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Expanding Pediatric Feeding and Swallowing Services in Brooklyn

Maimonides Health Pediatric Feeding/Swallowing Services now offers Brooklyn's most comprehensive diagnostic and therapeutic support for children with pediatric feeding and swallowing disorders (dysphagia). The program spans inpatient and outpatient care, beginning with NICU feeding therapy and support, and continuing through childhood and into early adulthood with services at [Maimonides Rehabilitation Center](#) on 65th Street.

"We created this program because Brooklyn families needed true access," says [Luis F. Riquelme, PhD](#), consulting director of [speech-language pathology \(SLP\) and rehabilitation services](#). "A few hospitals offered limited services, but nothing at the scale or quality children with these conditions require. Our program is now the largest and most collaborative in Brooklyn."

The team includes specially trained pediatric speech-language pathologists and pediatric occupational therapists (OTs)—offering an evidence-based collaborative approach to care that strengthens outcomes for children with complex feeding and swallowing needs. All services are offered in collaboration with each child's care team; physicians from different specialties, psychologists and other clinicians as needed.

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Conditions We Treat

Maimonides' program evaluates and manages the full spectrum of infant and pediatric feeding and swallowing concerns, including:

- Coughing, choking, or a wet voice during feeding
- Difficulty latching, breast or bottle refusal
- Dysphagia of neurologic, medical, or structural origin
- Gastrointestinal-related feeding challenges
- Limited oral intake or prolonged mealtimes
- Poor weight gain or failure to thrive
- Problems transitioning to solids or textures
- Sensory-based feeding aversion
- Suspected aspiration risk in children
- Tube dependence and support for weaning

"Our goal is to identify the underlying cause and create a plan that meets the child's medical and developmental needs," says Justyna Kubicka, MS, CCC-SLP, one of the lead clinicians on the team.

Inpatient Care: NICU, PICU, and Pediatric Units

Maimonides delivers specialized inpatient feeding and swallowing evaluations and care across the [NICU, Pediatric Units, and PICU](#). Pediatric-trained speech-language pathologists evaluate medically complex infants and children, support safe feeding, and coordinate tightly with medical and nursing teams to ensure appropriate progression through hospitalization.

"Our clinicians understand the medical acuity of these children and support safe feeding from day one, with an emphasis on patient-centered care," said [Alexandra Soyfer, MS, CCC-SLP](#), director of speech-language pathology and rehabilitation services. "Our SLP and OT teams have developed a coordinated approach to inpatient care that accelerates recovery, improves patient outcomes, and elevates quality of care. While SLP leads swallowing and speech-language assessments, OT contributes by addressing functional, sensory, and positioning needs. This approach, along with strong collaboration with other members of our healthcare teams, results in improved outcomes for every child."

Key areas of impact:

- **Assessment and management** – Evaluate oral-motor skills, swallowing safety, and readiness for oral feeding.
- **Individualized care planning** – Develop tailored treatment plans that reflect each child's medical status and developmental needs.
- **Multidisciplinary collaboration** – Work closely with medical, nursing, and therapy teams to support nutrition, safety, growth, and development.
- **Caregiver education and support** – Provide bedside coaching and training to guide families in safe feeding practices.
- **Continuum of care** – Ensure consistent, developmentally appropriate interventions throughout the hospital stay.
- **Instrumental swallowing assessment** – Perform modified barium swallow studies (MBSS) to evaluate swallowing function and guide treatment planning objectively.

Outpatient Care: Ongoing Therapy and NICU Graduate Support

The outpatient Pediatric Feeding/Swallowing Program at Maimonides Rehabilitation Center provides structured evaluations and therapy for children with a wide range of feeding challenges. The pediatric SLP and OT team supports safe nutrition, oral-motor development, and effective progression through feeding milestones, while helping families implement strategies into their home routines.

"Parents no longer need to travel outside Brooklyn for specialized feeding and swallowing therapy," Dr. Riquelme says. "Our team provides evidence-based care for children with sensory, developmental, and medically complex feeding needs."

Key areas of impact:

- **Sensory-based feeding therapy** – Address picky eating, feeding aversion, and limited food repertoires.
- **Tube-dependent care** – Support oral feeding advancement and GT/NGT weaning for children with feeding tubes.
- **Feeding management of complex medical needs** – Serve children with gastrointestinal, airway, or neurological challenges.

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- **Developmentally appropriate progression** – Guide advancement through feeding milestones, from purees to solids.
- **Family-centered care and education** – Equip caregivers with strategies and training for safe, positive mealtime experiences.
- **Interdisciplinary collaboration** – Work closely with pediatric medical and therapy teams to ensure cohesive, individualized care.

Diagnostic Capabilities for Feeding and Swallowing Conditions

Accurate diagnosis guides treatment decisions, especially when we suspect aspiration, neuromotor issues, or structural concerns. Maimonides provides a full range of clinical and instrumental evaluations to help determine the safest and most appropriate feeding plan.

Clinical and diagnostic tools include:

- Bedside/clinical feeding and swallowing evaluations
- Modified Barium Swallow Studies (MBSS) offered on site in collaboration with pediatric radiology specialists
- Environmental and behavioral assessments
- Oral-motor and sensory evaluations
- Readiness assessments for instrumental studies
- Swallow safety reviews

“Our clinical evaluations help determine when a child needs instrumental imaging and how to prepare them for it,” Ms. Soyfer says. “We want each test to be meaningful and safe.”

Interdisciplinary Collaboration Across Specialties

Maimonides partners with a wide range of pediatric divisions—including Maimonides’ [novel aerodigestive medicine program](#), [gastroenterology](#), [pulmonology](#), [ENT](#), neonatology, the PICU team, [general pediatrics](#), occupational therapy, physical therapy, and [behavioral health services](#)—to evaluate the medical, respiratory, gastrointestinal, and structural contributors that influence a child’s ability to feed safely.

“Because feeding is inherently interdisciplinary, we coordinate care with any specialty involved in a child’s medical or developmental needs,” said Soyfer. “As more pediatric specialists join our medicine and nursing teams, our ability to support complex cases only grows.”

Program growth plays a major part in that evolution. Services have expanded significantly since 2022, moving from limited per-diem coverage to a fully staffed pediatric team.

Maimonides hired its first full-time pediatric speech-language pathologist in 2022, and the team now includes three full-time pediatric SLPs. The first pediatric occupational therapist joined last year, and the program expects to add pediatric physical therapy to further strengthen continuity of care.

“Maimonides has a Children’s Hospital and a trauma center,” Dr. Riquelme says. “An investment in a skilled pediatric rehab and speech-language pathology team improves outcomes for the long-term success of patients who receive care here for a variety of conditions.”


When to Refer: Clinical Red Flags for Feeding & Swallowing Disorders

- Refer a child for evaluation when any of the following occur:
- Behavioral distress during feeding
- Coughing or choking during feeds
- Difficulty transitioning to solids
- Long mealtimes (over 30 minutes)
- Persistent refusal of age-appropriate textures
- Poor weight gain or feeding inefficiency
- Recurrent pneumonia or concern for aspiration
- Respiratory symptoms that worsen during meals
- Suspected oral-motor weakness
- Tube dependence without progress toward oral intake
- Wet or gurgly voice after swallowing

Why Refer to Maimonides

“Our program offers the most comprehensive diagnostic and treatment model in Brooklyn,” Dr. Riquelme says. “Families don’t need to travel outside the borough for high-quality feeding and swallowing care—they can often receive care right in their own neighborhoods. Our child-first philosophy and multidisciplinary approach set us apart, and we continue to expand as more pediatric specialists join the team.”

Referring providers gain a coordinated inpatient-to-outpatient continuum supported by pediatric-trained speech-language pathologists and occupational therapists, with access to multispecialty evaluation for medically complex children. The program delivers the highest level of expertise without requiring families to leave Brooklyn, maintaining reliable communication and clear progress updates, so community clinicians stay connected to each child’s plan of care.

[Learn more about Pediatric Rehabilitation, Occupational Therapy, and Speech-Language Pathology Services at Maimonides.](#) To refer a patient or request a consultation, please call (718) 283-8961. 

