

A BOND THAT CAN'T BE BROKEN

When she needed a liver transplant, Paula Schneider (left) leaned on her BFF, Lydia Fernandez, and a pair of expert surgeons at the NYU Langone Transplant Institute. **PAGE 20**

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OREN CAHLON, MD, ON WHY NYU LANGONE HEALTH KEEPS GETTING BIGGER— AND BETTER

During his two decades as a nationally recognized radiation oncologist, Oren Cahlon, MD, admired NYU Langone Health’s success—its rising rankings, growing clinical footprint, and research advances—from a distance. Then, after hearing former Dean and CEO Robert I. Grossman, MD, speak in person about the institution’s transformation, “I decided I wanted to be part of that winning team,” says Dr. Cahlon. He joined NYU Langone in 2022 and, in September 2025, was named executive vice president, vice dean for clinical affairs and strategy, and chief clinical officer.

In his current role, Dr. Cahlon brings the same passion to expanding our network of ambulatory locations, establishing new service lines, and enhancing the patient experience as he does to treating patients with breast cancer. Here, he discusses NYU Langone’s ongoing commitment to serving patients where they live and work—not only in the five boroughs but also throughout Long Island, Westchester, Staten Island, Florida, and beyond—while always striving for improvement.

What’s been most surprising about the environment at NYU Langone?
Our culture of exceptionalism is truly on display every day. Although we have earned all these accolades—from *U.S. News & World Report*, Leapfrog, and Vizient, among others—there is no complacency. We’re extremely data oriented and measure everything. Our team looks at the dashboards constantly and is always striving to improve. We don’t hesitate to take on new challenges; we embrace them. And while we lead the nation in quality and safety metrics, our goal is even more ambitious: to continuously elevate the patient experience and clinical out-

comes by learning from every interaction—and by expanding access to even more people and communities.

Why is it so important for NYU Langone to keep growing its footprint?
To some degree, we’re a victim of our own success. People know they will get the most innovative and exceptional care here, so the demand keeps growing. We also hear comments from patients like “The nearest office is 30 minutes from my house—can you open something closer?” People want quality *and* convenience. Having to take a day off work to travel into Manhattan for their medical care is not acceptable. Objectively, we know that if we get them into our health system, they’ll have better outcomes, so we need to extend our care to reach as many people as possible.

Most health systems funnel patients from satellites into their main campus. We have the opposite strategy: Deliver as much care as possible close to people’s homes. For example, even though we have a kidney transplant program in Manhattan, we are launching a kidney transplant program in Brooklyn as well, because the city’s largest borough deserves a world-class program to make it easier on the patient and their family. We’re doing the same thing with bone marrow transplantation, enabling patients on Long Island to get care nearby at Perlmutter Cancer Center, the only National Cancer Institute (NCI)–designated hospital on Long Island, with access to clinical trials and subspecialization expertise. We’re building a bone marrow transplantation program in Brooklyn too. We’re big enough to take on such challenges, building complex, world-class services on multiple campuses—and we’re the only health system doing so.

Has our vision for growth and expansion changed under Dean and CEO Alec C. Kimmelman, MD, PhD?
Dean Kimmelman’s background as an investigator and clinician will enable us to prioritize scientific exploration and taking research from the bench to the bedside. Medical innovation and discovery are accelerating at a faster rate than ever, and they will become an even more important part of our strategy.

Of course, our driving force remains delivering the highest-quality care to our patients and being the primary health system where New Yorkers can receive healthcare close to home. The overwhelming majority of our patients receive their care in an ambulatory setting. We have more than 12 million outpatient visits annually, compared with approximately 150,000 admissions to our hospitals. Our strategy has been to care for patients while they are well and try to prevent patients from needing to go to the hospital. We grow our patient base by developing physician practices, screening programs, and radiology programs and by focusing on preventive medicine, primary care, and subspecialty medicine. We think having a lot of ambulatory practices—while investing deeply in our few hospitals to ensure they are world-class, as we’ve done in Brooklyn, Nassau, and Suffolk—is an efficient model.

What clinical areas or service lines are the main focus of our growth goals?
We want to provide patients with all their care from birth till death and everything in between. There are almost no services we don’t offer within our health system, and our plan is to add even more. Fetal surgery is an example. There was no fetal surgery center in New York City, forcing families to travel to specialized children’s hospitals. It’s a complicated and resource-intensive service line that requires a lot of multidisciplinary care. Last year, we committed to developing a fetal surgery center, and patients from

the region can now receive their care here; we are attracting patients from around the country.

The NYU Langone Transplant Institute is one of the leading programs in the world and a pioneer in transplant research, including the use of genetically modified pig organs in humans to address the organ donor shortage, known as xenotransplantation. We have also become a destination center for complex cardiac care, lung disease, neurology, and neurosurgery, all specialties ranked No. 1 by *U.S. News & World Report*. Keep in mind that many of these patients also need endocrinology care, imaging, and primary care, so we must grow those areas as well. The beauty of an integrated health system, with all the doctors working together, is that it’s seamless and coordinated at all of our seven inpatient facilities and 330-plus outpatient locations.

What is the biggest challenge in scaling the network while maintaining the same level of quality?
Delivering on our promise of one system, one standard. We need to ensure that every single patient, no matter which location they’re seen at, receives the same level of professionalism, quality, safety, and standardization. We have the infrastructure to achieve that because we’re all on Epic, our electronic health record system. We know what happens at every location in our network. We can see how long a patient waited or whether they got their follow-up visits scheduled right afterward. While assessing quality outcomes has historically been more challenging in the ambulatory network, we are working in each specialty, across every location, to develop the data and dashboards to measure them.

Of course, recruiting physicians of the highest quality and integrity is critical to our expansion plan. So for the 750 faculty we add each year, we’ve implemented a rigorous vetting process to ensure that everyone we hire is aligned with our culture of exceptionalism and empathy. Clinical expertise alone is not enough. Our patients need to know we care

“We know that if we get new patients into our health system, they’ll have better outcomes, so we need to extend our care to reach as many people as possible.”

OREN CAHLON, MD, EXECUTIVE VICE PRESIDENT, VICE DEAN FOR CLINICAL AFFAIRS AND STRATEGY, AND CHIEF CLINICAL OFFICER



JULIANA THOMAS

about them as individuals. Empathy deepens the connection, builds trust, strengthens healing, decreases anxiety, and is linked not only to better outcomes but also greater patient satisfaction—and it is woven into daily life across our institution.

Anirban Maitra, MD, was recently appointed director of Perlmutter Cancer Center by Dean Kimmelman. Will their familiarity with each other enhance our efforts to build a top 5 cancer center?

Absolutely. Perlmutter Cancer Center has been an NCI-designated Comprehensive Cancer Center for over a decade, and having Dr. Maitra in charge will further accelerate its rise. He is a world-renowned pathologist, scientist, and collaborator, and we’re very lucky to have him. Dr. John Leonard, one of the world’s foremost leaders in lymphoma and hematologic malignancies, joined us last year as chief clinical officer for enterprise cancer strategy and operations. He has been integral to our recent growth and is a critical part of our future success. Our research and ability to fight and cure cancer are rapidly evolving and extremely exciting. We are at the forefront of this innovation and opportunity.

How is AI impacting our clinical care?
The power of AI for predictive analytics within preventive medicine is enormous. Rather than waiting for an adverse event to happen, we can now use existing data to identify and predict which patients are at greatest risk for cardiac events, neurological events, and cancer, among others, and intervene earlier than ever before to prevent these potentially life-threatening events from occurring. We are also using AI to implement reminders on Epic for doctors: Have you ordered this test? Have you thought about that diagnosis? AI scans a patient’s medical record and ensures we’re standardizing the process and not missing anything. The technology is enhancing efficiency too. Approximately 1,500 of our doctors now use Ambient AI

to transcribe the entire interaction with a patient, allowing us to go back to why most of us became doctors: to have the human interaction. We piloted the technology for a year and then rolled it out large-scale, and doctors say it is life-changing for them. Not only is it a huge time-saver, but because clinicians don’t need to worry about taking notes, their attention is undivided. Over time, we think this technology will reduce physician burnout while improving patient satisfaction and efficiency.

You’ve had a distinguished career as a radiation oncologist. In fact, you still treat patients. How do you find the time?
I still love seeing patients—it’s why I went into medicine, and I don’t plan on giving up that part of the job. I also think my hands-on clinical work is helpful in understanding our practices, how Epic and MyChart messaging work, the role of the nurse practitioner or physician assistant, and the process of ordering tests. When a new policy is put in place, it’s easier to gauge its impact. If you’re going to lead 5,000 doctors and run a faculty group practice network, it’s valuable to have that hands-on experience.

The New York healthcare market is highly competitive, yet NYU Langone growth has shown no signs of slowing down. How do we keep it going?
You’re only as good as your last patient outcome, your last encounter. We have become the place where New Yorkers want to receive their healthcare, and that’s a big market. There are millions of patients out there who want to come to us for their care. And if we make it easy, accessible, and patient friendly and maintain the highest quality, we’ll keep on growing. The demand for our care is seemingly endless, and we will continue to do everything we can to meet the demand. There’s no slowing down in sight.

Bariatric Surgery

WILLIAM STEWART SR. IS HALF THE MAN HE USED TO BE—AND PROUD OF IT

William Stewart Sr. is pleased to say that at age 69, the 5-foot-11 resident of Bensonhurst, Brooklyn, weighs pretty much the same as he did in high school: 179 pounds. His pride stems not from vanity but from comfort—the comfort of feeling and looking trim, of being able to keep up with his two young grandchildren, and of knowing that his own motivation is what spurred him to shed the 269 pounds he had packed on over three decades.

Stewart doesn't take full credit for this triumph. Though it required self-discipline, the achievement was made possible by the surgical expertise of bariatric surgeon Akuezunkpa O. Ude Welcome, MD, chief of surgery at NYU Langone Hospital—Brooklyn. After a one-hour robot-assisted procedure performed on October 25, 2023, Stewart emerged from the operating room feeling relieved. In time, he reminded himself, he would no longer bear the burden of being classified as morbidly obese. He was on his way to becoming, according to plan, half the man he used to be.

An estimated 42 percent of American adults are obese, defined as having a body mass index (BMI) of 30 or higher, and the prevalence has tripled over the last five decades, according to the Centers for Disease Control and Prevention. In Brooklyn, the obesity rate is 26 percent. “In the hunter-gatherer days, if you

were not out constantly looking for food, you weren't going to eat,” notes Dr. Welcome. “Now we can order food without getting up from the couch.”

Only 1 percent of people who are eligible for weight loss surgery—those with a BMI of 30 or higher and medical comorbidities—ever have it. Among patients who do opt for surgery, Dr. Welcome explains, “the ones who are most successful have a high level of mindfulness. They develop a new relationship with food, learning not only what to eat, but how.”

NYU Langone Hospital—Brooklyn launched its bariatric surgery program in 2004, becoming one of the first in the US to be accredited as a national Center of Excellence by the American Society for Metabolic and Bariatric Surgery. Dr. Welcome and her team of three other bariatric surgeons perform an average of 330 operations annually. More of these cases are done robotically than at any other hospital in Brooklyn, employing a minimally invasive approach that reduces pain and scarring, resulting in shorter hospital stays, fewer wound complications, and lower infection rates.

For Stewart, the upward spiral was a slow but steady one. As an athletic youngster, he played a variety of sports that kept him fit. He remained active in the early years of his marriage to Aida, his wife of 43

years. Raised in a home where meat and potatoes were the staple, he delighted in the savory cooking of his Italian mother-in-law and the dishes she taught Aida to make. “Sundays were big eating days, with about 15 people around the table,” he recalls. “The food just kept coming.”

