NYU LANGONE HEALTH NEWS

To Care. To Teach. To Discover
FALL 2025

A BODY BACK IN HARMONY

Renowned conductor **JOHN MAUCERI** was nearly felled by a mysterious illness, until a multidisciplinary team at NYU Langone diagnosed it. Now he's back on stage. **PAGE 16**

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LITTLE PEBBLES, BIG PROBLEM

DR. ESTEBAN EMILIANI SANZ, chief of endourology at NYU Langone Hospital—Brooklyn, uses advanced techniques to treat and prevent painful kidney stones. PAGE 14

NYU LANGONE HEALTH NEWS

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FOR CANCER CARE, TEAMWORK AT ITS BEST

Amy Scolieri's breast cancer treatments caused unbearable itchiness. A collaborative program at NYU Langone Hospital—Long Island brought her relief. PAGE 24

Transitions

MEET OUR NEW DEAN AND CEO: ALEC C. KIMMELMAN, MD, PHD

When Alec C. Kimmelman, MD, PhD, first visited NYU Langone Health in 2015, he noticed something right away. "I realized this place was different from any other place I had ever seen," he says. What struck him was a pervasive culture of continual self-improvement. "I knew this is where I wanted to continue and even finish my career."

Dr. Kimmelman has fit right into the striving spirit of our health system. After joining as the Anita Steckler and Joseph Steckler Chair of Radiation Oncology in 2016, he continued his dual role as a distinguished clinician and internationally renowned pancreatic cancer researcher, identifying critical metabolic pathways that enable the disease to grow and spread. In 2023, he was named director of the Laura and Isaac Perlmutter Cancer Center, a National Cancer Institute–designated Comprehensive Cancer Center. Last year, he established the Center for Molecular Oncology, which is redefining the standard of cancer care by ensuring that every patient receives liquid biopsies, enabling clinicians to match each patient's cancer DNA to the best available therapies.

Now, Dr. Kimmelman has become the 16th Dean of NYU Grossman School of Medicine and CEO of NYU Langone, succeeding Robert I. Grossman, MD, who had served since 2007. Leading an organization with 53,000+ employees, seven inpatient facilities, 320+ outpatient sites, and annual revenues of $15.5 billion is a challenge, but Dr. Kimmelman has shown he is up to the task. Here, he discusses his plans to take the #1 integrated academic health system in the US to even greater heights.

What drew you to medicine, to research, and specifically to the field of cancer?
From a young age, I'd always been fascinated by science and discovery and how that could impact human health. I decided to get an MD and a PhD so I could combine clinical care and research. I was always interested in cancer—my grandmother, with whom I was very close, passed away from cancer. The research I did for my PhD was in cancer biology, because I felt it was an area where you could make a profound impact clinically if you made fundamental discoveries. Ultimately, I chose to focus on one of the deadliest diseases: pancreatic cancer. I felt that anything I could do to move the needle would be meaningful.

As you step into your new role, what are your top priorities?
It's extremely important not to lose sight of our tripartite mission. We must ensure that every patient who comes into our system receives first-rate care. We must continue to make innovative discoveries in science and ensure that those discoveries enhance patient care. And we must focus on training the next generation of leaders in science and medicine. How we achieve these goals is going to be critical—ensuring that we do it effectively, efficiently, and with the same level of quality our patients have come to expect.

How would you describe your leadership style?
I would say it's collaborative: building teams, having a clear vision, and empowering people to achieve their goals. You need to inspire other people to accomplish great things.

One of the things that defines me as a leader is that I'm a physician-scientist. I've spent a large part of my career taking care of patients with gastrointestinal malignancies, studying cancer in the laboratory, and teaching graduate students and medical students. Having lived the tripartite mission forms the basis of how I lead.

How would you characterize NYU Langone's culture?
There is a feeling that there's no resting on our laurels. When we accomplish something, the follow-up is, "What can we do next?" That's unique, and it extends throughout the enterprise at all levels. People here are completely focused on improving patients' lives. And we're never satisfied with where we are.

> "At NYU Langone Health, there's no resting on our laurels. When we accomplish something, the follow-up is 'What can we do next?' That's unique, and it extends throughout the enterprise at all levels."
>
> ALEC C. KIMMELMAN, MD, PHD, DEAN OF NYU GROSSMAN SCHOOL OF MEDICINE AND CEO OF NYU LANGONE HEALTH

As you look ahead, how can you set new benchmarks for excellence across research, education, and clinical care?
I want to see us further break down the barriers between education, research, and clinical care so that we can have discoveries move from the bench to the bedside, apply that knowledge back into the laboratory, and then have our students and trainees acquire all this newly generated knowledge in parallel so that they can bring it back to our patients. The fully integrated nature of our health system puts us in a strong position to make this concept a reality.

AI is transforming healthcare. What role do you see this technology playing in predictive and precision medicine?
We can do things we've never been able to do before, thanks to AI. And because we have a level of integration few other places can match, we can learn from every single patient who comes into our system. We will use AI in real time to analyze data on patients, make calculated and evidence-based predictions, and suggest diagnoses and treatments that will improve medical care.

The relationship between the Dean and CEO and the Board Chair is a critical one. Can you share your expectations for working with the newly appointed Board Chair, Fiona Druckenmiller*?
I'm grateful and excited to have Fiona as my leadership partner. Fiona has been a dynamic trustee since 2006 and a remarkably generous donor since 2009, when she and her husband, Stanley, established what is now the Institute for Translational Neuroscience. She's well acquainted with every aspect of NYU Langone and is not only passionate about medicine, science, and healthcare, but also highly knowledgeable about many related topics. Fiona's distinguished background in finance and philanthropy makes her an invaluable resource. With her leadership and support, more great things are on the horizon.

*** Fiona Druckenmiller,** the new Chair of NYU Langone Health's Board of Trustees, is a native New Yorker who graduated from Barnard College and earned an MBA from NYU Stern School of Business. As a portfolio manager for the Dreyfus Corporation, she had sole responsibility for management of Dreyfus Strategic World Investing and Dreyfus Global Investing. Druckenmiller serves on numerous boards and is vice chair of the board of the American Museum of Natural History.

JULIANA THOMAS

Alec C. Kimmelman, MD, PhD, the 16th Dean of NYU Grossman School of Medicine and CEO of NYU Langone Health

Lessons in Leadership

THE DYNAMIC DUO WHO TRANSFORMED OUR HEALTH SYSTEM

At his investiture as Dean and CEO of NYU Langone Health on October 29, 2007, Robert I. Grossman, MD, declared that the institution "has all the ingredients to ascend to the rarefied status of a world-class, patient-centered, integrated academic health system." Some saw that aspiration as so ambitious for an institution that was then debt plagued and poorly ranked that they dismissed it as unattainable. But Dean Grossman soon won over skeptics. Having served as chair of the Department of Radiology for several years, he had strong feelings and clear ideas about NYU Langone's untapped potential.

Dean Grossman quickly forged a productive and powerful partnership with Kenneth G. Langone, who for nearly a decade had established himself as a dynamic Board Chair. One year later, he sketched on a piece of graph paper what he called "a blueprint for transformation." Key to Dean Grossman's vision was making NYU Langone truly patient centered and integrating resources to better serve its tripartite mission: to care, to teach, to discover.

"By having a leader who is both Dean and CEO, we have a huge competitive advantage," Dean Grossman explains. "It takes us five minutes to make decisions other institutions may take five months to make." With his fellow architect, Ken Langone, Dean Grossman reinvented the enterprise and transformed its culture. Staging a dramatic turnaround, they propelled NYU Langone to its current status as the #1 integrated academic health system in the US, as rated by Vizient, Inc., the nation's largest healthcare performance improvement organization.

"I don't know of anybody who has done more to make this institution and the world a better place than Bob Grossman," says Langone. "We have a mutual admiration society."

As a neuroradiologist, Dean Grossman has always prized the power of precision, and that conviction shaped his overarching strategy for continuous improvement. "I decided to manage solely on the basis of metrics and benchmarks," he explains. When Epic, an electronic medical record system, was implemented in 2011, it provided a seamless online portal for patients and physicians, making NYU Langone the first healthcare institution in the New York metropolitan area to adopt such a system on an enterprise-wide basis.

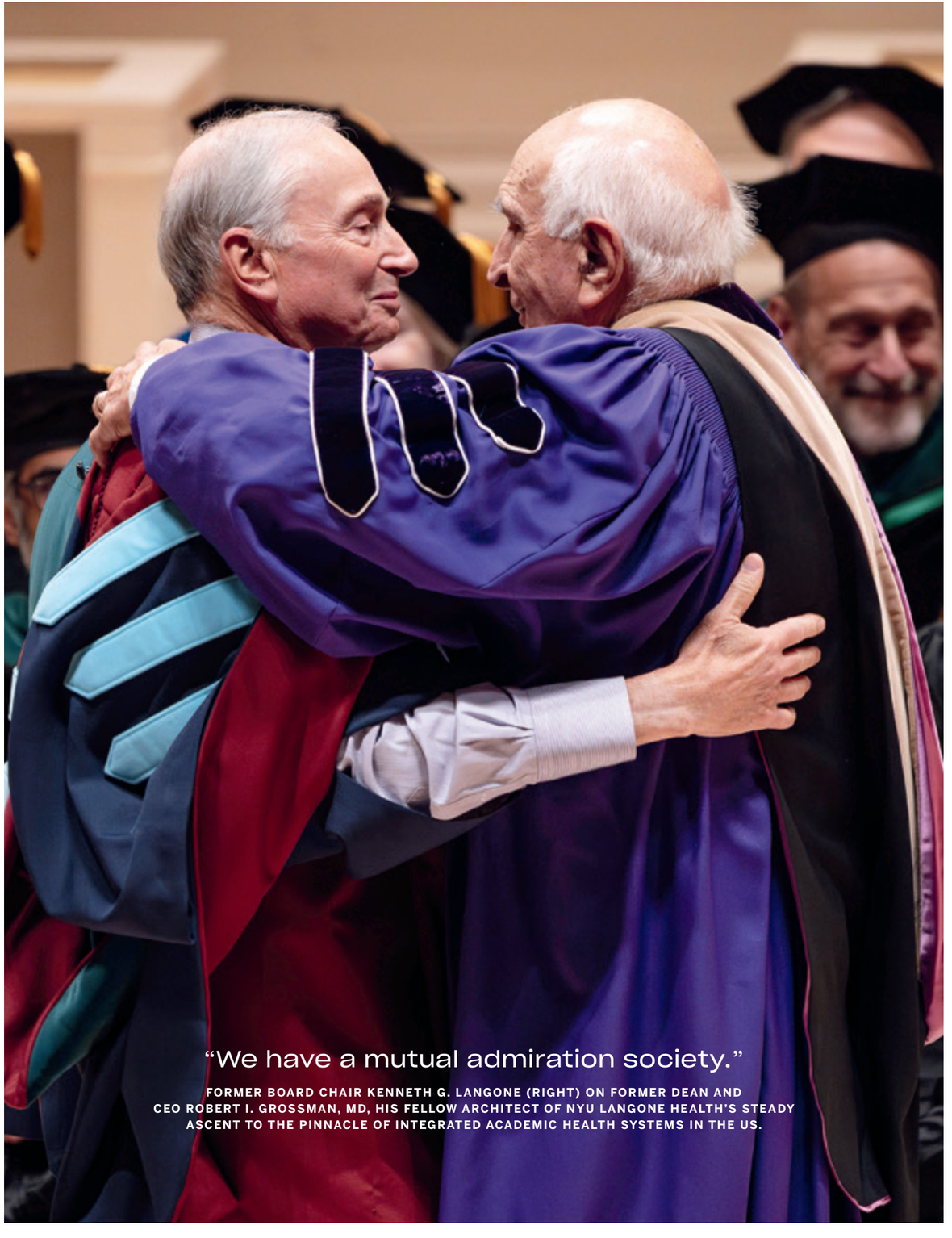
Thanks to his vision, NYU Langone's quality and safety metrics are now tracked by a signature suite of over 800 clinical dashboards. The institution's rigorous self-monitoring explains how it has achieved the lowest mortality, length of stay, and readmission rates in the country, and why it has earned accolades from the nation's leading arbiters of healthcare performance, including organizations like *U.S. News & World Report,* The Leapfrog Group, the Centers for Medicare and Medicaid Services, and The Joint Commission. This hallmark of NYU Langone's culture also accounts for our hospitals having earned the Magnet designation for excellence in nursing and quality patient care, and the Laura and Isaac Perlmutter Cancer Center being designated a Comprehensive Cancer Center by the National Cancer Institute of the National Institutes of Health, its highest recognition of achievement.