Advanced Interdisciplinary Care for Osteoporosis and Metabolic Bone Disease

Maimonides Health Metabolic Bone Services brings together rheumatology and endocrinology specialists to identify and treat bone disease across its full spectrum—from age-related fragility to secondary and rare metabolic conditions. This interdisciplinary approach reflects the complex nature of bone health, where hormonal status, chronic and genetic disease, medication exposure, and systemic inflammation intersect.



“Our patients come from many different clinical pathways,” says [Jocelyne Karam, MD](#), director of the [Division of Endocrinology](#) at Maimonides Health. “Primary care remains one of our largest referral sources, and we also see patients coming from OB/GYN, orthopedics, pulmonary medicine—any specialty that manages chronic diseases or prescribes steroids will see people who are at risk of fractures.”

The service helps ensure patients receive the right evaluation at the right time, especially those who need coordinated care across multiple divisions, including [menopause care](#), which plays a central role in evaluating postmenopausal women with accelerated bone density loss.

“Our job is to make sure osteoporosis and other endocrine and metabolic bone diseases aren’t missed,” says [Joshua Scheers-Masters, MD](#), director of [Rheumatology Services](#) at Maimonides Health. “That means tight collaboration among specialties and clear referral pathways for community clinicians.”

Endocrine and Metabolic Conditions

The metabolic bone team evaluates and manages a full range of common bone conditions, including:

- Osteoporosis, including postmenopausal osteoporosis
- Osteopenia and elevated fracture risk
- Age-related bone loss
- Fragility fractures
- Glucocorticoid-induced osteoporosis for patients on prednisone or other chronic steroids

- Vitamin D deficiency
- Metabolic abnormalities affecting bone remodeling
- Secondary bone loss related to chronic disease, including rheumatologic, endocrine, and gastrointestinal conditions
- Bone loss due to other hormonal therapies

These conditions often overlap with systemic disorders. “Hyperparathyroidism, thyroid disease, hypogonadism—all of these can present as bone disease,” Dr. Scheers-Masters says. “If clinicians don’t consider bone health when these diagnoses appear, patients can lose years of bone quality before we even see them.”

Care for Rare and Secondary Bone Diseases

Beyond common osteoporosis care, the program manages complex and rare metabolic bone disease that often require subspecialty interpretation and long-term follow-up:

- **X-linked hypophosphatemia (XLH)** – a hereditary disorder that causes low phosphate levels, leading to soft bones, [impaired growth in children](#), bone pain, and early arthritis in adults
- **Paget’s disease** – a disorder where certain bones grow and break down too quickly, and the affected bone becomes enlarged, weaker, and more likely to fracture
- **Osteomalacia** – a condition where bones do not harden, usually because of low vitamin D or difficulty absorbing nutrients

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- **Bone disease associated with endocrine disorders** – includes hyperthyroidism, hypogonadism, and Cushing syndrome, which can speed up bone loss
- **Secondary osteoporosis** – comes from another medical condition, such as menopause, endocrine abnormalities, long-term steroid use, or chronic inflammatory disease

“These conditions are less common and often under-recognized, but they carry big consequences,” Dr. Karam says. “We help interpret unusual symptoms, unexpected fractures, or abnormal laboratory results that point to a metabolic cause, and determine a course of treatment.”

Bone Health Diagnostics and Early Recognition

Early and precise diagnosis is essential to prevent fractures. “You cannot treat what you cannot see,” Dr. Scheers-Masters says. “And that starts with an accurate bone density (DXA) scan and a clinician who knows how to interpret it in the context of a patient’s hormones, medications, and metabolic profile.”

Bone density interpretation requires an understanding of fracture patterns, T-scores, Z-scores, and secondary contributors such as endocrine disease or medication-induced risk factors. Many patients are referred because their bone density loss or damage from an injury appears “out of proportion” to age or other risk factors, which requires a more thorough metabolic evaluation.

At Maimonides, [Carl Schiff, MD](#), a rheumatologist who has led osteoporosis evaluation for decades, interprets bone density studies. “Dr. Schiff brings a level of consistency and accuracy that is hard to find,” Dr. Karam adds. “We rely on him because he knows how to evaluate the scan with an exceptional level of expertise, in the context of the whole patient.”

Operator-Dependent Challenges with DXA

DXA is highly operator-dependent, a point echoed by both Dr. Scheers-Masters and Dr. Karam and supported by the evidence-based literature. As one study¹ noted, even slight differences in positioning or technique can significantly alter results.

“Not all DXA scans are created equal,” Dr. Scheers-Masters says. “The technologist’s technique matters, and the interpretation matters just as much.”

Incorrect positioning, incomplete regions of interest, and improper hip or spine alignment can change the diagnosis from normal to osteopenia—or from osteopenia to osteoporosis. “To ensure accuracy, Maimonides relies on standardized techniques and centralized interpretation by Dr. Schiff, whose scans are high quality, consistent, and reliable.”

Why Outside DXA Scans Often Need Repeat Imaging

“Our biggest challenge is when the patient comes with DXA scans that are hard to interpret,” Dr. Karam says. “Technical errors make them unreliable, and we sometimes need to repeat the scan at MMC to decide the correct course of therapy.”

Common concerns include:

- Physician interpretation lacking consideration of confounding factors—such as severe osteoarthritis, past fractures, or hardware—which can lead to overestimation of bone mineral density
- Images acquired on outmoded machines
- Incomplete or incorrect anatomical views
- Readings that do not include vertebral assessment

Because DXA quality varies enormously and positioning is inconsistent, it is important to compare DXA scans performed at the same center to track progression of the disease. DXA scans are conducted on site at Maimonides Doctors Multispecialty Pavilion on the main Maimonides campus, allowing patients to visit one convenient location for bone density testing, laboratory testing, and visits with endocrinologists, rheumatologists, and other specialists.

Interdisciplinary Care and Referral Pathways

Bone health sits at the intersection of multiple medical specialties, with patients served most effectively when primary care providers coordinate multidisciplinary care. Maimonides Metabolic Bone Services integrates:

- **Endocrinology** – for hormonal contributors such as thyroid disease, hypogonadism, hyperparathyroidism, Cushing syndrome, and menopause
- **Rheumatology** – for inflammatory and autoimmune diseases that accelerate bone loss
- **OB/GYN and Menopause Center** – for postmenopausal evaluation and estrogen-related bone decline
- **Primary Care** – for early identification of risk and labs that flag metabolic concerns

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- **[Orthopedics and Spine Surgery](#)** – for evaluating bone strength before procedures and providing assessment and treatment for bone fractures
- **[Pulmonology, Gastroenterology, and Neurology](#)** – when chronic steroids or systemic disease affect bone health
- **[Physical Therapy](#)** – to help patients strengthen muscle mass and learn to safely practice weight-bearing exercises, which promote bone health and reduce risk of falls and injury

“Our program works because everyone touches bone health from a different angle,” Dr. Scheers-Masters says. “We close gaps between specialties, so patients don’t fall through them.”

First-Line Treatment and Advanced Care

Once a diagnosis is established, treatment often requires a combination of lifestyle interventions, targeted nutrient repletion, and medication. The therapy offered includes:

- Calcium and vitamin D optimization
- Weight-bearing and resistance exercise recommendations
- Antiresorptives (medications that slow bone loss)
- Anabolic agents promoting bone formation such as teriparatide and romosozumab in more severe cases
- Sequential therapy planning
- Monitoring for medication tolerance or contraindications
- Management of glucocorticoid-induced bone loss

Therapy adjustments for endocrine disorders that alter bone turnover

“Medication choice is not one-size-fits-all,” Dr. Karam says. “Bone density, comorbidities, fracture patterns, and metabolic conditions guide what we select, how long we use it, and what we do afterward.”

[Our on-site pharmacy at Maimonides Medical Center](#) provides quick, simplified prescription fulfillment as well as over-the-counter medicines and supplements. In addition to easy links to specialty pharmacies around Brooklyn, this convenience helps patients get connected to needed interventions as soon as possible.