By the time Stewart was in his late 30s, he and Aida had two children, William Jr. and Stephanie, and their lives had become home-centered. “That's when the weight started going up,” he says. What didn't help was that eating soothed his anxiety. “I'm a worrier by nature,” he says, “and I used food as a crutch.”

For many years, Stewart's weight gain was one of the few things he didn't worry about. His two physically demanding jobs kept him strong and mobile. By day, he hoisted trash for the New York City Department of Sanitation; by night, he shoveled coal and ashes in public school buildings for the Department of Education. On those rare occasions when he visited a doctor's office, he simply declined to step on the scale.

When Stewart retired in 2015, “things really started to get out of hand,” he recalls. Years of arduous labor had led to arthritis in his hips and shoulders, and as his waistline expanded, the pain in his knees became intolerable. In June 2023, Stewart's family physician, Mario J. Manna, DO, referred him to Dr.

Akuezunkpa O. Ude Welcome, MD, catches up with William Stewart Sr. more than two years after his life-changing surgery at NYU Langone Hospital—Brooklyn.

“William had a strong ‘why’ for bariatric surgery that was based on functional goals as opposed to appearance. He wanted to enjoy retirement.”

AKUEZUNKPA O. UDE WELCOME, MD, CHIEF OF SURGERY AT NYU LANGONE HOSPITAL—BROOKLYN



“All of my vitals are normal. My diabetes is in remission, and I have no more knee pain. I don’t deprive myself of any favorite foods. I just eat less.”

WILLIAM STEWART SR.

Welcome, a colleague at NYU Langone Brooklyn Medical Associates—Dyker Heights.

“All of my numbers were out of whack,” recalls Stewart. “Glucose, cholesterol, blood pressure—you name it.” When he stepped on the scale in Dr. Welcome’s office, another number stood out: 448 pounds.

“William had a strong ‘why’ for bariatric surgery that was based on functional goals as opposed to appearance or size,” says Dr. Welcome. “He wanted to enjoy retirement.”

After Dr. Welcome discussed the surgical options, Stewart chose to undergo a sleeve gastrectomy. By essentially converting the stomach from a balloon into a narrow tube, the procedure greatly limits food capacity and promotes a feeling of fullness.

Prior to surgery, Stewart lost 60 pounds by following a strict diet. “My wife found low-calorie recipes that were as tasty as possible, and she ate what I did,” he says. As a result, Aida lost a good deal of weight herself. “That’s what we call the halo effect of a weight loss journey,” says Dr. Welcome.

Two years after the surgery, Stewart looks and feels like a new man. “All of my vitals are normal,” he reports. “My diabetes is in remission, and I have no more knee pain. I don’t deprive myself of any favorite foods. I just eat less.”

Dr. Welcome considers Stewart an “amazing” success story. “He took all of our recommendations to heart,” she says, “and was totally committed to losing weight and not gaining it back.”

The patient has equally high regard for his doctor. “I think the world of Dr. Welcome as a surgeon and as a person,” says Stewart. “She made me understand that it’s a process and it’s hard work, so you have to be all in. I’m so grateful to her.”

On Easter Sunday, William Jr. visited his parents for a holiday meal. Having not seen his father in a while, he asked his mother, only half-jokingly, “Where’s Dad?”

“What are you talking about?” said his father. “I’m right here!”



William Stewart with his wife, Aida, in their Bensonhurst home. At right, Stewart weighed 448 pounds before he underwent sleeve gastrectomy at NYU Langone Hospital—Brooklyn.

COURTESY OF WILLIAM STEWART SR. (2)



WHY WEIGHT LOSS SURGERY IS HERE TO STAY

In February 2021, *The New England Journal of Medicine* published the results of a multinational clinical trial for semaglutide, a drug already approved by the Food and Drug Administration to treat type 2 diabetes. For the first time, a pharmaceutical was shown to be so effective at treating obesity that it might help patients avoid the disease’s worst health consequences, including cardiovascular events, kidney disease, osteoarthritis, and certain cancers.

Since then, weight loss medications have exploded in popularity. More than 10 drugs of this kind are currently on the market, with an estimated 12 percent of adult Americans prescribed at least one. “They work primarily on the GLP-1 receptors in the brain to shut down ‘food noise,’ a feeling of continuous hunger,” says bariatric surgeon Akuezunkpa O. Ude Welcome, MD, chief of surgery at NYU Langone Hospital—Brooklyn. GLP-1 medications like semaglutide and tirzepatide decrease weight by drastically reducing appetite, increasing a feeling of fullness, and slowing the emptying of the stomach.

While these drugs, injected weekly or taken daily in pill form, can be helpful for weight loss, Dr. Welcome says that for now, they do not serve as a substitute for bariatric surgery. They typically help obese patients achieve a maximum weight loss of 15 to 20 percent, compared with the 30 to 40 percent loss associated with surgery. Moreover, they must be taken for life, and studies show that 80 percent of people who discontinue them regain all the weight they lost.

In 2025, a team of clinicians from NYU Grossman School of Medicine’s Bellevue Division of Bariatric and General Surgery analyzed data from the electronic health records of 51,085 patients treated for obesity at NYU Langone Health and NYC Health + Hospitals/Bellevue. The findings showed that bariatric surgery, which has low complication and mortality rates, leads to five times more weight loss than medications over a two-year period.

“As of now,” says Dr. Welcome, “there is no medication that can achieve the same amount of weight loss as the most effective bariatric operation.”

MEET THE EXPERTS



Akuezunkpa O. Ude Welcome, MD
BARIATRIC SURGERY



Mario J. Manna, DO
FAMILY MEDICINE

SCAN TO ATTEND A VIRTUAL WEIGHT LOSS SURGERY SEMINAR.

Ambulatory Care

PERLMUTTER CANCER CENTER OPENS 1ST STATEN ISLAND LOCATION

Staten Island has the highest cancer incidence rate of any borough—nearly 20 percent higher than the New York City average. Yet its 500,000 residents have never had convenient access to a National Cancer Institute (NCI)-designated Comprehensive Cancer Center for treatment. Until now.

On May 1, NYU Langone Health opened Perlmutter Cancer Center—Staten Island, expanding access to nationally recognized cancer care for residents and the surrounding communities. Perlmutter Cancer Center, designated a Comprehensive Cancer Center by the NCI, is ranked among the top 20 hospitals for cancer in the nation by *U.S. News & World Report*. The new location brings expertise to a borough with a significant and growing need for cancer services.

Perlmutter Cancer Center—Staten Island is the result of a strategic partnership between NYU Langone and New York Cancer & Blood Specialists, whose location at 2801 Richmond Avenue was transformed into the new center. In this unique model, which reflects NYU Langone's continued investment in expanding access to high-quality, specialized care across New York City, patients can continue seeing their New York Cancer & Blood Specialists physicians and care teams while benefiting from Perlmutter Cancer Center's clinical expertise, research infrastructure, and advanced treatment options.

The 45,000-square-foot facility, directly across from the Staten Island Mall, offers a full spectrum of cancer services in one setting. The center features advanced diagnostic and imaging capabilities, including CT, MRI, PET/CT, mammography, ultrasound, and X-ray, enabling comprehensive evaluation and treatment planning. On-site infusion, pharmaceutical, and laboratory services further streamline care, reducing the need for multiple appointments and supporting a coordinated, efficient patient experience.

"Expanding into Staten Island allows us to extend our multidisciplinary

model of care to more patients across New York City," says Oren Cahlon, MD, executive vice president, vice dean for clinical affairs and strategy, and chief clinical officer. "We bring together leading clinicians, innovative treatments, and access to more than 200 clinical trials to ensure that patients on Staten Island can benefit from the same level of advanced cancer care available across our health system."

The expansion is welcome news for residents of Staten Island. Breast cancer is the most frequently diagnosed cancer in the borough, which has incidence rates more than 12 percent higher than the citywide average. Other commonly diagnosed cancers, including lung cancer, colorectal cancer, uterine and endometrial cancer, and thyroid cancer, also occur at significantly higher rates on Staten Island than in the city's other four boroughs.

"This collaboration offers comprehensive cancer care to a borough where the need is significant," says John P. Leonard, MD, the Laura and Isaac Perlmutter Cancer Center Professor of Hematology and Medical Oncology and the chief clinical officer for enterprise cancer strategy and operations. "By integrating local expertise with the depth of Perlmutter Cancer Center, we are reducing barriers to treatment, improving outcomes, and enhancing both the quality and coordination of care available to Staten Island residents."

Clockwise from Left: Among the treatments offered at Perlmutter Cancer Center—Staten Island is external beam radiation provided by a linear accelerator. Right, from top: Hematologist-oncologists Ramtin Moradi, MD, and Seetha Murukutla, MD, attend to a patient. The center has advanced imaging capabilities as well as on-site infusion, pharmaceutical, and laboratory services.

SCAN TO LEARN MORE ABOUT PERLMUTTER CANCER CENTER—STATEN ISLAND.



Orthopedic Surgery

HOW A CUTTING-EDGE PROCEDURE PRESERVED AN OCTOGENARIAN'S CHERISHED CAREER

At 83, an age when most Americans are well into their retirement, John Diczok still loves working as a financial adviser and tax preparer. “It keeps my faculties sharp,” he says. “Plus, I help people and get paid for it.” So in the fall of 2025, when he developed numbness, tingling, and pain in his left hand, it wasn’t merely the discomfort that bothered him. His business relies on his ability to type, and he couldn’t do it properly.

Diczok consulted Nader Paksima, DO, MPH, an orthopedic surgeon at NYU Langone Health’s Hand Center. The diagnosis was carpal tunnel syndrome, a common condition that occurs when the median nerve is compressed as it runs through the narrow passageway at the wrist known as the carpal tunnel. The disorder usually results from swelling or thickening of the transverse carpal ligament, a band of connective tissue that forms the tunnel’s roof. Because the median nerve provides sensation to the palm side of the thumb and every finger except the pinkie, carpal tunnel syndrome can make it difficult to use the affected hand.

Although a wrist splint or steroid injection sometimes relieves symptoms, surgery may be the only fix for severe cases. Two approaches have long been available. In open carpal tunnel release, a surgeon makes a 1-to-2-inch incision at the base of the palm, then severs the ligament to relieve pressure on the nerve. While the procedure is safe and effective, recovery takes six to 12 weeks, and physical therapy is often needed. In a second technique, called endoscopic carpal tunnel release, a surgeon makes a half-inch incision and inserts a tiny camera to monitor their actions as they cut the ligament from underneath. This procedure creates less postoperative pain, and most patients return to activities in three to six weeks.

More recently, an even less invasive method, ultrasound-guided carpal tunnel release, has emerged.

