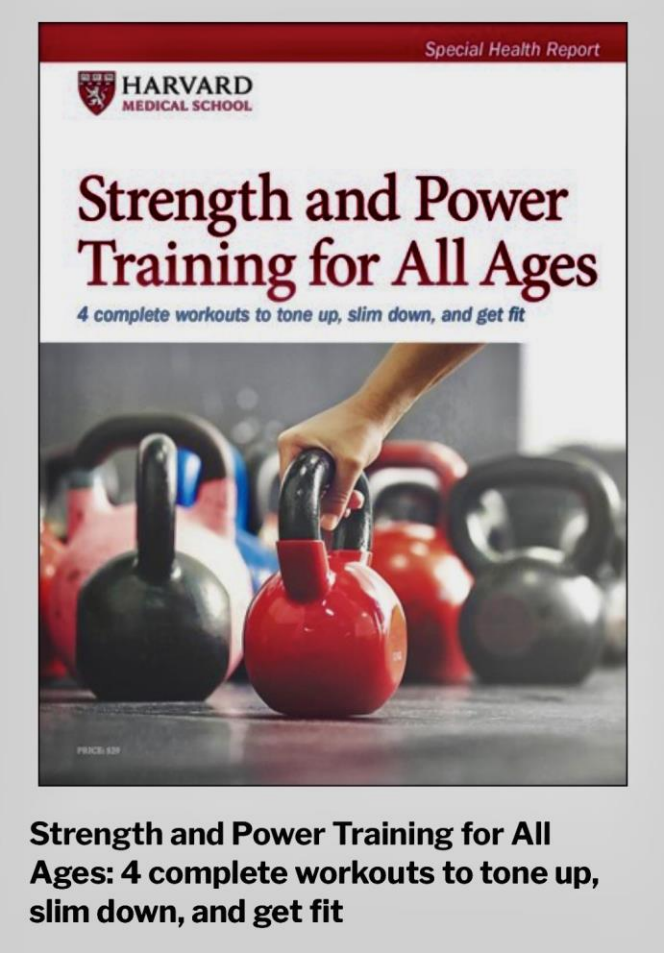
I take the time to listen deeply—to the words, emotions, and concerns behind the symptoms. Understanding a patient's story, values, and fears allows me to build trust and craft a treatment plan that nourishes both physical healing and emotional growth. Also, the meridians of acupuncture offers an excellent map for locating complaints accurately on the human body. The precise location of the pain has diagnostic and therapeutic relevance.

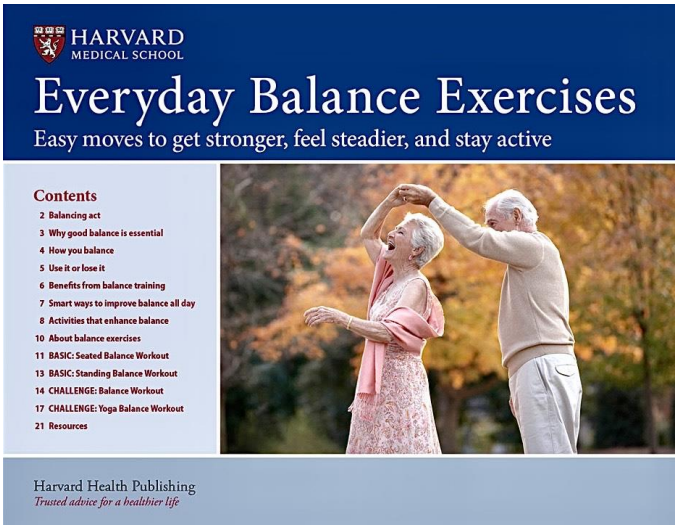
With growing interest in integrative medicine, what role do you envision for TCM in Europe's healthcare system?

I believe TCM will increasingly complement Western medicine, especially in chronic conditions and preventive care. As awareness grows and research substantiates its benefits, TCM could become a standard pillar of patient-centered healthcare—blending the best of East and West.