Guidance for Referring Providers

Early referral is critical, especially when systemic disease or medication exposure triggers bone loss. Refer a patient when:

- A DXA scan shows osteoporosis or osteopenia
- A fragility fracture occurs (hip, vertebra, wrist, or humerus)
- Rapid bone loss occurs without a clear explanation
- Hyperparathyroidism, thyroid disease, hypogonadism, or Cushing syndrome is diagnosed
- A patient requires long-term prednisone or other chronic steroid therapy
- Secondary bone disease is suspected
- Outside imaging is unclear, technically limited, or inconsistent
- Menopause-related bone loss accelerates
- Lab abnormalities suggest a metabolic or endocrine etiology


Advancing Through Clinical Innovation

Metabolic Bone Services continues to expand across Brooklyn with increasing collaboration, new imaging capacity, and emerging clinic locations.

“We are building a stronger pathway for referring clinicians,” Dr. Scheers-Masters says. “That means more access points, more reliable diagnostics, and a clinical model that brings every relevant specialty together.”

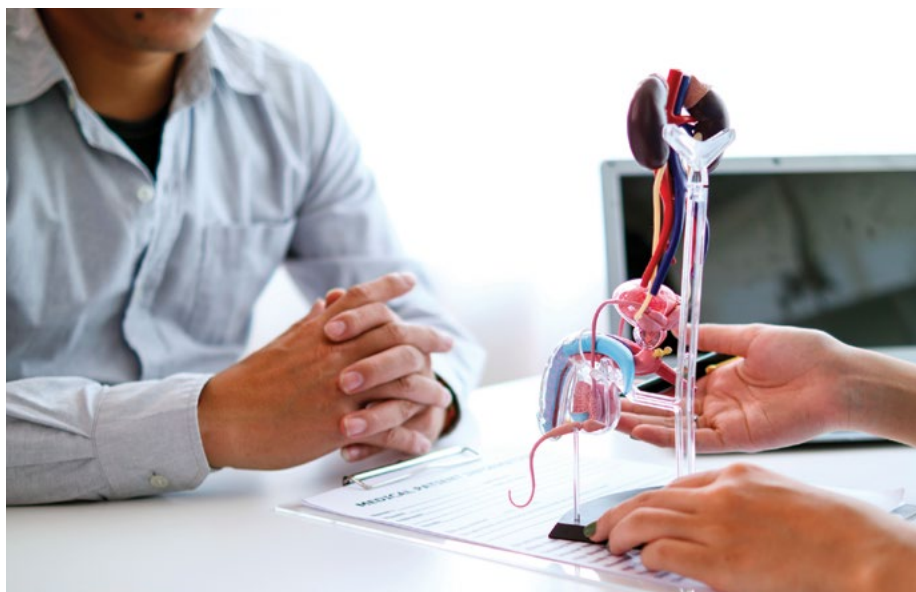
For patient convenience, Maimonides endocrinologists and rheumatology specialists practice at several Maimonides locations throughout Brooklyn, including the [Maimonides Doctors Multispecialty Pavilion](#), [Maimonides Doctors Clinton Hill Pavilion](#), and clinic offices in Bay Ridge and Park Slope. Starting in 2026, these services will also be available at a new Maimonides multispecialty center on Nostrand Avenue in Midwood.

“Patients feel the difference when we treat bone disease early and accurately,” Dr. Karam adds. “It prevents fractures and changes how they age and their quality of life.”

For more information on [endocrine and metabolic services at Maimonides](#) or to refer a patient, call (718) 283-5923. For [rheumatology services](#), call (718) 283-8519. Both departments can guide patients through bone density testing and offer treatment for osteoporosis and metabolic bone diseases. 

New Urology Providers Expand Expertise, Availability in Central Brooklyn

Maimonides Health now offers advanced [urology](#) and [urogynecology services](#) in central Brooklyn, addressing long-standing gaps in access and bringing highly specialized care closer to where patients live and work. With [Jubin Matloubieh, MD](#), now the first and only fellowship-trained reconstructive urologist in Brooklyn, and [Arshia Sandozi, DO, MPH](#), the system's newest general urologist, Brooklyn patients gain access to expertise that previously required travel outside the borough.



"Brooklyn lacked fellowship-trained reconstructive urologists before this expansion," Dr. Matloubieh says. "Patients want high-quality care near where they live. Now we can offer that for a population of more than two million people."

Both physicians practice at [Maimonides Doctors Clinton Hill Pavilion](#), a multispecialty site built to reduce delays, streamline referrals, and strengthen access to urology, urogynecology, and related coordinated surgical care in Brooklyn.

Treating Complex and Comorbid Conditions

Many patients arrive with overlapping factors that cross multiple systems—hormonal shifts, metabolic disease, cardiovascular risk, cancer treatment effects, pelvic floor concerns, or neurologic conditions that alter bladder or sexual function.

"At Maimonides, all aspects of health intersect with urinary and sexual health," Dr. Matloubieh says. "I receive referrals from [endocrinology](#), [primary care](#), [oncology](#) and hematology, [neurology](#), [cardiology](#), colorectal surgery, and [gynecology](#) because these systems are tied together."

Dr. Matloubieh's practice includes:

- Erectile dysfunction linked to cardiovascular disease or endocrine disorders
- Incontinence influenced by metabolic, endocrine, or obesity-related factors
- Post-cancer treatment urinary and sexual dysfunction
- Pelvic issues requiring joint evaluation with gynecology or colorectal surgery
- Bladder and sexual dysfunction shaped by neurologic disease or long-standing diabetes
- Urinary tract obstruction such as urethra or ureters

Referrals move quickly within Maimonides. "I have sent patients to my colleagues just down the hall who can see them during the same visit," he says. "It prevents delays that usually slow evaluation. Direct conversations replace fax exchanges, and patients walk away with a cohesive plan instead of multiple disconnected steps."

Maimonides Doctors Clinton Hill Pavilion in Central Brooklyn

Maimonides Doctors Clinton Hill Pavilion gives central Brooklyn a multispecialty center that did not exist before. Patients can find primary care, women's health, multispecialty surgery, and urology side by side in a single location, improving coordination for

conditions that cross multiple specialties.

For urologic care, this shift carries real clinical value. "People do not want to travel far for sensitive issues," Dr. Matloubieh says. "Clinton Hill Pavilion fills that gap with high-quality specialty care closer to home."

Maimonides Doctors Clinton Hill Pavilion strengthens:

- **Diagnostic access**, including office ultrasound—a capability Dr. Matloubieh established after noting that many evaluations were not previously available in Brooklyn
- **Referral pathways for patients** with abnormal imaging, metabolic or hormonal concerns, pelvic symptoms, or post-cancer treatment issues
- **Continuity of care** between urology, urogynecology, pelvic floor health, OB/GYN, primary care, endocrinology, neurology, cardiology, and colorectal surgery

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- **Convenience** for patients who previously traveled to Queens, Staten Island, Manhattan, Long Island, or New Jersey for reconstructive urologic expertise
- **Surgical-ready suites** that support clinical evaluation and procedural planning in a single location

Both physicians also practice at [Maimonides Prostate Center](#) and within Maimonides [Women's Pelvic Floor Center](#), extending access across the borough while keeping Clinton Hill the central hub for early evaluation and multidisciplinary consults.

“Everything becomes easier for patients when specialists share a space,” Dr. Matloubieh says. “It removes the fragmentation that often complicates urologic care.”

Diagnostic Tools That Support Early Recognition

Evaluation begins with the fundamentals. “The simplest tools—history, physical exam, and blood pressure checks—still tell us a lot,” Dr. Matloubieh notes. “But advanced imaging and real-time diagnostics help us identify issues early and direct patients to the right treatment pathway.”

Current diagnostic capabilities include:

- Cystoscopy and bladder evaluation
- Hormonal evaluation
- Imaging reviews for kidney stones and structural abnormalities
- Office ultrasound
- Urodynamics and functional testing
- Early identification plays a critical role, particularly when ED signals cardiovascular risk, infections reflect metabolic imbalance, or incidental imaging uncovers functional disease that warrants specialty input.