Set on bringing its high-quality care to patients beyond Manhattan, NYU Langone acquired Lutheran Medical Center in southwest Brooklyn in 2016. Within several years, NYU Langone Hospital—Brooklyn, as it was renamed, became one of the safest hospitals not only in New York City, but in the nation. In 2019, NYU Langone extended its reach to Nassau County, merging with Winthrop University Hospital in Mineola, renamed NYU Langone Hospital—Long Island, an acquisition that enlarged the health system by 25%. Earlier this year, following the addition of numerous clinical services and improved key outcomes such as length of stay and readmission rates, Long Island Community Hospital became NYU Langone Hospital—Suffolk, launching a new chapter in its service to Suffolk County and the East End.

At the Manhattan campus, three additions have dramatically enhanced NYU Langone's inpatient care and research capabilities: the Helen L. and Martin S. Kimmel Pavilion, New York City's only inpatient clinical facility with exclusively private rooms; Hassenfeld Children's Hospital, the city's first new children's hospital in nearly 15 years; and the Science Building, NYU Langone's largest research facility, designed to promote interdisciplinary interactions among its research staff of 650.

As it has grown, NYU Langone has transformed its approach to medical education. In 2013, NYU Grossman School of Medicine became the first nationally ranked medical school in the US to offer an accelerated three-year MD degree for select students, an initiative designed to ease their financial burden and launch their medical careers one year earlier. Five years later, NYU Grossman School of Medicine made history again, becoming the first top-ranked medical school to award full-tuition scholarships to all current and future students, a privilege that was later extended to NYU Langone's second medical school, NYU Grossman Long Island School of Medicine, founded in 2019.

From the beginning, Dean Grossman focused on elevating the patient experience. He was determined to make NYU Langone a place where patients feel like guests, not only safe and comfortable, but also welcome. A patient once told him how impressed he was by the quality of NYU Langone's care. "But what he cherished most," Dean Grossman recalls, "were the human interactions. The entire care team greeted him with a smile and asked him



KARSTEN MORAN

"We have a mutual admiration society."

FORMER BOARD CHAIR KENNETH G. LANGONE (RIGHT) ON FORMER DEAN AND CEO ROBERT I. GROSSMAN, MD, HIS FELLOW ARCHITECT OF NYU LANGONE HEALTH'S STEADY ASCENT TO THE PINNACLE OF INTEGRATED ACADEMIC HEALTH SYSTEMS IN THE US.

about his life. By treating him with respect and friendship, they created the kind of warm environment that is essential for optimal healing."

An equal priority has been turning NYU Langone into a clinical trailblazer. Among many others, he recruited two surgeons whose groundbreaking achievements have made the institution internationally renowned for its medical advances: Eduardo D. Rodriguez, MD, DDS, the Helen L. Kimmel Professor of Reconstructive Plastic Surgery and chair of the Hansjörg Wyss Department of Plastic Surgery, and Robert A. Montgomery, MD, DPhil, director of the NYU Langone Transplant Institute and chair of the Department of Surgery. In 2015, Dr. Rodriguez led a team of surgeons in performing the most extensive face transplant in history. In 2021, Dr. Montgomery, a heart transplant recipient himself, led a team that performed the first investigational transplant of a kidney grown in a genetically altered pig into the body of a brain-dead patient, advancing the potential use of organs for lifesaving transplants.

Medical milestones alone do not account for NYU Langone's preeminence in healthcare. Dean Grossman has long held that the true measure of a health system lies in the exceptional care it delivers day in and day out for all patients. The commitment to make excellence a routine occurrence explains, in large part, why *U.S. News & World Report* recently ranked NYU Langone #1 in the nation in four specialties (more than any other institution): Neurology and Neurosurgery (fourth year in a row); Pulmonology and Lung Surgery (second year in a row); Cardiology, Heart and Vascular Surgery; and Geriatrics.

"I define optimism as the conviction that you can do what you set out to do," Dean Grossman says. Beyond all expectations and against all odds, he has delivered on every promise he made 18 years ago, when he and Ken Langone teamed up to make "world-class" a reality.

NYU LANGONE'S ASCENT AND EXPANSION UNDER DEAN AND CEO ROBERT I. GROSSMAN, MD

2007	2025	
$2B	$15.5B	Annual Revenue
$1B	$5.5B	Philanthropy

9,000	53,000	Employees
239	1,400	Clinical Trials

2	7	Inpatient Locations
4	320+	Outpatient Locations

MATTHEAU O'BRIEN (TOP); GETTY IMAGES/LU SHAOJI (MIDDLE); ANDREW NEARY (BOTTOM)

Ambulatory Care

NYU LANGONE OPENS OUTPATIENT FACILITY IN WESTHAMPTON

The newly opened NYU Langone Medical Associates—Westhampton location underscores our commitment to bringing world-class care closer to where Suffolk County patients live and work.

NICOLE HUBBARD

FOR MORE INFORMATION ABOUT NYU LANGONE MEDICAL ASSOCIATES—WESTHAMPTON, VISIT NYULANGONE.ORG/WESTHAMPTON, OR CALL 631-953-4500.

When it comes to medical care on Long Island's East End, NYU Langone Health increasingly has the region covered. The latest expansion: NYU Langone Medical Associates—Westhampton, a newly built ambulatory care facility at 131 Sunset Avenue in Westhampton Beach.

The 6,000-square-foot facility features five providers specializing in primary care, cardiology, and endocrinology services at a state-of-the-art facility, complementing existing locations in nearby Bridgehampton and Riverhead. The location features 14 spacious exam rooms. Appointments are available Monday through Friday, and on-site parking is provided for patient convenience.

"We're thrilled to continue our expansion of NYU Langone's ambulatory care system on the East End of Long Island," says Oren Cahlon, MD, NYU Langone's executive vice president and vice dean for clinical affairs and strategy, chief clinical officer. "This facility underscores our commitment to patients in Suffolk County and our mission of bringing world-class care closer to where patients live and work."

Designed with both form and function in mind, the freestanding exterior blends seamlessly into the local community, while the interior creates a calming atmosphere for patients. "As with all our new locations, our design approach at NYU Langone Medical Associates—Westhampton prioritizes the patient experience, creating a comfortable and welcoming environment. In doing so, it also aligns with Westhampton's architectural style and draws inspiration from its surrounding coastlines, with light-filled interior spaces, artwork from local artists, and warm earth tones," says Vicki Match Suna, AIA, executive vice president and vice dean for real estate development and facilities.

The Westhampton location supplements NYU Langone's seventh inpatient hospital, NYU Langone Hospital—Suffolk, in Patchogue, which joined the health system in March after a three-year affiliation. The practice is among a vast network of more than 320 outpatient sites throughout the New York metropolitan area and in Florida, and one of more than 60 NYU Langone ambulatory care sites on Long Island.

In addition to the Westhampton ambulatory care facility and NYU Langone Hospital—Suffolk, construction has started on a new ambulatory surgery center on Patchogue's Main Street, further improving access to specialized outpatient surgical services for the community.

Translational Research

EXPERIMENTAL COMPOUND OFFERS PROMISE FOR TREATING FATAL CHILDHOOD DISEASE

Young parents had already mourned the loss of two infant sons due to a rare and often fatal neurodevelopmental disorder when their 8-year-old son began displaying some of the same terrifying symptoms, including worsening paralysis. But a first-of-its-kind experimental treatment at NYU Langone Health, administered as part of a new study, led to dramatic improvement. Within two months, the boy was able to walk long distances and even run again.

This remarkable sequence of events, published in *Nature* by a research team led by radiation oncologist Michael Pacold, MD, PhD, shows how the discovery of a critical metabolic pathway can lead to a potentially lifesaving disease intervention. Ultimately, the breakthrough came from asking a deceptively simple question: How do cells use oxygen?

"To me, this speaks to the power of fundamental discovery science," Dr. Pacold says. "Quite unexpectedly, we've seen a benefit to a patient from our basic science discoveries within a few years of our initial publication." That initial 2021 study, also published in *Nature,* was led by postdoctoral researcher Robert Banh, PhD, now an assistant professor of biochemistry and molecular pharmacology.

The Pacold Lab utilized a chemical tag to track how oxygen is used by cellular enzymes and incorporated into molecules. The technique revealed that an oxygen-dependent enzyme called HPDL drives a series of reactions that allow mitochondria, the cell's "powerhouses," to produce energy critical for cellular functions.

Researchers found that the HPDL enzyme first makes a metabolite called 4-HMA, which then helps create a second metabolite called 4-HB. In turn, 4-HB helps form a powerful antioxidant—and popular supplement—called coenzyme Q10, or CoQ10. "Without CoQ10, you lose about half of the efficiency of mitochondrial energy production, if not more," Dr. Pacold says.

