



Maimonides Health

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Mobilizing Ventilated SICU Patients Boosts Recovery, Independence

At Maimonides Medical Center, efforts to improve patient mobilization are underway hospital-wide, thanks to the collaborative efforts of our rehabilitation, occupational therapy, physical therapy, and nursing teams. For patients recovering in the [Surgical Intensive Care Unit \(SICU\)](#), this initiative is especially important in preparing for their return to regular activity and life post-surgery.

There, occupational therapists began collaborating with medical, nursing, and respiratory therapy staff two years ago to identify patients on mechanical ventilators who could benefit from early mobilization, with the objective of limiting the muscle loss, mobility issues, medical complications, and other effects of extended bed confinement. Collaboration with physical therapists was also incorporated as the program developed.

[Luis F. Riquelme, PhD](#), Consulting Director of Rehabilitation & Speech-Language Pathology, says speech pathologists often go into intensive care units for consultations with patients when extubation causes

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swallowing or communication challenges. Consults initiated with occupational and physical therapists with patients before extubation were rare. Now, that's changed.

"We're seeing more patients in the SICU, and we're seeing them early on, which has major benefits in terms of a quicker return to their previous quality of life," Dr. Riquelme says.

Today, occupational and physical therapy consults in the SICU occur regularly to improve functional outcomes and increase patients' independence. Some studies and anecdotal evidence suggest that early mobilization also^{1 2}:

- Reduces length of stay in the ICU
- Prevents complications such as pressure ulcers
- Builds muscle strength and endurance
- Improves cardiovascular performance
- Improves overall mental well-being and alertness

"Most patients, unless they're coming in for an elective procedure, probably don't plan on being in the hospital," says Veldin Corbo, OTR/L, senior occupational therapist at Maimonides Medical Center. "We want to get them back to their usual selves, to their highest level of independence, as soon as possible."

Enabling Self-Care and Independence

Early mobilization spans a range of subtle steps that, depending on a patient's condition, may include:

- Sitting on the edge of the bed
- Brushing teeth
- Upper body/lower body dressing tasks
- Grooming and cleaning themselves
- Reaching for items
- Writing or using a laptop at the edge of the bed
- Standing or walking, when appropriate

"Mobilization is a bridge between self-care and independence," Corbo says. "Whether a patient was in the ICU, step-down unit, or a regular general medicine unit, it's when we get a head start that has proven to speed things along and help the patient in the long run."

OT Initiates Early Mobilization within the SICU

[Gerard Betro, MD](#), Maimonides SICU Director and critical care surgeon, first became interested in the concept of early mobilization after reading about Post-Intensive Care Syndrome (PICS) back in 2012.

"I was captivated by the idea that the long-term, chronic effects of critical illness survivorship could potentially be mitigated by a number of interventions initiated while still a patient in the ICU," he said.

The most intriguing and revolutionary intervention was early mobilization (EM). Upon attending the first annual Critical Care Rehabilitation Conference at The Johns Hopkins Hospital, Dr. Betro learned about how different rehabilitation specialists could be integrated into traditional multidisciplinary care teams.

"It was so inspiring to see how various professionals worked together to engage the patients with activity levels not normally seen in ICU patients," he said. "The benefits were obvious for everyone involved—patients, medical staff, and families."

To make early mobilization a reality in the Maimonides SICU, senior leadership across disciplines was required.

"Fortunately, here at Maimonides, we have patient-centered, forward-thinking clinical leaders including our SICU Nurse Manager Anzhela Dupliyi, MSN, RN, SCRNP, and Dr. Riquelme, who supported early mobilization efforts in the unit. Assigning a dedicated SICU rehabilitation liaison for emergency medicine was a key step in operationalizing the initiative," says Dr. Betro.

Sean Murray, OTR/L, senior occupational therapist, became the first SICU rehabilitation liaison, serving on the Rehabilitation Mobilization Committee and providing leadership on the initiative. He was intrigued by opportunities in the SICU among patients with a range of post-surgical trauma from sepsis, serious infections, neurosurgeries such as craniotomies and craniectomies, and interventional radiology and oncology procedures.

Supported by Dr. Betro, Murray began attending weekly rounds with medical staff.

"I was going from room to room, patient to patient, listening to their medical status, why they're in the SICU, and what support they're requiring," Murray says.

Then, he, Dr. Betro, and the medical team of attending physicians, resident physicians, nurses, and respiratory therapists began to determine which patients could benefit from therapy to help kickstart their recovery process.

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Addressing Fears with Education and Collaboration

Addressing fears that mobilization can put patients at risk has been critical to occupational therapy playing a larger role in SICU patient recovery. The addition of a portable sit-to-stand lift has helped address those concerns, along with supportive collaboration from nursing and respiratory care teams who help occupational therapists gain a full picture of each patient's unique condition and challenges.

"The fear has always been that these patients are connected via tubing to mechanical ventilation, as well as IVs and monitors," Dr. Riquelme says. "So, it's important for the rehab team to understand what that means and how far they can go."

Corbo adds that not every intensive care patient is a candidate for early mobilization.

"It takes a collaborative effort to identify those patients, and that's when we go in and evaluate the patient in conjunction with the ICU team, nurses, respiratory therapists, and physicians, to establish a plan as a team."

"It's a program we're planning to take to other critical care units in the hospital," Dr. Riquelme adds. 🏥

For more information on critical care and occupational therapy at Maimonides Health, visit our [Orthopedic Services and Procedures](#), [Rehabilitation](#), and [Critical Care](#) services. You may also reach the Rehabilitation Gym at (718) 283-6418 or contact Alexandra Soyfer, Director, Rehabilitation & Speech-Language Pathology at (718) 283-7534.

1. <https://pubmed.ncbi.nlm.nih.gov/39618775/>

2. https://journals.lww.com/cptj/abstract/2024/04000/impact_of_early_mobilization_within_the_intensive.4.aspx

FEATURED STORIES

5th Annual Brooklyn Stroke Symposium: Experts Weigh in on the Unknowns, Controversies, and Rarities of Stroke Care

The [2025 Brooklyn Stroke Symposium](#), held at Maimonides Medical Center on May 15, marked the conference's fifth year bringing together experts from the field for a day centered around advancing stroke care. Presented jointly by the [Jaffe Comprehensive Stroke Center](#) at Maimonides and [SUNY Downstate Health Sciences University Department of Neurology](#), the symposium was the largest continuing medical education event ever held at Maimonides. Almost 1,000 attendees registered, reflecting the significant growth this conference has achieved since its inception. The symposium has not only become a mainstay for knowledge sharing, idea exchange, and progress development of stroke care for regional professionals, but has also grown to impact clinical practice across the nation and the globe.

"The quality, the relevance of topics covered, the depth of discussion, and the leadership of the experts from Maimonides and beyond who share their work and expertise are what makes our symposium unique, drawing in national and international professionals who are invested in providing the best patient care," said [Q. Tony Wang, MD, PhD](#), Program Director at the Jaffe Comprehensive Stroke Center at Maimonides.



Importance of Individualized Care and Centering Understudied Patient Populations

According to Dr. Wang, a theme throughout this year's presentations is the increasing emphasis on individualized care for stroke patients, and the utilization of this knowledge to prevent recurrent strokes.

"This year, we focused on the unknowns, controversies, and rarities of stroke care, including cryptogenic strokes,

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retinal and spinal cord strokes, as well as stroke in understudied populations like women, children, and individuals who have migraines,” he said. “These are some of the most challenging and unusual cases of stroke. It’s critically important for us to be able to understand each patient’s unique conditions, risk factors and underlying etiologies of stroke for therapeutic purposes as well as secondary prevention. We focus on the clinical management guideline adoption tailored to patient’s individual profile, in addition to research driving future clinical paradigm shifts.”

Novel Stroke Treatments Driven by the Heart-Brain Connection

Since Dr. Wang began his tenure as director of the stroke center six years ago, a major priority has been collaboration across disciplines and specialties at Maimonides.