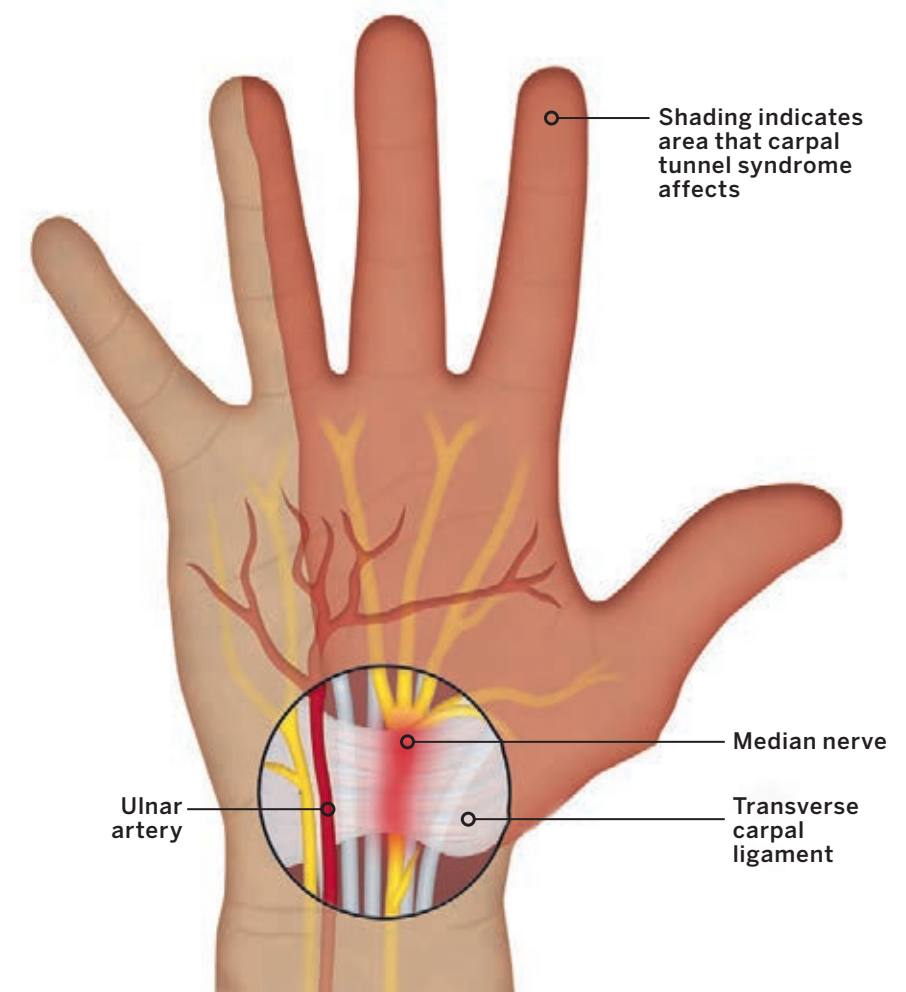
With this technique, the incision is just a few millimeters long. The procedure is guided by an ultrasound probe that provides real-time images of not only the ligament but also the median nerve and nearby blood vessels, reducing the risk of damage to those structures. The biggest payoff: Patients are often back to normal in three to five days. “People are amazed at how quickly they get better,” says Dr. Paksima.

Ultrasound guidance enables patients to be evaluated and diagnosed without an electromyogram, an uncomfortable diagnostic test in which a neurologist inserts electrode needles into the arm muscles. “With the ultrasound, we test patients right in the office, and the results are instantaneous,” explains Dr. Paksima. “I can show them live video of what’s happening inside their wrist.”

Dr. Paksima is the first surgeon in Manhattan to offer ultrasound-guided carpal tunnel release and has been teaching the technique to other hand specialists in the Department of Orthopedic Surgery. “This approach is especially valuable for older adults, who develop carpal tunnel syndrome more frequently, are likelier to develop it in both hands, and heal more slowly than younger people,” he notes.

Diczok is a case in point. Ten months earlier, he’d undergone open surgery for a compressed ulnar nerve in his right elbow and wrist. Although the operation was successful, it required 20 staples and 14 stitches, and he later developed an infection that necessitated a second surgery to reclose the wound. “It was not a fun experience,” he says dryly. Diczok was initially reluctant to put his left wrist under the knife. But once Dr. Paksima explained the advantages of the ultrasound-guided option, he was on board.

On December 3, 2025, Diczok was given sedation in an operating room at the Joan H. and Preston Robert



Carpal tunnel syndrome occurs when the median nerve is compressed in the wrist area, causing pain in the palm area and every digit except the pinkie. While traditional surgeries to sever the ligament and relieve pressure require a recovery period of many weeks, ultrasound-guided carpal tunnel release requires an incision just a few millimeters long and has patients back to normal in three to five days.

Hand and wrist surgeon Nader Paksima, DO, MPH, is the first surgeon in Manhattan to offer ultrasound-guided carpal tunnel release, a technique that allows a smaller incision and a quicker recovery than other methods.

John Diczok and his wife, Jean, on a Caribbean cruise this past spring.



Tisch Center at Essex Crossing (the procedure can be performed under local anesthetic, if a patient prefers). Dr. Paksima used a scalpel to make a puncture on the underside of Diczok’s wrist, then inserted a specialized tool designed to gently push aside the median nerve as it cuts. He carefully sliced through the ligament with one hand while using the other to manipulate the ultrasound probe, monitoring his progress on a large screen.

The entire procedure took about 10 minutes. When it was completed, Dr. Paksima closed the incision with a sterile adhesive strip. Diczok went home an hour later, and within days he was back at his computer, typing like the wind.

“I’ve had 35 surgical procedures in my lifetime, and this is the first time I can honestly say I had no pain,” he marvels. “Dr. Paksima is one of the best surgeons I’ve encountered. He’s a credit to his profession.”

SCAN TO LEARN MORE ABOUT TREATMENTS FOR CARPAL TUNNEL SYNDROME AT NYU LANGONE HEALTH.

COURTESY OF JOHN DICZOK

KARSTEN MORAN (2), MAXWELL DEZELL, JOE CARROTTA (2), JULIANA THOMAS (2)



Medical Education

AN END, AND A NEW BEGINNING

This spring, graduates of NYU Langone Health’s two medical schools transitioned from students to trainees as they gathered with family, friends, and loved ones to celebrate the next step in their professional journeys. On May 11, 157 students from NYU Grossman School of Medicine convened at Lincoln Center’s Alice Tully Hall to take the Hippocratic Oath. One week later, on May 18, 25 students from NYU Grossman Long Island School of Medicine did the same at the Tilles Center in Greenvale, New York.

“Each of you is stepping into this profession with a strong clinical foundation and a clear sense of purpose,” Alec C. Kimmelman, MD, PhD, dean of NYU Grossman School of Medicine, told the school’s graduates. “You bring not only knowledge but the ability to connect, to listen, and to care in ways that truly matter. That combination—skill and humanity, rigor and empathy—is what will make you indispensable.”

Board chair Fiona B. Druckenmiller presented the Valentine Mott Founders Award to professor emeritus Jan Vilcek, MD, PhD, paying tribute to his impact as an investigator, mentor, educator, and longtime trustee. On May 13, the Vilcek Institute of Graduate Biomedical Sciences honored 14 graduates of its Master of Science program and 39 graduates of its PhD program.

At the ceremony for NYU Grossman Long Island School of Medicine, founded in 2019 to help address the shortage of primary care physicians on Long Island and throughout the New York area, Dean Gladys M. Ayala, MD, MPH, hailed another year of fulfilled mission. “We are proud to say that more than 70 percent of this year’s graduating class will be staying in New York for their hospital residencies, and 40 percent will remain on Long Island,” said Dean Ayala.

Machine Learning

AI TOOL ACCURATELY PREDICTS NEED FOR POSTHOSPITAL NURSING CARE

Early and well-coordinated discharge planning in a hospital can help ensure a smooth handoff by care providers, reduce the length of stay, and lower a patient's risk of falling or acquiring an infection. However, determining which patients can be sent straight home and which need extra care at a skilled nursing facility can be difficult and time-consuming for clinical care teams.

"Sometimes it takes a few days for providers to decide what's going to happen after the hospital stay because they're so focused on what's happening to the patient at that very moment," says William R. Small, MD, associate medical director of clinical informatics and applied AI in the Medical Center Information Technology's Department of Health Informatics at NYU Langone Health. "The problem is that a patient may be stuck in the hospital longer than they need to be, or unable to move on to the next phase of their care."

A recent study published in the journal *npj Health Systems* describes a new AI tool that could help avoid this problem. Dr. Small and colleagues first prompted the chatbot ChatGPT to condense doctors' clinical notes into risk snapshots—concise summaries of a patient's health, living situation, and ability to perform daily tasks. The researchers then trained nine separate AI programs, known as large language models, or LLMs, to use the snapshots to predict whether patients were discharged to a nursing facility (as 15 percent of NYU Langone inpatients are) or sent home. The LLMs, they found, produced more accurate predictions from the ChatGPT-generated summaries—with the top model achieving an accuracy rate of 88 percent—than they did from the full-length notes.

"Our two-step approach acts like a fast but careful reader, turning a complex medical note into a simple summary of what matters most for discharge planning," says senior study author Yindalon Aphinyaphong, MD, PhD, director of

operational data science and machine learning.

Working with the electronic health records of hospitalized patients, the team first focused on the lengthy clinical summary called a history and physical, the first major doctor's note after a patient is admitted. "That assessment discusses the patient's relevant medical history and tells the story of how they got to the point of needing to be admitted," says Dr. Small. While descriptions of a patient's social support system, physical and cognitive status, and other medical details can help providers assess the need for skilled nursing care, the notes often include a large volume of extraneous information geared toward immediate care requirements.

"To filter out the noise, we developed a generative AI model to read the note, extract the information related to skilled nursing care risk factors, and generate the risk snapshot," explains study coauthor Eric K. Oermann, MD, director of the Health AI Research Lab at NYU Langone.

For generating the risk snapshots, the researchers directed the AI model to focus on words and phrases that previous studies, discussions with doctors and nurse case managers, and their own experience with hospitalized internal medicine patients suggested were most relevant. The analysis found that the most predictive search terms were "nursing home" and "SAR," the acronym for subacute rehabilitation; both refer to a skilled nursing facility. Other highly predictive words included "weakness," "fall," "dementia," "rehab," and "AMS," the acronym for altered mental status.

The team trained the LLMs on both the doctors' original notes and the AI-written risk snapshots for 3,000 patients. Then they tested how well the models used the longer or shorter notes to predict the post-hospital destinations for 1,000 patients with known outcomes. To gauge whether each model could

explain "why" it deemed a patient high or low risk, researchers asked nurse case managers to review the risk snapshots and determine—without seeing the model's prediction—whether each patient went to a nursing facility. The case managers' responses aligned well with the winning model's predictions, suggesting that the risk snapshots contained good predictive information.

"An innovative aspect of our study is that we can provide a summary that gives the care team greater context about why a patient is at high risk for needing skilled nursing care," says Dr. Small. "And that provides more nuance about whether to trust the information or not."

Dr. Small hopes an accurate model might also enable productive conversations among providers who influence discharge decisions, including physical and occupational therapists and social workers. He notes that the model is most useful in the early stages of hospitalization. In fact, the prediction is designed to expire after five days to ensure that decision-making is not based on outdated information.

Since publishing the study, the research team has introduced the discharge prediction tool as an option in Epic, NYU Langone's electronic health record system, to assess internal medicine patients. As providers become more comfortable using it, Dr. Small hopes that a randomized controlled trial that either hides or displays the prediction values will offer further proof of the model's value.

The initial model is merely a starting point in using AI to refine postdischarge predictions. "Intuitively, we know that there's information we're not capturing," says Dr. Small. "For the next phase, we're looking at notes from the emergency department as well as physical therapists and wound care nurses to cast a much broader net." With the added input, the model's next iteration is making even more accurate predictions, he says.



ARTEMIS/DANA/GETTY IMAGES PLUS



Kathleen Pastori shows off her renewed mobility during a visit with Karan Garg, MD, this spring.

that the gold-standard therapy for her condition is arterial bypass surgery, a procedure that reroutes blood flow by connecting a healthy artery above the blockage to one below it. However, the arteries in Pastori's lower leg were too badly damaged to operate on. "He told me amputation was my only option," recalls Pastori. "I said, 'That's not happening!'"

For a second opinion, Pastori turned to Dr. Lucido, whose ties throughout the NYU Langone Health network help ensure that Brooklyn-based patients have access to a full range of specialized foot and leg care. He suggested deep vein arterialization, a therapy that had only recently been approved by the Food and Drug Administration. In this approach, surgeons connect an artery in the upper calf to a nearby vein, then modify the vein to send blood to the foot instead of returning it to the heart.