Outside work, you enjoy the mountains, the sea, and Lake Lucerne. How do these natural settings support your well-being and professional resilience?

Nature is my daily sanctuary. Hiking through alpine meadows or sitting by the lake calms my mind, grounds my spirit, and reminds me of what true balance feels like. That inner harmony refuels my energy and compassion in the clinic.





Sleep Improvement

Dr. Alen Juginovic is a physician and postdoctoral researcher at Harvard Medical School, specializing in the neurobiology of sleep and its effects on health outcomes. He is an instructor for the "Neurobiology of Emotions and Mood Disorders" course at Harvard College and is a member of the Editorial Board of the "Journal of Clinical Sleep Medicine". Dr. Juginovic is the author of "Sleep Science Made Simple" and has been recognized with numerous accolades, including the European Citizen's Prize. He is also a co-founder of Med&X, an organization that facilitates biomedical conferences and research collaborations with leading institutions, including Harvard and MIT.

As a postdoctoral researcher in sleep neurobiology at Harvard Medical School, you're currently investigating the connections between sleep deprivation, cancer progression, and gut health. Can you share some insights into this research and discuss the potential clinical applications that might emerge from your findings?

Our research at Harvard Medical School is uncovering links between sleep, diet, and gut health. We've found that a protein-rich diet can improve sleep quality by potentially helping the brain block out sensory disturbances.

More critically, we've discovered that severe sleep deprivation causes a buildup of harmful substances called reactive oxygen species in the gut, which can be lethal in animals. The good news is that my colleagues have successfully prevented this damage in animal models using targeted antioxidant treatments, allowing them to survive with minimal sleep. These findings could our approach to sleep disorders and lead to new treatments that consider diet and gut health as key factors in sleep medicine. It's an exciting step towards more personalized and effective sleep treatments that could improve overall health and longevity.

Your research touches on the role of the gut microbiome in sleep quality. Could you explain the gut-brain axis and its significance in understanding sleep disorders?

Our current hypothesis focuses on the intriguing gut-brain axis, which we believe may play a crucial role in sleep quality. We're exploring the idea that this two-way communication system between our gut and brain could significantly influence our sleep patterns. One of our key hypotheses is that the gut microbiome might produce molecules affecting our sleep-wake cycles. Conversely, we suspect that poor sleep could potentially alter the gut microbiome. If this bidirectional relationship proves true, it could mean that sleep disorders might be both a cause and a consequence of gut health issues. While we're still in the early stages of research, we're excited about the potential implications. If our hypotheses are correct, it could open up new avenues for treating sleep disorders. We might, for instance, be able to improve sleep by modulating the gut microbiome, or address certain gastrointestinal issues by focusing on sleep quality. It's important to note that these are still hypotheses and much more research is needed. However, we believe this is a promising area that could potentially lead to more holistic approaches in treating both sleep and gut-related disorders.

As an instructor at Harvard College, you teach a course on the "Neurobiology of Emotions and Mood Disorders." How do you integrate your sleep research into this course, and what impact do you believe sleep has on emotional and mental health?

In my course on the "Neurobiology of Emotions and Mood Disorders," I make it a point to integrate my sleep research extensively. Sleep plays such a crucial role in emotional and mental health that it's impossible to discuss one without the other. We explore how sleep affects brain regions crucial for emotional regulation, like the amygdala and prefrontal cortex. We also discuss the bidirectional relationship between sleep disturbances and mood disorders. The impact of sleep on emotional and mental health is profound. Adequate sleep is essential for emotional regulation, mood stability, and cognitive function. It's also crucial for memory consolidation, particularly emotional memories. Poor sleep can increase the risk of mood disorders and exacerbate existing conditions. By highlighting these connections in my course, I hope to inspire future healthcare professionals to consider sleep as a fundamental aspect of mental health treatment and prevention.

Med&X, the NGO you co-founded, has brought together Nobel laureates and thousands of participants from around the world. What inspired you to start this organization, and what do you believe has been its most significant impact on the biomedical community?

