

A Distinguished

**Head and neck surgeon Mark S. Persky, MD '72,
has created a legacy as a surgical educator and innovator.**

**2022
Award Winner**

Throughout his nearly 50-year career as a head and neck surgeon, Mark S. Persky, MD '72, has witnessed advancements in treatment, such as genetic testing and immunotherapy for cancer and the development of medications for vascular malformations that can eliminate the need for surgery.

But he's also seen an evolution in disease itself. For decades, oral and oropharyngeal cancer was primarily linked to tobacco and alcohol use, with incidence falling along with the decreasing popularity of smoking. At the same time, cases of oropharyngeal throat cancer have doubled, with an estimated 70 percent linked to the human papillomavirus (HPV).

"The virus can go deep within the crypts of the tonsils, and that's often where it harbors," says Dr. Persky, professor of otolaryngology-head and neck surgery at the New York University (NYU) Grossman School of Medicine and past director of the Head and Neck Center at NYU Langone Medical Center.

HPV is a sexually transmitted disease, commonly transmitted via oral sex. The risk of contracting a high-risk form of HPV is estimated to be 14 percent for people who have had one sex partner, but five times greater for those who have had six or more partners. The earlier an exposure to the virus, Persky explains, the more time it has to develop, making dangerous strains more prevalent. He attributes the rise in throat cancer to climbing rates of sexual activity among younger people. "Many teens and preteens don't even consider oral sex a form of sex, but it's a major transmission route for HPV," he says.

The positive news is that patients with HPV-related throat cancer typically have better outcomes than NPV-negative tobacco users, partly due to the biology of the tumors and partly

because healthy nonsmokers tolerate treatment better. "Depending on the tumor staging, the cure rate is 80 to 90 percent," he says. "Often these cases can be treated non-surgically with only chemotherapy and radiation therapy," he says.

Persky notes that in other parts of the world, different risk factors are more prevalent. In China, for example, the second-most common form of cancer is nasopharynx cancer, caused by the Epstein-Barr virus. In India, oral cavity cancer is very common due to the practice of chewing betel nuts, a direct carcinogen on the oral cavity lining. "We see both of those in our Asian and Indian populations in New York," he says.

In addition to head and neck cancers, Persky has an expertise in treating hemangiomas and vascular malformations, a type of birthmark or growth composed of blood vessels that can cause functional and cosmetic problems and challenging to treat because of their high blood supply. When he began practice, the only treatment was surgery. In the last 15 years, medications have been developed that can eliminate the need for surgery. "Some of these vascular malformations just disappear on these medical therapies, avoiding any cosmetic or functional issues that might result from surgery," he says. In addition, genetic testing has led to better targeting of medical therapies, maximizing efficacy, and avoiding side effects. "It's really quite astounding," he says.

Persky has spent his career at two of New York City's premier academic medical centers: NYU Langone Medical Center and Beth Israel Medical Center, both of which provide the high degree of support—including the collaboration of interventional radiologists, medical oncologists, radiation oncologists or neurosurgeons—that his complex surgical cases require.

Working in an academic medical center also

Career

JOHN KARSTEN MORAN FOR NYU LANGONE HEALTH



Dr. Persky discusses a case with his son, Michael Persky, MD, who is also a head and neck surgeon at NYU.

provides the opportunity for teaching medical students, residents, and fellows, in essence allowing Persky to mold future generations of the profession, a legacy he's proud of.

"If you consider how many years that I've been doing this, I've probably had close to 200 proteges within otolaryngology, former residents and fellows who have challenged me to explore new methods and new philosophies of treating patients that have evolved over the years," Persky says. "I think I offer them a significant experience in improving their skills, allowing them to go on to help patients in a very real way and to forward the field of otolaryngology."

A Brooklyn native, Persky began his affiliation with NYU as an undergraduate biology major, which he followed with medical school at Upstate Medical University. From day one, he says he was fascinated by human anatomy and the operating room experience. "I'm a hands-on person and like immediate gratification," he says. "I knew I wanted to be a surgeon."

Persky says that interest was reinforced by faculty. "They were encouraging of us who wanted to pursue surgery and provided opportunities to see and do things in the operating room," he says. Those experiences included observing surgeries performed by George F. Reed, MD '46, chair of otolaryngology at Upstate at the time and a nationally renowned figure for head and neck tumor surgery. "I rotated through otolaryngology at Upstate and was fascinated by the type of surgery that was performed, which was still in the early

“You can’t be healthy and happy without the emotional support of your family. Considering how much time I’ve devoted to medicine and surgery, my family has been extraordinarily supportive and understanding.”

stages of beginning to have more success with reconstruction and with tumor resections,” he says.

A seed was planted that resurfaced while observing head and neck surgeons during his general surgical internship at Montefiore Hospital in the Bronx. “I was fascinated by the anatomy and by the patient care results,” he says. “That’s when I made the decision to go into otolaryngology.”