When Pastori expressed interest, Dr. Lucido referred her to Karan Garg, MD, co-director of the Limb Salvage and Restoration Center at NYU Langone. Dr. Garg was among the first vascular surgeons in the metropolitan area to offer the technique, trademarked as LimFlow. Dr. Garg viewed Pastori as a strong candidate: She had always been active, taking daily walks around her neighborhood until her foot troubles surfaced. She also had an excellent track record of complying with doctors' orders, including quitting cigarettes following her earlier bout of gangrene.

"In clinical trials, LimFlow has been shown to enable two out of three patients to avoid amputation, and our results have been even better," says Dr. Garg. "Still, during recovery it's crucial to keep up with wound care and medications. I tell all my patients, 'When I say jump, you should say, 'How high?'"

Pastori was won over by the surgeon's animated description of the procedure. "Dr. Garg is like the smartest kid in your high school class, and he clearly loves his work," she says. "He's so enthusiastic that you get caught up in the wave of his excitement."

In November 2024, Kathleen Pastori developed a sore on her left heel that wouldn't go away. Pastori, then 75, had been diagnosed with peripheral artery disease, a common circulatory problem afflicting people with diabetes. A narrowing of arteries from plaque buildup reduces blood flow to the legs, often leading to painful foot ulcers. The disease can cause life-threatening infection and tissue death, or gangrene, a condition that may require amputation.

Pastori, a grandmother of seven who lives in Bay Ridge, Brooklyn,

had endured a gangrenous ulcer in her right foot several years earlier. Her podiatrist at NYU Langone Brooklyn Podiatry Associates—77th Street, Jeffrey V. Lucido, DPM, treated it successfully with a technique called debridement, cleaning out necrotic tissue and applying specialized dressings.

This time, though, the problem was more extreme. Besides the ulcer, there were patches of purplish skin—a sign of advancing gangrene—around the fourth and fifth toes. Tests showed she had

developed the most severe form of peripheral artery disease, known as chronic limb-threatening ischemia, in her left leg. The condition results in more than 150,000 amputations each year. Leg and foot amputations are associated with high mortality rates, along with complications such as phantom limb pain. They can also curtail people's ability to live independently, an outcome Pastori had witnessed in several of her friends.

Determined not to lose her foot, Pastori consulted a vascular surgeon at another hospital. He explained

"Dr. Garg is like the smartest kid in your high school class, and he clearly loves his work. He's so enthusiastic that you get caught up in the wave of his excitement."

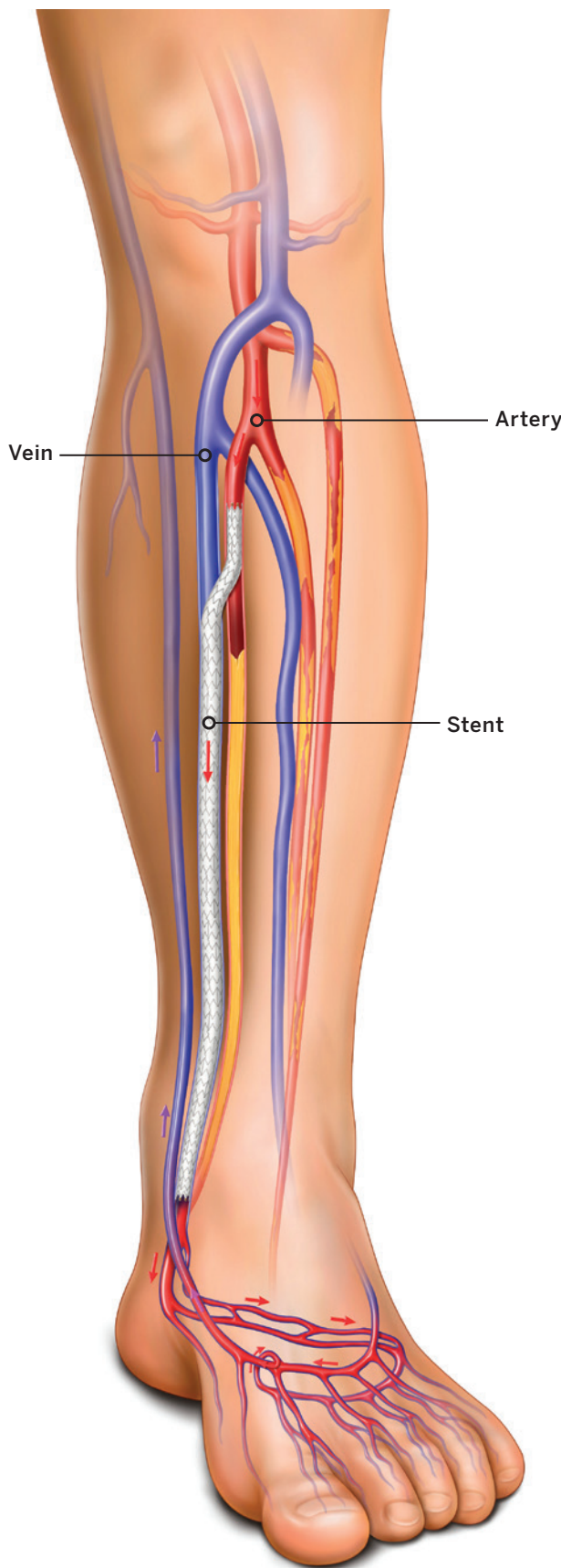
KATHLEEN PASTORI

On December 18, 2024, she was wheeled into an operating room at the Helen L. and Martin S. Kimmel Pavilion in Manhattan for the 5.5-hour procedure. Dr. Garg inserted one catheter through an artery in her groin and another through a vein in the sole of her foot. Guided by real-time X-ray imaging, he carefully advanced the catheters until they met below Pastori's knee. He used a needle to create an opening between the artery and the vein and ran a guidewire through it. Then he removed valves in the vein so blood could flow in the desired direction. Next, he inflated a tiny balloon to open up the vein, a procedure called angioplasty. Finally, he positioned two covered stents, one to create a channel between the vein and the artery and a second one to prevent blood from escaping into the vein's branches.

Pastori went home two days later. A few weeks after that, she missed some doses of her blood thinner, and her newly opened vessel shut down. A second angioplasty by Dr. Garg removed the blockage. Since then, she has rigorously followed the prescribed regimen, including physical therapy.

Although LimFlow spares most patients from below-the-knee amputation, some people ultimately lose toes. By the spring of 2025, it became clear that Pastori's fifth toe could not be saved, and Dr. Lucido removed it. Fortunately, the effects on her quality of life have been minimal. "To be honest," she says, "I don't miss it."

Pastori's foot is now fully healed. Aided by a cane, she has resumed her daily strolls, sometimes accompanied by one or more of her grandchildren. She's grateful to Dr. Lucido and Dr. Garg, who made her renewed mobility possible. "I love them both," she says. "They've proved to me that miracles do happen."



CHANGING THE FLOW TO SAVE A FOOT

For patients with chronic limb-threatening ischemia, in which severely blocked arteries reduce blood flow to the lower extremities, a new technique called deep vein arterialization can avoid the need to amputate a foot or lower leg. Here's how it works:

Surgeons create an opening between an artery (red) and a nearby vein (blue). Next, they remove valves within the vein that normally direct blood back toward the heart. Then they insert two stents (gray): one to create a channel between the artery and the vein, and another to prevent blood from entering the vein's branches. When the surgery is complete, blood flows into the foot through the modified vein before returning to the heart.

MEET THE EXPERTS



Karan Garg, MD
VASCULAR SURGERY



Jeffrey V. Lucido, DPM
PODIATRY, ORTHOPEDICS

SCAN TO LEARN MORE ABOUT LIMB SALVAGE AND RESTORATION AT NYU LANGONE HEALTH.

MATEO SALCEDO

COURTESY OF LIMFLOW

4,441 SECOND CHANCES AT LIFE—AND COUNTING

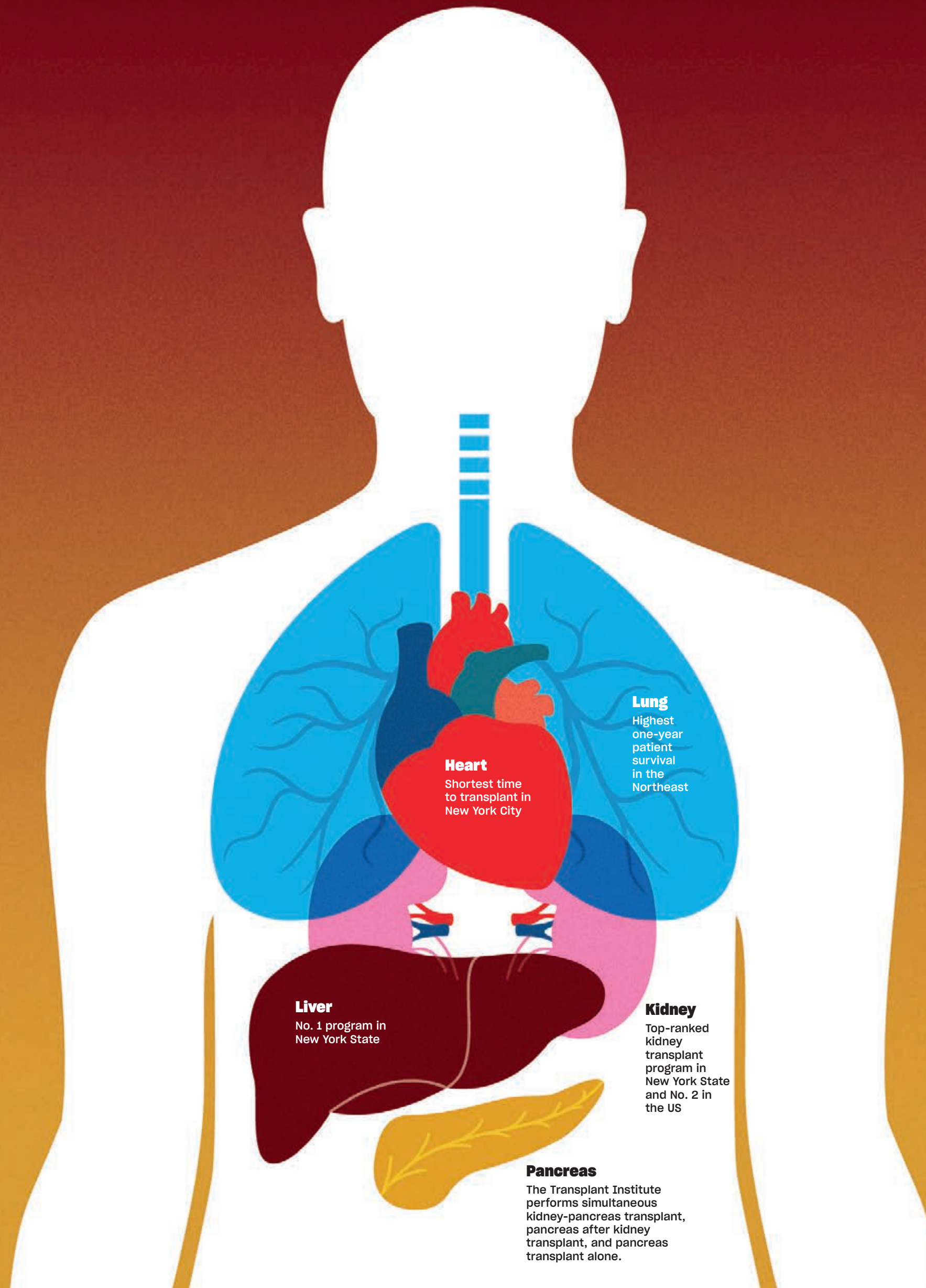
When Robert Montgomery, MD, DPhil, one of the nation's foremost kidney transplant surgeons, was named the inaugural director of the NYU Langone Transplant Institute in March 2016, his charge was to broaden NYU Langone Health's expertise in transplantation and advance surgical approaches that address the needs of a growing patient population. Earlier this year, the institute celebrated its 10th anniversary, with a record of accomplishments that has surpassed all expectations—even those of Dr. Montgomery, who himself received a heart transplant at the institute in 2018.

