

## Richmond University Medical Center Welcomes Staten Island's First Baby of 2022



*Penelope Rae Matoske with her proud parents Brooke and Jack*

At 12:10 a.m. on January 1, Penelope Rae Matoske became the first baby of 2022 born in Staten Island. She arrived just after midnight inside the Richmond County Savings Foundation Mother/Baby Unit at Richmond University Medical Center (RUMC). Penelope weighed in at 6 pounds, 13 ounces and was 19 and half inches long. She is the first child born to proud parents Brooke and Jack Matoske of Old Bridge, NJ. Both her parents are originally from Staten Island and both were also born at RUMC.

Penelope's actual due date was January 7, providing her new parents with a wonderful New Year's Day surprise. "It's great, a little overwhelming, but it's all great," said new Dad Jack. Jack is a welding inspector and mom Brooke is a paraprofessional.

The two-floor Richmond County Savings Foundation Mother/Baby Unit at RUMC features nine birthing suites; a labor and delivery triage center; 36 maternal care beds; and multiple nurse stations. RUMC's medical staff throughout the unit includes experienced, board certified physicians, many of whom are trained to care for high-risk pregnancies. Nearly 3,000 newborns are welcomed into the world each year at RUMC, which is the only hospital on Staten Island to carry the "Baby Friendly" certification from the World Health Organization (WHO) and United Nations Children's Fund (UNICEF). RUMC has held the "Baby Friendly" certification since 2016; it is one of only 39 healthcare facilities in New York State with this certification and one of only 24 in New York City. The WHO and UNICEF launched the Baby-

Friendly Initiative in 1991. The goal of the initiative is to protect, promote and support breastfeeding and the mother-infant bonding experience. To maintain this status, RUMC must undergo an extensive certification process every five years to ensure the facility is meeting established quality and safety procedures as well as providing the most current evidence-based, best practice care for patients.

A major modernization project is currently underway in the Mother/Baby Unit that will further enhance the family bonding experience through new spacious and completely private single bed patient rooms. In addition to enhanced privacy, this conversion of all rooms from semi-private to private will address the health concerns of many families created by the COVID-19 pandemic. Since all of the current rooms with two beds will be converted to single-bed, RUMC is adding additional rooms from underutilized space to ensure there is no change to the number of families the hospital can accommodate. In addition to the new enhanced privacy factor, the new rooms will include modern amenities such as new bathrooms, flooring, windows, and lighting. The first phase of the three-phase project, renovations to existing rooms to single occupancy, is currently underway. Completion of the entire project is anticipated in 2023.

Last December, the Mother/Baby Unit was officially renamed the Richmond County Savings Foundation Mother/Baby Unit in recognition of a \$1.5 million grant provided by the Foundation.

## From the President & CEO, Daniel J. Messina, PhD, FACHE



I am excited to share with you two of the many incredible accomplishments happening within our hospital walls. Let me start by announcing that we have met our goals for Surgical Site Infection (SSI) reduction for year to date 2021. Hospitals nationwide are measured on Standardized Infection Ratios for colon surgeries, spinal surgeries, and hip replacements. Our Department of Surgery's quality improvement and safety efforts led to zero surgical site infections for colon and

spinal surgeries, and only one infection for hip replacements. The Department of Surgery's commitment to zero harm is evident in the success of our SSI reduction program. Congratulations to Peter Carpenito, MD, Executive Vice President and CMO; Loren Harris, MD, Chair of Surgery; and to all our surgeons, nurses, and medical staff for their continuing efforts and commitment which have produced these exceptional outcomes!

The second accomplishment I would like to share is about our Peer Advocacy program. Run directly out of our Emergency Department, our Peer Advocacy program is having a tremendous positive impact on the substance use community, many of whom are seeking help in our ED because the pandemic has forced the closure of many community-based detox and rehab facilities. Our team of Peer Advocates is dedicated to providing support and resources to those affected by Substance Use Disorder (SUD). Upon arrival, each patient is greeted by one of our Peer Advocates at their bedside. Throughout the COVID-19 pandemic, there has been a startling increase in substance use across New York City, none more so than on Staten Island. Our hospital has been at the forefront of this "pandemic within a

pandemic." The Advocates provide Harm Reduction Training including Narcan kits and Fentanyl test kits while a patient is here receiving care. Upon discharge, each patient also receives a follow-up call from their Peer Advocate. During the height of the pandemic in 2020, our Advocates continued to meet with patients in our ED when many other community sites closed.