As an otolaryngology resident at NYU, Persky benefited from the expertise of his department chair, John F. Daly, MD, a nationally renowned head and neck surgeon, as well as a supportive community of fellow residents. “The rotations going through otolaryngology were very rigorous,” he says. “It was a challenge to do the surgeries and have the results be as ideal as you wanted them to be, but that was a challenge I found very inviting to pursue.”

Persky moved to Beth Israel Medical Center for a head and neck fellowship, training under Max Som, MD, an innovator of conservation laryngectomy. “Previously, if there was a tumor of the larynx or the voice box, then the entire voice box was removed. Dr. Som innovated a method to remove only a portion of the voice box and preserve the voice, avoiding a permanent tracheostomy,” Persky explains. “That was something that I had an incredible exposure to during my fellowship.”

Upon completion, Persky was recruited to NYU as an attending physician and became the focal head and neck surgeon, rising through the ranks to eventually become professor of otolaryngology-head and neck surgery and to serve as vice-chairman of the Department of Otolaryngology at the NYU School of Medicine from 1994–1998. His areas of specialty included conservation-types of laryngeal surgery, benign and malignant head and neck tumors, and vascular malformations.



Dr. Persky received the Distinguished Alumnus Award at Reunion 2022. From left: Larry Charlamb, MD '88; Dean Lawrence Chin, MD; Persky; and President Mantosh Dewan, MD, HS '79

In 1998, Persky moved to Beth Israel. From 2005 through 2014, he served as chairman of the Department of Otolaryngology–Head and Neck Surgery, as otolaryngologist-in-chief of the Continuum Otolaryngology–Head and Neck Surgery Service Line, and as professor of otorhinolaryngology–head and neck surgery at Albert Einstein College of Medicine. He also served as associate director of the Continuum Cancer Center and was co-director of the Institute for Head and Neck Cancer at Beth Israel Medical Center.

Persky returned to NYU Medical Center in 2014, where he continues to perform head and neck surgery, mentors medical students, residents, and junior faculty, and serves as an investigator on clinical trials.

At the same time he was progressing in his career as a surgeon, Persky was also working to advance the field through his involvement and leadership in medical organizations related to his specialty. He is a member of the American Laryngological Association, the American Head and Neck Society, the American Bronchoesophagological Society, the North American Skull Base Society, and past president of both the New York Head and Neck Society, and the New York Laryngological Society. He is also past president of the American Laryngological, Rhinological and Otolological Society, which is better known as the Triological Society and considered the most prestigious organization within otolaryngology, requiring submission of original research for committee review for membership.

Persky’s research focused on congenital vascular anomalies. “Many advancements have been made since that paper was submitted,” says Persky.

Widely published, Persky is a frequent invited speaker. He has been recognized with the Honor Award from the American Academy of Otolaryngology–Head and Neck Surgery, the Presidential Citation from the Triological Society, the Peter H. Schindler, MD Memorial Award from the New York Eye and Ear Infirmary, the Noel L. Cohen MD Award for Excellence in Teaching from NYU School of Medicine, the 2019 Practitioner Excellence Award from American Academy of Otolaryngology–Head and Neck Surgery, and the 2022 Distinguished Alumnus Award from the Upstate Medical Alumni Foundation.

He and his wife, Georgia, have five children and eight grandchildren. Persky's son Michael is also a head and neck surgeon at NYU, specializing in robotic surgery; son Adam is an emergency medicine physician at Mount Sinai. "You can't be healthy and happy without the emotional support of your family," he says. "Considering how much time I've devoted to medicine and surgery, my family has been extraordinarily supportive and understanding."

The removal of tumors and vascular malformations can occasionally result in issues with function and appearance, requiring reconstruction using tissues, muscle, skin, and supporting blood vessels from other parts of the body. With most operations, grafts or flaps are transferred from the donor site to the affected area.



Mark and Georgia Persky on campus during Reunion 2022



The Perskys with their children and grandchildren

Persky recounts the memorable case of an eight-year-old patient who had a highly malignant tumor on his tongue, requiring a resection of the tongue and removal of nearby lymph nodes. "We used a microvascular flap taken from another part of his body with the appropriate blood supply and hooked it up in his neck to replace the portion of the tongue that had been sacrificed. He was then treated with high-dose radiation and chemotherapy," says Persky. "At 19, he's free of disease and fully functional."

Despite his many years in practice, Persky says he never fails to be inspired by his patients. "It's incredible how brave they are, how they accept their treatment, how they rely on all the doctors on their team," he says. "And it's marvelous to see how much a supportive family can impact a patient positively after undergoing sometimes very significant surgery."

And he never stops learning. "I try to learn one thing from every case, especially the most complex cases," he says. "Imagine how many lessons I've incorporated into future patient care over the thousands of cases I've treated." ■

—Renée Gearhart Levy