For years, scientists had been puzzled by variants in the gene encoding HPDL that have been linked to rare neurodevelopmental disorders in children that cause seizures, stiffness, abnormal body movements, paralysis, and severe neurodevelopmental delay. In the most severe form of the disease, children rarely live past the age of 2. Dr. Pacold and colleagues determined the cause: HPDL deficiency interferes with the stepwise production of CoQ10, wreaking havoc on energy-dependent tissues and organs like the kidneys, liver, muscles, heart, and brain.

Although CoQ10 can be taken as a dietary supplement, the oily molecule doesn't mix well with water in the cell, so very little goes to the inner membrane of the mitochondria, where it's needed most. Based on their enzyme pathway discoveries, Dr. Pacold's team began investigating whether mice with a fatal HPDL deficiency could be treated with 4-HMA or 4-HB, the CoQ10 building blocks. "We thought, 'What if, instead of giving CoQ10, we could help cells make it themselves?' " he explains.

Guangbin Shi, MD, a senior research assistant in Dr. Pacold's lab, conducted an experiment with two HPDL-deficient, nearly immobile mouse pups. One received treatment with 4-HMA; one didn't. Within three days, the treated mouse had regained the ability to stand and walk; the other one eventually died. Dr. Shi repeated the experiment 90 times and found that 85% of the treated mice survived at least one year while the untreated ones all perished. The lab achieved the same result using 4-HB, whereas CoQ10 had no effect.

The family of the boy whose younger brothers had died from the same HPDL deficiency contacted Dr. Pacold in 2023 after hearing about his lab's results. The boy had been diagnosed with a less severe form of the disease but was still unlikely to survive. Only months after having played soccer regularly, he was nearly wheelchair-bound by the time he arrived at NYU Langone for evaluation.

NYU Langone Health received compassionate use authorization from the US Food and Drug Administration to treat the boy with 4-HB. He received his initial daily dose in December 2023 under the supervision of pediatric neurologists Claire Miller, MD, PhD, and Giulietta Riboldi, MD, PhD, executive director of NYU Langone's Marlene and Paolo Fresco Institute for Parkinson's and Movement Disorders.

One month later, Dr. Pacold met the patient and his parents and learned that the boy had completed a five-mile walk around Central Park. After nearly 18 months of treatment, his symptoms continued to improve, and he was once again able to jog, run, play soccer, and ride a bicycle.

Following a recent doctor visit, the boy and his parents visited Dr. Pacold. Afterward, the boy challenged him to a race. "I raced him down the hall of the hospital, and it took some doing to keep up with him," he recalls.

Dr. Pacold cautions that treatment with 4-HB isn't a cure, and that a clinical trial enrolling more patients with HPDL deficiency is needed to confirm the initial results. Still, the impromptu race encapsulated the potential impact of basic science. "It was this moment of unalloyed joy seeing this child who could run, then could not run, and now was able to run again," he says.

DISCLOSURE: *Dr. Pacold, Dr. Banh, and Dr. Shi are co-inventors on patents assigned to New York University that are related to the use of 4-HMA, 4-HB, and analogues in the diagnosis and treatment of neurodevelopmental and other diseases.*

MEET THE EXPERTS

Michael Pacold, MD, PhD
RADIATION ONCOLOGY

Robert Banh, PhD
BIOCHEMISTRY AND MOLECULAR BIOLOGY

Claire Miller, MD, PhD
PEDIATRIC NEUROLOGY

Giulietta Riboldi, MD, PhD
PARKINSON'S AND MOVEMENT DISORDERS

A cross-sectional illustration showing a mitochondrion, a structure found in cells that oxidizes fats and sugars to produce energy in a process called cellular respiration.

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THE PASSIONS THAT DRIVE OUR PIONEERING SCIENTISTS

Dr. Michael Pacold is among the distinguished biomedical researchers at NYU Grossman School of Medicine who are highlighted in our video series *Behind the Breakthrough: NYU Langone Researchers Tell Their Stories*. Each episode unveils the personal journeys and transformative discoveries that nurture NYU Langone Health's lifesaving mission. By sharing the unique stories of leading minds in science, the series offers insights into how pivotal life experiences can inspire world-changing research. Scan the QR code to watch it.

Reconstructive Surgery

A MONGOLIAN TEEN COULDN'T OPEN HIS JAW FOR TWO YEARS—UNTIL SURGEONS TEAMED UP TO GIVE HIM BACK HIS SMILE

In a Tisch Hospital OR, Dr. Adam Jacobson (right) and chief resident Dr. Joseph Lebowitz review a surgical plan based on CT scans provided by the patient's physicians in Mongolia.

MATEO SALCEDO (2)

On a surgical mission to Mongolia, Adam Jacobson, MD, and his colleagues met a patient they simply couldn't forget. The weeklong trip in May 2024 was sponsored by the KLS Martin Corporation and organized by the Virtue Foundation, a nonprofit that recruits volunteers to provide advanced medical care and train local clinicians in developing countries. Dr. Jacobson, director of the Division of Head and Neck Surgery at NYU Grossman School of Medicine, led a team of one dozen surgeons, residents, nurses, and technologists from NYU Langone Health. They were examining candidates for treatment at a hospital in the capital city, Ulaanbaatar, when the boy and his father arrived.

Byamba Erdene-Amgalan was a 16-year-old who, two years earlier, had undergone surgery for a benign tumor on the right side of his lower jaw. After removing half the jawbone, the local surgeons inserted a metal plate to fill in the gap. But the implant soon fractured, and a replacement device only made matters worse. Byamba was unable to open his jaw enough to fit one finger's breadth. He couldn't eat solid food, his speech was severely impaired, and he suffered constant pain. Pressure on the nerves had weakened his facial muscles, making it almost impossible to smile—not that he often felt like it.

Worst of all, the implant's titanium joint was working its way into the base of the teen's skull. "Without intervention, it would have penetrated the cranial vault and reached the brain, potentially causing fatal complications," Dr. Jacobson explains. Fixing the problem, however, would be a complex process, requiring resources that were not available locally.

Dr. Jacobson and two frequent

As he prepared for reconstructive jaw surgery, 16-year-old Byamba Erdene-Amgalan displayed the confidence of a patient who knows he's in the hands of three master surgeons: Adam Jacobson, MD; Jamie Levine, MD; and David Staffenberg, MD.

During a surgical mission to Mongolia in May 2024, NYU Langone's clinical team posed with colleagues at Mongolia-Japan Hospital. From left to right: Amelia Grace Dewitt, RN (NYU Langone); rhinologist Munkhbaatar Purev, PhD; head and neck surgeon Tamir Lhagvasuren; head and neck surgery resident Tsrenlham Begz; head and neck surgery resident David Strum, MD (NYU Langone); NYU Grossman School of Medicine medical student Alexis Jacobson; director of head and neck surgery Adam Jacobson, MD (NYU Langone); rhinologist and head and neck surgeon Purevdorj Sukhbaatar, MD; anesthesiologist Nomindari Bat-Erdene; surgical nurse Davaa Tsetsgee; anesthesiology nurse Darii Erdenebat.

collaborators—Jamie Levine, MD, chief of microsurgery, and David Staffenberg, MD, vice chair of pediatric plastic surgery, both members of the Hansjörg Wyss Department of Plastic Surgery—concluded that there was nothing they could do for Byamba during their visit. But once they flew home, recalls Dr. Levine, "This young man's situation weighed on us. We wanted to find a way to help him."

Returning to Mongolia with the necessary equipment and personnel was impractical, so Dr. Jacobson pursued an alternative strategy: bringing the patient to New York. His approach was characteristically methodical. First, he and Dr. Levine used KLS Martin's medical modeling software to create a surgical plan based on CT scans provided by Byamba's physicians. "Everything was mapped out, down to the millimeter," says Dr. Jacobson. Then he reached out to NYU Langone leadership, which agreed to provide medical and surgical care without charge. Finally, he persuaded the Virtue Foundation to cover travel and lodging expenses for Byamba and his dad.

Having nailed down these logistics, Dr. Jacobson ordered 3D-printed cutting guides and hardware, designed to match the patient's anatomy and assist in performing precise bone cuts. On March 7, 2025, Byamba was wheeled into an operating room at Tisch Hospital for an eight-hour surgery. Coincidentally, a group of Mongolian surgeons, who had been training at NYU Langone as part of a program sponsored by the Virtue Foundation, were on hand to observe.

The procedure, known as a fibular free flap reconstruction, is typically used to replace cancerous bone in the jaw or bone destroyed by trauma. Surgeons harvest a piece of the outer lower leg bone, or fibula, along with some skin and two blood vessels—an artery that supplies blood to the bone segment and a vein that drains it. After sculpting to fit the contours of the jaw, the flap (as the assemblage is called) is fastened in place with plates and screws, and the vessels are stitched to those in the neck with the aid of a microscope.

An additional challenge for the surgical team would be removing Byamba's deteriorating implant. But each surgeon had more than two decades of experience, and they had tackled many tough cases together. "We have overlapping skills, but each of us brings a unique expertise to the equation," says Dr. Levine. "For a venture like this, it helps to have more than one brain."

That became apparent soon after Dr. Jacobson exposed the jaw. The metal joint, he found, was buried in a layer of new bone at the skull base, which imaging hadn't revealed. "When you're dealing with a person who's still growing, it changes the dynamics," explains Dr. Staffenberg, who had encountered similar surprises in other pediatric patients. "But you don't often see something this severe. It was like a hinge covered in cement."

Using a drill, Dr. Staffenberg freed the joint, enabling Dr. Jacobson to extract the old plate as Dr. Levine harvested bone and tissue from the boy's leg. The three surgeons then teamed up to shape and implant the flap and meticulously close the incisions. By the time Byamba was discharged a week later, his jaw had regained its normal range of motion. He was speaking easily, smiling freely, and scarfing down hamburgers like any other teen.

"I never could have dreamed of coming to the US for this procedure," Byamba said through a translator. "Now, I'm confident about my future. I feel like I can do anything."

After a month of recuperation—including a healthy dose of sightseeing—Byamba and his father returned home. He hopes to return to America to study IT engineering. "This experience planted a seed in his heart," says Odontungalag Tseveenturen, MD, one of the Mongolian doctors who witnessed the surgery.

It also planted a seed for Dr. Jacobson to launch more global rescue missions. "Bringing this kid here and giving him the care he deserved was an amazing feeling," he says. "Changing patients' lives for the better is why all of us do this job."

TO FIND A HEAD AND NECK SURGEON, VISIT NYULANGONE.ORG/HEADANDNECKSURGEONS, OR CALL 646-929-7800.

THIS PAGE: COURTESY OF DR. ADAM JACOBSON; OPPOSITE PAGE (TOP) MATEO SALCEDO

Dr. Adam Jacobson (left) and his collaborators, Dr. Jamie Levine and Dr. David Staffenberg, each have more than two decades of experience, and they have tackled many tough cases together.