With Med&X, my team of scientists and physicians from Croatia and I wanted to create a platform that could bridge this gap, connecting young professionals with leaders in the field (www.medx.hr). The goal was to foster global collaboration, inspire the next generation, and provide hands-on experiences through internships. I believe our most significant impact has been in creating a truly global network of young biomedical professionals.

Through our Plexus Conference, we've brought together 10 Nobel Prize laureates and over 2,000 participants from more than 25 countries. This unique event combines lectures, clinical workshops, and crucial networking opportunities, delivering career-transforming insights and unparalleled motivation.

Our Med&X Accelerator program is another key initiative, aimed at fast-tracking the careers of young Croatian medical students. This intensive summer program equips them with best practices from world-renowned institutions like Harvard Medical School, MIT, Cleveland Clinic, and Mayo Clinic.

We're also helping to bridge the gap between academia and industry, which I believe is crucial for accelerating the translation of research into clinical applications. Our internship program has given many young scientists and physicians real-world experience at prestigious institutions.

We firmly believe that profound inspiration is the catalyst for great success, and our mission is to connect medical professionals and students with the world-renowned institutions and leaders who are shaping their fields. By fostering skills exchange and knowledge transfer in biomedicine, we're working to create the next generation of leaders in the field.

Your book "Sleep Science Made Simple" breaks down complex sleep science for a broad audience. What motivated you to write this book, and what key takeaways do you hope readers will gain?

Writing "Sleep Science Made Simple" was driven by my desire to bridge the gap between scientific understanding and public awareness of sleep science. I've noticed that while we've made tremendous strides in sleep research, much of this knowledge hasn't reached the general public. I wanted to change that. The book breaks down complex sleep science into accessible concepts, dispelling common myths and empowering readers to make informed decisions about their sleep habits. Some key takeaways I hope readers gain include understanding the vital role of sleep in physical and mental health, recognizing the importance of consistent sleep patterns, and learning practical tips for improving sleep quality. I also want readers to understand how factors like diet, exercise, and technology affect their sleep. Ultimately, my goal is to help people recognize sleep as a fundamental pillar of health, as important as diet and exercise.

Sleep optimization for athletes and individuals dealing with jet lag is one of your areas of focus. Can you share some of the latest advancements in sleep science that are particularly beneficial for these groups?

In the realm of sleep optimization for athletes and individuals dealing with jet lag, we're seeing some

exciting advancements. For athletes, we're now able to tailor training schedules based on individual circadian rhythms, which can significantly enhance performance and recovery. We're also using advanced wearable technology to provide detailed data on sleep quality and predict optimal performance windows. For those dealing with jet lag, we're developing predictive models that can provide personalized strategies to minimize its effects. We're also exploring how nutrition timing and light exposure can be used to accelerate adaptation to new time zones. One area that's particularly promising for both groups is the emerging field of sleep stage-specific recovery. We're learning how different stages of sleep contribute to various aspects of physical and cognitive recovery, which could lead to more targeted interventions for optimizing sleep.

You've invested in and advised companies focused on sleep optimization and tracking. What are the most promising innovations in this space, and how do you see them transforming sleep medicine and general health?

In the sleep optimization and tracking space, I'm seeing some truly innovative developments. AI powered sleep analysis is one of the most promising areas. These advanced algorithms can provide more accurate sleep staging and even detect subtle sleep disturbances that might otherwise go unnoticed. Another exciting innovation is the development of closed-loop systems that not only monitor sleep but actively intervene to improve it. For example, smart mattresses that adjust temperature and firmness in real-time based on your sleep stages. We're also seeing great strides in non-invasive monitoring technologies, like radar-based systems that can track sleep and breathing patterns without any physical contact. I believe these innovations will transform sleep medicine by making professional grade sleep assessment more accessible and enabling more personalized treatment approaches. They're also empowering individuals to take a more active role in managing their sleep health, which could have significant implications for public health.