“Cardiology, neurosurgery, radiology, critical care, vascular surgery, cardiothoracic surgery are all very important collaborative disciplines reinforcing our stroke program care,” said Dr. Wang. “We are in constant, real-time communication to provide the best multidisciplinary advice to achieve the best patient outcomes.”

The Heart-Brain Initiative is a critical collaboration at Maimonides, addressing complex cardiac and vascular conditions that can contribute to stroke risk. [Robert Frankel, MD](#), Vice Chair, Cardiology & Director, Interventional Cardiology, presented on this unique approach.

Dr. Frankel began by discussing congenital structural heart defects, including atrial septal defects (ASD) and patent foramen ovale (PFO), and their potential to significantly

increase stroke risk. PFO particularly is estimated to affect a significant portion of young patients who have experienced cryptogenic stroke¹. Though rare, these defects can allow clots, normally benign, to pass through from the right side of the heart to the left, where they can be ejected from the aorta and reach the brain, causing a stroke. Minimally invasive endovascular PFO closure stops blood shunting through the PFO, thereby preventing strokes. Maimonides is one of the first hospitals in Brooklyn—with nearly a decade of experience—performing percutaneous PFO and ASD closures.

With hypertension also a major risk factor for stroke, Dr. Frankel discussed Maimonides’ 2024 achievement of becoming the [first hospital in Brooklyn to offer a groundbreaking renal artery denervation \(RDN\) procedure to treat refractory hypertension](#).

“Our team at Maimonides has performed 10 minimally invasive RDN procedures since launching this program,” said Dr. Frankel. “This is proven to drop blood pressure by 10 to 20 mm, and this reduction is durable and lasting — the nerves do not grow back — with the risk of major adverse events less than 1%.”

Finally, Dr. Frankel discussed [left atrial appendage closure techniques](#), which address [persistent atrial fibrillation](#) (AFib) and its associated stroke risk.

“More than 90% of the strokes we see with cardiac cause originate in the left atrial appendage,” he said. “Sealing this off with closure implants is more effective than common AFib treatments like anticoagulants, and has fewer risk factors, especially for patients for whom blood thinners pose an excessive safety risk, like younger patients who want to stay active.”

Stroke in Women: An Underappreciated Health Issue

[Leah Croll, MD](#), Attending Neurologist at Maimonides and Assistant Professor of Neurology at SUNY Downstate, presented on stroke in women. As the third-highest leading cause of death in women, stroke can manifest very differently from stroke in men in terms of risk factors, clinical presentations, and outcomes, despite about 55,000 more women than men having a stroke each year².

“This is an underrecognized and underappreciated women’s health issue,” she said. “Stroke affects women differently than men, primarily because of their unique biology and longer lifespan, partially due to the protective effect of estrogen on blood vessels.”

Dr. Croll discussed stroke risk factors unique to women, including early menopause or a reproductive lifespan under 30 years, history of adverse pregnancy outcomes like preeclampsia, endometriosis, migraine with aura, and menopause-related factors like incidence of vasomotor symptoms. Pregnancy also puts women at higher risk of stroke, and the incidence of pregnancy-associated stroke has actually increased over the past 30 years.

In terms of presentation, Dr. Croll explained that women are more likely to have nontraditional symptoms, like altered consciousness and changes in mental status, a phenomenon which often delays evaluation and treatment. They are also more likely to present with stroke mimics, like complicated migraine, seizure, neoplasm, metabolic disorders, and more.

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“Cardiologists are doing a great job in recognizing cardiac emergencies in women earlier on, when conditions are most treatable,” Dr. Croll said. “As neurologists, we need to likewise do a better job of recognizing stroke in women, so we can close the gap in mortality, functional recovery, and quality of life for women post-stroke. Learning sex-specific risk factors and taking preventive action is also the first step to stopping these emergencies before they happen.”

Stroke in Migraineurs

[Murray Choueka, MD](#), Director of Headache Medicine at Maimonides, presented on the complex relationship between stroke and migraine. Though these conditions sometimes mimic each other, they do not share the same causes. Dr. Choueka explained that migraine with aura and migraine without aura have very different links to stroke.

“While migraine without aura shows no increased risk for stroke, aura indicates that a patient is at increased risk for stroke,” said Dr. Choueka. “There has also long been an understanding that patients with aura should not be prescribed estrogen-containing contraception, but the absolute risk for ischemic stroke in patients taking low-dose estrogen OCPs is likely very small, and may not warrant discontinuation of use if a patient does not want to switch birth control methods.”

He also discussed migrainous infarction, or the occurrence of a stroke during a migraine, particularly during a period of prolonged aura. Because this condition is extremely rare, Dr. Choueka explained, it is very difficult to determine the existence — or the direction — of causality.

Cryptogenic Stroke

Mitchell Elkind, MD, MS, FAAN, FAHA, Chief Clinical Science Officer for the American Heart Association, presented on Cryptogenic Stroke and updates from the ARCADIA trials. Cryptogenic strokes are ischemic strokes for which a cause cannot be determined and make up roughly one-third of strokes. The landmark ARCADIA trials, conducted across more than 200 institutions across the United States and Canada, sought to find whether blood thinners are more effective than aspirin for patients with cryptogenic stroke who have evidence of atrial cardiopathy, a general term for functional or structural heart conditions shown to be connected to cryptogenic stroke³. The trial concluded that blood thinners were not more effective than aspirin in preventing recurrent stroke although there was no difference in the risks of hemorrhages and death between the two either⁴.

In addition to Dr. Elkind, the symposium brought in the perspectives of several other field experts from outside Maimonides, including Levi Dygert, MD, Director of Stroke & Vascular Neurology for NYU Langone Health, who presented on central retinal artery occlusion. World-renowned neurointerventionalists Philippe Gailloud, MD, Director, Division of Interventional Neuroradiology at The Johns Hopkins University, and Alex Chebl, MD, Director of the Henry Ford Comprehensive Stroke Center and Director of Henry Ford Health’s Division of Vascular Neurology, presented on spinal cord stroke and carotid revascularization, respectively.

Five Years On, Symposium Continues to Grow Alongside Maimonides Stroke Program

With about 6,400 people dying from stroke in New York State alone every year, stroke continues to be a major cause of mortality⁵. Risk, cause, recovery, intervention, rehabilitation, and outcome are factors that vary widely by patient, and the goal of this year’s symposium was to help providers better understand these variables, build upon current knowledge, and address their importance in patient care to improve outcomes and reduce the risk of future strokes.

“After starting the symposium in the midst of the pandemic, we have expanded a lot with each year and furthered our reach both in the region and the field at large,” said Dr. Wang. “Most importantly, our stroke program and our patients have benefited greatly from our commitment to leadership and continuing education. Last year, we had our highest patient volume in our history, a tremendously exciting milestone for the program’s development. We look forward to continuing to improve our program quality with a focus on individualized care, novel treatment offerings, and robust multidisciplinary collaboration.”

Read more about the more about the [2025 Brooklyn Stroke Symposium and other presenters](#), and more about the [Jaffe Comprehensive Stroke Center](#). To make an appointment or refer a patient, call (718) 283-7670.

1. <https://my.clevelandclinic.org/health/diseases/17326-patent-foramen-ovale-pfo>
2. [https://pubmed.ncbi.nlm.nih.gov/articles/PMC2861793/#:~:text=Every%20year%2055%2C000%20more%20women,men%20\(Table%201%2C%20Fig](https://pubmed.ncbi.nlm.nih.gov/articles/PMC2861793/#:~:text=Every%20year%2055%2C000%20more%20women,men%20(Table%201%2C%20Fig)
3. <https://www.nihstroke.net.org/trials/arcadia/home>
4. <https://jamanetwork.com/journals/jama/fullarticle/2814933>
5. https://www.health.ny.gov/diseases/cardiovascular/heart_disease/

Brooklyn's Only Interdisciplinary Melanoma Center

Each year, more than 4,000 New York state residents are diagnosed with melanoma, and nearly 500 New Yorkers die from this type of [skin cancer](#)¹. Although it is less common than other varieties of skin cancer, like basal cell and squamous cell cancers, its higher potential to metastasize makes it the most deadly².