MEET THE EXPERTS

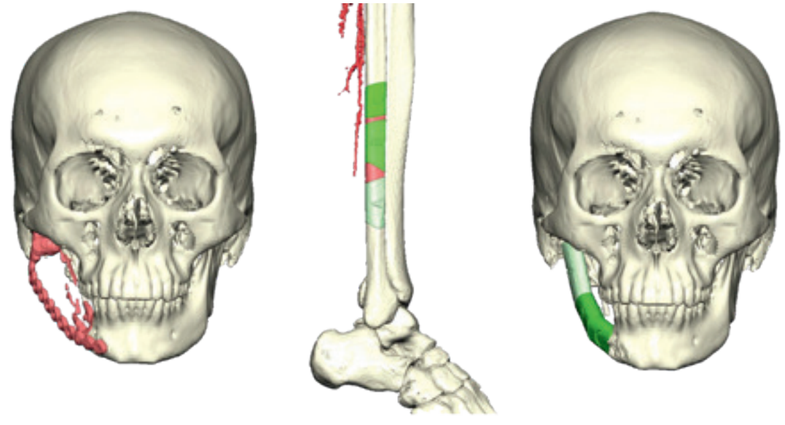
Adam Jacobson, MD
HEAD & NECK SURGERY

Jamie Levine, MD
MICROSURGERY, PLASTIC SURGERY

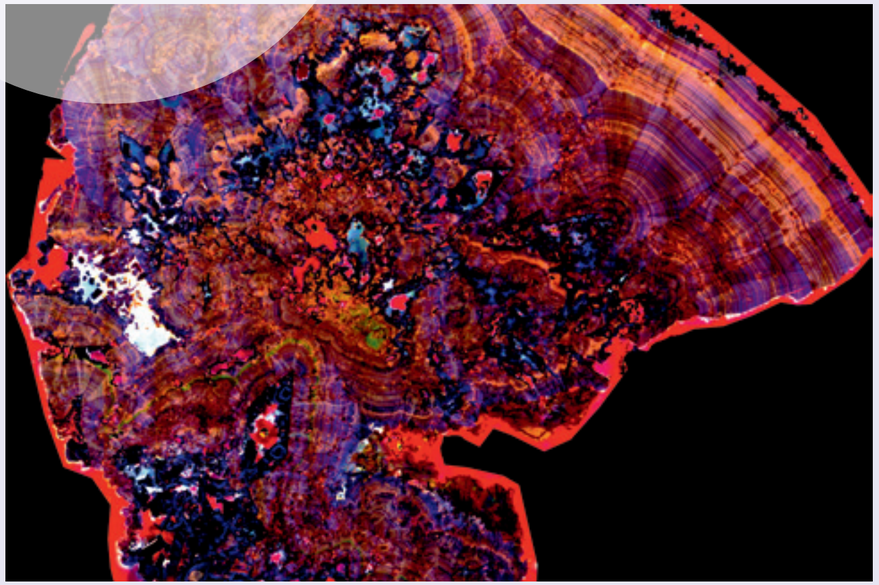
David Staffenberg, MD
PLASTIC SURGERY

REBUILDING A JAW IN THREE STAGES

Guided by 3D-printed cutting guides and hardware designed to perfectly match Byamba's anatomy and assist in performing precise bone cuts, the surgical team performed an eight-hour operation, during which they removed the deteriorating implant (red), which was buried in a layer of new bone at the skull base; harvested a piece of the outer lower leg bone, or fibula (green), along with two blood vessels (red); and sculpted the flap of bone (green) to fit the contours of the jaw, fastening it in place with plates and screws.



5 THINGS YOU SHOULD KNOW ABOUT KIDNEY STONES



Like the rings of a tree, this slice of a kidney stone, made with an electron microscope and ultraviolet light, chronicles the layered history of a kidney's physiology.

MAYANDI SIVAGURU AND BRUCE FOUKE, UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN

Kidney stone specialists Esteban Emiliani Sanz, MD, PhD, and David Goldfarb, MD, have had vastly different career paths. Dr. Emiliani, after practicing in Barcelona for a decade, was appointed chief of endourology at NYU Langone Hospital—Brooklyn in February, joining a Department of Urology ranked #2 in the nation by *U.S. News & World Report*. Dr. Goldfarb, a nephrologist who is clinical chief of the Division of Nephrology at NYU Grossman School of Medicine, has been a faculty member for four decades, based in Manhattan the entire time. Dr. Goldfarb, director of the Kidney Stone Prevention Program at NYU Langone Health, has personally experienced three kidney stone episodes, "events that determined my career path." Dr. Emiliani hasn't had one and hopes to keep it that way.

What these clinicians share is an international reputation in their fields, a highly personalized approach to patient care, and a passion for treating and preventing a condition so vexing and perplexing that it's cited in the Hippocratic Oath. "What we do is not just about removing or preventing stones," says Dr. Emiliani. "It's about restoring a person's sense of normalcy and the freedom to live pain-free." Here, these experts share their knowledge, experience, and insights on how to alleviate, and avoid, the intense suffering that more than 10% of Americans endure at least once in their lifetime.

1 KIDNEY STONES ARE APTLY NAMED.

The medical term for a kidney stone is renal calculus, derived from Latin words meaning "kidney pebble." In most people, natural chemicals in the urine, like citrate, a form of citric acid found in fruits and vegetables, keep stones from forming. For an unlucky few, a high concentration of minerals and salts causes tiny crystals to coalesce into a mass in the kidney.

"There are actually 7 types and 24 subtypes of kidney stones, each requiring its own treatment and prevention plan," notes Dr. Emiliani. The most common variety is composed of calcium oxalate monohydrate, a hard material that forms when urine contains low levels of citrate and a person's diet is low in calcium. Uric acid stones, more common in men, tend to occur in people who are obese or have hypertension, diabetes, or metabolic syndrome. Struvite stones, more common in women, result from certain types of urinary tract infections.

"A kidney stone is like an apple that falls from the tree when it's ripe," explains Dr. Goldfarb. When a stone leaves the kidney, it moves into the ureter, the narrow tube that connects the kidney to the bladder. If the stone becomes lodged there, the obstruction causes urine to back up, creating pressure on the kidney and surrounding tissue. The pain typically starts in the flank, then radiates into the abdomen and the groin. To expel the intruder, the ureter contracts, triggering waves of agony. The pain is often compared to that of childbirth or a gunshot wound, but Dr. Emiliani ranks the intensity as "above both of these."

2 THEY ARE BECOMING MORE COMMON.

The incidence of kidney stones has been on the rise since the 1970s, affecting every age group—from children to people in their 80s—and both genders. Once you've had one, you're likely to get another; the 5- to 10-year recurrence rate is 50%.

Most stones form due to a combination of genetic and environmental factors. "Some people have too much of something that promotes crystallization or too little of something that inhibits it," explains Dr. Goldfarb, "but we don't really understand all the genes involved." Other risk factors have been more clearly identified. Dehydration is a leading culprit, while obesity, high blood pressure, and diabetes have all been shown to increase the risk of a stone. So does a diet rich in animal protein, sodium, and sugars.

Another suspect is antibiotics. These medications alter the bacteria living in the gut, leading to complex changes in urinary chemistry that may increase the likelihood of developing stones. Dr. Goldfarb and nephrologist Lama Nazzal, MD, an expert on the intestinal microbiome's effect on kidney stone development, published one of the first papers on this topic. "We found that one year after a course of antibiotics, the likelihood of forming a kidney stone was two to three times greater," he says.

3 OUR EXPERTS LEAVE NO STONE UNTURNED.

A kidney stone will usually pass on its own, but it could take days or even weeks. Stones larger than 5 millimeters may be too big to pass naturally, and some people are in so much distress that they visit one of NYU Langone's Emergency Departments in Manhattan, Brooklyn, or Long Island. At our Brooklyn hospital, Dr. Emiliani and his team—urologists Frederick Gulmi, MD; Valary Raup, MD; Paul Guidos, MD; and Jennifer Nauheim, MD—care for 500 patients with kidney stones annually. Their treatment strategy depends on the size and location of the stone, its composition and density, and the patient's anatomy and personal preference. "We opt for the least invasive approach possible," says Dr. Emiliani, "and recent innovations afford us greater precision than ever."

The presence of a kidney stone is confirmed by symptoms, urine testing, and a CT scan. Depending on the type of stone, alpha blockers can relax the muscles around the ureter, allowing small stones to pass. Potassium citrate may be prescribed to help dissolve uric acid stones or cystine stones, the latter of which stem from a hereditary genetic disorder. The most common therapeutic procedure is a ureteroscopy: a narrow, flexible fiberoptic scope is threaded through the ureter, enabling the surgeon to extract the stone with a tiny basket. For larger stones, a laser is used to "dust," or pulverize, the stone so that the fragments can be suctioned out. For large, irregularly shaped stones in hard-to-reach areas, the surgeon may need to create a narrow tunnel to the kidney through a small incision in the back, known as percutaneous nephrolithotomy.

"We employ the smallest instruments and most advanced techniques," says Dr. Emiliani, who earned a doctorate in laser stone treatment from Sorbonne University in France and the Autonomous University of Barcelona. "These tools enable us to adapt to each patient's anatomy, reduce the risk of complications, shorten recovery time, and lower the odds of recurrence."

4 A STONE CAN BE A BLESSING IN DISGUISE.

Kidney stones are often linked to underlying metabolic abnormalities and health problems, including diabetes, obesity, hypertension, coronary artery disease, and chronic kidney disease. "Kidney stones tend to be a wake-up call," says Dr. Emiliani.

Patients with recurrent stones are instructed to undergo laboratory analysis of their urine, among other tests. Dr. Emiliani will soon collaborate with colleagues to create an AI model that helps clinicians interpret the results of metabolic evaluations. "The only way to diminish stone formation is to understand whether a metabolic or genetic disorder is the primary cause, learn what the patient's diet is like, and identify risk factors," says Dr. Goldfarb.

TO FIND A DOCTOR WHO TREATS KIDNEY STONES, VISIT NYULANGONE.ORG/KIDNEYSTONEDOCTORS, OR CALL 646-929-7800.

5 PREVENTION IS THE BEST MEDICINE.

While kidney stones are highly recurrent, experts agree that most can be prevented. If the root cause can be identified, a tailored prevention plan can be applied that may include dietary guidance, supplementation, and if needed, targeted medications.

Dr. Goldfarb stresses that for all types of kidney stones, "the single most important preventive measure is adequate fluid intake—at least three quarts of liquid per day." Water, coffee, tea (except black tea), and milk are all fine, but sugary soft drinks should be limited, because insulin spikes increase calcium levels in urine. The more we sweat, the less urine we produce, so when exercising, stay well hydrated, especially on hot, humid days.