As a member of the Editorial Board at the Journal of Clinical Sleep Medicine, how do you see the field of sleep medicine evolving in the coming years, especially with advancements in technology and personalized care?

As a member of the Editorial Board at the Journal of Clinical Sleep Medicine, I'm excited about the future of sleep medicine. I see it evolving in several key ways. First, we're moving towards more personalized approaches, using genetic data and detailed sleep monitoring to tailor treatments to individual needs. Telemedicine is also becoming increasingly important, allowing for remote sleep evaluations and follow-ups. This could greatly improve access to sleep medicine, especially in underserved areas. Another trend is the integration of consumer sleep technology into clinical practice. As these devices become more sophisticated, they're providing valuable data that can inform diagnosis and treatment. We're also seeing sleep medicine becoming more interdisciplinary, with closer collaborations between sleep specialists and experts in fields like cardiology, neurology, and psychiatry. This reflects our growing understanding of sleep's role in overall health. Looking ahead, I expect we'll see more emphasis on preventive approaches and lifestyle interventions alongside traditional treatments.

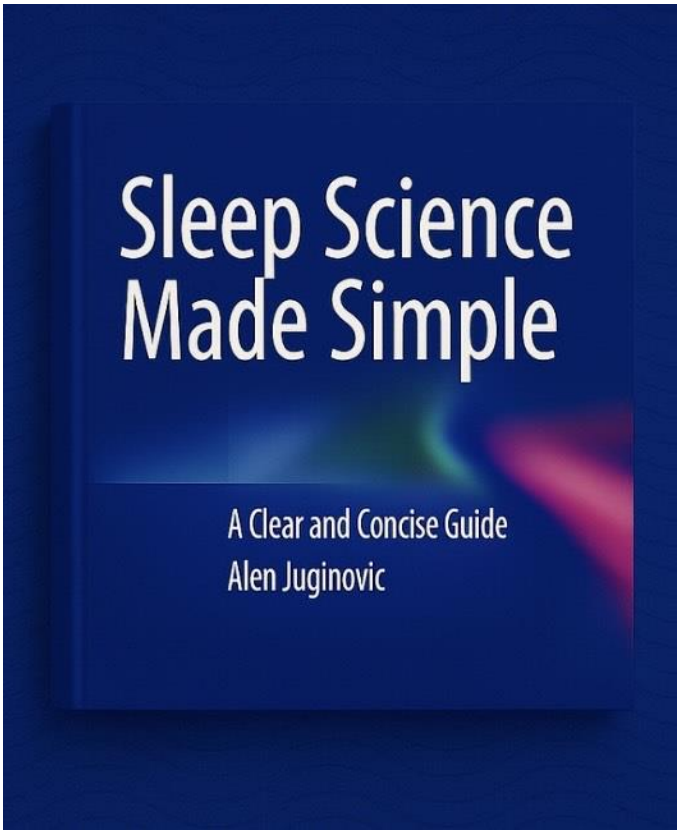
As a keynote speaker and media contributor, you've addressed various aspects of sleep and health. What are the most common misconceptions about sleep that you encounter, and how do you address them in your public engagements?

In my public engagements, I often encounter several common misconceptions about sleep. One of the most prevalent is the idea that you can train yourself to need less sleep. I always emphasize that by getting less sleep than your body requires leads to a sleep debt with real health consequences. Another common myth is that you can catch up on sleep during weekends. I explain that while you can reduce sleep debt to some extent, chronic sleep deprivation has lasting effects that aren't easily reversed. Many people also believe that alcohol helps you sleep better. I clarify that while alcohol might help you fall asleep faster, it actually disrupts sleep quality. There's also a widespread belief that older people need less sleep. I explain that while sleep patterns may change with age, the need for 7-9 hours of sleep remains relatively constant throughout adulthood.

Looking ahead, what are your long-term goals in both your research and your efforts with Med&X? How do you envision the intersection of sleep science,

personalized medicine, and global health evolving in the next decade?