Functional and Reconstructive Urology

Dr. Matloubieh brings reconstructive and functional skills that were not widely available in Brooklyn until now. His work includes:

- Abdominal, robotic, and genital reconstruction
- Complex pelvic reconstruction
- Evaluation and treatment of erectile dysfunction and low testosterone
- Management of catheter dependence
- Repair of urinary tract obstructions and blockages
- Restoration of function after cancer treatment
- Surgical solutions for incontinence in both men and women

“One of my greatest joys is removing the need for a catheter or tube,” he says. “When patients regain function after years of limitation, it changes their daily life.”

The men’s health component also plays a crucial role.

“Erectile dysfunction often serves as the first sign of cardiovascular disease,” he says. “Many individuals see a urologist before they ever meet a cardiologist. We normalize sensitive conversations and help patients enter care.”

General Urology and First-Line Clinical Access

As the system’s newest general urologist, Dr. Sandozi serves as the initial point of evaluation for patients with urologic concerns. Her practice focuses on early diagnosis, targeted evaluation, longitudinal care for patients with chronic or recurrent urologic conditions, and streamlined direction for conditions that require subspecialty urologic expertise.

Her work includes:

- Assessment of kidney stones
- Voiding problems, including urinary incontinence and urinary retention
- Early identification of issues that benefit from subspecialty referral (endourology, pelvic floor, reconstructive, men’s health)
- Evaluation of hematuria and other bleeding concerns
- Initial evaluation of pelvic or urinary symptoms not fully addressed in primary care or OB/GYN
- Management of recurrent urinary infections
- Review and interpretation of abnormal imaging findings
- Support for gynecologic-adjacent concerns that require urologic expertise
- Diagnostic clarification for patients unsure which urology subspecialty care they need

Her training in public health strengthens an academic lens on access, policy, and system performance, including health disparities, gender equity, and patient-centered outcomes in urology.

“I continue to lead research on health policy because access and equity shape outcomes,” she says. “Bringing a public health lens to urology care is so critical because it is an area of medicine shaped by the impact of health disparities and social determinants of health. Conditions like urinary incontinence, erectile dysfunction, and infertility can often carry stigma, and patients may be discouraged or excluded from seeking treatment for many reasons. So it’s an important part of my practice to normalize and promote positive outcomes for urologic health at both the patient and public health levels.”

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Dr. Sandozi's role enhances collaboration across the system by giving community clinicians a clear, timely point of contact for patients who need early evaluation. Referring providers gain a partner who clarifies the diagnosis, provides care for various urologic conditions like incontinence, overactive bladder, kidney stones, and more, and guides patients toward the right subspecialty pathway without delay when needed.

Urogynecology and Pelvic Health Collaboration

Both physicians collaborate closely with [Maimonides Women's Pelvic Floor Center](#), where many patients require joint evaluation across urology, OB/GYN, and pelvic surgery. The center offers a supportive environment designed for privacy and comfort.

Typical cases include:

- Pelvic organ prolapse
- Urinary incontinence
- Pelvic pain
- Post-surgical complications
- Complex anatomic issues involving both urinary and gynecologic systems

Multidisciplinary surgery—often involving colorectal or abdominal surgeons—reflects the cross-system nature of functional urology and pelvic health.

Guidance for Referring Providers

Refer a patient when urinary or sexual symptoms signal the need for specialty care, including:

- Erectile dysfunction
- Urinary incontinence or prolapse

- Catheter or tube dependence
- Post-cancer sexual and bladder dysfunction
- Urinary obstruction, retention, hydronephrosis, or abnormal imaging
- Penile curvature
- Pelvic organ prolapse
- Kidney stones, hematuria, or recurrent infections
- Hormonal concerns, such as low testosterone
- Bladder or sexual dysfunction tied to neurologic, metabolic, or cardiovascular conditions


Early referral supports faster diagnosis and reduces the risk of long-term complications.

Advancing Through Clinical Innovation

Maimonides' urology program continues to grow in depth and capability. "We are not stagnant," Dr. Sandozi says. "Our physicians and surgeons adopt new techniques, refine procedures, and raise the level of care every year."

Patients now travel from other boroughs and states for the collaborative culture, personalized environment, and access to the integrated model of Maimonides Doctors Clinton Hill Pavilion urology and pelvic care.

"Patients feel the difference when a system values service," Dr. Matloubieh says. "From check-in to surgery, the experience matters, and that is why they choose us and referring providers trust us."

To refer a patient or request a consultation with Maimonides [Urology](#) or [Urogynecology](#) teams, call (718) 283-7770. 

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Expanding Preventive Cardiovascular Care in Brooklyn



Maimonides Health delivers a comprehensive model of preventive cardiology, supporting patients across their lifespan with evidence-driven strategies that reduce the burden of cardiovascular disease.

"Prevention starts as soon as we uncover a patient's risk," says [Inna Nelipovich, MD](#), cardiologist at Maimonides. "We treat primary risks, we treat secondary risk factors, and we guide people on the path to living longer, healthier lives."

While providers often refer only after the cardiovascular disease have progressed, Dr. Nelipovich stresses that early attention from a specialist improves long-term outcomes.

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“Early cardiovascular risk detection becomes important when patients present with elevated blood pressure, high cholesterol, elevated blood glucose, autoimmune conditions, kidney disease, or vascular symptoms,” she said. “A single identified risk factor is enough reason to connect a patient to more in-depth screening.”

Dr. Nelipovich also recommends a referral for anyone with a family history that warrants earlier screening, especially if they have a male relative who develops heart disease before the age of 60 or a female relative before the age of 65.

For practices seeking a trusted Brooklyn cardiologist referral, Maimonides offers rapid access, coordinated management, and streamlined communication with the referring provider.

Team-Based Model That Meets Brooklyn’s Needs

Brooklyn’s demographic mix brings varied genetic backgrounds, socioeconomic stresses, and inconsistent access to care—all factors that can complicate cardiovascular health and outcomes.

“Many of our patients face economic stress and limited access to care. Sometimes we are the first doctors they see in years. We also care for immigrants from all over the world, which means different genetic risk factors,” Dr. Nelipovich explains.

Preventive services connect directly with cardiology, [primary care](#), [women’s health](#), [nephrology](#), [rheumatology](#), and [endocrine and metabolic services](#). Specialists share information through a unified system and a campus layout that strengthens care coordination. “It helps that all these subspecialties are located in the same building,” she says. “A patient can move between floors and receive coordinated input from cardiology, endocrinology, weight management, and women’s health without delay.”

Neurology also plays a key role, since stroke risk factors often overlap with cardiovascular risks, especially when arrhythmias are suspected.

The vascular surgery team contributes as well, given that nearly 30% of patients with peripheral vascular disease also have coronary disease. And for patients born with congenital heart disease, Maimonides coordinates lifelong prevention through a transition from [pediatric cardiology](#) to adult cardiovascular care.

Diagnostic Tools Strengthen Early Recognition

The program uses foundational and advanced diagnostic tools to support cardiovascular risk reduction and detect early disease. “The simplest tool is still the physical exam,” Dr. Nelipovich says. “Blood pressure measurements are essential because hypertension often goes undetected for years.”

Other diagnostic approaches include:

- Electrocardiograms
- Echocardiograms to evaluate cardiac structure and valve function
- Holter and event monitors for rhythm assessment
- Loop recorders for long-term arrhythmia surveillance
- Stress echocardiography
- Coronary calcium scoring
- Coronary CT angiography to assess plaque and congenital anatomy
- Cardiac MRI
- Nuclear stress testing

“We make sure every test is appropriate and feasible,” she says. “Prevention must be cost-effective while providing the most benefits to patients.”

Weight Management as a Cardiovascular Intervention

Dr. Nelipovich places a strong emphasis on the link between weight management and heart disease. “Obesity, metabolic syndrome, and heart disease often overlap and intensify long-term cardiovascular outcomes. We know metabolic syndrome is associated with heart disease,” she says. “By treating obesity, we can reduce cardiovascular risk factors by a significant amount. When a patient loses weight, they move better, feel better, and get better control of their diabetes, elevated cholesterol, hypertension, sleep apnea, atrial fibrillation, and heart failure.”