Maimonides' new Melanoma Center aims to provide Brooklyn with a new resource to combat melanoma mortality through both preventive screening of high-risk patients and comprehensive, multidisciplinary treatment for patients with any stage of melanoma. [Daniel Buchen, MD](#), brings 25 years of practice specializing in complex dermatology to his leadership of the Melanoma Center, as well as his role as Chief of Maimonides' [Division of Dermatology](#).

"As the Chair of Medicine and as a primary care physician, I'm thrilled to have a multidisciplinary resource for patients with melanoma or at high risk for melanoma," said [Matthew Weissman, MD](#), Chair of Medicine at Maimonides. "Given Dr. Buchen's experience and Mohs training, he's the perfect resource for patients throughout Brooklyn with complicated and serious dermatologic issues."

What is Melanoma and Who Faces the Highest Risk?

Melanoma is a type of cancer that originates in melanocytes. Most melanomas are cutaneous, beginning on the skin, caused by DNA damage from exposure to ultraviolet (UV) radiation from the sun or tanning beds. Factors like genotype, phenotype, geographic location, and lifestyle can influence exposure to UV radiation and susceptibility to its harmful effects.

Genotypic risks include inherited mutations (genes like CDKN2A, CDK4 and BAP1), family history of melanoma, and cancer syndromes, such as melanoma-pancreatic cancer syndrome. Phenotypic risks include red or blond hair, blue or green eyes, fair skin, high mole density (more than 30 moles), and congenital nevi, or birthmarks, that are larger than the palm of the hand. Baldness also increases risk of developing melanoma from sun exposure, with scalp melanomas accounting for one third of head and neck melanomas.

"Many providers are unaware that certain diseases can be associated with heightened risk of melanoma," says

Dr. Buchen. "Patients with Parkinson's disease, for example, have an 80% higher risk of melanoma. A weakened immune status is an additional key factor that can increase a patient's risk. Iatrogenic suppression, like that which results from oral steroids or immunosuppressant use, and weakened immune system from diseases like HIV can increase melanoma risk. Patients with organ transplants, for example, have five times the normal risk of developing melanoma."

Common sites for cutaneous melanoma include the back in men, the legs and arms in women, and the head and neck.



Noncutaneous Melanoma

Though the risk of cutaneous melanoma in Black, Hispanic, Asian, and other individuals of color is less than in people with fair skin, these patients are far more likely to develop more rare forms of melanoma that are not caused by UV exposure.

These include:

- Acral melanoma, which occurs on the ends of the body, including the palms, soles of the feet, or under the nails.
- Uveal melanoma, which develops in the eye.
- Mucosal melanoma, a rare but aggressive variety in mucosal tissue in the nasal cavity, sinuses, mouth, gastrointestinal tract, vagina, and anus.

"Whereas most cutaneous melanomas stem from the effects of ultraviolet radiation, we do not know the principal risk factor for these other types of melanomas," says Dr. Buchen. "Knowing that, it is incredibly important for internists to be aware of their unique features, especially in patients of color."

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“For example, one patient of mine was a Black woman with metastatic anal melanoma. This presented as minor bleeding from the anus, which she and her internist at the time attributed to hemorrhoids, significantly delaying diagnosis. In her case, this delay led to metastatic melanoma to the liver.”

Prioritizing Early Screening, Identification and Treatment

Finding melanoma can be challenging, even for dermatologists. This is especially true for early-stage melanoma as well as its less common varieties, underscoring the importance of being screened by a professional with expertise in identifying melanoma in all its forms.

“Because early diagnosis is so critical, screening patients at elevated risk for melanoma is the most important thing we can do to combat mortality from this disease,” says Dr. Buchen. “For localized melanoma, five-year survival rates are more than 98% with the appropriate treatments. Breslow thickness is the single most important prognostic factor for clinically localized primary melanoma.”

Breslow thickness refers to the vertical depth of the tumor, measured from the top of the skin to the base of the tumor using a micrometer. According to Dr. Buchen, for every millimeter (about the thickness of a credit card), the prognosis deteriorates by about 10%. Thin melanomas, less than 1 millimeters, have a survival rate of about 95%. Thick melanomas, greater than 4 millimeters, have a survival rate of about 50%. This is true even for melanomas with small surface areas.

At Maimonides' Division of Dermatology, dermatologists offer total-body skin examinations to high-risk patients at appropriate intervals based on each patient's assessed risk. In a screening examination, a dermatologist will examine the entire body, including the head and neck, scalp, eyelid margins, mouth, ears, back, chest, breasts, arms, fingernails, genital, buttocks, legs, feet and toenails using a dermatoscope, a handheld device that allows the dermatologist to examine deep structures in the skin. Our dermatology examination rooms have three sources of lighting: horizontal ceiling lights, vertical wall lighting and natural sunlight for the greatest visibility.

Benefits of Treatment at a Comprehensive Melanoma Center


For identified cases of melanoma, the Melanoma Center offers comprehensive treatment with the backing of the multidisciplinary expertise available at Maimonides. In both

the inpatient and outpatient setting, patients benefit from the center's collaborative, compassionate approach to care.

Surgery is the main treatment for most melanomas, and for those in the early stage, it is often the only therapy necessary. Surgical oncologists, with special expertise in melanoma, play a vital role in caring for patients who need more extensive surgeries, including sentinel node. Our multidisciplinary Division of Plastic Surgery has extensive experience in collaborating to achieve the highest quality results in oncological surgery, helping patients to achieve optimal results and return to normalcy post-cancer. Dermatopathologists carefully examine skin samples, providing the Breslow thickness and the results upon which targeted therapy and other treatments are based.

Patients may also require other oncological therapies, including radiation, which may be administered in tandem with surgical interventions to treat metastatic melanoma or to reduce recurrence risk at [Maimonides Cancer Center](#). In the field of skin cancer treatment, immunotherapy and targeted therapies have in recent years vastly transformed care, enabling more patients to live longer lives as melanoma survivors. Maimonides' medical oncologists are well-versed in prescribing and overseeing these latest targeted therapies for even the most complex cancer cases, as well as offering the latest clinical trials and advancing field research. Additionally, Maimonides provides extensive supportive services for patients fighting cancer, including psychological support, nutritional counseling, and palliative care, addressing the overall well-being of the patient.

“My vision for the Melanoma Center is a hub for care that brings the best of all the disciplines offered at Maimonides directly to our melanoma patients, with an emphasis on ease of access,” said Dr. Buchen. “From diagnosis to remission, we want to make this process as patient-forward as possible, whether a case is straightforward or complex.”

Primary care providers and dermatologists play a crucial role in early detection of melanoma — aside from conducting regular skin examinations, educating patients about the signs of skin cancer and their risk level for both common and rare varieties, they can significantly improve outcomes through early intervention. 

Learn more about Maimonides [Melanoma Center](#) and [Dermatology](#) or call (718) 283-6300 to refer a patient.

1. <https://www.health.ny.gov/diseases/cancer/skin/>

2. <https://www.cancer.org/cancer/types/basal-and-squamous-cell-skin-cancer/about/what-is-basal-and-squamous-cell.html>

Dr. Sophia Pillai Brings Novel Lung and Aerodigestive Care to Maimonides Children's Hospital

At Maimonides' [Division of Pediatric Pulmonary Medicine](#), our specialists offer diagnosis, treatment, and support services for a wide range of pediatric lung and respiratory conditions. Operating as a combined service with Maimonides' [Pediatric Allergy and Immunology](#), our pediatric experts take a collaborative approach, not only focusing on chronic lung and respiratory diseases, but the full spectrum of immune, allergy, and lung problems.