Dr. Montgomery has greatly expanded existing kidney and liver transplant programs while adding comprehensive heart, lung, and pediatric transplant programs. The Transplant Institute performs more solid-organ transplants than any other health system in the Northeast, according to the United Network for Organ Sharing, and it's one of the few centers in the region that transplant kidneys, livers, hearts, and lungs in both adults and children. The institute is one of the nation's premier transplant programs, according to the Scientific Registry of Transplant Recipients. It launched a dedicated pancreas transplant program in 2018. While maintaining the highest quality and safety standards in the nation, the institute's surgeons have transplanted 4,441 organs over the past decade, saving the lives of many grateful patients.

The Transplant Institute is also a pioneer in its field, advancing the science and clinical care of transplant medicine on several fronts. In 2018, surgeons at the institute performed the first hepatitis-C-positive heart transplants in New York City. Two years later, they performed the nation's first normothermic regional perfusion donation after circulatory death procedure, a technique that restores warm, oxygenated blood flow to a donor patient's organs once the heart stops, leading to better outcomes. In 2021, Dr. Montgomery led a team that performed the world's first gene-edited pig-to-human xenotransplant, and in 2025 the Food and Drug Administration approved the first clinical trial for xenotransplantation, the transplanting of organs from genetically modified animals to combat the organ shortage.

The three patients featured on the following pages underwent complex, successful transplants for different organs: heart, liver, and kidney. But they share two things in common. They are extraordinarily strong in mind, body, and spirit, and they owe their lives to a large team of multidisciplinary specialists who are passionate about giving patients a new lease on life. "It's always magical when you let the patient's blood flow into a transplanted organ and something so lifeless suddenly animates and becomes lifesaving," says Dr. Montgomery.

Illustration by
Josh McKible





Lydia Fernandez (left) and Paula Schneider visited one of their old classrooms at Dominican Academy in March 2026, more than three years after Fernandez donated part of her liver to save her best friend.

WHEN A YOUNG WOMAN NEEDED A NEW LIVER, HER BEST FRIEND—AND 2 SURGEONS—CAME TO THE RESCUE

Photograph by
Brad Trent

Paula Schneider and Lydia Fernandez became fast friends on their first day at Dominican Academy, a Catholic high school for girls on the Upper East Side of Manhattan, in September 2010. Schneider and her fraternal twin sister, Helene, had transferred from public school and knew no one. “At lunch, they were sitting alone in the cafeteria,” recalls Fernandez. “They looked cool, so I decided to keep them company.” Fernandez and Schneider bonded instantly over their love of the TV show *Glee* and soon became inseparable. On weekends, the girls hung out at Schneider’s apartment in Manhattan or at Fernandez’s house on Long Island.

After graduating in 2014, Schneider enrolled at the College of Idaho while Fernandez stayed close to home at Stony Brook University. Yet a life-threatening health crisis would bring the pair closer than they ever could have imagined. During her first year of college, Schneider developed severe gastrointestinal problems. She was diagnosed with

ulcerative colitis, an autoimmune disease that causes the immune system to attack the colon. Weeks later, she was found to have a second autoimmune disease: primary sclerosing cholangitis, or PSC, a rare, progressive disorder that damages the liver, impairing its ability to filter blood and support digestion.

When anti-inflammatory drugs failed to control her ulcerative colitis, Schneider was referred to David P. Hudesman, MD, director of the Inflammatory Bowel Disease Center at NYU Langone Health. He prescribed a biologic, a drug made from living cells engineered to target specific disease-causing proteins or cells, which eased her symptoms. Meanwhile, Schneider started on medications to mitigate the effects of her PSC.

Still, her health continued to decline. Soon after she finished college, imaging revealed that she had cirrhosis, or advanced scarring of the liver. Doctors told her that she would eventually need a liver transplant. “I thought, ‘Oh God, what do

I do?’ ” she recalls. “I was terrified.”

Although she’d always been reluctant to discuss her health problems, Schneider confided to Fernandez one day at a coffee shop. “If you ever need an organ,” her friend responded, “I’m here for you.”

By 2021, the situation had become more than hypothetical. Schneider’s ulcerative colitis worsened, requiring the surgical removal of her large intestine and the creation of an ileostomy to excrete waste. Then her PSC went into overdrive, causing toxins to accumulate throughout her body. She developed severe itching and crippling fatigue.

Schneider was accepted by NYU Langone’s Liver Transplant Program. However, she wasn’t placed on the waitlist for an organ, because she scored too low on the model for end-stage liver disease (MELD) scale, commonly used to assess the severity of the disease. “With PSC, there’s often a discordance between a person’s MELD score and how sick they truly are,” explains AnnMarie Liapakis, MD, medical director of NYU Langone’s Living Donor Liver Transplant Program.

In August 2022, Schneider was reevaluated and approved for the waitlist. Still, her prospects for survival remained uncertain, given the nationwide shortage of organs from deceased donors. Each year, about 2,000 patients die while awaiting a liver transplant.

Living donor liver transplantation is a valuable option for increasing the supply. The liver regenerates rapidly, enabling healthy people to donate a portion of the organ with no lasting impact on their own health. These transplants have better outcomes than deceased donor transplants because the organ tends to be in better condition. Donors can also designate their organ for a specific recipient, eliminating the wait and allowing the transplant operation to be scheduled at the donor’s and recipient’s convenience.

Schneider’s sister, Helene, posted a plea for potential donors on social media. Within an hour, Fernandez texted Schneider to report that she had submitted the application form—something she had been planning ever since their initial conversation years earlier. “When you love somebody, you show up for them in whatever way you can,” says Fernandez.

NYU Langone’s Liver Transplant Program ranks among the top 5 nationally and No. 1 in New York State, based on short wait times for a transplant and a high patient survival rate, according to the Scientific Registry of Transplant Recipients. The program is among the few that provide a comprehensive range of support services for donors as well as recipients, including health, psychological, and financial counseling. “We have a dedicated team of surgeons, hepatologists, and specialized nurses who work together to achieve the best possible outcomes with organs from both living and deceased donors,” says Karim J. Halazun, MD, surgical director of the Adult Liver Transplant Program and section chief of hepatobiliary surgery. “Our goal is not just to save patients’ lives but to transform their quality of life.”

The complex eight-hour surgery took place on November 30, 2022. At 6 a.m., the two friends met in a preoperative area at Tisch Hospital, accompanied by Schneider’s mom, Fernandez’s parents, and Fernandez’s fiancée, Jack O’Dwyer. After they shared a hug, Schneider was wheeled into an operating room and Fernandez walked into the one next door.

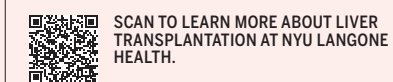
Fernandez’s hepatectomy was led by Adam Griesemer, MD, surgical director of the Living Donor Liver Transplant Program. To remove the left lobe of her liver, he used a combination of minimally invasive and open techniques that avoided the need to cut through her abdominal muscles. This approach enables ath-

letic patients like Fernandez, an avid runner, to resume activities sooner. In the adjoining operating room, Dr. Halazun carefully removed Schneider’s diseased liver. Then, as Dr. Halazun implanted the donor organ into Schneider’s abdominal cavity, Dr. Griesemer closed Fernandez’s incision. Finally, the two surgeons partnered to complete Schneider’s surgery.

Fernandez went home after four days in the hospital. Within a month, her liver had regenerated, and by eight weeks, she had returned to her job as a cosmetic chemist and to distance running. A year after the surgery, in November 2023, she completed her second New York City Marathon—a race that Dr. Griesemer also entered, inspired by Fernandez’s determination. “She crushed my time,” he says with a laugh. “It was like we were running on different roads.”

For Schneider, the road to recovery was bumpier. A week after the transplant, she developed the first of a series of bowel obstructions, likely due to swelling in old scar tissue. Six months later, she had revision surgery on her ileostomy. Following the procedure, she felt better than she had in years and was able to return to her work in nonprofit finance.

When Fernandez and O’Dwyer married in October 2024, Schneider served as Fernandez’s maid of honor; when Schneider married her fiancé, Sam Carlson, in December 2025, Fernandez and her wife celebrated with them. At 30, both remain in good health, a state that neither takes for granted. “It took Lydia, my family, my wonderful doctors at NYU Langone, and a whole community to get me through this,” says Schneider. “I wouldn’t be here without them.”



SCAN TO LEARN MORE ABOUT LIVER TRANSPLANTATION AT NYU LANGONE HEALTH.

MEET THE EXPERTS



Karim J. Halazun, MD
TRANSPLANT SURGERY, HEPATOBIILIARY AND PANCREATIC SURGERY



Adam Griesemer, MD
TRANSPLANT SURGERY, HEPATOBIILIARY AND PANCREATIC SURGERY



David P. Hudesman, MD
INFLAMMATORY BOWEL DISEASE



AnnMarie Liapakis, MD
HEPATOLOGY, TRANSPLANT HEPATOLOGY

3 HEALTH SYSTEMS SAID NO TO A YOUNG WOMAN IN NEED OF A HEART TRANSPLANT. NYU LANGONE SAID YES.



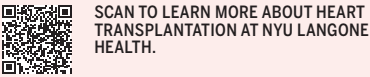
Molly Eschenbach received a heart transplant at NYU Langone Health last year. Now she is in good health and engaged to be married.

Molly Eschenbach had a rough start in life. Born with severe heart defects, she underwent cardiac surgery when she was just a few days old. After another heart procedure seven months later, she developed a rare condition called endocarditis, an infection of the heart’s inner lining. A powerful antibiotic saved her life but destroyed her hearing. She suffered developmental delays as well, likely due to oxygen deprivation during the second surgery.

With tireless support from her parents, Suzanne and Stephen, Molly thrived nonetheless, learning to communicate in sign language and attending high school at the American School for the Deaf in West Hartford, Connecticut. At 21, she moved into a supervised group home for hearing-impaired adults in Paterson, New Jersey. She enjoyed biking, cooking, drawing, and frequent visits from family members. Three years ago, at age 30, she found love with a fellow resident, Jeremiah Ortega, and the pair became inseparable. “It was a really positive and affirming environment,” Stephen says.

But in February 2025, Molly’s health troubles returned with a vengeance. A new bout of endocarditis led to a massive heart attack. She was admitted to a medical center in New York City, where doctors determined she would need a heart transplant. However, they declined to place her on the waitlist, citing the challenges of aftercare for patients in group homes. Molly was transferred to another hospital, but transplant surgeons there concluded that the complexity of her case exceeded their capabilities. A third hospital declined even to evaluate her.

Finally, in April, Suzanne contacted Alex Reyentovich, MD, director of the Heart Failure Program and medical director of the Heart Transplant Program at NYU Langone Health. “We’ve fought for her throughout her life,” Suzanne told him, “and we’re not going to let her die.”



SCAN TO LEARN MORE ABOUT HEART TRANSPLANTATION AT NYU LANGONE HEALTH.

TONY LUONG

Dr. Reyentovich reached out to Dan G. Halpern, MD, medical director of the Adult Congenital Heart Disease Program, who looped in T.K. Susheel Kumar, MD, director of the Pediatric Heart Failure and Transplant Program (who also provides surgical treatment for adults with congenital heart disease), and Nader Moazami, MD, chief of the Division of Heart and Lung Transplantation and Mechanical Circulatory Support. “Molly’s story, and her parents’ motivation, won us over,” says Dr. Reyentovich.