Diet plays a critical role. Many foods are loaded with salt to enhance flavor, including snacks, fast foods, and packaged, processed, or canned foods. More sodium in the urine leads to more calcium, as well. You'll need to be vigilant to achieve the recommended daily intake of less than 2,000 milligrams of sodium. Citrus fruits such as oranges and lemons help prevent stones because the citrate they add to urine reduces the formation of stones. People who form calcium oxalate stones should limit their intake of black pepper, chocolate, nuts, sweet potatoes, soy products, green leafy vegetables, some berries, and other foods high in oxalates.

It was long thought that dairy promotes calcium stones, but recent studies have overturned that theory. A dairy-rich diet is, in fact, preventive because calcium binds to oxalate in the intestine, reducing its absorption. Still, Dr. Goldfarb cautions that some calcium supplements, as well as high-dose forms of vitamin C, should be avoided.

Most Americans consume more animal protein than they need. Dr. Goldfarb suggests limiting your daily intake of beef, poultry, pork, and fish to six to eight ounces total per day. "When you eat animal protein you're taking in amino acids, leading to changes in urine chemistry that can produce calcium and uric acid stones," Dr. Goldfarb explains. He endorses two highly regarded diets for stone prevention: DASH (Dietary Approaches to Stop Hypertension), emphasizing fruits, vegetables, whole grains, low-fat dairy products, and lean protein, and the Borghi diet, which emphasizes a moderate intake of calcium-rich foods, low sodium, and limited animal protein and oxalate-rich foods.

"The bottom line," says Dr. Goldfarb, "is if you've never had a kidney stone, eat whatever you want. But if you've had one or have a family history of stones, watch your diet and keep up your fluid intake."

MEET THE EXPERTS

Esteban Emiliani Sanz, MD, PhD
ENDOUROLOGY & STONE DISEASE, UROLOGY

David Goldfarb, MD
NEPHROLOGY

Complex Cases

WHEN A MYSTERIOUS ILLNESS THREATENED A MUSIC CONDUCTOR'S LIFE, A TEAM OF DEDICATED DOCTORS GOT HIM BACK ONSTAGE

BENOIT RUGRAFF

Maestro John Mauceri conducts a Christmas Day concert in Paris last year, following his recovery from constrictive pericarditis.

"The rapid response and creativity of my care team is a truly uplifting example of humanity. They've given me the gift of extra time, and I plan to use every minute of it."

JOHN MAUCERI

John Mauceri has performed with top orchestras—and famous puppets—around the globe.

DONALD DIETZ

As an acclaimed orchestra conductor, John Mauceri, now 80, relishes tough challenges, from interpreting complex symphonic scores to melding the talents of more than 100 musicians into perfect harmony and synchronicity. Long past what's usually considered retirement age, he has continued doing the work he loves.

Even chronic illnesses couldn't keep him from the podium. In 2017, when stiffness and swelling in his hands made it difficult to grip his baton, Mauceri's primary care physician at NYU Langone Health, internist David Kudlowitz, MD, suggested he see rheumatologist Jonathan Samuels, MD, co-director of the Joint Preservation and Arthritis Center. Dr. Samuels diagnosed him with psoriatic arthritis, an autoimmune disease that attacks joints and tendons, and prescribed immunosuppressive drugs that brought the symptoms under control. Two years later, Mauceri was diagnosed with chronic lymphocytic leukemia, a form of blood cancer that causes abnormal white blood cells to proliferate, leading to fatigue and other symptoms. When Dr. Samuels found that the leukemia had painfully infiltrated a bone in Mauceri's ankle, requiring surgical intervention, Michael Grossbard, MD, chief of hematology at NYU Langone's Perlmutter Cancer Center, treated him with a targeted therapy that put the malignancy into remission and enabled Mauceri to keep conducting.

But starting in January 2024, a cascade of medical crises pushed the maestro's formidable coping skills to their limits—and threatened to end his life. First, a bout of COVID-19, followed by viral pneumonia, left Mauceri with a persistent, agonizing cough. "The wheezing was so violent, it actually threw me out of bed one night," he recalls. Unable to climb a flight of stairs without gasping, he visited the Ronald O. Perelman Center for Emergency Services,

TO FIND A CARDIAC SURGEON, VISIT NYULANGONE.ORG/CARDIACSURGEONS, OR CALL 646-929-7800.

The Maestro with three members of his virtuoso medical team, Drs. Eugene Grossi, Adam Skolnick, and Jonathan Samuels.

HALEY RICCIARDI

where fluid was drained from his left lung. He was hospitalized for a week, until the symptoms eased.

Back home, new miseries emerged. Mauceri's left ankle puffed up, and the swelling spread to both legs and his abdomen. He gained 30 pounds due to fluid retention, struggling to fit into his clothes and tie his shoes. Meanwhile, his shortness of breath returned with a vengeance. "I could no longer function as myself," he says. "I felt like I was trapped in someone else's body."

Mauceri's plight concerned his physicians, too. "I'd never seen him so sick," says Dr. Samuels.

Although standard cardiac ultrasounds didn't demonstrate a definitive cause, Dr. Samuels suspected a heart problem might be the culprit. He sent Mauceri to cardiologist Adam Skolnick, MD, the Charles Aden Poindexter Associate Professor of Medicine. Dr. Skolnick is a member of NYU Langone Heart, a constellation of clinical services across the institution's seven inpatient locations and more than 70 physician practices. Cardiology and cardiothoracic surgery are key components of the center, and its experts work closely with those in other specialties to ensure that patients with complex conditions receive optimal care.

"When a patient presents with this type of swelling, we start by considering the most common causes and then work our way to the less likely possibilities," Dr. Skolnick explains. "Could it be heart failure? Liver or kidney dysfunction? Blood clots? A cancer recurrence? As the saying goes, 'When you hear hoofbeats, think horses, not zebras.' "

One thing was certain: Mauceri's doctors had to move quickly, before the fluid buildup sent him into multiple organ failure. After draining another two liters from his lungs, the care team—now including Dr. Skolnick, Dr. Samuels, and Dr. Grossbard—ordered test after test to uncover the cause of his condition.

By early May, evidence swayed Dr. Skolnick to consider a zebra: constrictive pericarditis. In this rare condition, the protective sac around the heart—the pericardium—becomes thickened and rigid, impairing the organ's ability to pump blood. The disorder can result from an infection, an autoimmune disorder, or an adverse reaction to certain medications, but its origin often remains unclear. While other types of pericarditis cause sharp chest pain, the constrictive variety is typically painless and can't be detected via an electrocardiogram or echocardiogram.

To confirm his hunch, Dr. Skolnick ordered cardiac catheterization, a procedure in which a thin, flexible tube is threaded through blood vessels to the heart. The test showed abnormal intracardiac pressure readings, which bolstered the case for constrictive pericarditis. A follow-up MRI scan revealed thickening and inflammation in the pericardium, adding further validation.

The only sure way to diagnose the disorder, however, is through open surgery. For that, Dr. Skolnick referred Mauceri to Eugene Grossi, MD, the Stephen B. Colvin, MD, Professor of Cardiothoracic Surgery.

On June 5, 2024, Dr. Grossi embarked on the three-hour procedure. Sure enough, the normally flexible, stretchy protective sac had been transformed into a stiff, leathery pouch. Fortunately, the pericardium is not essential for normal heart function, and removing it is the gold-standard treatment for constrictive pericarditis. "It's like the heart is a hard-boiled egg, and we're peeling off the shell," Dr. Grossi explains. "When the entrapment is released, most patients experience complete relief from their symptoms."

Mauceri was discharged a week after the surgery. He quickly lost his fluid weight and regained his customary energy. By September 2024, he was able to attend the bar mitzvah of Dr. Samuels' sons. Soon afterward, he conducted concerts in London, Paris, and Japan. "I feel like I did back in college," he marvels.

Although music and medicine are very different fields, Mauceri sees his NYU Langone doctors as kindred spirits: world-class professionals who are passionate about their craft and tackle extraordinary challenges with skill and orchestral precision. "We are all healers, though I do it with music," he says. "The rapid response and creativity of my care team is a truly uplifting example of humanity. They've given me the gift of extra time, and I plan to use every minute of it."

MEET THE EXPERTS

Jonathan Samuels, MD
RHEUMATOLOGY

Michael Grossbard, MD
HEMATOLOGY

Adam Skolnick, MD
CARDIOLOGY, ECHOCARDIOLOGY, AND NUCLEAR CARDIOLOGY

Eugene Grossi, MD
CARDIOTHORACIC SURGERY

David Kudlowitz, MD
ADULT HOSPITAL MEDICINE, INTERNAL MEDICINE

SEVERE BACK PAIN HOBBLED AN ACTOR FOR A DECADE. A NOVEL PROCEDURE RESTORED HIS QUALITY OF LIFE.

KAYTEE RAHAMAM (OPPOSITE PAGE); PASIEKA/SPL (GETTY IMAGES)

Above: A herniated disc results from a rupture in one of the rubbery cushions that sit between the vertebrae, causing the disc's jellylike center (shown in red) to push out through a tear in the casing. Not all herniated discs are painful because symptoms arise from pressure on nearby nerves, not the disc itself. For Daniel Yahraes (left), however, the pain was so intense that he eventually needed a walker. Six weeks after a minimally invasive microdiscectomy, performed by Dr. Charla Fischer late last year, he was pain-free and had returned to his daily swims.

Daniel Yahraes's struggle with chronic back pain began in 2014. An actor and event manager, Yahraes, then 40, rolled over in bed one morning and was struck by a jolt of agony so intense he could barely move. He'd felt twinges in his lower back before, but this was more like an explosion. After calling an ambulance, he spent several days in a hospital near his home in Astoria, Queens.

Yahraes was diagnosed with a herniated disc, a rupture in one of the rubbery cushions that sit between the vertebrae. Such an injury occurs when some of the disc's jellylike center, or nucleus, pushes out through a tear in the casing, known as the annulus.

In Yahraes's case, the rupture was in the L5-S1 region, where the bottom of the spine, the lumbar region, meets the sacrum—and the consequences were devastating. Although doctors prescribed an array of painkillers, none brought full relief. The side effects, meanwhile, caused grogginess and gastrointestinal upset. Yahraes eventually found his way to physiatrist Salvador Portugal, DO, medical director of sports medicine rehabilitation at NYU Langone Health's Rusk Rehabilitation. Dr. Portugal developed a comprehensive treatment plan centered on physical therapy, tailored home exercises, and carefully adjusted medications, enabling Yahraes to keep working. Despite these efforts, periodic relapses led to further hospitalizations. His condition made it challenging to pursue career opportunities, enjoy a social life, or engage in romantic relationships. "As the years go by," he says, "you feel like you're becoming a smaller and smaller person."

By 2024, Yahraes had also developed radiating nerve pain, or sciatica, in his right leg, a common complication of a degenerating lumbar disc. That September, when the pain grew so severe that he needed a walker, he decided to consider surgery. Dr. Portugal referred him to Charla Fischer, MD, co-director of the Endoscopic Spine Surgery Program, part of the Spine Center at NYU Langone Orthopedics.