Maimonides’ program collaborates with [Maimonides Weight Management Center](#) and endocrinology, especially as GLP-1 medications reshape obesity and metabolic care. “New medications for weight loss do more than reduce weight,” she explains. “They also control diabetes and lower future risk of heart attack and stroke.”

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This coordinated model eliminates siloed care plan management. Patients see multiple specialists within the same clinical environment, and care plans remain tightly linked.

Women's Cardiovascular Risk

Women's cardiovascular symptoms rarely follow the patterns seen in men.

"For women, a lot of times prevention starts at a much younger age," says Dr. Nelipovich. Often, cardiac risks appear during pregnancy, when blood pressure or glucose elevations reveal early cardiovascular stress. These signals warrant earlier screening and referral. High-risk obstetrics team refers pregnant women directly to cardiology for monitoring, and postpartum follow-up ensures continued screening for long-term risk. After childbirth, preeclampsia, gestational hypertension and gestational diabetes continue to influence long-term risk. She encourages providers taking care of pregnant patients to watch for:

- Persistent fatigue, unusual extremity swelling, severe headaches, palpitations, jaw or neck pain, and shortness of breath
- Subtle symptoms that mimic GI or musculoskeletal issues

Integration with Heart Failure Treatment and Cardiac Rehabilitation

Within Maimonides' comprehensive [Heart & Vascular Institute](#), preventive cardiology links directly to specialized programs such as Maimonides' Advanced [Heart Failure Center](#). "We are fortunate to have excellent heart failure specialists," Dr. Nelipovich says. "They raise the level of care for patients already living with the condition."

Maimonides' [cardiac rehabilitation](#) program strengthens recovery after heart attacks and cardiac surgery, providing monitored exercise and a structured progression back to daily function. "Patients often fear exertion after a heart attack or surgery," she says. "Cardiac rehab gives them the confidence to start walking and exercising again as the monitored setting reassures safety and leads to real physical progress."

Continuity Across Interventional and Electrophysiology Care

Preventive care remains the priority, even for patients who already live with coronary artery disease or [rhythm disorders](#). Many individuals reach Maimonides once disease takes

hold, or after years of silent risk once symptoms escalate, and they often need acute treatment in interventional cardiology or electrophysiology. Our interventional services are ready 24 hours a day to treat heart attacks and open blockages with PCI and stenting.

Our electrophysiologists manage the full spectrum of rhythm conditions, workup for syncope, or stroke-related rhythm concerns. We offer a range of arrhythmia ablations, pacemakers, defibrillators/ICDs, and loop recorders on-site.

Yet these patients still benefit from the same preventive guidance—nutrition support, weight management, exercise counseling, and ongoing risk-factor control—that anchors the program. Prevention does not end once a device is placed or a stent is deployed; it remains essential for protecting long-term heart health and improving outcomes across the continuum of care.

Guidance for Referring Providers

Dr. Nelipovich recommends referrals when patients present with:

- Atypical symptoms that raise concern
- Autoimmune disease or kidney disease
- Diabetes mellitus, especially with poor control
- Family history of cardiovascular disease.
- Fluctuating or uncontrolled blood pressure
- Peripheral vascular disease
- Persistent hyperlipidemia
- Pregnancy-related hypertensive or metabolic diagnoses
- History of Preeclampsia with prior pregnancies

"Referring earlier helps us prevent heart attacks, strokes, arrhythmias, and long-term heart failure," she says. "A proper identification of risk factors is key."

Learn more about [Maimonides Heart & Vascular Institute](#). To refer a patient or request a consultation with the Maimonides preventive cardiology team, call (718) HRT-BEAT ((718) 478-2328). 

Healthy Lifestyle Program Offers Weight Management Care for Children and Families

Maimonides' new Healthy Lifestyle Program for Kids, a collaboration between [Maimonides Pediatrics](#) and [Maimonides Pediatric Endocrinology](#), provides a setting where specialists can help guide families in establishing healthy lifestyle habits and addressing the many medical, psychosocial, and cultural factors that influence weight gain. With the recent launch of Maimonides' [Weight Management Center](#), an integrated, comprehensive program



for adults seeking help with weight loss, our efforts to address the prevalence and risks of obesity in Brooklyn are an increasing priority.

The Risks of High BMI in Children

Maintaining a healthy weight is an important aspect of successful primary care. Excessive weight gain can lead to diabetes, heart disease, high blood pressure cancer, and many other health conditions for adults as well as children¹. Current research shows that obesity in children is likely to persist into adult life, underscoring the need to address it early in childhood.

The prevalence of pediatric obesity in the United States is 19.7%², a figure that has tripled over the past 50 years. In New York City, roughly 40% of public school children are overweight or obese³, a figure that is mirrored in Maimonides' pediatric primary care settings.

Obesity in childhood can sometimes be difficult to identify; some parents may be reluctant to label their children as obese or overweight for a myriad of reasons. This is why primary care provider well visits, where physicians can measure height and weight to determine BMI, are important to the diagnostic process.

"Having a high BMI affects all parts of the body and all aspects of a patient's life," says Swati Narain, MD, primary care pediatrician and obesity medicine specialist at Maimonides. "Medically, it can cause prediabetes, obstructive sleep apnea, fatty liver disease, emotionally it can lead to depression, low self-esteem and bullying. It is also very hard to address obesity as it is often associated with food insecurity, especially in populations who live in food deserts with limited access to healthy food options."

Intensive, Individualized Health Behavior and Lifestyle Treatment

For some patients, guidance on diet, nutritional changes, and physical activity with management by a primary care provider can be enough to get them on track toward a healthier weight. For those who do not respond to those measures, the American Academy of Pediatrics suggests intensive health behavior and lifestyle treatment. This is when comprehensive obesity treatment, like that offered by Maimonides' Healthy Lifestyle Program, can be most effective.

"Our clinic helps provide multidisciplinary high-intensity lifestyle intervention to patients, with an emphasis on compassionate, culturally sensitive care delivery," says Dr. Narain. "Patients receive nutritional counseling based on

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the family's specific needs. Along with a team of specialists, we offer a longitudinal care to address the other medical, social and emotional aspects of obesity."

The program follows a chronic care model for treating obesity by implementing medical interventions in patients' home lives, in which physicians and care teams address the varied social, emotional, developmental needs of the child and family in addition to medical needs. Providers work with Maimonides care management teams and other community-based organizations for care coordination.

These services include:

- Family-based and individual nutritional counseling
- Mental health screening
- Lab testing for metabolic conditions
- Addressing social determinants of health
- Screening for sleep apnea
- Referrals to other pediatric specialists, like gastroenterologists and endocrinologists
- Close follow-up with providers for continued support

Maimonides providers know that the efficacy of any intervention can vary greatly from patient to patient. For all specialties and primary care, our pediatricians are adept at providing care to a culturally and socioeconomically diverse community. This translates to our weight management services, where it is especially important to be aware of the socioeconomic factors that drive pediatric health⁴. Cultural, social, and economic sensitivity is of the utmost importance as we work alongside families to find solutions that fit into their lives and work for them.

"One size does not fit all," says Dr. Narain. "We want to provide culturally sensitive nutritional counseling, encouraging patients to eat a healthy diet within their cultural context, because the best diet is the one that you can stick to. So, if dietary recommendations incorporate elements of the patient's cultural diet, and are manageable based on parents' time and resources, they are more likely to find success with it."

Early Intervention Means Lifetime Impacts

Weight loss can be transformative to health at any time throughout the lifespan, but it is especially critical in childhood.

"Childhood obesity is a strong predictor of adult obesity, so children who are obese or overweight are likely to continue to be obese and overweight adults," says Dr. Narain.


"However, if intervention is performed early, the likelihood of developing obesity-linked conditions diabetes or high blood pressure as adults is decreased significantly."

For primary care providers, it's important to recognize when greater intervention is needed and help connect families to resources that can make a difference. In general, children are healthier and have greater physical resilience than adults, but face potential lifelong impacts from their developmental environment. These factors make childhood a key time to make changes.