Sophia Pillai, MD, recently joined Maimonides Children's Hospital's Pediatric Pulmonology team, bringing her rich background and 20 years of experience caring for complex respiratory and aerodigestive issues to families in Brooklyn. She joins specialists [Michael Marcus, MD](#), Director of Pediatric Pulmonary Medicine and Allergy/Immunology; [Joshua Needleman, MD](#), Section Chief, Pediatric Pulmonology; and [Linda Chen, DO](#), Pediatric Pulmonologist.



Most recently, Dr. Pillai practiced at the Mayo Clinic in Rochester, Minnesota, providing patient care and leadership within the institution's multidisciplinary aerodigestive services. At Maimonides, she leads efforts to shape the two newest additions to Pediatric Pulmonary Medicine services: an aerodigestive medicine program, and the Neonatal Lung Health Program. Both programs emphasize a comprehensive, multidisciplinary approach to pediatric respiratory diseases to enhance quality of life for patients and families affected by these conditions.

"As a pediatric pulmonologist, I dedicate my work to improving the lives of children with chronic respiratory and particularly aerodigestive conditions," said Dr. Pillai. "I've seen firsthand how fragmented care between specialties and institutions delays diagnoses, prolongs symptoms, and places a huge burden on families with young children. These challenges really fuel my commitment to creating a robust multidisciplinary aerodigestive program accessible to more children and families."

First-in-Brooklyn Aerodigestive Program

Pediatric aerodigestive disorders encompass problems in children that affect breathing, feeding, and swallowing; issues can originate in one or more structures including the throat, esophagus, trachea, lungs, bronchi, or stomach¹. The complex ways in which feeding and swallowing problems

can interact with or exacerbate breathing problems, or vice versa, necessitates the coordination of multiple specialists in order to provide a complete understanding of each child's unique condition.

"In the past, you would have to send each patient to two or three separate doctors — a pulmonologist, a gastroenterologist, and an ear, nose, and throat surgeon to get the complete picture," said Dr. Marcus.

The new aerodigestive program enables families to receive comprehensive care in a single location, not only from these specialties, but also from Maimonides' extensive supportive health services like [speech-language pathology](#), occupational therapy, and physical therapy, among others.

This robust multidisciplinary approach allows clinicians to carry out coordinated procedures, review diagnostic findings jointly, and provide unified recommendations to families, to simplify and improve health outcomes. For children whose aerodigestive conditions pose significant challenges to their overall health, these comprehensive clinical decisions and simplification of knowledge and care for families build stronger foundations for improved aerodigestive health over time.

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“While it might appear simple, many families are facing these complex chronic health conditions, and with so many factors affecting a child’s total health, keeping track of the recommendations of multiple doctors — sometimes from multiple institutions — can make it even more confusing,” said Dr. Pillai. “I’ve seen firsthand how the kind of unified, patient-centered approach we’re creating here really restores confidence for caregivers navigating this complex care.”

Neonatal Lung Health Program Introduces Preventive Approach Post-NICU

In addition to the aerodigestive program, Dr. Pillai is leading Maimonides’ new Neonatal Lung Health Program, marking an expansion into focused care for the long-term respiratory health of infants born prematurely. As a New York State-designated Regional Perinatal Center (RPC), Maimonides Neonatal Intensive Care Unit (NICU) provides exceptional care for a high volume of high-risk deliveries and critical care for newborns 24 hours a day, 7 days week.

One in 10 babies in New York state are born before 37 weeks gestation². While many of these infants may appear healthy at the time of discharge, a growing population of late preterm infants experience respiratory complications related to preterm birth later in life³.

The new program introduces a novel proactive approach to long-term monitoring of lung health following NICU discharge, for babies born at Maimonides and elsewhere. While many programs focus on infants with a confirmed bronchopulmonary dysplasia diagnosis, our program is unique in targeting the broader, often overlooked population of preterm infants without formal bronchopulmonary dysplasia diagnosis who remain at high risk for ongoing respiratory issues.

“As we launch this program, we are building it around a preventative, longitudinal care approach,” said Dr. Pillai. “Many pediatricians are unaware of the growing body of research linking late preterm births with chronic respiratory conditions such as asthma and recurrent respiratory infections. The standard approach tends to address these respiratory events in isolation. What sets our program apart is its emphasis on early identification and intervention by monitoring at-risk infants over time, with the primary goal of preventing future complications and actively supporting lung growth and long-term respiratory health.”


Supporting Long-Term Respiratory Health in Partnership with Primary Care Providers

These new pediatric pulmonary programs extend care to infants and children with respiratory disorders ranging from

mild to severe. The expansion of services is especially groundbreaking for those born in late preterm, a population Dr. Pillai refers to as growing, but overlooked.

“The first few years of life, usually up to age 5, are vital to establishing lung health and avoiding development of conditions like COPD and asthma. A major issue, especially here in New York City, is the tendency for these patients to bounce between disconnected health systems, so that by the time complications set in, we have actually missed that opportunity to intervene,” she said. “Creating equitable access to this kind of high-quality care for families is incredibly important to me, and it’s central to my vision of seamless services for kids with chronic respiratory and aerodigestive feeding conditions, bringing them stability, relief, and a better quality of life.”

“Our division has long provided comprehensive care for a diverse range of respiratory issues, including asthma, sleep-related issues, complex lung problems, whether congenital or acquired, infections, and conditions requiring supportive respiration,” said Dr. Marcus. “With Dr. Pillai’s extensive experience in managing longitudinal care plans for patients with chronic lung conditions, we’re proud to bring these novel, comprehensive approaches to aerodigestive and neonatal lung health care directly to patients in Brooklyn, where they didn’t exist in a centralized way before.”

In both programs, Maimonides specialists will work in tandem with each patient’s primary care pediatrician to recommend and carry out optimal long-term care, with medical, surgical, and noninvasive options to prevent adverse events and progression of lung disease, and promote lung health. Referrals are recommended for patients with mild to severe respiratory symptoms who were born at less than 37 weeks. 

Learn more about [Pediatric Pulmonary Medicine](#). For more information, visit the [Division of Pediatric Pulmonary Medicine](#) webpage. To refer a patient or make an appointment, call (718) 283-7500.

1. <https://www.asha.org/practice-portal/clinical-topics/aerodigestive-disorders/?srsltid=AfmBOopi37Ff5B3vnKmrJH2IR6-0BaaPbXKwywdqsV7VdxuLUo7zNggH>
2. <https://www.marchofdimes.org/peristats/data?reg=36&top=3&stop=60&lev=1&slev=4&obj=1&sreg=36>
3. <https://www.lung.org/lung-health-diseases/lung-disease-lookup/bronchopulmonary-dysplasia/learn-about-bpddata?reg=36&top=3&stop=60&lev=1&slev=4&obj=1&sreg=36>
3. <https://www.lung.org/lung-health-diseases/lung-disease-lookup/bronchopulmonary-dysplasia/learn-about-bpd>

Prioritizing Evidence-Based Cardiac Rehabilitation for Improved Heart Health Outcomes

[Maimonides Heart & Vascular Institute](#) has long been a leader in cardiac care. Thanks to the expertise of our world-renowned team of cardiologists and cardiothoracic and vascular surgeons, Maimonides Health ranks in the top 1% in the U.S. for patient survival following a heart attack, according to cms.gov.

A key part of this cardiac treatment success stems from our longstanding focus on post-heart attack rehabilitation. In 1985, Maimonides became the first major medical center in New York City to launch a cardiac rehab program. Since then, our commitment has never wavered on the power of cardiac rehabilitation — guided programs that oversee patients' return to exercise following a heart attack for improved heart health and function.

"Cardiac rehab has been proven over and over all across the world to save lives, decrease heart attacks, and decrease death from heart disease," says [Warren Wexelman, MD](#), clinical cardiologist and Founding Director of the Maimonides Cardiac Rehabilitation and Exercise Program. "I view it as a lifesaving part of healthcare."