At their first meeting, Dr. Fischer mostly listened to her patient. "It meant so much to speak to someone who was interested in the full spectrum of my journey," Yahraes recalls. That attentiveness stems from Fischer's conviction that the best course of treatment is one that fits a patient's needs and goals. "You have to understand the person to help them move forward in a way that works for them," she says.

One crucial issue for Yahraes, she learned, was that both of his professions were physically demanding. A surgeon he'd consulted at another hospital proposed a spinal fusion, in which two or more vertebrae are joined together to improve structural stability and reduce pain. But for someone who needed to be on his feet all day, whether filming scenes or overseeing receptions, a recovery that might last up to a year before he could safely return to work simply wasn't practical.

To shorten the downtime, Dr. Fischer suggested another option: microdiscectomy, a procedure that involves removing only the portion of a herniated disc that is compressing a nerve. Several approaches are available, but the one she recommended was a new, ultra-minimally invasive technique known as a unilateral biportal endoscopy, or UBE. The method, she explained, combines excellent efficacy with easier recovery.

"Although minimally invasive approaches to microdiscectomy are easier on the body than open surgery, they can still leave patients with considerable postoperative pain," Dr. Fischer explains. UBE microdiscectomy lowers that risk by creating less collateral damage to surrounding tissue. Instead of operating through an inch-wide metal tube, as in a common technique

"We've done more unilateral biportal endoscopy procedures than any other institution in the country because we've seen the benefits they bring to our patients."

YONG KIM, MD, CO-DIRECTOR OF THE ENDOSCOPIC SPINE SURGERY PROGRAM

Dr. Charla Fischer (left) learned the ultra-minimally invasive technique known as unilateral biportal endoscopy, or UBE, from her colleague Dr. Yong Kim (right), who traveled to South Korea in 2022 to observe the procedure being performed.

called tubular microdiscectomy, surgeons make two quarter-inch–long incisions on one side of the spine just above the targeted disc. After meticulously parting the muscle, they insert a tiny camera, or endoscope, through the first opening and deploy miniaturized surgical tools through the second. The camera and tools meet at an angle, and the procedure is guided by video.

Dr. Fischer learned the procedure from Yong Kim, MD, co-director of the Endoscopic Spine Surgery Program and director of degenerative spine surgery in the Division of Spine Surgery, who traveled to South Korea in 2022 to observe the technique being performed. A recent study led by Drs. Fischer and Kim, published in the journal *World Neurosurgery*, found that UBE microdiscectomy reduced the use of opioids among patients by 21% compared to tubular microdiscectomy, with equally low rates of complications. "Against the backdrop of a nationwide opioid epidemic," notes Dr. Fischer, "that's a significant advantage."

Dr. Kim notes that NYU Langone is the only health system in the New York area that offers a comprehensive endoscopic spine surgery program, not only for microdiscectomies but for other procedures, as well. "We've done several hundred UBE procedures, more than any other institution in the country because we've seen the benefits they bring to our patients," he says.

Yahraes was sold on the idea. On November 20, 2024, he arrived at Kimmel Pavilion, where Dr. Fischer and her surgical team performed the 90-minute procedure. Like most patients, he went home the same day and required only an occasional painkiller in the early days after the surgery. Within a month, he was walking without a cane. He returned to work after six weeks, with no restrictions save for limiting his bends, twists, and lifts until fully healed.

Today, at 51, Yahraes remains virtually pain-free. He's back to dating, socializing, and auditioning, and he swims daily. Recently, he starred in a TV commercial—his first in years. "None of that would have happened without this surgery," he says. "I had some of the best hands in the world working on me, and I'm forever changed by that."

MEET THE EXPERTS

Charla Fischer, MD
SPINE SURGERY, ORTHOPEDICS

Yong Kim, MD
SPINE SURGERY, ORTHOPEDICS

Salvador Portugal, DO, MBA
PHYSICAL MEDICINE AND REHABILITATION, SPORTS MEDICINE

TO FIND A DOCTOR WHO PERFORMS ENDOSCOPIC SPINE SURGERY, VISIT NYULANGONE.ORG/ENDOSCOPICSPINESURGERY, OR CALL 646-501-7200.

Dr. Charla Fischer is co-director of the Endoscopic Spine Surgery Program, part of the Spine Center at NYU Langone Orthopedics. NYU Langone is the only health system in New York that offers a comprehensive endoscopic spine surgery program.

HALEY RICCIARDI (2)

Perlmutter Cancer Center

CANCER TREATMENTS PLAGUED A LONG ISLAND MOM, BUT A TEAM OF EXPERTS BROUGHT HER RELIEF

The first time Amy Scolieri was diagnosed with breast cancer, in 2010, she was 34 and the mother of three young children. Although the tumor was small and localized, the special education teacher from Seaford, New York, opted for a double mastectomy, largely because her mother, grandmother, and great-grandmother had all endured similar cancers.

Over the next 13 years, Scolieri divorced, remarried, and expanded her brood by two (including a stepchild). Then, in November 2023, she found a lump in her reconstructed right breast. "Mentally, it hit me like a ton of bricks," she recalls. "I couldn't believe this was happening again." This time, she was referred to NYU Langone Hospital—Long Island, where she underwent an extensive course of treatment. After breast cancer surgeon Soojin Ahn, MD, removed the tumor, medical oncologist Douglas Marks, MD, oversaw several rounds of chemotherapy, and radiation oncologist Amy Solan, MD, administered external-beam radiotherapy. Dr. Marks also put Scolieri on anastrozole, a class of drug called an aromatase inhibitor, which hinders the growth of estrogen-driven cancers by blocking production of the hormone. Later, he enrolled her in a clinical trial for a targeted therapy already approved for certain high-risk breast cancers that has shown promise in preventing recurrences like the one he suspected Scolieri was experiencing.

The cancer treatments triggered sudden menopause, along with other common side effects, including nausea and fatigue. The most troublesome symptom, however, appeared in August 2024, soon after Scolieri completed her last radiation treatment: severe itching. It began on her chest and soon spread almost everywhere. "The itch felt like it was coming from deep within my body, and it never stopped," she says. She often scratched herself until she bled. At night, she wore socks on

> "It's such a good feeling to have these experts working together to heal me."
>
> AMY SCOLIERI, ON NYU LANGONE HEALTH'S SYMPTOM MANAGEMENT PROGRAM

Amy Scolieri on the boardwalk at Jones Beach, near her home in Seaford, New York. Scolieri says that thanks to the Symptom Management Program, her cancer treatment side effects have "stopped disrupting my life."

Photograph by **Jonathan Kozowyk**

> “Addressing the side effects of treatment can often make the difference as to whether patients continue potentially lifesaving treatments or compromise their cancer care.”
>
> MARIO LACOUTURE, MD, CHIEF OF DERMATOLOGY AT NYU LANGONE HOSPITAL—LONG ISLAND AND MEDICAL DIRECTOR OF THE SYMPTOM MANAGEMENT PROGRAM AT NYU LANGONE’S PERLMUTTER CANCER CENTER

her hands to prevent lacerations while she slept.

Uncertain of the cause, Dr. Solan sent Scolieri to Mario Lacouture, MD, a leading expert on the management of skin-, hair-, and nail-related side effects of cancer treatments. Dr. Lacouture, chief of dermatology at NYU Langone Hospital—Long Island, is also the medical director of the Symptom Management Program at NYU Langone’s Perlmutter Cancer Center. This multidisciplinary initiative, the first of its kind in New York State, is dedicated to easing the torments of patients like Scolieri.

“Up to 75% of cancer patients suffer from adverse effects associated with their therapies, ranging from hair loss to allergic reactions to serious heart or kidney conditions,” Dr. Lacouture explains. “Being able to effectively address the side effects of treatment can often make the difference as to whether patients are able to continue potentially lifesaving treatments or have to compromise their cancer care.”

The Symptom Management Program is designed to prevent that scenario. Dr. Lacouture launched the initiative soon after he arrived at NYU Langone in 2023 from Memorial Sloan Kettering Cancer Center. His first step was to survey oncologists at Perlmutter Cancer Center, ranked among the top 20 cancer centers in the nation by *U.S. News & World Report*, on the barriers they faced in managing treatment-related symptoms. The biggest obstacle, he found, was difficulty in arranging referrals to qualified specialists.

Dr. Lacouture assembled a team of clinical collaborators from across the health system, representing cardiology, pulmonology, nephrology, neuro-oncology, gastroenterology, rheumatology, endocrinology, dermatology, hepatology, allergy and immunology, ophthalmology, and physical medicine and rehabilitation. The program enables oncologists to order rapid referrals to these specialists through Epic, NYU Langone’s electronic medical record system, and to arrange real-time “e-consults” with them during patient visits.

In its first year, the Symptom Management Program reduced wait times for referral appointments by 82% and doubled the number of specialist visits among Long Island patients being treated for cancer. Buoyed by these outcomes, the program will expand to NYU Langone’s Manhattan and Brooklyn hospitals this fall. “We’re providing seamless access to expert care for treatment-related symptoms of all kinds,” Dr. Lacouture says.

Scolieri has benefited in ways that are beyond skin-deep. Because her itching was so variable—sometimes accompanied by redness or hives, sometimes not—identifying the source and finding a solution was a challenge. After ruling out radiation injury and various environmental irritants, Dr. Lacouture wondered if Scolieri might be having a reaction to anastrozole, the drug she’d begun taking shortly before the symptoms began.

Dr. Lacouture prescribed topical creams, steroid medications, and anti-inflammatory drugs. None worked. Then he turned to an injectable asthma medication known as Xolair. After Scolieri’s fourth monthly shot, the incessant itching began to subside. Meanwhile, after consulting with Dr. Lacouture, Dr. Marks switched her to a different aromatase inhibitor, which she will continue taking long-term.

“The symptoms didn’t vanish entirely, but they’ve stopped disrupting my life,” Scolieri says. “I’m about 80% resolved.”

Recently, Dr. Lacouture enlisted Stephanie Mawhirt, DO, the program’s allergy and immunology specialist, to help with the remaining 20%. When Scolieri’s bloodwork revealed an elevated immune marker, Dr. Mawhirt referred Scolieri to rheumatologist Julie Nusbaum, MD. “We keep each other informed as we learn more about her case,” says Dr. Mawhirt.

That level of coordination is central to Dr. Lacouture’s vision. “I came to NYU Langone because this is an extraordinarily well-integrated organization, blending the skills of clinicians from every discipline and delivering high-quality care to patients wherever they live,” he says. “Few other institutions have the resources or the sense of mission to support this kind of project.”

For Scolieri, now 49, the program’s carefully choreographed expertise has eased the physical and emotional burdens of her illness. “It’s such a safe, good feeling,” she says, “to have these experts working together to heal me.”