"Developing healthy habits early on means saving children from having to face problems in adulthood, when habits are more engrained and they may need greater strength and motivation, having to do it on their own," says Dr. Narain. "At Maimonides Pediatrics, our goal is to help children grow into healthy adults."

Maimonides Healthy Lifestyle Program, led by American Board of Obesity Medicine certified physicians, is key to this mission, educating families on their health and nutritional choices and promoting medical and emotional support and self-care. For patients over two years of age with a BMI over 95%; a BMI over 85% and interest in nutritional counseling; or showing signs of prediabetes, Maimonides Healthy Lifestyle Program for Kids provides the supportive setting needed for better long-term health.

Learn more about [pediatric obesity and endocrinology care](#) and [pediatric primary care](#) at Maimonides. To refer a patient or make an appointment, call (718) 283-7500.

1. <https://pmc.ncbi.nlm.nih.gov/articles/PMC9805112/>
2. <https://www.cdc.gov/obesity/childhood-obesity-facts/childhood-obesity-facts.html>
3. NYC Department of Education, FITNESSGRAM, 2018-2019
4. <https://www.pnas.org/doi/10.1073/pnas.1321355110> 

Inpatient Care Focus Drives 2nd Annual Neurology Symposium

On Friday, November 14, [Maimonides Neurosciences Institute](#), Brooklyn Neuroscience Center at NYC Health + Hospitals/Kings County, and SUNY Downstate Health Sciences University Department of Neurology held the second annual [Maimonides Neurology Symposium](#).

Organized by [Nuri Jacoby, MD](#), Vice Chair of Neurology at Maimonides Medical Center and Associate Professor of Clinical Neurology at SUNY Downstate Health Sciences University, the symposium drew more than 400 participants who attended remotely and in-person.

Challenges and Advances in Inpatient Neurology

While [last year's symposium](#) centered around advancements across neurologic subspecialties, including multiple sclerosis, epilepsy, and Alzheimer's disease care, this year's focus was on inpatient neurology outside of the umbrella of stroke care.

"When patients with primary or secondary neurologic symptoms are admitted into the hospital—whether for acute care, critical care, surgery, or other areas—they often have challenging presentations and conditions that require collaborative care from physicians, surgeons, advanced practice providers, and nurses across multiple disciplines," said Dr. Jacoby.

Dr. Jacoby worked closely with Maimonides neurohospitalists, especially [Elizabeth Chernyak, MD](#), to develop the day's programming with the goal of creating accessible takeaways for real-world practice for those attending across various clinical backgrounds.

Neurologic Complications of Cancer Immunotherapy

"Neurologic Complications of Cancer Immunotherapy" was presented by Bianca Santomasso, MD, Assistant Attending Neuro-oncologist at Memorial Sloan Kettering Cancer Center. Dr. Santomasso is one of the world's foremost experts on this new area of neurology that has emerged in the medical literature over the past five to 10 years.

"Monoclonal antibodies called immune checkpoint inhibitors were developed to prevent cancer cells from upregulating immune system checkpoints to escape anti-tumor surveillance," said Dr. Santomasso. "However, neurologic immune-related adverse events have proved

an increasing challenge as these immunotherapies become more widespread, affecting up to 50% of patients treated with immune checkpoint inhibitors. These adverse events are diverse, with varied presentations, affecting both the central and peripheral nervous systems."

According to Dr. Santomasso, these neurologic immune-related adverse events usually occur within the first 12 months of starting immunotherapy treatments, with the most severe reactions becoming apparent within the first three months. It can present as myasthenia gravis, myositis,



peripheral neuropathy, encephalomyelitis, and meningitis; diagnosis requires electrodiagnostic testing, cerebrospinal fluid evaluation, lab testing, and MRI. In rare cases, delayed diagnoses can lead to fatalities, but early recognition and treatment can lead to better patient outcomes.

Dr. Santomasso advised on general principles of neurologic immune-related adverse event management dependent on severity. Currently, the mainstay of treatment for most types of neurotoxicity is corticosteroids. As this field develops, better understanding of the pathogenesis of these toxicities will lead to more tailored management.

Preventing and Treating Inpatient Delirium

Daniel Shalev, MD, Assistant Professor of Medicine and Medicine in Psychiatry, Weill Cornell Medicine, presented on "Psychiatric Dilemmas in Inpatient Neurology," guiding attendees through the process of evidence-based delirium assessment, treatment, and prevention strategies.

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“Long-term outcomes of delirium include cognitive impairment, poor functional outcomes, decreased quality of life, dementia, longer inpatient stay, increased readmissions, and greater risk of mortality,” said Dr. Shalev. “While we can’t mitigate every risk factor, many are modifiable. Utilizing multicomponent, nonpharmacologic approaches like management of nutrition, hydration, seizures, infections and infection risk, sleep quality, and mobilization can effectively prevent delirium.”

Among the delirium treatment strategies Dr. Shalev discussed was pharmacotherapy for psychiatric symptoms, as well as antipsychotic medications to manage agitation and delirium. These should not be used as preventive measures, according to Dr. Shalev, as they are not shown to reduce duration of delirium, improve distressing symptoms, improve outcomes, or reduce mortality. In general, he also advised that benzodiazepines can cause or worsen delirium, and should only be utilized in specific cases, such as patients receiving palliative care.

Acute Neuropathies and Guillain-Barre Syndrome

Dr. Jacoby’s presentation, “Acute Neuropathies – Is It Always Guillain-Barre?” was inspired by several complicated seen this year at Maimonides. The presentation explored causes of acute neuropathies—including Guillain-Barre Syndrome, vasculitic conditions, nutritional deficiencies, and infectious diseases like Lyme, HIV, or hepatitis—as well as the diagnostic processes to identify them.

He discussed treatment protocols for Guillain-Barre, including guidance on intravenous immunoglobulin administration within two weeks from onset of symptoms, and only in a single dose to minimize risk of serious adverse events.

“Guillain-Barre is well-known to many providers, and can be treated by hospitalists, critical care specialists, and others in addition to neurologists,” said Dr. Jacoby. “From the neurology side, it is very important to help familiarize care providers with the mimics and lesser-known causes of acute neuropathies, as the necessary treatment and management differs greatly depending on the cause.”

Dr. Jacoby discussed emerging diagnostic techniques to confirm Guillain-Barre cases, like elevated neurofilament light chain (NfL) levels. New treatments are also on the horizon for Guillain-Barre, including ANX005, a C1q inhibitor that has been found to improve GBS-disability score and muscle strength and reduce NfL chain levels.

Recognizing Neuroinfectious Diseases

Yaacov Anziska, MD, Associate Professor of Clinical Neurology and Neuromuscular Division Chief, SUNY Downstate Health Sciences University, presented “Cases in Neuroinfectious Diseases.” Like Dr. Jacoby, Dr. Anziska also used real-world examples of patients here in Brooklyn, walking attendees through testing processes and diagnosis of patients who present with neurologic symptoms like encephalitis.

Dr. Anziska began the presentation with a discussion of the effects of climate change on overall infectious disease risk.

“The warming climate is allowing bacteria and viruses to spread more easily to new geographic locations, and climate-related hazards can enhance pathogens and weaken humans’ ability to cope,” said Dr. Anziska. “For instance, studies suggest that rising temperatures can help viruses and fungal pathogens become more resistant to heat, resulting in increased disease severity as pathogens become able to adapt to fever in the human body.”

In the diagnostic process for neurologic symptoms like encephalitis, seizures, sensory changes, weakness, coordination issues, and stiff neck, it is critical to consider every patient’s potential infectious disease risk factors, especially in a highly globally connected city such as New York. Providers should be aware of patients’ medical history, travel history, and potential exposures to food-related and environmental exposures, as well as exposures to STIs and even infections that can develop in fetuses during pregnancy.

The talk underscored the importance of having a wide knowledge of potential diagnoses in this area, with applications for medicine, neurology, emergency medicine, and other disciplines.