Their decision to proceed was informed by an extraordinary track record. NYU Langone is the No. 1 health system for cardiology and heart and vascular surgery, according to *U.S. News and World Report’s* Best Hospitals rankings. The Adult Congenital Heart Disease Program is designated as a Comprehensive Care Center, the first in New York State to receive the distinction. The Heart Transplant Program, part of the Transplant Institute, has the shortest wait times in New York State and among the highest one-year survival rates in the Northeast, according to the Scientific Registry of Transplant Recipients. “About 20 percent of NYU Langone’s heart transplant patients have been rejected by other centers due to medical complexity,” notes Dr. Reyentovich. “We routinely take on the most complicated cases in the region.”

Among those complex cases are adults with congenital heart disease, whose abnormal cardiovascular anatomy, often coupled with other health challenges, requires specialized expertise and multidisciplinary coordination. “We’re used to dealing with scarring from past surgeries, higher risk of bleeding, different reactions to medications,” explains Dr. Halpern. “Many programs aren’t equipped to handle these cases.”

By the time Molly arrived at NYU Langone, she’d gone into cardiac arrest twice. A third episode occurred while she was being admitted, and her kidneys were starting to fail due to insufficient blood flow. Yet a battery of tests confirmed she

was a viable candidate for transplantation, with high potential for a positive long-term outcome. To help her survive until a suitable donor organ became available, her care team—including Adam Small, MD, associate medical director of the Adult Congenital Heart Disease Program—realized that strong psychosocial support was crucial. Stephen, a data scientist who works remotely, was given a bed so he could stay by his daughter’s side around the clock. Suzanne, a psychiatrist, relieved her husband whenever possible. Jeremiah also visited, and the couple had video calls frequently.

Meanwhile, cardiac social worker Olivia Gregory, LMSW, dropped by every day, bringing the patient’s preferred coloring pages (featuring characters from *Lilo & Stitch*) and her beloved iced Starbucks drinks. Gregory provided companionship—drawing and watching videos with Molly—and counsel. “Molly desperately wanted to go home and get back to her life,” she says. “I helped her understand why she was in the hospital and helped make her stay as comfortable as possible.”

The severity of Molly’s illness put her at the top of the waitlist, and an organ became available within a month. On May 27, 2025, she was wheeled into an operating room at the Helen L. and Martin S. Kimmel Pavilion, where Dr. Kumar, assisted by Dr. Moazami, led the 13-hour surgery. After placing her on a heart-lung machine, the two surgeons meticulously removed her old heart, adjusted the surrounding tissue and blood vessels, and fitted her new one in place.

Although the procedure was successful, Molly experienced several common postoperative complications, including a mild rejection episode, kidney problems that briefly required dialysis, and fluid buildup around her lungs. She endured them stoically. “‘Tough’ is my favorite word,” she says with a proud smile. In July, she was moved to Rusk Rehabilitation’s inpatient facility, where she spent a month undergoing physical therapy, supervised by physiatrist Jeffrey M. Cohen, MD. Finally, on August 21, she returned

“About 20 percent of NYU Langone’s heart transplant patients have been rejected by other centers due to medical complexity. We routinely take on the most complicated cases in the region.”

ALEX REYENTOVICH, MD, DIRECTOR OF THE HEART FAILURE PROGRAM AND MEDICAL DIRECTOR OF THE HEART TRANSPLANT PROGRAM

to the group home.

A year later, Molly remains in good health, thanks to antirejection and other medications sent by NYU Langone’s nurse practitioners. Staffers at the residence oversee her regimen and ensure she attends her follow-up appointments.

Now that her ordeal is behind

her, Molly is happily looking toward the future. Jeremiah recently asked her to marry him, and she accepted. Her parents are over the moon, not just because they adore their future son-in-law. “NYU Langone could see that Molly wanted to live, and they were all in,” says Stephen. “They came through in every way.”

MEET THE EXPERTS



Alex Reyentovich, MD
HEART FAILURE, TRANSPLANT CARDIOLOGY



Nader Moazami, MD
CARDIAC SURGERY, TRANSPLANT SURGERY



Dan G. Halpern, MD
ADULT CONGENITAL HEART DISEASE



Adam Small, MD
ADULT CONGENITAL HEART DISEASE



T.K. Susheel Kumar, MD
CONGENITAL CARDIOTHORACIC SURGERY



Jeffrey M. Cohen, MD
PHYSICAL MEDICINE AND REHABILITATION

Emily Sammartano and Sean Cirillo are deeply grateful for their infant son, Leonardo—and Emily's restored health following a kidney transplant.

Exceptional Kidney Care

A PREGNANT WOMAN'S KIDNEYS WERE FAILING. SKILLED TEAMS HELPED HER DELIVER A HEALTHY BABY, THEN GAVE HER A FRESH START



“NYU Langone Hospital—Long Island is one of a select group of centers in the New York region equipped to guide a patient through a pregnancy as complex as Emily's.”

MARTIN CHAVEZ, MD, DIRECTOR OF
MATERNAL-FETAL MEDICINE AT NYU LANGONE
HOSPITAL—LONG ISLAND

Growing up as the youngest of four children in Oceanside, Long Island, Emily Sammartano had always dreamed of starting a family of her own. But when she and her fiancé, Sean Cirillo, married in June 2024, they knew their path to parenthood might not be an easy one. Six months earlier, after a routine screening detected alarmingly high blood pressure, Sammartano was diagnosed with a rare autoimmune disease known as IgA nephropathy.

“The first question I asked was, ‘Can I have kids?’” she recalls. The answer, she learned, was maybe. IgA nephropathy occurs when the immune system attacks capillaries in the kidneys that filter impurities from the blood. Although many patients with the condition have successful pregnancies, it increases the risk of preterm delivery and preeclampsia, a potentially life-threatening hypertensive disorder.

A former cross-country runner, Sammartano was exceptionally fit, and medications had helped stabilize her kidney function. Her doctors determined that she could safely attempt a pregnancy.

However, they warned that she would have to stop taking the drugs that had halted her disease progression because they could be harmful to the fetus. Plus, the demands of pregnancy might further damage her kidneys. Sammartano accepted the risk. “I was willing to do whatever it took to have a baby,” she says.

Sammartano became pregnant in April 2025. Soon afterward, her NYU Langone Health-affiliated OB/GYN, Matthew J. Dilena, MD, referred her to Nadia B. Kunzier, DO, a maternal-fetal medicine specialist at NYU Langone Hospital—Long Island, who oversees such complex cases. “Dr. Kunzier was incredibly supportive throughout my struggle,” says Sammartano. “She really took the reins.”

In June, lab results showed that her kidney function was declining rapidly. Dr. Kunzier consulted Naveed N. Masani, MD, medical director of dialysis services at NYU Langone Hospital—Long Island,

who advised that Sammartano undergo a kidney biopsy. The test revealed that the decline was due to the physiological stresses of pregnancy, not due to increased disease activity. To mitigate the problem, she would receive dialysis, a treatment that filters waste products and excess fluids from the blood when the kidneys can't do the job. Undergoing dialysis during pregnancy is uncommon, but successful outcomes have increased significantly in recent years.

At Dr. Kunzier's suggestion, Sammartano began seeing nephrologist Stephen Yang, MD, who developed a treatment plan to accommodate the evolving needs of both mother and fetus. “He's an unbelievable physician,” she says. “His combination of medical expertise and caring blew me away.”

Surgeons fitted Sammartano with a dialysis catheter in her chest rather than the conventional vein-to-artery connection in the arm, known as a fistula, because the latter can take up to three months to mature. In mid-August, she embarked on a Monday-through-Saturday regimen at NYU Langone Dialysis Center—Bethpage, gradually ramping up to five hours per session, or 30 hours per week, which is roughly three times the typical duration for patients on dialysis (see “Achieving Superior Outcomes for Dialysis Patients,” page 29). “We start out gently, increasing the intensity as the mother's body changes,” explains Dr. Yang.

Dr. Kunzier conducted regular lab tests and fetal sonograms, consulting with Dr. Yang and his team daily. “NYU Langone Hospital—Long Island is one of a select group of centers in the New York region equipped to guide a patient through a pregnancy as complex as Emily's,” says Martin Chavez, MD, director of maternal-fetal medicine. “Our combination of expertise, coordinated multidisciplinary planning, and empathetic care is what makes great outcomes possible.”

Sammartano, a compliance manager for a global financial firm, con-



Sammartano (third from left) and her nursing care team at NYU Langone Dialysis Center—Bethpage.

tinued to clock in remotely while undergoing treatment. “My life was literally work, doctor appointments, and dialysis,” she says. “Nothing else existed.” The staff at the Bethpage center helped her maintain a positive attitude despite the anxieties, discomforts, and deprivations of her situation. Sammartano became especially close with nurse manager Patricia March, RN, and Gina Fergu-

son, LPN. “They became my second family,” says Sammartano. “When I was having a bad day, they made me laugh. They kept me strong and kept me going.”

March notes that unlike many dialysis programs, the NYU Langone Dialysis Center relies on nurses rather than technicians to provide patient care. “We get to know our patients as people, not

just cases, and we look after every aspect of their health, from their blood circulation to their emotional well-being.”

All along, the plan had been to induce labor at 37 weeks, once the baby was considered full term, to avoid the risks that continuing the pregnancy would pose to Sammartano’s health. On December 16, she underwent dialysis in the hospital’s delivery room in case the labor was protracted. She then received treatments to induce the process—and 12 hours later, a healthy boy, Leonardo, greeted his parents with a lusty wail. Sammartano developed preeclampsia soon afterward, but medications and another round of dialysis eased it. She went home with her newborn within two days.

The next step in the family’s journey began in February 2026, when Sammartano passed the evaluation for a kidney transplant, meaning she was a good candidate, and the

procedure was deemed medically necessary. Cirillo offered to be the donor, but Sammartano’s exposure to his DNA through carrying his child would increase the risk of rejection. Instead, he signed up for a National Kidney Registry program that enables an individual to donate a kidney to a stranger, earning priority status for friends or family members who might need one. (See “Matching Kidney Donors With Strangers in Need.”) “I said, ‘Emily did her part for our family, and now I want to do mine,’” he recalls.

Cirillo donated his left kidney in March, and Sammartano received a kidney from an anonymous donor on April 30. Her three-hour surgery was led by Robert Montgomery, MD, DPhil, director of the NYU Langone Transplant Institute. A heart trans-



“I was willing to do whatever it took to have a baby,” says Sammartano. That dedication included 30 hours of dialysis per week, three times the normal duration for patients being treated for end-stage renal failure.

ACHIEVING SUPERIOR OUTCOMES FOR DIALYSIS PATIENTS

More than 100,000 Americans are on the national waitlist for a kidney transplant, yet only 17,000 receive one each year, according to the National Kidney Foundation. Patients may wait up to five years for a match. In the meantime, most are on dialysis, a physically and mentally demanding treatment that filters out toxins from the blood but often causes fatigue and requires a strict treatment schedule and dietary restrictions. The goal of the NYU Langone Dialysis Center is to make the treatment process, which typically occurs three times a week for 3.5 hours, as manageable as possible for patients. The program has a strong reputation in the transplant community for its ability to get patients in end-stage renal failure through the transplant process quickly and with exceptional outcomes. It is rated as high performing by *U.S. News & World Report*.

The NYU Langone Dialysis Center was the first hospital-based program on Long Island and the first inpatient dialysis program accredited by the National Dialysis Accreditation Commission. It is certified by the 5-Diamond Patient Safety Program, which promotes quality and safety for treatment of kidney failure. Now in its fifth decade, the dialysis program provides about 52,000 dialysis treatments annually, some 48,000 in an outpatient or home setting and 4,000 in an inpatient setting. Unlike many programs, which rely on technicians to provide patient care, it is “entirely physician ordered and nurse driven,” notes Naveed N. Masani, MD, medical director of dialysis services at NYU Langone Hospital—Long Island. “This model leads to better outcomes and builds a stronger bridge to transplantation for eligible patients.”

plant recipient himself, Dr. Montgomery is a pioneer of techniques to improve access to donor organs, including “donor swaps” like the one Sammartano received and the fast-advancing field of xenotransplantation, the use of organs from gene-edited animals.