The success of our Peer Advocacy program and its entire staff is evident from recently collected data. In 2020, our Peer Advocates conducted almost 1,400 bedside interventions and distributed over 1,700 Narcan kits. Our numbers in 2021 were much higher as the pandemic has further exasperated the epidemic of SUD. Last year, our Advocates impressively provided over 1,600 bedside interventions and distributed more than 3,500 Narcan kits. Congratulations to Denise Danton-Nizzare, NCPRSS, CPRS, Peer Advocate Supervisor, and the entire Peer Advocate team for your dedication and compassion!

As we fly through the first quarter of 2022, the opening of several of our major expansion projects is knocking on our doorstep, beginning with the new Medical Intensive Care Unit. Special thanks to our nursing team and ancillary and medical staff for their exceptional flexibility during the logistical planning phase.

**Remember the Power of One —  
You Make A Difference!**

Sincerely,

Daniel J. Messina, PhD, FACHE  
President and Chief Executive Officer

## Bringing a smile to the faces of pediatric patients for the start of 2022

Richmond University Medical Center received a Nintendo Switch portable video gaming system donated by the Starlight Children's Foundation. The system will be used in the hospital's pediatric unit playroom, and it can be rolled into a child's room. Since 1982, Starlight Children's Foundation has donated toys, books, video games, and other items to comfort and entertain children in hospitals across the United States. Since their inception, the Foundation has impacted over 17 million seriously ill or injured children. Accepting the game system on behalf of RUMC were (l-r) Nurse Aide Susan, Pediatric Nurse Lisa, Child Life Specialist Nita, Pediatric Nurse ToniAnn, and Pediatric Resident Vanessa.





## Patient Satisfaction: A Note of Thanks

To the Maternity Staff,

I was recently an emergency C-section patient at your hospital. I needed it because my son compromised his umbilical cord while still in the womb. I am writing this letter to give you a truly heartfelt thank you for your haste and efficiency during my delivery. I had given birth to my other children naturally and had no idea what to expect going into surgery. However, the staff tended to me and my son quickly and did their best to ensure a speedy recovery for both of us.

I would personally like to thank the staff who tended to me on the night of my delivery, triage nurse Chris Ann, Dr. Chou, the tech Dr. Frank Mathur, Dr. Kheyson, Dr. Dadic, and nurses Samantha, Tracy, and Kayla. I cannot thank you enough for the incredible work and care you provided during my time at your facility.

Thank You Again,

— Maryse H.

I have been to the endoscopy unit many times and my experience has been uniformly excellent. The nursing staff and physicians are professional and caring. I no longer live in Staten Island, but if I still lived there I would definitely continue to go there for diagnostic procedures.

— Drew M.

Dear Dr. Messina, Ms. Stazzone and Ms. Magnuski,

In reflecting on the most significant moments in our family in 2021, I want to thank you for helping our family through one of its most challenging times: when my father had a gall bladder issue in November.

The RUMC staff was sensational, from the emergency room to the bedside care, security guards and housekeeping folks as well. There are so many people to thank, I do not know where to start and end. But know this: that excellence demonstrated at RUMC to our family started from the top and whatever you all did to make this experience a rather marvelous one, it comes from the leadership, in my opinion.

As for the rank and file, there is something I learned from the pandemic: one can tell the true character of a person by how he or she conducts herself in a crisis. The staff at RUMC offered us compassion, competency, respect, and outright love in that whole experience at the hospital.

So, kudos to RUMC. A heartfelt thank you. A Happy New Year and I love you all.