Critical Care and Neuropalliative Care for Neurology Patients

Other topics covered in this year’s symposium included “Topics in Critical Care EEG” from [Susanna O’Kula, MD](#), Attending Physician, Neurology, Maimonides Medical Center; “Navigating Goals of Care in the Inpatient Setting” from Eileen Harrigan, MD, Clinical Assistant Professor of Neurology, NYU Grossman School of Medicine; and “Neuroprognostication Post Cardiac Arrest” from Darya Khazanova, MD, Attending Physician, Neurology, Maimonides Medical Center.

These discussions centered around a common theme of guidance for best practices in decision-making for providers across the often-difficult topics and dilemmas of helping patients in critical or terminal situations.


Additionally, Dr. Anziska and [Christian Amlang, MD](#), Attending Physician, Neurology, Maimonides Medical Center, led an exclusive in-person panel: “A Multidisciplinary Evaluation of Gait.” The panel featured a live neurologic examination demo with two Maimonides Neurosciences Institute patients.

Providing Opportunities for Academic Growth

For its second year, the Maimonides Neurology Symposium brought a significant resource to regional neurology care, uniting diverse medical professionals, from neurologists to emergency medicine practitioners.

“This symposium is really a unique opportunity to bring together a lot of different speakers and types of clinicians, to stay updated on the latest advancements in neurology and to foster collaboration among healthcare providers,” said Dr. Jacoby.

“As one of the largest teaching hospitals in the city and the largest hospital in Brooklyn, one of our central goals is to provide educational opportunities to our medical peers in the community, ensuring that local clinicians remain at the forefront of neurological care.”

Learn more about the annual [Neurology Symposium](#) and [neurology care](#) at Maimonides. To refer a patient or schedule an appointment, call (718) 283-7470. 

FEATURED STORIES

Lung Cancer Symposium: Early Detection, Technology-Driven Care



Maimonides Health held its Lung Cancer Symposium on Friday, October 31, with the theme of “Comprehensive Lung Cancer Care: Bridging Screening, Diagnosis, and Treatment.” The half-day symposium educated and engaged hospital-based and community providers to enhance their knowledge and clinical practice in the continuum of [lung cancer care](#).

More than 100 clinicians attended in person and virtually to view presentations from Maimonides physicians and surgeons, as well as a panel discussion and opportunities for collaborative case-based learning.

Regional Leadership in Lung Cancer Care

“Lung cancer remains the leading cause of cancer-related deaths in the United States,” said [Jason Shaw, MD](#), Director of General Thoracic Surgery and Director of Maimonides’ Lung Screening Program. “Although low-dose CT screening has been the standard of care for over a decade and has proven lifesaving, many patients and providers remain unaware of current lung cancer screening guidelines and best practices for integration into care. Improving early detection and access to innovative treatment options is more critical than ever.”

The program highlighted the latest evidence-based advances across the continuum of care—from prevention and early detection to minimally invasive diagnostic innovations and targeted therapies. Throughout each topic, speakers emphasized collaboration between pulmonology, thoracic surgery, oncology, radiation oncology, and radiology mirroring Maimonides’ approach to care to deliver the best outcomes for patients.

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Combating Barriers to Screening

Clinicians attending the lung cancer symposium gained valuable insights into the most current knowledge on lung cancer screening eligibility, as well as strategies to increase the proportion of eligible patients who get screened annually. [Odai Sinokrot, MD](#), pulmonologist and critical care specialist at Maimonides, presented on “Lung Cancer Screening: Navigating Benefits and Barriers.”

Dr. Sinokrot discussed the many challenges surrounding lung cancer screening, and ways in which providers can minimize disparities and help eligible patients reduce their risk of lung cancer death. Barriers to lung cancer screening include lack of awareness on both patient and provider ends, lack of access to screening, cost concerns, fear, stigma, and misconceptions surrounding potential harms associated with screening, like radiation exposure or false positive results.

“Providers and patients alike need to be aware of the evidence that shows why low-dose CT screening is so important,” said Dr. Sinokrot. “Screening annually creates a relative risk reduction in cancer death by 20%. And while smoking cessation efforts remain a high priority, our next best line of defense—these screening guideline—remain highly underutilized.”

According to Dr. Sinokrot, participation rates remain below 15% of currently eligible individuals, contrasting sharply with 67% to 69% participation rates for breast and colorectal cancer screening. Of those patients, only 55% return for follow-up scans. To be most effective, patients eligible for screening must be screened yearly. Maimonides’ Lung Cancer Screening Program has above-average retention rates, with more than 70% of patients returning for annual scans, a metric that Dr. Sinokrot attributes to communicative staff who reiterate to patients the way the screening process works, ensuring that they are aware it’s not a one-time process.

“Our screening program prioritizes compassionate, nonjudgmental care and communication, which is key to diagnosing and treating a disease with this level of stigma attached to it,” said Dr. Sinokrot. “Now, however, more patients who have never smoked or who are outside the screening guidelines are being diagnosed with lung cancer. As we look toward the future of lung cancer screening, these techniques can be implemented on a broader level for patients like Asian and Black women, who are at increased risk, and those with a history of exposure to environmental carcinogens like asbestos, pollution, or secondhand smoke.”

Dr. Sinokrot also discussed Maimonides’ new Lung Nodule Clinic, which plays a vital role in ensuring that individuals identified with lung nodules through screening receive timely, accurate, and coordinated care. Lung nodules are common findings on low-dose CT scans, and while most are benign, a small percentage represent early-stage lung cancers. The clinic provides a structured pathway for evaluation, diagnosis, and follow-up, reducing the risk of missed or delayed cancer diagnoses.

Robotic Navigational Bronchoscopy

A major theme of the symposium this year was the integration of cutting-edge technology, including robotic navigational bronchoscopy. This technology combines robotic precision with advanced imaging and navigation systems to access and biopsy small or difficult-to-reach lung nodules with greater accuracy and safety, representing a major advancement in early diagnosis and management of lung cancer.

Dr. Shaw, in his presentation, “Bringing Precision to the Patient: Advances in Lung Cancer Diagnosis,” discussed how robotic navigational bronchoscopy is helping providers at Maimonides and throughout the field offer curative treatments to more patients through early and accurate diagnosis.

“Because treatment options are limited once lung cancer reaches later stages, the capacity to detect early-stage lung cancers that this robotic navigational bronchoscopy affords us is now a critical part of our diagnosis and intervention process,” said Dr. Shaw.

The robotic navigational bronchoscopy system has greater reach, stability, and precision than preceding biopsy techniques like percutaneous biopsy and traditional bronchoscopy, allowing surgeons to access all lung segments, far beyond central airways.

“We’ve conducted more than 200 robotic bronchoscopy cases since the launch of this technology at Maimonides,” said Dr. Shaw. “Data from the first 190 cases shows a diagnostic accuracy rate of 80%, with most of these nodules in the outer third, apices, and previously obscured locations in the lungs. Utilizing 3D fluoroscopy in the procedure, raises accuracy rates to over 90%. This translates to a total time from nodule detection to treatment under 17 days, marking a paradigm shift in the diagnostic process.”

Another benefit of robotic navigational bronchoscopy is the ability to look at multiple lesions and nodules at once, which helps providers make optimal treatment recommendations. The system is also useful for bilateral nodules, which

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previously required examination of one side at a time to minimize pneumothorax risk. In fact, overall pneumothorax risk with the robotic system drops from 28% to 3.3%, compared to transthoracic needle biopsy.

Dr. Shaw discussed the Maimonides lung cancer care team's approach to adjusting to navigational bronchoscopy successfully, as well as potential for future applications for therapeutic treatments using the robotic system.

"Just as this has opened new avenues in diagnosing lung cancer, it also has huge potential for treating patients with limited options, including those who may not be able to receive radiation or surgical treatments, or whose cancer has progressed despite other treatment," he said. "It even opens up future possibilities for condensing diagnosis, staging, and surgical therapy into a single procedure as a first-line defense against lung cancer. The strides we have made in accurate diagnostics and cutting time from diagnosis to treatment have made a huge difference for patients, and this technology represents the next step in lung cancer treatment progress."