“When I met Emily’s parents right before the surgery, they both cried and said they were so happy I was doing the transplant because I uniquely knew what their daughter had been through in terms of the uncertainty of receiving an organ in time,” says Dr. Montgomery.

The transplant was successful, and Sammartano went home on May 3, returning to her husband, her infant, and a brighter future than she could have imagined a year ago. “I’m incredibly excited to live my life again instead of watching it pass me by from the sidelines,” she says. “And I’m so grateful to everyone who made it possible.”



SCAN TO LEARN MORE ABOUT KIDNEY TRANSPLANTATION AT NYU LANGONE HEALTH.

SEAN CIRILLO (2)

MEET THE EXPERTS



Nadia B. Kunzier, DO
MATERNAL-FETAL MEDICINE



Naveed N. Masani, MD
NEPHROLOGY



Martin Chavez, MD
MATERNAL-FETAL MEDICINE,
FETAL SURGERY



Stephen Yang, MD
NEPHROLOGY



Robert Montgomery, MD,
DPhil
TRANSPLANT SURGERY

Research

THERAPEUTIC CANDIDATE SHOWS PROMISE FOR PREVENTING DIABETIC COMPLICATIONS

In type 1 and type 2 diabetes, a surprising number of complications—including heart disease, kidney disease, and poor wound healing—can compound the danger for patients. Research has suggested that these threats arise from an inflammatory process that hinges on a protein called the receptor for advanced glycation end products, or RAGE.

A new study by NYU Langone Health researchers has identified a therapeutic drug candidate that might help quell diabetic complications. Published as the cover story in the journal *Cell Chemical Biology*, the study suggests that the experimental drug binds to RAGE, blocking its ability to link up with its molecular collaborator—called diaphanous-related formin 1, or DIAPH1—and

trigger the destructive pathway. In essence, the potential drug jams a lock to keep the harmful key from being inserted.

The study's senior co-author, Ann Marie Schmidt, MD, the Dr. Iven Young Professor of Endocrinology at NYU Grossman School of Medicine, notes that diabetes can permanently increase the risk of other health issues. "Simply lowering the blood glucose levels with insulin or oral agents doesn't erase the complications," she says. "High glucose exposure, even years earlier, can change the signature of the body's cells."

In people who suffer from diabetes-related injuries (such as foot ulcers), immune cells that respond to the danger can become altered

through molecular signals and cause chronic inflammation in tissue throughout the body. The phenomenon is why diabetes is associated with a higher risk of head-to-toe problems, including stroke, blindness, heart disease, kidney disease, and impaired wound healing, as well as nerve damage and poor circulation, sometimes leading to amputations of the lower extremities. The best way to prevent these complications may be to block the mechanism that causes the inflammation in the first place. A few decades ago, Dr. Schmidt and other researchers began identifying potential ways to block that mechanism, focusing on molecules that interact with RAGE.

Studies in mice suggest that the RAGE pathway evolved in mammals

as an energy-hoarding strategy that enabled them to survive periods of extreme cold or limited food availability. In someone with diabetes, however, the lack of sugar-processing insulin leads to excess glucose levels in the blood and a buildup of the signaling molecules that can keep the RAGE pathway active. Thus, the "survival mode" pathway can get stuck in the "on" position, preventing the body from spending the energy it needs to maintain critical processes.

While searching for protein partners that bind to RAGE and encourage its destructive effects, Dr. Schmidt previously discovered that the DIAPH1 molecule, which binds to the tail end of RAGE, is essential in triggering the pathway. Her lab

illustration of a receptor for advanced glycation end products, or RAGE, within a lipid bilayer membrane. RAGE contributes to an inflammatory process that can trigger diabetes complications, including heart disease, kidney disease, and poor wound healing.

showed that in diabetic mice, knocking out the DIAPH1 gene worked just as well in protecting the animals from complications as did eliminating the RAGE gene itself.

Dr. Schmidt and other researchers wondered whether a molecule that blocked the DIAPH1-RAGE interaction might offer comparable protection. An early drug candidate, discovered through a screen of more than 58,000 compounds, was discovered to contain a structure that can alter the sequence of

DNA—an unwanted side effect that may elevate cancer risk. So the Schmidt Lab, in collaboration with medicinal chemist Robert DeVita, PhD, modified the compound to remove the portion responsible for its mutation-causing potential. The result was a small molecule called RAGE406R that blocked the RAGE pathway as well as if not better than its predecessor but without the possibility of harmful side effects.

In their study, Dr. Schmidt and her team showed that the new

therapeutic drug candidate dampened the inflammation that often accompanies diabetes. In addition, when administered topically to diabetic mice, the compound sped up wound healing. When the researchers incubated the RAGE406R compound with blood cells from human patients with type 1 diabetes, they saw another encouraging sign: The molecule significantly tamped down the activity of a protein linked to the inflammatory response within diabetic tissue.

The Schmidt Lab is working with a company called DiaphOne Therapeutics to complete the preclinical investigations for a phase 1 clinical trial in human patients. The preclinical tests may include gauging the effect of the drug candidate on

organoids, miniature three-dimensional stand-ins for human organs that are grown from stem cells.

Early lab tests in mice suggest that RAGE406R can similarly reduce complications of diabetic kidney disease and amyotrophic lateral sclerosis, or ALS, a progressive neurodegenerative disease also known as Lou Gehrig's disease.

"We're working under the premise that the RAGE pathway is not unique to diabetes but is associated with a host of other diseases, including Alzheimer's," says Dr. Schmidt. If the drug candidate proves itself, she adds, "it might one day fill an important treatment gap by becoming part of a combination therapy that targets both the underlying disease and its complications."

Alumni Profile

ROBERT E. KRAVETZ, MD, HAS DEVOTED HIS LIFE TO TEACHING—AND PRACTICING— MEDICAL HUMANISM



Robert E. Kravetz, MD, displays a few favorite medical artifacts from his expansive collection.

When Robert E. Kravetz, MD, a 1958 graduate of NYU Grossman School of Medicine, attended his 60th class reunion in 2018, he made sure to have his picture taken standing beside an 1898 horse-drawn carriage that was once part of the ambulance fleet at NYC Health + Hospitals/Bellevue. Dr. Kravetz, now 92, felt a personal connection to the vehicle. An avid collector of medical artifacts from the 19th and early 20th centuries, he owns a cap worn by one of the ambulance drivers. As an alumnus who received his clinical training at Bellevue Hospital, NYU Langone Health's long-time primary teaching affiliate, Dr. Kravetz says the antique brought back fond memories of his time at what was then known as New York University College of Medicine.

Dr. Kravetz marveled at how much had changed on campus since his previous reunion in 2008. But he was also struck by what had *not* changed: NYU Langone's commitment to humanistic medicine, an

approach to care that prioritizes compassion, empathy, and respect for the patient as a whole person. As a student, he was introduced to the concept by Lewis Thomas, MD, the renowned humanist and acclaimed author who was then chair of the Department of Pathology and later became the school's dean.

At his reunion in 2018, Dr. Kravetz was heartened to learn that David M. Oshinsky, PhD, a Pulitzer Prize-winning author, is director of the Division of Medical Humanities in the Department of Medicine.

Dr. Kravetz has made his own contributions to humanistic medical education. He still serves as clinical professor of medicine, bioethics, and humanism at the University of Arizona College of Medicine—Phoenix. He joined its faculty in 2012, five years after the school was established, and is now its most senior professor. He teaches a course on clinical medicine to first- and second-year students and an elective on the history of medi-

cine to fourth-year students, with no plans to stop anytime soon.

Dr. Kravetz says his early clinical experiences shaped what would become a hallmark of his teaching and a guiding principle of his practice. "My medical school education and training took place during the golden age of medicine," he notes. "There was a harmonious blending of technology and the human touch." During his internal medicine residency in Brooklyn, Dr. Kravetz put what he had learned about the intimacy of the doctor-patient relationship into practice, making house calls for \$5 per visit. "I brought my little black bag, a few medications, and my brain to listen to the patient's story," he recalls. Dr. Kravetz believes that every physician should develop their own technique for building trust with patients, and that small gestures—active listening, making eye contact—can go a long way toward fostering a connection.

Growing up in Jersey City, New Jersey, young Bob Kravetz was inspired to become a doctor by his uncle George, a general practitioner in Brooklyn who took his time getting to know each patient. At the end of his second year at Rutgers University, he applied to New York University College of Medicine and was accepted within a week.

In 1961, Dr. Kravetz joined the United States Public Health Service, serving at the Phoenix Indian Hospital, a referral center for patients from neighboring states Colorado, Utah, Arizona, and New Mexico. "It was like having two more years of training," he says. "I traveled to the reservations and learned about Native American cultures." Dr. Kravetz was also educated about the population's state of health. "They had virtually no heart disease and very few cases of cancer," he notes, "but they had a very high incidence of diabetes and alcoholism, the most common causes of death in those communities."

Dr. Kravetz believed there had to be a better way to care for patients afflicted with alcoholism than to simply treat the end result of their

illness—typically, cirrhosis of the liver or liver failure. While on staff at a county hospital in Phoenix, he established Arizona's first rehabilitative clinic of its kind, the Center for Liver Disease and Alcoholism.

Dr. Kravetz completed a fellowship in gastroenterology at Yale School of Medicine, where he trained with another distinguished humanist, Howard Spiro, MD, founder of the school's Program for Humanities in Medicine. In 1965, he returned to Phoenix with his wife, Nancy, an artist, to open a private practice. They met when seated next to each other at a wedding, and three dates later they were hosting their own matrimonial ceremony. Married for 69 years, they have three children and nine grandchildren. Their eldest son, Michael, is a retired specialist in rehabilitation medicine.

On his 65th birthday in 1999, Dr. Kravetz retired from private practice after 35 years. Last year, he was honored by the American College of Gastroenterology with the President's Special Recognition Award for his "outstanding and substantial contributions to recognizing and preserving the rich history of clinical gastroenterology."

Upon retirement, Dr. Kravetz pursued his interest in the history of medicine with characteristic zeal. He has collected thousands of medical artifacts and is always on the lookout for objects that, he says, "represent a window into the past and a reminder of how far we've come in medical diagnosis and treatment." He has donated most of the artifacts, some of which are on display at the Robert Kravetz MD Medical Museum at the University of Arizona College of Medicine. Dr. Kravetz gives each graduating medical student in his course an antique related to their chosen specialty so they can start their own collection.

"I look at each day as an exciting challenge and opportunity," says Dr. Kravetz. "I've had one wife, one house, one practice, and a lifetime of happy memories. I look forward to my 70th class reunion in 2028."

COURTESY OF ROBERT E. KRAVETZ, MD (2)



Dr. Kravetz in front of the 1898 horse-drawn carriage that was part of the ambulance fleet at NYC Health + Hospitals/Bellevue, where he received much of his medical training.



Yadiel Antonio Santana and Esiene Morales, student interns at NYU Langone Health through Cristo Rey New York High School's Corporate Work Study Program.

NYU LANGONE STAFF

Community Outreach

TO ADDRESS THE NURSING SHORTAGE, NYU LANGONE CULTIVATES STUDENTS FROM A STANDOUT HIGH SCHOOL

It's 9:30 a.m. on a Tuesday at NYU Langone Health's Manhattan campus. Esiene Morales, 19, is reviewing nursing protocols in pre-admission testing. Down the hall, her classmate Yadiel Antonio Santana, 19, shadows an anesthesiologist, learning what happens in those crucial moments before surgery.