Science-Backed Approach to Heart Attack Recovery

From the early 1910s until as late as the 1970s, protocols encouraged prolonged bed rest following a heart attack. Providers commonly advised patients to lie still and limit physical activity for weeks or even months while their hearts recovered. The problem was that this approach did not lead to improved health outcomes; it only led to hearts that were deconditioned and apt to feel strained under regular daily activity.

Slowly, a more modern understanding evolved to incorporate targeted exercise training to safely rehabilitate the heart muscle following a cardiac event. Today, scores of scientific studies have proven the merits of cardiac rehabilitation.

"There are hundreds of articles that say if patients attend a cardiac rehab program for roughly 36 sessions, they will decrease their mortality and the number of future heart events anywhere from 39 to 42 percent," Dr. Wexelman explains. "The outcomes of exercise-based treatment are as good as, if not better than, some preventive cardiac medications we prescribe."

A Staged Approach to Better Heart Health

At Maimonides, patients can participate in both inpatient and outpatient cardiac rehabilitation. Inpatient rehabilitation services include bedside programming for patients recovering from heart attacks, coronary disease, angina, valve problems, and heart failure.



This summer, Maimonides will relaunch its inpatient cardiac rehab services to include expanded services throughout its cardiac care floors. The inpatient rehab reboot follows the opening of Maimonides [new Cardiothoracic Intensive Care Unit \(CTICU\)](#) last year. Both efforts are part of the hospital's overall strategy to ensure the best possible patient outcomes following major heart events.

During inpatient rehab, targeted teams of cardiologists, nurses, and physical therapists will monitor and support cardiac patients as they get out of bed and do simple movements. With this approach, patients have immediate access to medical intervention should they experience negative vital readings or side effects when regaining mobility following a heart event.

Once patients are discharged from the hospital, they become eligible for the second stage of cardiac rehabilitation: an outpatient monitored exercise program. During these sessions, patients can expect to work out on treadmills and ergometers, so-called "upper-body bicycles," to get supervised, targeted exercise for their heart and lungs.

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Participating patients typically come to Maimonides three times a week for one-hour exercise sessions overseen by doctors, physical therapists, and a dedicated nursing team. During these sessions, EKGs continuously monitor each patient's heart to screen for any signs of cardiac distress.

Maimonides is actively accepting referred patients to its outpatient cardiac rehabilitation program. There is no wait list, and care providers can refer eligible patients through a simple, 10-minute online process. Candidates who can benefit from cardiac rehab include patients who have a history of heart attack, valve disease, heart failure, or peripheral arterial disease, or who have had an angioplasty or stent procedure.

The end goal of rehabilitation is to return heart attack and heart disease patients to their normal, active lives. Following completion of the program, most patients can resume their typical daily work and leisure activities without limitation, and many sustain a higher level of physical activity than they did prior to their cardiac emergency.

"People fear that their normal lives might be over following a heart attack, but cardiac rehab is really the beginning of a new, better, and healthier life," Dr. Wexelman says.


Expanding Access

The science behind the efficacy of cardiac rehabilitation programming is clear, yet currently, fewer than one in four U.S. patients who might benefit from rehab take part.

From referral obstacles to insurance coverage and schedule limitations, patients may face a myriad of reasons for skipping out on cardiac rehab. But Dr. Wexelman wants to break down those barriers through targeted outreach.

"New York has the lowest utilization of cardiac rehab of any U.S. state, and Brooklyn has the lowest utilization of any place in New York City," he says. "So, we have work to do."

Dr. Wexelman hopes cardiac providers across Brooklyn, especially, can help get the word out about the healing power of cardiac rehab programming.

"Doctors have to understand that just like prescribing aspirin, statins, and beta blockers to lower cholesterol and prevent heart disease, cardiac rehab is an equally important part of cardiac care," Dr. Wexelman says. "That's my mission now. We must get doctors and practitioners to understand this is a priority. Exercise is medicine, and we need to prescribe it." 

Learn more about Maimonides Heart & Vascular Institute. For referral coordination, call 718-HRT-BEAT (718-478-2328) or (718) 283-3020.

FEATURED STORIES

Key Takeaways from the 2025 Miami Breast Cancer Conference

Breast cancer is still the most commonly diagnosed cancer among women in the United States¹. It accounts for nearly one-third of new female cancer cases each year. As the fight against this disease continues, there is a growing need for collaboration, innovation, and clinical advances.

Maimonides Health remains a leader in [breast cancer treatment and research](#). Recognized as Brooklyn's first and only fully accredited breast center, Maimonides is known for its cutting-edge diagnostics and comprehensive, team-based approach to care. This reputation extends beyond New York—thanks in part to Maimonides Cancer Center's influential presence at one of the nation's most prestigious oncology events: the Miami Breast Cancer Conference.

Maimonides Makes Its Mark

For more than four decades, the Miami Breast Cancer Conference has brought together leaders in breast oncology. Surgeons, oncologists, radiologists, pathologists, and other specialists gather to advance cancer treatments and outcomes.

For the 12th consecutive year, [Patrick Borgen, MD](#), Chair of Surgery and Director of the [Maimonides Breast Center](#), served as program chair. Dr. Borgen has helped guide the agenda and spotlight the field's most pressing issues.

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“The Miami Breast Cancer Conference plays a vital role in shaping the future of breast cancer care,” says Dr. Borgen. “It’s an honor to lead this gathering of passionate clinicians and researchers working together to push the boundaries of what’s possible for patients.”

Advancing Breast Cancer Care on a National Stage

Maimonides was well represented again this year at the Miami Breast Cancer Conference, with several providers presenting new research findings, clinical insights, and best practices that are helping to redefine care for patients everywhere.

The day one welcome session featured a debate-style discussion with national breast cancer leaders. Described as a “World-Class Tumor Board,” this panel of experts discussed real-world, anonymized cases from patients at Maimonides. The day one welcome session featured a debate-style



discussion with national breast cancer leaders. Described as a “World-Class Tumor Board,” this panel of experts discussed real-world, anonymized cases from patients at Maimonides.

The panel included Maimonides experts Dr. Borgen, breast reconstructive surgeon [Brian Cohen, MD](#), breast surgeon [Joshua Feinberg, MD](#), radiation oncologist [Fleure Gallant, MD](#), and radiologist [Jessica Torrente, MD](#).

“This was a chance for our team to sit alongside other national leaders in our field and discuss patient cases

the way we do at Maimonides in our weekly tumor board meetings,” Dr. Borgen says. “The multidisciplinary input we gathered at the conference mimics the input we get on each patient case at Maimonides and gave the conference audience a glimpse of part of our process to provide an elevated level of care.”

Other Miami Breast Cancer Conference presentations included:

Limitations of ‘Dr. Google’

Dr. Feinberg presented research evaluating the accuracy of artificial intelligence tools. His presentation, titled “Limitations of Dr. Google,” showcased the results of a study comparing performance of popular interactive AI chat tools on the Breast Evaluation and Self-Assessment Program (BESAP) to that of breast fellows.

The idea arose from a similar study performed in the Maimonides Division of Vascular Surgery by vascular surgery fellow Becky Long, MD.

Dr. Feinberg shared that ChatGPT and Google Gemini have essentially “read” all the textbooks in the world, and he says, “You could consider them the smartest students we’ve ever seen.”

However, these AI tools answer only about 75% of questions correctly.

“This means that these tools either are not as smart as we think, or perhaps the questions are tapping into an area of decision-making or test-taking strategy not yet developed in these large language models,” Dr. Feinberg says.

Dr. Feinberg’s team is evaluating whether accuracy improves when we restrict the chatbots’ access to only specific internet sources with the most relevant and factual information, as opposed to all internet sources.