Humbly,

— Pam

## Employee of the Month

Congratulations to our Employees of the Month for January:

Tonisha Castellano, RN Emergency Department

Alket Hoxha, Facilities Department

Candida Kalayanamitra, 800 Castleton Avenue Family Health Center (not pictured)



# The Quality and Patient Safety “Q Corner”

From Joan Gleason Scott, PhD, RN, NEA-BC, CPHQ, CPPS  
Vice President Quality, Infection Prevention, Patient Experience, Language Services



Joan Scott Gleason

Our Department of Pediatrics has been selected to participate in a 120 hospital nationwide collaborative project sponsored by the Value Inpatient Pediatric Network of the American Academy of Pediatrics. The project is called the “REVISE II Project: Reducing Excessive Variability in Inpatient Sepsis Evaluation.”

Dr. Nolan Neilson, Department of Pediatrics, discussed the project at the Hospital Quality Committee on January 20. The national project began in November of last year and is being led by Carrie McDaniel, DO, FAAP, from Seattle Children’s Hospital, and Paul Aaronson, MD, MSS, FAAP, from Yale University. The project supports the formation of interdisciplinary teams of hospital and emergency department staff to provide education and deliver evidence-based care to evaluate and treat infants (8-120 days of age) who may have infections.

This 12-month project will have specific metrics that will be collected to evaluate improvement in care and sustainability over time. The correct

selection of antibiotics, avoidance of hospital admission and return visits to an ED, and parental education and engagement are some of the measures included in this project.

We are proud to have our own RUMC staff take a national lead in this endeavor. There are many staff who are participating, including Johnathon LeBaron, MD; Nolan Neilson, MD; Melissa Grageda, MD; Loay Khateeb, MD, the Department of Pediatrics; Jean Gordon, RN; Carol Landron from our Quality Department, and Kim Wagner from our IT Department.

*We will provide updates as this project progresses!*



## ADVANCED CARDIOVASCULAR CARE ONLY A HEARTBEAT AWAY!

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of Cardiology



Fiona Shehaj, MD  
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Marisa Semioli, NP

### Our Team Is Board Certified In:

- Cardiovascular Disease
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- Endovascular Medicine
- Internal Medicine
- Interventional Cardiology
- Nuclear Cardiology



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TO LEARN MORE



**Richmond University**  
**Medical Center**  
**Cardiovascular Department**

NEW EMERGENCY DEPARTMENT OPENING IN 2022

### Locations:

- 355 Bard Ave., Staten Island, NY 10310
- 1058 Forest Ave., Staten Island, NY 10310
- 1161 Victory Blvd., Staten Island, NY 10301
- 4434 Amboy Rd., Staten Island, NY 10312
- 217 Rose Ave., Staten Island, NY 10306

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# HPV vaccine now extended to women up to age 45, RUMC expert weighs in on the importance



**Angela Kerr, MD, director of gynecology,  
Department of Obstetrics and Gynecology and  
Designated Institutional Official (DIO)**

According to the American Cancer Society, nearly 15,000 women in the U.S. are diagnosed with invasive cervical cancer every year. Sadly, the disease will prove fatal for 20 to 25 percent of them. But while cervical cancer is the fourth most common type of cancer diagnosed among women worldwide, it is also one of the most preventable. A wealth of research confirms that the HPV vaccine is one of the best tools available to protect against cervical cancer and a host of other cancers and pre-cancerous conditions.

“The top concern when it comes to cervical diseases is cervical cancer, and it’s long been known that a key cause of cervical cancer is the human papillomavirus, or HPV, a highly contagious virus that’s transmitted through sexual contact,” shared Angela Kerr, MD, director of gynecology, Department of Obstetrics and Gynecology and Designated Institutional Official (DIO).

While it is believed that an overwhelming majority of women will be exposed to HPV in their lifetime, in most cases their immune system is able to contain, eradicate, and clear the virus before it ever develops into cervical cancer. “For this reason, the scientific community realized that a vaccine could effectively stimulate the human immune system to counteract the effects of exposure to the virus,” said Dr. Kerr of the ultimate development of the HPV vaccine in the 1990s and its FDA approval and commercial introduction in the U.S. in 2006.

According to Dr. Kerr, HPV is not just one virus. “There are around 150 serotypes (strains) of HPV, named by number; about

40 of these affect the genital tract and 14 are ‘high-risk’ HPV serotypes that are associated with cervical cancer,” she said. Specifically, “some serotypes are low-risk, while others have a higher probability of developing into cervical cancer, including serotypes 16, 18, and 45, which are associated with over 70 percent of cervical cancer cases.”