TO LEARN MORE ABOUT THE SYMPTOM MANAGEMENT PROGRAM, CALL 212-731-6000.

MEET THE EXPERTS

Douglas Marks, MD
MEDICAL ONCOLOGY AND BREAST ONCOLOGY

Amy Solan, MD
RADIATION ONCOLOGY

Mario Lacouture, MD
ONCO-DERMATOLOGY

Soojin Ahn, MD
BREAST CANCER SURGERY

Stephanie Mawhirt, DO
ALLERGY

Julie Nusbaum, DO
RHEUMATOLOGY

THE SYMPTOM MANAGEMENT PROGRAM TEAM

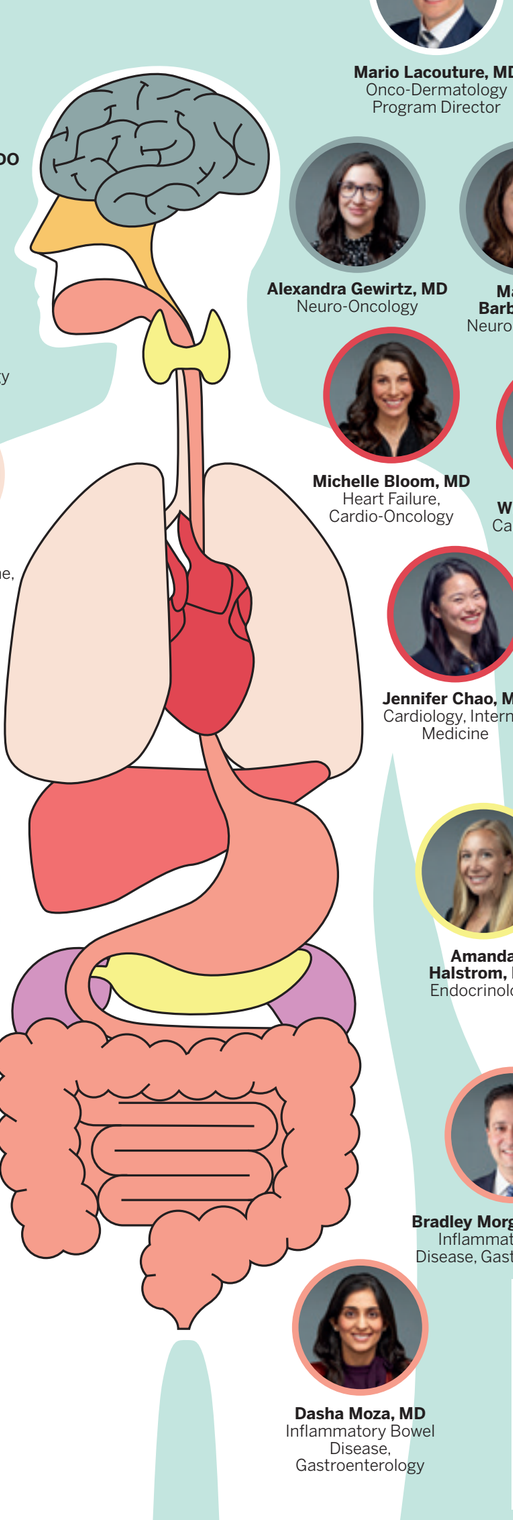


Illustration by **Todd Detwiler**

First Person

AASMA SHAUKAT, MD, MPH, EXPLAINS WHY A "SECOND SET OF EYES" CAN MAKE COLONOSCOPY MORE EFFECTIVE THAN EVER

Artificial intelligence (AI) technologies are rapidly enhancing the ability of gastroenterologists to identify suspicious growths before they develop into colorectal cancer. The disease, while highly preventable with screening, is the second-leading cause of cancer-related death, and incidence is rising among people under age 50. Aasma Shaukat, MD, MPH, the Robert M. and Mary H. Glickman Professor of Medicine at NYU Grossman School of Medicine, has been at the forefront of pioneering trials using computer-aided polyp detection systems that enhance the effectiveness of colonoscopy screening. Dr. Shaukat serves as director of research outcomes in the Division of Gastroenterology and Hepatology at NYU Grossman School of Medicine and co-director of translational research education and careers at the Clinical and Translational Science Institute (CTSI). A member of the US Multi-Society Task Force on Colorectal Cancer, which issues guidelines for colorectal cancer screening and surveillance, she has conducted seminal studies on the importance of early detection and prevention to reduce morbidity and mortality. Here, she discusses AI advances in her field and their potential to increase the number of lives saved through colonoscopy screening.

Some polyps are located in blind spots behind folds in the colon, while others can hide in plain sight because they blend into the background, looking like normal tissue. AI-enhanced colonoscopy places a bright green "bounding box" around suspicious tissue, focusing the physician's attention on that spot to ensure closer scrutiny.

I grew up in Lahore, a city of 14 million people in Pakistan, and was inspired to pursue medicine by my grandfather, the only doctor in his village. In my 20s, I packed a suitcase and flew to the US to earn a master's degree at Johns Hopkins Bloomberg School of Public Health. My aim was to return to Pakistan and take on the country's medical problems on a public health level.

However, the lack of opportunities for women in research and medicine in my homeland moved me to stay in America. I developed an interest in colon cancer prevention, where I saw a great need to reduce cancer incidence and mortality. At Emory University School of Medicine, I completed a fellowship in gastroenterology. I joined NYU Langone in 2021 to grow research in colon cancer screening, innovate technologies to improve polyp detection, and build screening programs in New York City.

While diet and lifestyle changes play a role in prevention, screening is also critical. It's important for everyone age 45 and older to get screened, and for those with certain risk factors to begin screening even sooner. Throughout my career, I have focused on improving the quality and efficacy of colonoscopy, developing new techniques for polyp removal, and the use of AI to enhance the quality and accuracy of gastrointestinal procedures.

My research aims to yield new screening tests and improve risk assessment for patients with a personal or family history of colon cancer. To reduce polyp miss rates and optimize detection rates of adenomas—benign polyps that are at risk of becoming cancerous—my colleagues and I are studying and employing computer-aided polyp detection systems that serve as a second set of eyes, providing an extra layer of confidence.

The next generation of computer-aided polyp detection technology will include real-time diagnostic information, such as the size and composition of polyps. This update may prove practice changing: it will enable us to remove only those polyps that are potentially precancerous, sparing the patient the risk of removing benign polyps. We expect these technologies to be integrated into our AI-enabled systems within the next five years.

I served as author or co-author of several AI-related journal articles, including, with colleagues, the results of a recent randomized multicenter study that showed using AI-enabled colonoscopy increased the overall rate of detection of cancerous and precancerous polyps by 27% among average-risk patients. Notably, the technology supported a 20% increase in the detection of small, 1- to 4-millimeter, lesions and a 29% increase in the detection of larger, 5- to 9-millimeter, lesions, challenging a criticism that AI systems only improve the detection of small polyps. Our findings contribute to a growing body of literature that substantiates how computer-aided polyp detection technology can improve the quality of colonoscopy exams and, in turn, patient outcomes. In another publication, a comprehensive review done in collaboration with my colleagues Seth Gross, MD, clinical chief of the Division of Gastroenterology and Hepatology; Maysaa El Zoghbi, MD, MS; and others, we looked at the potential for AI-assisted colonoscopy to help in enhancing diagnostic accuracy of polyps detected during colonoscopy.

Working with experts across the Division of Gastroenterology and Hepatology, Perlmutter Cancer Center, the Department of Population Health, CTSI, and other programs, we are committed to investigating and advancing AI and other technological innovations to optimize outcomes in cancer prevention, early detection, and treatment.

TO FIND A DOCTOR WHO PERFORMS COLON CANCER SCREENING, VISIT NYULANGONE.ORG/GASTROENTEROLOGISTS, OR CALL 646-929-7800.

ADAM WATT (OPPOSITE PAGE); COURTESY OF DR. SETH GROSS (THIS PAGE)

"Our findings contribute to a growing body of literature that substantiates how computer-aided polyp detection technology can improve the quality of colonoscopy exams and, in turn, patient outcomes."

AASMA SHAUKAT, MD, MPH, THE ROBERT M. AND MARY H. GLICKMAN PROFESSOR OF MEDICINE AND DIRECTOR OF RESEARCH OUTCOMES IN THE DIVISION OF GASTROENTEROLOGY AND HEPATOLOGY AT NYU GROSSMAN SCHOOL OF MEDICINE

Research

A BOLD VISION FOR RESTORING EYESIGHT

NYU Langone broke new ground with a whole-eye transplant in 2023. Now it is part of a $56 million research project to advance vision-restoring transplants.

GETTY IMAGES/ NATA SERENKO

“It was a really big leap forward. Getting the eyeball tissue to remain alive until the transplant and then stay alive in the patient is just phenomenal.”

SHANE LIDDELOW, PHD, ASSOCIATE PROFESSOR OF NEUROSCIENCE AND OPHTHALMOLOGY

Retina-degenerating eye diseases such as glaucoma, macular degeneration, and diabetic retinopathy have caused irreversible vision loss for millions of people around the world. An ambitious new project aims to reverse that loss by means of a whole-eye transplant.

Science fiction? A team of more than 40 scientists, physicians, and other investigators from multiple collaborating institutions, including NYU Langone Health, believes otherwise. Transplants of the cornea, the eye’s clear outer layer, have already helped improve vision for millions of patients whose own corneas have been damaged or diseased. In May 2023, a 140-person team at NYU Langone broke new ground with a partial-face and whole-eye transplant.

During the 21-hour surgery for Aaron James, then 46, who lost his left eye and the left side of his face in a high-voltage power-line accident, surgeons completed the first-ever transplant of a donor eye and its accompanying optic nerve into a human recipient. Although the surgery did not ultimately restore vision in his new left eye, a portion of its rod and cone cells, the light-detecting neurons in the retina, survived.

“It was a really big leap forward,” says Shane Liddelow, PhD, associate professor of neuroscience and of ophthalmology. “Getting the eyeball tissue to remain alive until the transplant and then stay alive in the patient is just phenomenal.”

Eduardo D. Rodriguez, MD, DDS, the Helen L. Kimmel Professor of Reconstructive Plastic Surgery, chair of the Hansjörg Wyss Department of Plastic Surgery, and director of the Face Transplant Program and the Laura and Isaac Perlmutter Cosmetic Plastic Surgery Center, recalls that many experts doubted whether the team would see any signs of post-transplant eye survival. Instead, he and his colleagues published several surprising findings in the *Journal of the American Medical Association*, including their observations that the eye had retained its normal pressure, blood supply, and structural integrity one year after the transplant, with no signs of rejection.