Looking ahead, I have ambitious goals for both my research and my work with Med&X. In my research, I'm particularly excited about deepening our understanding of the gut-brain-sleep axis and its role in health and disease. I believe this area holds tremendous potential for developing new approaches to both sleep disorders and other health conditions. We're also working on developing novel biomarkers for early detection of sleep-related health risks, which could be a game-changer in preventive medicine. With Med&X, our primary goal is to expand our global reach, especially in underserved regions. We want to provide more young professionals with opportunities to engage with leaders in biomedicine and gain hands-on experience through internships. As for the future of sleep science, personalized medicine, and global health, I envision a world where sleep health is fully integrated into our understanding of overall health. I believe we'll see sleep metrics becoming as routine as checking blood pressure or heart rate. We're also likely to see a greater emphasis on sleep health in global public health initiatives. Ultimately, my goal is to contribute to a future where optimal sleep is recognized and prioritized as a fundamental pillar of health, alongside diet and exercise.



Longevity

Michael Lesner has always been fascinated with human psychology. He has paired that unique intelligence with the faster, better, cheaper ethic of business. Today he produces the #1 health show in television and on streaming. He reaches over 230 million viewers. And he has become the most sought after health speaker for the prestigious London Speaker Bureau Worldwide. All of this from the conference center onboard his yacht.

Mike, you've had an incredible journey with American Health Journal and your streaming success. Can you share how these projects have evolved over the years and what keeps your passion for health media alive?

American Health Journal premiered as a simple show, but unlike any other show since it had a health focus. At the beginning we were the only show of its kind in this category. Quickly, we were unofficially named "The Doctor Show". In order to remain fresh and current, we made the decision to focus on innovation, disruption and ultimately transformation across all medical and health silos. Our show was the first to identify HIV to the public. We have been side by side with medical technologies as the reached the market. However, our biggest break came when the #1 most trusted broadcast network in the world, PBS, invited us to regularly appear. Overnight we had and maintained 117 million health conscious viewers – doctors, scientists, researchers, patients, hospitals, nurses – all in search of a quick and accurate teachable moment.

You often emphasize making medical advancements accessible to the public. How do you strike the balance between technical accuracy and engaging storytelling?

My training since University has been in advertising and psychology. First, our stories must be true and accurate.

Without that, especially on PBS, our show would never last. However, delivering the message also requires an almost subliminal marketing touch. Our stories are easy to understand by non-medical professionals. Recently, at Stanford University, I spoke with an audience comprised of top doctors and world class scientists. The topic: Telemedicine: What is it?

I kept my message simple and focused. In the past, medical companies talked direct to doctors in the B to B mode. (Business to Business) Now, however, given the access that regular patients have with the internet, the mode has shifted to B to C to B. (Business to Consumer to Business). The patient wants to be educated and telemedicine makes that a reality. However what truly launched this one paradigm was...COVID. Overnight, doctors who had rejected telemedicine, now embraced it. I am the well-informed messenger. It is like a nice hot bowl of chicken soup. Good for the cold. Good for the soul.

Your health series has reached over 120 million viewers on television and doubles that audience through streaming platforms like Roku and Apple TV. What do you think has been the key to building such a massive and loyal following worldwide?

As I mentioned, the paradigm has shifted and has been proven changing the closed conversation from B to B to B to C to B. The horses are out of the barn. My audience now approaches 230 million globally.

Medical tourism is a growing field, and I know it's a current focus for you. Could you explain why this industry is so important and how you envision its future?

I can speak best about our American medical "economy". In fact, the USA owns and operates an expensive, cumbersome elephant. There is greed every where you look. By way of example, 20 years ago I did a segment about a young man, just married, no health insurance. He had a few minor chest pains and visited his home physician. His doctor then referred him to a specialist in a top American Cardiac Hospital.

The news was good and bad. First, he was told he must have triple bypass surgery to save his life. That was the good news. However, the news got worse. First, the young man asked the cost. The hospital estimated US$200,000. The young man now felt even worse. He said "So the good news is...you can save my life. And the bad news is I will have no money at all!"