First introduced in 2006 and subsequently FDA-approved for use by girls between the ages of 9 and 26, the initial quadrivalent HPV vaccine Gardasil contained viral-like protein particles for two high-risk HPV serotypes (16 and 18). The vaccine also contained protein particles for two low-risk serotypes (6 and 11), which research revealed are most commonly associated with genital warts. When administered, the vaccine boosts immune response, stimulates the development of antibodies against the viral serotypes, and then protects the individual from infection when exposed to those serotypes.

“Fifteen years ago, Gardasil was launched with a campaign designed to make the public aware that cervical cancer was caused by HPV and was targeted at young girls before they became sexually active because young people have a robust immune response and can develop strong antibodies against HPV before they’re exposed to it,” Dr. Kerr said. “Though the challenge was to overcome mothers’ fears of discussing sexual activity and its consequence with their 10-year-olds to prevent sexually transmitted diseases, it helped open the lines of dialogue.”

“A few years later, and based on the understanding that boys were vectors of transmission of HPV to women, the HPV vaccine was approved for use in young boys as well because, along with cervical cancer, HPV is also associated with oral, throat, and rectal cancer in both men and women and can help boys prevent these diseases later in life,” Dr. Kerr said.

Two other developments followed. “In 2018, the FDA approved the use of Gardasil 9 for adults ages 27 to 45 to protect against certain cancers and diseases caused by nine types of HPV,” she shared, “and in 2020 the FDA broadened their approval of Gardasil 9 for prevention of oropharyngeal and other head and neck cancers.”

“As a result, Gardasil 9 now protects women against HPV strains that cause 88 percent of cervical cancers, while pap smears continue to help detect pre-cancerous and cancerous lesions,” said Dr. Kerr, who was delighted when the vaccine was extended to women up to age 45 several years ago. “Over the past 15 years, research on Gardasil has shown a significant reduction in the prevalence of HPV (specifically, an 88 percent decrease in HPV cases driven by serotypes 6, 11, 16, and 18 among 14 to 19-year-olds and an 81% decrease in these among 20 to 24-year-olds). It’s played an instrumental role in decreasing cervical cancers, dysplasia, and pre-cancerous conditions of the cervix and genital tract overall and now the vaccine helps prevent these disorders in those up to age 45,” she said. “Even if you’re sexually active, there’s no downside to getting that extra protection, because even if you weren’t exposed by age 26, you could be later on.”

As for the process, “the HPV vaccine is a three-dose series given over a six-month period and then protects the patient for life,” said Dr. Kerr, who noted that if it is administered before age 15, only two doses are needed. “Side effects can include injection site pain and swelling and the possibility of a low-grade fever, but most patients have little to no reaction.”

While promoting administration of the HPV vaccine, Dr. Kerr also encourages continued monitoring through regular pap smears, which she describes as ‘an adjunct to the vaccine.’ “The vaccine helps prevent HPV strains that lead to cervical cancer, but pap smears will remain a safety net for those who don’t respond to the vaccine or those who contract one of the HPV strains not covered by the vaccine,” she explained.

In light of all of these benefits, “young women (and men) should continue to get the HPV vaccine, and now all women (and men) up through age 45 are also encouraged to have a conversation with their gynecologist or caregiver about the HPV vaccine and its potential benefits to them,” Dr. Kerr concluded. “In this day and age, we shouldn’t be battling cancer of the cervix or any other HPV-related disorder anymore — not when we have all of these safe and highly effective tools in our armamentarium.”



## Chair of ophthalmology offers tips to help prevent glaucoma



David Mostafavi, MD, chair of ophthalmology at Richmond University Medical Center.

Known as a 'silent disease' because it presents with few or no overt symptoms, many people do not know that they have glaucoma — sometimes until it is too late. According to the CDC, some three million Americans suffer from glaucoma, a condition that can lead to vision loss or complete blindness if left untreated. For that reason, David Mostafavi, MD, chair of ophthalmology, is a champion of glaucoma education, prevention, and/or early detection.