“We’ve had these remarkable discoveries that no one ever expected and these eureka moments, and now we can focus in and explore that,” Dr. Rodriguez says. “I think it’s a very good takeoff point for pursuing the next steps.”

Based on these encouraging results, NYU Langone was asked to join a $56 million effort to make vision-restoring whole-eye transplants a reality. The project, awarded by the Advanced Research Projects Agency for Health (ARPA-H), a federal agency, and co-led by Stanford University and the University of Pittsburgh, is titled Viability, Imaging, Surgical, Immunomodulation, Ocular preservation, and Neuroregeneration (VISION) Strategies for Whole Eye Transplant.

Kathryn A. Colby, MD, PhD, the Elisabeth J. Cohen, MD, Professor of Ophthalmology and chair of the Department of Ophthalmology, says ARPA-H is known for funding ambitious projects that have the potential to be transformative. “This is indeed an audacious goal, and one that will require the combined talents of multiple specialists,” she says.

To achieve its ultimate objective of restoring sight, the team will need to complete four major steps, explains Dr. Liddelow. With its successful transplant, NYU Langone has already made considerable progress toward the first two: keeping the donor’s eye viable both before and after the surgery.

The final two steps are even more challenging. “It’s not enough simply for the eyeball to survive. There must be a mechanism that transmits the visual information from the retinal cells to the brain,” Dr. Colby says. Establishing that connection may require a new way to regenerate the optic nerve’s severed axons—the long tails of nerve cells that transmit electrical signals—or a bioengineering approach that would restore the conduit between the eye and the brain.

A segment of bone removed from the transplant recipient’s right eye socket. It was replaced with a segment from the donor, along with the donor’s eye, its surrounding tissues, and overlying facial skin.

JOE CARROTTA

Regenerating axons is a painstaking process that can take years. “We’re asking a tiny neuron to regenerate its axon and grow hundreds or thousands of times its own length and go to the exact right place within an environment very different from the developing brain of a baby,” explains Dr. Liddelow.

Once the eye–brain connection is reestablished, doctors still need to determine how to “turn on” the neurons to enable vision. Sight restoration requires delicate, well-coordinated, and constant communication between multiple cell types within the brain, visual system, and retina. For vision-granting neurons to work normally, researchers have learned that star-shaped cells of the central nervous system, known as astrocytes, provide essential support.

As part of the project, Dr. Liddelow’s lab will receive tissue samples from other consortium members and conduct sophisticated analyses to map out the types of cells that survive an eye transplant procedure, the way the immune system responds, and how the neuron-supporting astrocyte cells behave. NYU Langone’s Gene Technology Center is particularly well suited for performing what’s known as spatial transcriptomics, which can measure the activity of genes at distinct locations within tissue samples from the retina, optic nerve, and visual cortex in the back of the brain.

The information gathered from these experiments could reveal not only the presence or absence of different cell types, but also their response to antirejection drugs and other interventions during and after the transplantation process. The data could also point to cellular markers of transplant rejection and drugs that might mitigate that risk.

“If we can provide a person who is blind with 10% of their vision so that they can navigate the world more safely and independently, that would be phenomenal,” Dr. Liddelow says. “Of course, we hope to eventually achieve 100% perfect color vision. But the realistic early results are likely to be some portion of that vision, which would still be important progress.”

Above: A team of more than 140 surgeons and medical professionals collaborated on the first-ever transplant of a donor eye and its accompanying optic nerve into a human recipient. Below: Dr. Shane Liddelow says the effort to make whole-eye transplants a reality “is the collaborative effort of our brightest minds and our partnerships with leading institutions across the US."

JULIANA THOMAS (TOP); MARCEL INDIK (BOTTOM)

Women's Health

MIGNONE WOMEN'S HEALTH COLLABORATIVE PUTS WOMEN FIRST

Allison Mignone (above, far left), Roberto Mignone (far right), and their daughters (left to right) JoJo, Catherine, Caroline, and Isabel, at the launch of the Mignone Women's Health Collaborative. Below: Caren Behar, MD, and Elizabeth Comen, MD, co-directors of the Collaborative.

MATTHEAU O'BRIEN

Like many busy women with a family, Allison Mignone's life is a juggling act. In addition to raising her four daughters with her husband, she is involved in many philanthropic activities and serves as an overseer of NYU Langone Health's Board of Trustees. However, there is one ball she did drop—her own health and wellness visits. "I was totally negligent in getting my annual mammograms," says Mignone. "When I finally made an appointment, I was quickly diagnosed with triple-negative breast cancer," an aggressive form of the disease.

That was in 2020. Internist Caren Behar, MD, referred Mignone to Julia Smith, MD, PhD, who oversaw her care at Perlmutter Cancer Center. Mignone underwent successful surgical treatments with breast cancer surgeon Deborah Axelrod, MD, and plastic surgeon Mihye Choi, MD, as well as radiation treatment performed by radiation oncologist Naamit Gerber, MD. With no recurrences, she is now a cancer survivor.

The experience convinced Mignone of the need for a comprehensive medical practice that prioritizes women across their lifespan—from adolescence through menopause and beyond—with multiple specialties in one location. "I wanted to help rethink the way women experience care and care for themselves," says Mignone, "to create a place that treats them holistically across all eras of a woman's life."

Her vision has become a reality, thanks to a transformative $50 million gift from the Allison and Roberto Mignone Family Foundation. Allison's husband, Roberto A. Mignone, is the founder and president of Bridger Management, LLC, and vice chair and a long-standing member of the NYU Langone Board of Trustees. In addition, Kenneth C. Griffin, founder and CEO of Citadel, LLC, and founder of Griffin Catalyst, made a $10 million leadership gift to the new collaborative.

The Mignone Women's Health Collaborative, located at 159 East 53rd Street, is New York City's largest and most comprehensive women's health center, bringing together more than 125 expert providers across 20 key areas in women's health. The approach builds on the pioneering work of NYU Langone's Joan H. Tisch Center for Women's Health, established in 2011.

Dr. Behar, co-director of the Mignone Women's Health Collaborative, is excited by its size, scale, and ambition. "We've added a cancer risk program, a menopause center, a fibroid center, and other subspecialty centers that our patients have asked for and needed," says Dr. Behar, the Laurie M. Tisch Family Professor of Medicine, medical director of the Joan H. Tisch Center for Women's Health. "Having these services in one place makes it easier for women to get all their care at one time."

In addition, the Mignone Women's Health Collaborative will broadly expand available wellness services for women. The new Griffin Healthspan and Vitality Center, to be located on the second floor of the collaborative, will target overall well-being, longevity, and quality of life for women. Service lines will include:

- Movement science and physical vitality, leveraging experts from sports medicine, orthopedics, and NYU Langone's Optimal Aging Institute to help women identify impactful ways to stay active and healthy as they get older
- Nutrition, in which endocrinologists, dietitians, and others will discuss how healthful eating, behavioral coaching, metabolic tracking, and blood testing can optimize patients' health
- Mental and emotional health highlighted by group and individual therapy that addresses topics such as caregiver stress, trauma, and burnout
- Wellness classes and events hosted in a dedicated community and education space

"I am honored to join the Mignone family in expanding access to cutting-edge programs for women in important areas such as physical vitality, movement science, and mental and emotional health—helping people live longer, healthier lives," says Griffin.

Women continue to face a host of unique health challenges. Nationally, about 10% of women of reproductive age suffer from endometriosis, a painful condition that occurs when tissue from the uterine lining spreads and attaches to other parts of the body; many live with discomfort for years before being properly diagnosed. Up to 80% of women will develop fibroids, noncancerous tumors that can cause heavy periods, bladder problems, and other symptoms that often go untreated. Women account for 80% of patients in the US with autoimmune conditions and roughly two-thirds of those with Alzheimer's disease. Millions of women endure menopausal symptoms without adequate support, and their care for urgent cardiac issues is often delayed, partly because the symptoms of a heart attack in women are often different from those of men. While research funding has historically neglected many conditions that primarily affect women, the Allison and Roberto Mignone Family Foundation investment aims to address these and other gaps.

"When you care for women, you strengthen families, communities, and public health," notes breast oncologist Elizabeth Comen, MD, co-director of the Mignone Women's Health Collaborative. "Yet for too long, women's health has been narrowly defined, underfunded, and fragmented. With the Mignone family's visionary gift and Ken Griffin's support, we're creating more spaces where women's experiences shape the standard of care, where research meets real needs, and where healthcare is as multifaceted and dynamic as the women we serve."

JULIANA THOMAS

At NYU Langone, we believe every woman deserves exceptional care—care that is personalized, coordinated, and rooted in compassion. This belief is at the heart of the new Mignone Women's Health Collaborative, which represents our next bold step forward. Twenty medical specialties are available in the collaborative's dedicated service lines, including those listed here:

Joan H. Tisch Center for Women's Health: Primary care physicians address your overall medical needs, counsel you on ways to stay healthy, and if needed, refer you to a wide variety of specialists.

Obstetrics and Gynecology: A dedicated team of providers offers personalized, compassionate care from adolescence through menopause and beyond, including wellness exams, family planning, pregnancy, and childbirth care.

Maternal-Fetal Medicine: Specialists provide advanced care for high-risk pregnancies, including comprehensive monitoring and interventions, to support the health of pregnant people and their babies.

Fertility: Experts help individuals and couples have the family they want, using the most advanced fertility treatments.

Midlife Health and Menopause: Clinicians tailor treatment plans to address symptoms related to the menopause transition.

Fibroid Care: Specialists offer advanced, innovative treatments for uterine fibroids, noncancerous tumors that can cause heavy and prolonged periods, pelvic pain, and bladder problems and impact sexual health and fertility.

Endometriosis: Doctors customize treatment plans to relieve the painful symptoms of endometriosis, a condition caused by tissue from the uterine lining that spreads and attaches to other body parts.

Urogynecology and Reconstructive Pelvic Surgery: Experts use advanced techniques to treat pelvic floor disorders, such as urinary incontinence, pelvic organ prolapse, recurrent urinary tract infections, and postpartum complications.

Vulvar Health: Clinicians treat women with chronic vulvar health issues, including pain, itchiness, and skin conditions.

Perinatal Mental Health: Counselors help women cope with anxiety, depression, mood disorders, or trauma before, during, or after pregnancy.

Sports Health: Multidisciplinary specialists support the healing process, help patients regain their strength, and get them back to the activities they love.

Imaging Services: State-of-the-art mammography, bone density testing, ultrasound, and bone, breast, and pelvic scans are tailored to women's health needs.

New Griffin Healthspan & Vitality Center: An expert team will provide coordinated assessment and personalized intervention in physical vitality, movement science, and mental and emotional health.

TO LEARN MORE ABOUT THE MIGNONE WOMEN'S HEALTH COLLABORATIVE, VISIT NYULANGONE.ORG/MIGNONEWOMENSHEALTH, OR CALL 646-987-3853.

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