But the cardiologist said something that stunned him. "No, you will not do this in America. You will admit to a fine hospital in Bangkok. Bumrungrad Hospital. The #1 Hospital for World Tourism.." The young man had everything to lose and nothing to lose.

What happened was one miracle after the next. I am ready to tell that story to the world. That young man is alive today. His bill was US$7,500.

You have Polish roots, which must give you a unique perspective on opportunities for collaboration with hospitals in Poland. How can they position themselves as leaders in medical tourism and connect with your vast audience?

Yes. I have a partial ancestry from Poland and admire your nation greatly. First, you have some fine medical centers and hospitals. That is always the first requirement. Second, your costs have to be competitive and they ARE, especially to the American market. And third, you have to tell the story so that people will have trust in traveling for their healthcare. I have some close friends in Poland, including Ambassador Waldemar Dubaniowski, and I would cherish the opportunity to tell your country's amazing story. Especially since historically there was so much death and tragedy associated with Poland. I would like to tell a very different story. I have seen how amazing the Polish people have embraced Ukraine. I admire Poland.

What advice would you give to hospitals or clinics in Poland looking to join your medical tourism initiative? What are the key factors they should consider when marketing their services abroad?

Most important factors are CARE, COST and COMFORT. They can advertise their med tourism services and access on my shows. For example, the ease of travel to another location can be frightening. We take into consideration both the physical aspects AND the psychological aspects of the entire process. In fact, our show is negotiating private jet travel...as long as the travel is safer, faster, more comfortable, and cheaper that commercial. We can do it.

For those hospitals or medical professionals interested in collaborating with you, you offer opportunities to connect via Google Meets for detailed discussions about accessing your audience. Could you explain how this process works and share more about the benefits of working with your platform? (I understand it's a premium service.)

There is an old adage in business. Faster. Better. Cheaper.

If you can do one of these three, you can compete. If you can do two of these, you can be in the top business tier. And, if you can do all three...you are the BEST. WE are confident we can do all three. So, if you have interested parties, you can always arrange a GoogleMeet or Zoom call. Each situation is different and special. We must speak with the prospective client first...by listening. We invite your help and expertise Magdalena.

You've pioneered both traditional and streaming health content. How do you see streaming platforms shaping patient education and healthcare outreach in the coming years?

Open access. Free. Targeted. The synergy between PBS broadcast and Streaming is stunning. On PBS, no phone

numbers, websites, or even sponsors. ONLY the best honest and unaltered information. With streaming, we repurpose and slightly modify those same stories (I own the copyrights so that is easy). We now make streaming FREE to our viewers, but unlike PBS...we can commercialize our channels without charging our viewers.

Your life in California sounds fascinating, especially working remotely from your yacht. How has this lifestyle shaped your approach to work, and what inspired you to adopt such a unique setup?

For years, I was a slave to the studio system. 7 days a week, 20 hours a day often. As I closed in on retirement at 30, I flew to Hong Kong to set some CBS business there and in Singapore. I saw the yacht. The rest is history.

Operating a world class broadcast empire from a floating upper deck conference room is my dream. Clients visit me at home. It makes business neighborly and fun.

Finally, with your unparalleled reach and expertise, what drives you most as you continue to share vital health information with millions of people worldwide?

My ancestors, loving parents and little brother provided me with many blessings. Each day, I think of those blessings and I think of ways to give back.

The American Health Journal is an award-winning 30-minute health care television series which has aired continuously for over 25 years. Now featured on PBS, each 30-minute episode features five 4 1/2 minute segments and a diverse range of health care professionals discussing the fullest spectrum of medical topics. With a vast library of nearly 600 shows, American Health Journal has consistently provided and continues to provide its dedicated audience with groundbreaking information on treatments, technologies and new discoveries. The series has interviewed over 6,000 physicians, visiting over 100 hospital systems in the process. Shows are shot on location, showcasing real health experts, from family practitioners to Nobel Laureates, in their own real work environment.

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