"Glaucoma occurs when there's damage to the cells of the optic nerve, which relays information from each eye to our brain," Dr. Mostafavi explained. "Unlike the vision loss that results from cataracts, which is reversible, the damage that accrues from glaucoma can't be reversed. Over time, if that damage isn't

caught early enough, it can result in blindness. However, though damage unfortunately can't be undone, we can prevent further damage from happening by diagnosing and treating glaucoma as early as possible."

"Glaucoma is a condition where you lose your vision over time and it happens so slowly that people often don't recognize that loss," he said. "As a result, glaucoma has become the leading cause of blindness among African Americans and the second leading cause of blindness in the world behind cataracts."

Dr. Mostafavi shared critical information about symptoms of glaucoma as well as treatment and risk factors for the disease:

- ▶ **There Are Several Types:** According to Dr. Mostafavi, there are three main types of glaucoma, two of which involve elevated eye pressure; over time, this elevated pressure in the eye is what damages the optic nerve. "The most common type, known as 'primary open angle glaucoma,' features elevated eye pressure despite a normal-appearing drainage system," he said. "A second type, known as 'angle-closure glaucoma,' occurs when the drainage system of the eye (the angle formed by the cornea and iris) suddenly closes, restricting the ability for fluids to circulate through the eye and causing a sudden elevation in eye pressure. The third form is called 'normal tension glaucoma,' in which damage to the optic nerve occurs over time despite having a 'normal' eye pressure," he said.
- ▶ **Treatment Can Slow the Progression:** "Ultimately, further damage caused by all three glaucoma diagnoses can be slowed by lowering the pressure in the eye, which can be achieved through the regular use of eye drops (a mainstay approach) or a laser procedure," he said.
- ▶ **Certain Populations Are at Higher Risk:** "Studies show that people of African-American, Hispanic, and Asian descent are at higher risk for glaucoma than other ethnicities," Dr. Mostafavi said. "Glaucoma is often a function of the aging process, making age the biggest risk factor, especially for those in their 60s and 70s. Glaucoma runs in families too, so having a family history of the condition is a risk factor and those individuals should see an eye care professional at an even earlier age than recommended to ensure the health of their optic nerve."
- ▶ **Other Risk Factors Exist:** Other circumstances that can raise eye pressure and/or increase one's risk of developing glaucoma include trauma or injury to the eye as well as long-term use of steroids (topical or oral). "People who suffer from poor blood circulation — as reflected by such conditions as diabetes, high blood pressure, or sleep apnea — are also at greater risk of developing normal tension glaucoma, so these individuals need to ensure that they're managing those conditions and/or getting their eyes checked regularly," Dr. Mostafavi said.
- ▶ **Symptoms Can Be Hard to Perceive:** Although Dr. Mostafavi describes the end result of glaucoma as 'like looking through a plastic straw,' "the slowness with which it can happen is like watching a glacier melt," he said. "You still may see 20-20, but the slow loss of peripheral vision may not be perceivable. By the time you're aware of it, it's often too late, which is why screening is so important."
- ▶ **Time Is of the Essence:** "Get routine eye exams if you're in any of the higher-risk categories for glaucoma," advised Dr. Mostafavi, who recommends that people begin getting comprehensive eye exams at age 40 (at a frequency to be determined by their doctor based on their risk factors) and then every one to two years after age 65. Finally, he concluded, "don't assume that everything is okay because you feel that your vision is fine. Routine screening is the best way of diagnosing glaucoma."





## New Hires — Welcome to RUMC!

Ashley Abreu — *RN*  
 Jodi Thatcher — *RN*  
 Ronnie Thomas — *RN*  
 Salimatu Bangura — *Nursing Assistant*  
 Dayisha Anderson — *Nursing Assistant*  
 Funmilola Adedeji — *RN*  
 Meghan Pocijowski — *RN*  
 Jennifer Castellano — *RN*  
 Jaqueline Torralba — *Medical Assistant*  
 Miriam Billadoni — *Nursing Assistant*  
 Arebella Carlor — *Nursing Assistant*  
 Williamina Gbaryea — *Medical Assistant*