“In an era in which both patients and physicians increasingly utilize artificial intelligence tools, one must maintain a degree of caution when relying on the information generated,” Dr. Feinberg says. “And we as clinicians need to work with AI researchers and data scientists to guide how we use AI to advance our field and benefit our patients.”

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Innovations in Non-opioid Pain Management

The 2025 Miami Breast Cancer Conference again included an interactive session on non-opioid pain management strategies, part of the Maimonides Enhanced Recovery After Surgery (ERAS) program.

During this session, attendees heard from Dr. Borgen, Dr. Feinberg, and Gary Schwartz, MD, Vice Chair of Pain Management and Anesthesiology at Maimonides.

A session highlight was the growing use of cryoanalgesia, sometimes called cryoneurolysis. This technique uses cold temperatures to freeze and temporarily turn off pain-transmitting nerves.

Using a needle and ultrasound guidance, clinicians can target the intercostal nerves that come off the ribs and innervate breast tissue with a freezing technique that forms an “ice ball” around the nerve.

“We can form an ice ball through a needle and block these nerves, pretty much stopping the pain signal for up to a couple of months,” Dr. Schwartz says. “That allows patients to recover with less pain. It also means they take fewer opiates postoperatively.”

For patients, cryoanalgesia offers an attractive option: lasting relief without daily pills or uncomfortable side effects.

“It’s not systemic, it’s nothing addictive, and we can repeat it,” Dr. Schwartz says. “It decreases pain with minimal side effects, and it’s a one-time treatment that lasts months, as an alternative to taking a pill every day.”

The procedure is FDA-approved and already in use beyond breast surgery—for example, in orthopedic cases like total knee replacement and in chronic pain management for conditions like rib fractures or certain types of headaches.

One notable benefit of cryoanalgesia is that it can be used multiple times and at different points in a patient’s treatment plan. This flexibility makes it an ideal tool for managing pain across the course of care, from surgery to reconstruction and beyond.

The session emphasized that pain management is not just about immediate comfort—it’s about the patient’s overall journey through cancer care.

“Breast cancer patients have a lot going on,” Dr. Schwartz says. “They find out they have cancer. Some learn they have to have their breast removed and have reconstructive surgery. Then there’s the possibility of chemotherapy and radiation. It’s a lot to take.”

Financial Toxicity

Financial toxicity is the distress patients experience due to the out-of-pocket costs associated with medical care.

“This burden can be especially significant for cancer patients,” says Amanda Reynolds, MD, general surgery rising chief resident at Maimonides Medical Center, who presented early results of an ongoing study on financial toxicity at the 2025 Miami Breast Cancer Conference.

“Maimonides Medical Center serves a diverse and often vulnerable patient population. Financial toxicity can negatively impact not only a patient’s quality of life but also their adherence to treatment and overall survival outcomes.”

Dr. Reynolds, working under the guidance of co-principal investigators Dr. Feinberg and Maimonides Radiation Oncologist [Johnathan Klein, MD, MSc](#), shared data showing that financial toxicity did not worsen for study participants during the first six months of treatment following a cancer diagnosis.

“The results were somewhat surprising, as one might expect patients to perceive more financial issues throughout treatment as they need more and more appointments, tests, and treatments,” Dr. Reynolds says, adding a few potential explanations. These include:

- **Diagnosis:** The patients in this preliminary analysis were diagnosed with early-stage breast cancer, which typically involves a less intensive and shorter treatment course compared to more advanced stages. It’s possible, Dr. Reynolds says, that these patients don’t experience as much financial burden throughout treatment compared to people receiving care for other diagnoses that might have different cost considerations.
- **Existing burden:** Because medical care can be so expensive, it may be that patients *already* feel financially burdened by the time they start their treatments for breast cancer. “They may already feel so burdened by the time they start the study that there isn’t much perception of a further increase in financial problems,” Dr. Reynolds says.
- **Sound support systems:** It may be that the patients’ support systems are so good that they don’t perceive any worsening in their financial situation throughout their treatment.

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- **Not enough data:** Dr. Reynolds presented a preliminary analysis of the first 26 patient participants in the financial toxicity study. There may not be enough data yet to detect a difference in reported financial toxicity over six months of treatment.

“We don’t know which, if any, of these explanations is the correct one yet,” Dr. Reynolds says. “But we are hoping to finish collecting data on our entire patient group of 100-plus patients this year to gain a better understanding.”

Dr. Reynolds and team also plan to extend the follow-up period to 12 months to assess longer-term trends in financial toxicity. In addition, they plan to:

- Include more patients with late-stage breast cancer to evaluate whether disease stage influences financial burden differently over time
- Try to determine the precise causes of financial toxicity
- Design and test interventions to help improve patients’ financial and overall well-being

A Favorite Among Providers

The Miami Breast Cancer Conference is a favorite among cancer providers because it promotes the spirit of treating the whole patient and being by each patient’s side throughout their difficult journeys. The conference’s “Hear it on Friday, use it on Monday” approach highlights its emphasis on practical applications that advance breast cancer care.

“This is one of my favorite conferences of the year,” Dr. Schwartz says. “It’s for the benefit of patients. There is time during the conference to deal with the cancer diagnoses and treatments, but it’s clear that organizers also care about the whole patient experience and giving patients the best chance of success in their journey to recovery.”

Maimonides Cancer Center and our breast cancer specialists provide advanced, comprehensive breast cancer care. Learn more about our [Breast Center](#) and [Breast Cancer Screening Program](#). To refer a patient, call 718-765-2550.

1. <https://www.lung.org/lung-health-diseases/lung-disease-lookup/bronchopulmonary-dysplasia/learn-about-bpd>

FEATURED STORIES

Specialized Diabetes Care for Improved Pregnancy Outcomes

Diabetes impacts nearly 10% of pregnancies in the United States every year¹. Left uncontrolled, high blood sugars can cause dangerous complications that threaten both mother and baby.

As a New York State Regional Perinatal Center, we deliver more than 6,000 babies at [Maimonides Medical Center](#) annually. To ensure each pregnancy and birth is as healthy as possible, we offer leading diabetes care and education.

“Our services to care for pregnant patients or those trying to conceive marries the best of our maternal-fetal medicine care with Maimonides’ expert diabetes management services,” says [Scott Chudnoff, MD](#), Chair of Obstetrics and Gynecology at Maimonides.

“The program is one of many layers in place to safeguard the health of mothers and babies and to ensure all of our patients have access to the tools they need to have the best possible pregnancy outcomes.”



“The unique thing about our program is that we’re specialized and have expertise in the latest technologies that allow us to manage diabetes during pregnancy,” says [Rodney McLaren, MD](#), Director of Maimonides Ambulatory

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Maternal Specialty Services. “We have all the latest tools to care for every kind of diabetes. That’s a huge advantage for our patients who are pregnant or considering pregnancy.”

The Impact of Diabetes

High blood sugar during or before pregnancy is a health safety threat for both mothers and unborn babies, Dr. McLaren says.

Mothers who have diabetes have a higher risk of a wide variety of complications. They may develop hypertensive disorders of pregnancy, including preeclampsia, and other conditions that could trigger the need for a C-section. They also have a higher risk of miscarriage, stillbirth, or having a difficult delivery because their baby is larger than normal. Our [neonatal intensive care unit](#) offers critical care and specialty services for babies who experience diabetes-related complications during delivery and birth.

Evidence shows effectively controlling blood sugar during pregnancy can lower a woman’s risk of these complications. For example, maintaining normal blood sugar levels can reduce a woman’s risk of stillbirth to average².

The Power of Diabetes Education

Reaching women when they’re considering pregnancy or early in gestation can empower them to control their diabetes, leading to a healthier pregnancy, Dr. McLaren says.

“There’s lots of evidence that when you have diabetes in pregnancy programs, you can lower rates of bad outcomes,” he explains. “With increased preconception visits seen at institutions with diabetes in pregnancy programs, patients see lower rates of adverse outcomes because they are involved and have better control over their blood sugars before they get pregnant.”