Multidisciplinary Lung Cancer Management Talks

Other presentations from Maimonides physicians and surgeons included:

- "Tobacco Cessation as the First Step in Lung Cancer Prevention" by [Claudia De Araujo Duarte, MD](#), pulmonologist and critical care physician.
- "Evolving Imaging Frontiers in Lung Cancer Detection," by [Steven Esses, MD](#), diagnostic radiologist.
- "Surgical Management of Locally Advanced Lung Cancer: Patient Selection, Techniques, and Outcomes," by [Antony Delliturri, DO](#), advanced robotic thoracic and foregut surgeon.
- "When Surgery Is Not an Option: The Role of SBRT in Lung Cancer," by [Jared Rowley, MD](#), radiation oncologist.
- "Targeted Therapy in Lung Cancer: Current and Future Directions," by [Julie Huang, DO](#), hematologist/oncologist.

Additionally, a panel discussion moderated by Maimonides thoracic surgeon [Steven Herman, MD](#), featured Dr. Shaw, Dr. Sinokrot, Dr. Huang, Dr. Rowley, radiologist [Irina Kissin, MD](#), pulmonologist [Ravi Patti, MD](#), and pathologist [Meredith Pittman, MD](#).

Spreading Knowledge to Save Lives


This is not the first Lung Cancer Symposium hosted at Maimonides; it is part of an ongoing annual series, designed to advance lung cancer care within the institution and the community, particularly through education of pulmonologists, oncologists, thoracic surgeons, radiologists, primary care clinicians, advanced practice providers, nurses and other healthcare professionals. Attendees gained valuable insights into the most current knowledge on lung cancer screening eligibility and strategies to increase the proportion of eligible patients who get screened annually.

"Our goal for this symposium was to help clinicians from Maimonides, other health centers, and around the community integrate new techniques, technologies, and evidence-based approaches into their practice," said Dr. Sinokrot.

"Lung cancer care is changing rapidly, and we're incredibly proud to be making these strides to set the standard for care here in Brooklyn," said Dr. Shaw.


"Sharing these updates with providers and community members—and bringing this proactive approach to meet patients where they are—is critical to driving down lung cancer mortality."

As a leading facility for lung cancer care, our lung cancer program is a recipient of the Outstanding Achievement Award from the American College of Surgeons' Commission on Cancer and has been designated as a Screening Center of Excellence by the Lung Cancer Alliance. Maimonides' Lung Cancer Screening Program has conducted more than 5,000 low-dose CT screenings since its launch in 2013. This year, Maimonides also launched its Smoking Cessation Program, in which patients can get care from a trained tobacco treatment specialist through smoking cessation groups.


Learn more about [lung cancer care at Maimonides online](#) or by phone at (718) 765-2500. To schedule or refer a patient for lung cancer screening, call (718) 283-2059 or [sign up online](#). For our [Rapid Assessment Service](#) for patients with concerning imaging results or symptoms, call (718) 765-2752. For Lung Nodule Clinic appointments and referrals, call (718) 283-8413. 




Children's Hospital Recognized by Vizient as Top Performer in Nation

[Maimonides Children's Hospital](#) has been recognized as the No. 1 top performer in the 2025 Bernard A. Birnbaum, MD, Quality Leadership Ranking by Vizient out of 98 children's hospitals across the country. Maimonides was recognized for demonstrating excellence in delivering high-quality care based on the Vizient Quality and Accountability Study, conducted annually since 2005. [Read more.](#) 


Top 2 in New York, Top 10 in US for Hospital Visits After Outpatient Surgery

In the most recent Hospital Compare report from the U.S. Centers for Medicare and Medicaid Services (CMS), Maimonides was ranked among the top two hospitals in New York State and tied for the sixth best hospital nationally. 


Maimonides Nationally Recognized as American College of Surgeons (ACS) Surgical Quality Partner

Maimonides was designated an American College of Surgeons (ACS) National Surgical Quality Improvement Program (NSQIP) Hospital and officially recognized as an ACS Surgical Quality Partner. Out of 609 U.S. hospitals participating in the ACS NSQIP Adult Program, Maimonides is one of 76 hospitals to achieve meritorious outcomes for [surgical patient care](#). In addition to current ACS national accreditations for [cancer](#), [breast cancer](#), and [bariatric care](#), Maimonides earned new recognitions for excellence from the ACS under its Trauma Quality Improvement Program and National Accreditation Program for Rectal Cancer, and as a Verified [Trauma Center](#) under its Trauma Verification, Review, and Consultation Program. 


Maimonides Named Among *U.S. News & World Report's* Best Hospitals for Maternity Care

U.S. News & World Report has named Maimonides Medical Center a 2026 High Performing Hospital for [Maternity Care](#). This is the highest award a hospital can earn as part of U.S. News' Best Hospitals for Maternity Care annual study, now in its fifth edition. Maimonides was one of four hospitals in Brooklyn and 10 in all of New York City to be distinguished. [Read more.](#) 

Maimonides Medical Center Achieves 20 Specialty Care Honors from Healthgrades


With four 2026 Specialty Excellence Awards in Healthgrades' 2026 Specialty Care Awards and Rankings, Maimonides ranks among the top 5% nationwide for With four 2026 Specialty Excellence Awards in Healthgrades' 2026 Specialty Care Awards and Rankings, Maimonides ranks among the top 5% nationwide for [orthopedic services](#) and [outpatient prostate care](#) and among the top 10% nationwide for [spine surgery](#) and [pulmonary services](#). The medical center was also five-star rated for 10 services, including heart attack treatment, defibrillator procedures (2023–2026), hip fracture treatment (2019–2026), spinal fusion surgery, pneumonia treatment (2025–2026), peripheral vascular bypass (2025–2026), pancreatitis treatment, gallbladder removal surgery, respiratory failure treatment, and outpatient prostate care (2025–2026). [Read more.](#) 

Maimonides Primary Care Earns New York State Patient-Centered Medical Home Accreditation


[Adult](#) and [Pediatric Primary Care](#) under Maimonides' Ambulatory Health Services Network (AHSN) has been awarded the prestigious New York State Patient-Centered Medical Home Accreditation by the National Committee for Quality Assurance (NCQA). This recognition reflects our commitment to delivering patient-centered, high-quality care. 

NEW AND UPCOMING (CONT.)

Airway Storytelling at the Brooklyn Public Library

The Brooklyn Public Library hosted Airway: Doctors’ Tales From Inside the Hospital on Dec. 13. Airway is an open-mic storytelling event for doctors to share their experiences of being a physician, started in 2015 as a local event among residency programs in New York City by Maimonides emergency physicians [Mert Eroglu, MD](#) and [Joshua Schiller, MD](#). Featured speakers included Maimonides doctors [Jessica Poster, MD](#), and [Reuben Strayer, MD](#), along doctors from Kings County Hospital, NYU Langone, One Brooklyn Health, NewYork-Presbyterian Brooklyn Methodist and Doctors Without Borders. 

Maimonides’ ECMO Program Provided Expert Medical Support at NYC Marathon

For the first time ever, an [Extracorporeal Membrane Oxygenation \(ECMO\)](#) team was on standby at this year’s TCS NYC Marathon, led by Maimonides cardiothoracic surgeon [Paul Saunders, MD](#), and the Maimonides ECMO specialist team. Our team was on-site providing expert support in Central Park, working alongside the NYRR medical response team to step in if a runner experienced cardiac arrest. 

NEW PROVIDERS

December 2025

Ying Chen, MD Endocrinology and Metabolic Services: (718) 283-5923	Gladys Palaguachi, MD Endocrinology and Metabolic Services: (718) 283-5923	Manolis Tsatsas, MD Gynecologic Oncology: (718) 283-6720
Aradhana Jha, MD Orthopedic Surgery: (718) 283-7400	Danny Poon, MD General Surgery: (718) 283-7952	Lauren Tufts, MD Trauma Surgery: (718) 283-7952
Jubin Matloubieh, MD Urology: (718) 283-7770	Julienne Sanchez Perez, MD Endocrinology and Metabolic Services: (718) 283-5923	Vishal Vashistha, MD Hematology & Oncology: (718) 765-2500