Frances Daly — *RN*  
 Laurrane Yearwood — *Unit Clerk*  
 Marwa Owada — *Extern*  
 Violeta Shushan — *Extern*  
 Latifa Hamzane — *Extern*  
 Anthony Pavella — *Extern*  
 Nermina Subasic — *Extern*  
 Anthony Zirino — *Respiratory Therapist*  
 Cristina Cisar — *Paramedic*  
 Lauren Calandra — *Pharmacist*  
 Justice Boachie — *Central Sterile Tech*  
 Denise Arnold — *Clinic Coordinator*

Shawn Williams-Jebany — *HR Assistant*  
 Deana Cracolici — *HR Assistant*  
 Christina Dippolito — *Transporter*  
 Christian Perez — *Transporter*  
 Christopher Shagan — *Transporter*  
 Abnesha M — *Building Service Worker*  
 Marcus Yelverton — *Electrician*  
 Anthony Ventrella — *Carpenter*  
 Samantha Hynes — *Food Service Worker*  
 Shaneequa Sprinkler — *Food Service Worker*  
 Sudip Khadha — *MHT*  
 Arber Rafuna — *LMHC*

## February Observances

Please join us in acknowledging the following health-related observances for the month of February:

### Month-Long

American & National Heart Month  
 International Prenatal Infection  
 Prevention Month  
 Low Vision Awareness Month  
 Marfan Syndrome Awareness Month  
 National Cancer Prevention Month  
 National Children's Dental  
 Health Month

### Week-Long Observances

National Patient Recognition Week:  
 Feb. 1 to 7  
 Women's Heart Week: Feb. 1 to 7  
 Tinnitus Awareness Week: Feb. 7 to 13

Congenital Heart Defects Awareness: Feb. 7 to 14  
 Heart Failure Awareness: Feb. 12 to 20  
 Duchenne Muscular Dystrophy Awareness:  
 Feb. 13 to 19  
 National Cardiac Rehabilitation Week: Feb. 13 to 19  
 Sepsis Survivor Week: Feb. 14 to 20  
 National Eating Disorders Awareness:  
 Feb. 23 to Mar. 1

### Recognition Days

Rheumatoid Awareness Day: Feb. 2  
 National Patient Recognition Day: Feb. 3  
 National Women Physicians Day: Feb. 3  
 World Cancer Day: Feb. 4

National Wear Red Day: Feb. 4  
 National Black HIV/AIDS Awareness Day: Feb. 7  
 Congenital Heart Defects Awareness: Feb. 14  
 National Donor Day: Feb. 14  
 International Epilepsy Day: Feb. 14  
 International Childhood Cancer Awareness  
 Day: Feb. 15  
 National Caregivers Day: Feb. 18  
 National Heart Valve Disease Awareness  
 Day: Feb. 22  
 Anosmia Awareness Day: Feb. 27  
 Rare Disease Day: Feb. 28

# Richmond University Medical Center

## THE FUTURE OF HEALTHCARE BEGINS IN 2022!

### NEW MEDICAL INTENSIVE CARE UNIT



- ▶ Increasing from 10 to 14 private patient rooms.
- ▶ New isolation/negative pressure rooms.
- ▶ Larger family visiting areas in each room.

Spring 2022

### A NEW, STATE-OF-THE-ART EMERGENCY TRAUMA DEPARTMENT



- ▶ More than doubling in size to 35,000 sq. ft.
- ▶ Expanded emergency trauma unit and triage sections.
- ▶ Specialty areas for pediatrics and urgent care.
- ▶ New ambulance bays and patient drop-off area.

Summer 2022

### NEW SURGICAL DEPARTMENT



- ▶ 10 new advanced and fully equipped operating suites.
- ▶ Increased preoperative and recovery space.

Late Fall 2022

### FULLY RENOVATED RICHMOND COUNTY SAVINGS FOUNDATION MOTHER/BABY UNIT



- ▶ All rooms converted to single occupancy private rooms.
- ▶ Remodeled bathrooms, flooring, windows, and lighting.

Coming 2023

## Our Largest Expansion In Over 100 Years... All To Better Serve You!

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