At Maimonides, we help set our pregnant patients up for success. Our [multidisciplinary team of maternal-fetal and fertility experts](#) can help these patients overcome the reproductive challenges that diabetes can present. This team includes physicians, physician assistants, social workers, endocrinologists, and diabetes educators.

During preconception visits, our specialists educate patients on how diabetes will affect their pregnancy and vice versa. We also assist them in creating a management plan that works with their lifestyle to ensure they have the best pregnancy outcome possible.

Diabetes in Pregnancy Care at Maimonides

At Maimonides, we take a team-based approach to caring for patients. We follow the latest guidelines and rely on evidence-based methodologies to deliver personalized care to meet each patient’s needs.

“We pride ourselves in our outlook that every person is unique. We design care plans specific to each patient,” Dr. McLaren says. “We work with them to map out and decipher their lifestyles to provide the best care that minimizes pregnancy complications.”

That also means we’re ready to care for women who weren’t expecting to become pregnant. According to Dr. McLaren, approximately 50% of pregnancies are unplanned. As a result, many patients either don’t know they have diabetes or don’t have their condition under control when they get pregnant. Our specialists at the [Maimonides Early Pregnancy Assessment Center](#) can help patients no matter where they are on their pregnancy journey.

“If you have a patient with known prediabetes or diabetes who has an unplanned pregnancy, we want to see them as soon as possible once they know they’re pregnant,” Dr. McLaren says. “As a one-stop shop for reproductive health and early pregnancy care, we have the backing of an entire team of prenatal specialists to help these women get their diabetes under control.”

We offer several services to help patients reach this goal:

- **Endocrinology care** – We do more than include an endocrinologist in the care of every pregnant patient with diabetes. We also help them establish post-pregnancy care. A Maimonides endocrinologist will work with each patient to ensure they receive any necessary follow-up tests they may need to manage their condition.
- **Advanced technology** – Through our [Diabetes Education Center](#), we provide the latest technologies to support each patient’s diabetes management efforts. With continuous glucose monitors (CGMs) and insulin pumps with manual and automated modes, we help pregnant patients and mothers better monitor their blood sugar in real time. Many of these devices also allow your patients to share their blood sugar data with care teams automatically via the cloud.

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- **Nutrition** – Our [registered dietitian nutritionists](#) partner with every patient to design meal plans that help keep their blood sugar in a healthy range. They also teach patients how to make different food choices based on the data provided by their CGM.

Overall, Dr. McLaren says, the maternal-fetal medicine specialists at Maimonides are committed to providing the specialized care every woman with diabetes needs during pregnancy.

“We deliver individual care for the individual patient,” he says. “Our approach to diabetes care in pregnancy is not generic — it’s centered around each patient’s unique way of getting the best outcome for their pregnancy.”

Learn more about [obstetrics care at Maimonides](#) or call 718-283-9044 to make a referral.

1. <https://www.cdc.gov/diabetes/about/gestational-diabetes.html>
2. <https://obgyn.onlinelibrary.wiley.com/doi/10.1111/1471-0528.15659>

FEATURED STORIES

Comprehensive, Head-to-Toe Wound Care at Maimonides

For patients with complicated or persistent wounds, [Maimonides Wound Care and Hyperbaric Center](#) is set apart by its unique, comprehensive approach to healing. The state-of-the-art facility goes above and beyond standard care to help patients achieve a full recovery and quality of life, with expertise in a wide range of wound healing techniques.

Patients with complex wounds often face significant challenges, from prolonged healing times to escalated risk of complications, including infections. Maimonides Wound Care Center treats a diverse range of wounds, including lower extremity ulcers related to venous disease, diabetic foot ulcers, and pressure ulcers. This broad scope ensures that patients receive the specialized care they need, regardless of the type or location of their wound.

“The unique thing about our Wound Care Center is that we see patients with many kinds of wounds from head to toe,” said [Brian D. Cohen, MD](#), Director, Maimonides Wound Care and Hyperbaric Center. “While there are several facilities in New York City where patients can access wound care, our Wound Care Center is located within the heart of Brooklyn, making it more accessible with the highest quality of care and range of treatment options for our neighbors.”

A Full Range of High-Quality Treatments, Close to Home

Treatments offered at the center include advanced and conventional wound dressing, antibiotic therapy for standard and complex infections, skin grafts, surgery, and education

regarding preventive methods. Maimonides also offers hyperbaric oxygen therapy (HBOT), an adjunctive treatment alongside standard wound care, in which patients spend one to two hours at a time in a chamber of 100% oxygen. This promotes healing in damaged or infected tissue, and is an effective treatment for conditions like osteomyelitis, burns, compromised skin grafts, and injuries from radiation treatment, among others.



“When patients need to come in for this kind of treatment five days a week for a period of time, getting this care far from home presents a huge hurdle, especially on top of other health issues they may be facing at the same time,” said Dr. Cohen. “This is why having this top-notch care close to patients is so important.”

Multidisciplinary Team United Around Exceptional Patient-Centered Care

At the heart of the Wound Care Center is a dedicated multidisciplinary team led by Dr. Cohen, who is also a fellowship-trained, board-certified plastic surgeon. Dr. Cohen's plastic surgical practice brings a unique dimension to his leadership of wound care services; he is not only dedicated to patients with complicated wound-healing issues, but is also frequently working in tandem with other divisions in [Maimonides' Department of Surgery](#), including breast surgery, cardiac surgery, colorectal surgery, and urologic surgery, to treat patients with a variety of cancers as well as congenital anomalies, traumatic injuries, and postoperative scarring.


The Wound Care Center team also includes a general surgeon and two podiatrists, who collaborate to deliver comprehensive care tailored to each patient's unique needs. This collaborative approach not only enhances the quality of care but also ensures that patients benefit from the expertise of various specialists, allowing for a more holistic treatment plan.

This combination of wound care specialists and the backing of Maimonides' extensive expertise in multiple surgical specialties fosters a collaborative approach that benefits patients. Seamless communication among specialists means that complex issues can be addressed promptly

and effectively. This integrated model reduces the need for patients to navigate multiple appointments across different facilities, streamlining their care experience.

"There's no one size that fits all — it's really a patient-centric, problem-oriented approach to care that cuts across multiple disciplines," says Dr. Cohen. "From wound care to plastic surgery, our teams are exceptionally well trained and work incredibly well together to provide the highest level of care."

The Wound Care Center is committed to ensuring that patients do not face long wait times for appointments. This dedication to timely care means that patients can receive the treatment they need without unnecessary delays, which is crucial for effective wound management.

"We work hard to make sure patients feel that we are their partner on their journey to healing," says Dr. Cohen. "We're here to help them with these immediate problems, but we also want to help them address any underlying issues contributing. I think it's easy for patients to get lost in some of these larger institutions across the city, but the patient-oriented environment we foster here is very important to us in delivering this kind of care." 

Learn more about [Wound Care at Maimonides](#). To make an appointment or refer a patient, call (718) 283-8590.

FEATURED STORIES

Pathology Updates: Lab Testing Upgrades at Maimonides

Countless patients have questions about health concerns every year. Is that new nodule they noticed cancerous? Do they have a respiratory virus? Or does that rash mean they have a bacterial infection? Many rely on the department of [Pathology and Laboratory Medicine](#) at Maimonides Health for the answers they need.

And more patients are on the way. We're doubling the size of our adult emergency department and adding a new [Comprehensive Psychiatric Emergency Program](#). Plus, a new pediatric emergency department that will quadruple our pediatric emergency care space is on track to open this summer.



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To make it easier to support patients' diagnostic needs, we've upgraded our pathology lab resources. With new, state-of-the-art tools and systems, we're reducing human error in our labs and accelerating diagnoses. As a result, our labs are more productive, and our patients are getting the treatments they need at a faster pace.

A Robotic Lab: Greater Efficiency, Improved Accuracy

Research shows that automated robotic core laboratories increase lab productivity, improve diagnostic accuracy, and reduce the need for rework¹. In August 2024, we became one of a select few Brooklyn hospitals with a lab that relies on robotic technology to store, identify, and process test samples. Our goal was to boost our clinical testing volume and improve turnaround times.

To date, this new lab has lived up to expectations, giving clinical teams the bandwidth to ramp up or decrease processing rates based on real-time needs. Without changing personnel levels or the 24/7 operations, testing volume rose 20% in the year since launch. Daily productivity is also up. On average, the laboratory processes around 300 tests per hour — that's 7,200 tests daily. As a result, our ability to provide blood test results within 24 hours jumped from 50% to 80%.

With this system, robots use barcodes to identify samples and perform tests ordered by the treating physicians in real or at a later time. These machines have virtually eliminated human error in our pathology lab, says [Alejandro Zuretti, MD](#), Medical Director of Laboratories at Maimonides.

"Robots always identify the right sample and perform the right test with lab specimens. Even in the most basic of scenarios, particularly dealing with 4 million tests a year, there will be an instance where we, as humans, pick up the wrong tube or order the wrong test. Or we'll make a mistake because the tests look or sound similar," he says. "This new system eliminates those errors completely, so no patient has their results, and thus their treatment, delayed."

According to Rita Kogan, Assistant Vice President for Clinical Services for Pathology and Laboratory Medicine, the robotic system also makes it easier to accommodate requests for forgotten or add-on tests. The robot simply identifies the existing sample by barcode and runs the test with no need for human involvement.

"This method streamlines the process and eliminates manual work and the repetitive tasks that lead to human errors," she says. "It minimizes the manual pre-analytical steps that exist in non-automated laboratories."

Expanded In-House Testing


According to Ms. Kogan, having an automated lab opened the door to offering more diagnostic options — and more timely treatments — for patients, especially those who need emergency care.

"Another positive point with automation is that it's allowed us to expand our testing menu and bring more tests in house with the same staffing levels as before," she says. "Automation controls all the pre-analytical and post-analytical handling, increasing efficiency and enhancing our testing menu."

Thanks to these new tools, we brought most gynecologic lab tests in-house in 2024, including most hormonal panels and molecular testing for chlamydia, gonorrhea, bacterial vaginosis, trichomoniasis, Candida, and other infections. Lab results are available in less than six to eight hours, so you can prescribe the right treatments for your patients faster.

With this new lab, Maimonides is also a trailblazer in bacterial and viral infection testing, Dr. Zuretti says. We are the first hospital on the East Coast to offer MeMed BV, a novel, FDA-approved rapid-result blood test that distinguishes between bacterial and viral infections in 15 minutes.


"If you have a patient with respiratory symptoms, you can determine immediately whether it's a bacterial or a viral infection. This is particularly important for our pediatric and older patients," he says. "This way, we absolutely know when it's appropriate to prescribe antibiotics and when we shouldn't, as well as when we should order other types of tests when there the corresponding B-V index indicates that a bacterium or a virus is present."

Overall, Dr. Zuretti says, the increased efficiency and error prevention that accompany these pathology lab upgrades support the efforts of Maimonides providers to deliver the most accurate, timely clinical care and treatment. 

Explore our [Pathology and Laboratory Medicine Services](#). Refer a patient or call 718-283-8257 for more information or to make an appointment with our laboratory medicine team.

1. <https://pmc.ncbi.nlm.nih.gov/articles/PMC9109973/>


Help Us Shape the Future of Brooklyn Healthcare




**New York,
We want to hear from you!**

Maimonides Health is doing a survey to learn about the most important health issues in your community.

Take the survey now through July 31.




gnyhasurveys.org/CHNA

Our triennial Community Health Needs Assessment is live through July 31. We invite all members of our community, including our partners in care and their patients and families, to help us better understand local health concerns and guide our efforts to improve access to care across Southern Brooklyn. The survey is open to all Brooklyn residents and is available in 19 languages. Electronic submissions are preferred. Share and complete the survey at gnyhasurveys.org/CHNA. 


Nursing Leaders Honored by United Hospital Fund (UHF)




Marcia Hodge, DNP, MSN, RN, CCNS, Director of Nursing Excellence & Quality, Maimonides Medical Center, and Boris Molchanskiy, DNP, FNP, CCRN-K, AE-c, Vice President and Chief Nursing Officer, Maimonides Midwood Community Hospital, have been awarded the 2025 Excellence in Health Care Award by the UHF for extraordinary leadership in improving quality of care, patient safety, and patient experience. They were among 74 individuals selected from 71 organizations across the New York metropolitan region honored this year. 

1. <https://pubmed.ncbi.nlm.nih.gov/39618775/>
2. https://journals.lww.com/cptj/abstract/2024/04000/impact_of_early_mobilization_within_the_intensive.4.aspx


55 Maimonides Physicians Recognized in Annual Super Doctors List

Fifty-five Maimonides physicians were named 2025 Super Doctors and Super Doctors Rising Stars, on May 4. Out of the 55 doctors, 35 were named Super Doctors and 20 were named Super Doctors Rising Stars, a selective list that features doctors who have been practicing for less than 10 years. This prestigious peer recognition reflects Maimonides physicians' excellence in patient care and expertise across more than 40 medical specialties. 


9th Annual Evening of Research Showcased Faculty and Staff Academic Achievements

Maimonides Health and the Maimonides Research and Development Foundation held the 9th Annual Evening of Research on May 15, celebrating innovative research and achievements within the healthcare community, showcasing innovative academic work by Maimonides staff, and reinforcing the hospital's commitment to addressing healthcare disparities and advancing medical knowledge. Our staff members submitted 93 original abstracts, from which six winners were selected, spanning focus areas from safety improvements to cancer care. Theresa Jacob, PhD, MPH, was honored with the Austin A. Schlecker Academic Achievement Award. 


New Smoking Cessation Program

Maimonides Health has launched a new Smoking Cessation Program, designed to help patients overcome tobacco and nicotine dependence. The program is led by Maimonides Cancer Center’s Cancer Screening Program. Coordinated by three newly trained Tobacco Treatment Specialists, it provides six-week group sessions that incorporate evidence-based clinical and behavioral interventions including skill-building, counseling, and nicotine replacement therapy. 

20 Years of Echocardiography Excellence

Maimonides is celebrating 20 years of recognition from the Intersocietal Accreditation Commission (IAC) for Pediatric and Fetal Echocardiography. The facilities that achieve IAC accreditation demonstrate their ability to provide a high-quality level of patient care and are continuously improving patient outcomes and safety. 

Homero Rosado Leadership Award

On Thursday, May 15, Dr. Juan Kupferman, President of Maimonides Medical Staff, and Dr. Hector Vazquez, Pediatric Emergency Medicine Physician, accepted the Homero Rosado Leadership award on behalf of Maimonides Health. The award was from the Spanish Speaking Elderly Council-RAICES in recognition of clinical efforts and impact in the community. 

NEW PROVIDERS

June 2025

Danielle Akinsanmi, MD
Pediatric Neurology: (718) 283-7470

Daniel Buchen, MD
Dermatology: (718) 283-6300

Emily Kitchen, MD
Rheumatology: (718) 283-8519

William Ogan, MD
Internal Medicine: (718) 283-9055

Neha Patel, MD
Pediatric Sleep Medicine:
(718) 283-7500

Sophia Pillai, MD
Pediatric Pulmonology and Immunology:
(718) 283-7500

Shafiq Rehman, MD
Invasive and Interventional Cardiology:
(718) 283-7489

Amelia Simone Blissett, MD
Obstetrics and Gynecology:
(718) 283-8930

Yakov Stollman, MD
Gastroenterology: (718) 283-5900

Izuka Udom-Rice, MD
Fetal Medicine: (718) 283-8930

Julie Yang, MD
Gastroenterology: (718) 283-5900