Both teens are seniors at Cristo Rey New York High School, a coed Catholic college-prep school in East Harlem. Like its counterparts in a nationwide network of 40 schools, Cristo Rey New York provides low-cost education to promising students whose families can't afford private school tuition.

As participants in the school's Corporate Work Study Program, Morales and Santana were placed in student internships throughout NYU Langone for the entire school year. The program helps students acquire marketable skills, develop business contacts, explore career opportunities, cultivate a work ethic, and boost their self-esteem.

The partnership began in 2023, when the impressive performance of Cristo Rey New York and its students was brought to the attention of the NYU Langone human resources team. The Corporate Work Study Program dovetailed perfectly with NYU Langone's ongoing initiatives to engage high school students and create a sustainable pipeline of future healthcare staff.

The shortage of registered nurses in the US is projected to intensify as baby boomers age and their healthcare needs grow. Compounding the problem is the fact that nursing schools are struggling to expand capacity. The New York State Department of Labor projects more than 17,000 annual openings for

nurses between now and 2032, yet only about 10,000 new nurses join the workforce each year. With more than 10,000 nurses across the health system, NYU Langone has made professional cultivation a priority.

At the start of the program in the fall of 2024, eight students participated at NYU Langone. This year, the number rose to 11. The students attend school four days a week and work with clinical or nonclinical professionals in various specialties one day a week. As they work alongside these professionals, they transition from passive observers to active contributors.

At Perlmutter Cancer Center, Morales and Santana observed nurses, provided refreshments to patients, and offered companionship to those receiving chemotherapy. In preadmission testing, they learned about appointment scheduling and care coordination. Their Medical Center Information Technology rotation taught them about cybersecurity and network repair. And while working with the integrative health team, they compiled patient education packets for families. Each evening, they regaled their parents with facts gleaned from their workday.

For Morales, healthcare became personal when complications developed during the birth of her little brother. "It got me interested in pediatric nursing," she says, "but I really had no information about how to become one. I feel like this program can really shape your future."

Ninety-nine percent of Cristo Rey New York graduates go to college, and Santana will be the first member of his family to do so. He recalls a health experience of his own that opened his eyes to the field of anesthesiology. "My case was

complicated," he explains. "It made me interested in healthcare, and I've always wanted to help others."

Every Cristo Rey New York high school student participates in the school's Corporate Work Study Program, which places them in not only healthcare but a wide range of fields, including law, education, banking, retail, insurance, and real estate. "Within our health system, it's a kind of matchmaking to find the right fit for each student, based on their interests and skill set," explains Beatrice Tony-Jean, manager of workforce development in NYU Langone's human resources department. She seeks out NYU Langone staff members who are looking to give back to teens in some way. "It takes a special mix of the right personality, the ability to break down and teach others about your area of expertise, and the desire to inspire today's youth to become tomorrow's workforce," she says.

"We truly believe in these students," says Althea Mighten, EDD, DNP, APRN, senior director of nursing for innovation and inquiry at NYU Langone's Center for Innovations in the Advancement of Care. "We discuss nursing as an art and a science, reviewing their topics from school and trying to make connections with the practice area they're working in." The mentorship component is integral to the success of the program. Discussing goals and checking progress each morning, says Dr. Mighten, helps teach professional behavior and sends a message: "You belong here."

Two graduating seniors from this year's group will enter nursing programs in the fall of 2026, while others have been accepted to colleges, with plans to major in neuroscience, criminal justice, or special education. The program also benefits students who decide to pursue a field other than healthcare. As Tony-Jean notes, "The Corporate Work Study model is equally valuable for redirecting young people and helping them realize what they don't want to do professionally, as well as what they do want to do."

"We discuss nursing as an art and a science, trying to make connections with the practice area students are working in."

ALTHEA MIGHTEN, EDD, DNP, APRN, SENIOR DIRECTOR OF NURSING FOR INNOVATION AND INQUIRY

NYU LANGONE HEALTH FORMS STRATEGIC ALLIANCE WITH METRO PT



More than 60 of Metro PT's physical therapy centers, including this one in Albertson on Long Island's North Shore, will become part of NYU Langone's clinical services network.

NYU Langone Health and Metro Physical & Aquatic Therapy (Metro PT), a leading provider of outpatient rehabilitation services, have formed a strategic alliance to provide high-quality physical, occupational, and speech therapy to a broader range of residents across Long Island, New York City, and Westchester and Rockland Counties. Through this agreement, more than 60 of Metro PT's existing physical therapy centers will become part of NYU Langone's clinical services network.

"This alliance advances our commitment to delivering exceptional, patient-centered rehabilitation close to where people live and work," says

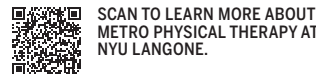
Oren Cahlon, MD, executive vice president, vice dean for clinical affairs and strategy, and chief clinical officer at NYU Langone. "Integrating Metro PT's respected network with our clinical services expands access to seamless rehabilitation care."

Metro PT clinicians will be supported by NYU Langone's ongoing education, integrated quality monitoring, and continuous improvement initiatives. Care remains personalized to each patient while benefiting from a rigorous, data-driven approach.

"Through this alliance, we are expanding access to high-quality, evidence-based rehabilitation medicine

across the communities we serve," says Jonathan H. Whiteson, MD, the Howard A. Rusk Professor of Rehabilitation Medicine and chair of the Department of Rehabilitation Medicine. "We are excited to partner with Metro PT to offer even more communities an integrated approach to care, ensuring patients receive outstanding therapy close to home."

Patients are connected to NYU Langone's electronic health record system across locations. They can access all their health information and schedule appointments through the NYU Langone Health app or the NYU Langone Health MyChart patient portal.



SCAN TO LEARN MORE ABOUT METRO PHYSICAL THERAPY AT NYU LANGONE.

In Memoriam



WILMA "BILLIE" TISCH

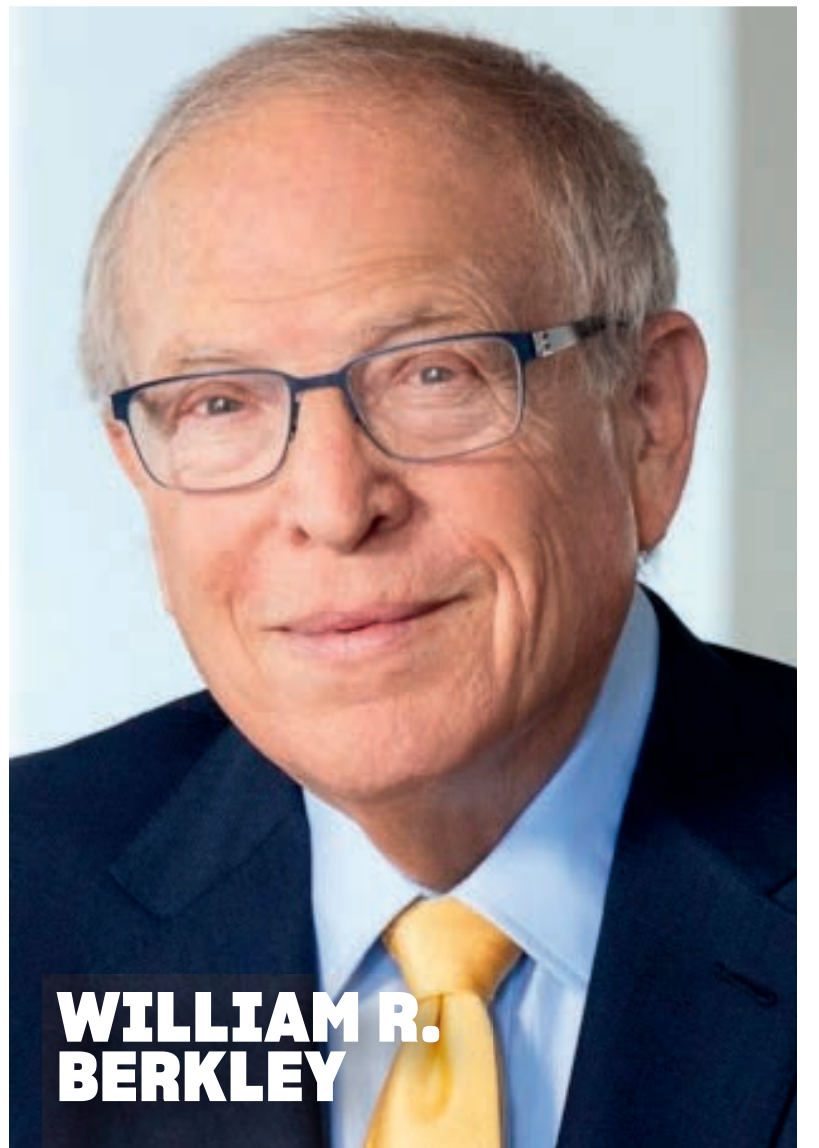
The Board of Trustees, faculty, staff, and entire NYU Langone Health community mourn the passing of Wilma "Billie" Tisch, who died on Sunday, June 7, at the age of 98.

For decades, Billie and her husband, Laurence "Larry" Tisch, were devoted friends and generous supporters of our institution. Billie brought to that partnership keen intelligence, wisdom, decency, and extraordinary generosity—qualities that touched every corner of NYU Langone and improved the lives of countless patients, faculty, and staff.

She believed deeply in our culture of exceptionalism. In 2008, during the financial crisis, Billie and her family made a transformational gift that reflected their conviction that all New Yorkers deserve access to the very best medical care. In recognition of her remarkable contributions to our health system, Billie received an honorary doctorate in 2006 and the Valentine Mott Founders Award in 2008.

Billie is survived by her four sons and their wives—Andrew and Ann, Daniel and Bonnie, James and Merryl, and NYU Langone trustees Thomas and Alice—as well as many grandchildren, great-grandchildren, nephews, and nieces.

We are forever grateful for Billie's passionate commitment to improving the world and for her enduring impact on NYU Langone. We extend our heartfelt condolences to the entire Tisch family. We will miss Billie dearly.



WILLIAM R. BERKLEY

The Board of Trustees, faculty, and staff of NYU Langone Health mourn the loss of our dear friend and esteemed NYU Langone trustee William R. Berkley, who passed away on Tuesday, June 9, at the age of 80.

Bill devoted much of his life to strengthening and growing New York University and its institutions. He was a member of the NYU Langone board for more than 18 years and was a New York University trustee for over 30 years, serving as chair from 2015 to 2023. As a distinguished alum of the NYU Stern School of Business, he was also chair emeritus of the school's executive board. In all these roles, Bill was a trusted mentor and counselor to many. His worldview was expansive and inexhaustibly compassionate, and he helped shape what our health system has become and what we aspire to be. His wise counsel and love of humanity guided many decisions.

The impact Bill had on NYU Langone—and NYU at large—is beyond measure. Along with his beloved wife, Marjorie, Bill made numerous transformational gifts to NYU, NYU Stern, and our health system over the past several decades. Last year, Bill and Marjorie graciously endowed our Department of Ophthalmology. Throughout their leadership journey, they funded scholarships for deserving young people across our schools, along with other critical priorities.

Bill earned countless awards for his business, civic, and philanthropic activities. NYU Langone honored him with the Valentine Mott Founders Award in 2011. And in May, we had the privilege of naming him honorary alum at NYU Grossman School of Medicine's commencement ceremony, where he was our keynote speaker.

Bill called on all of us—and our health system—to live up to our highest ideals. His goodness lives on in our work in many ways. We will miss him a great deal. Our hearts go out to Marjorie; Bill and Marjorie's children, Lauren, Lisa, and W. Robert Jr.; their grandchildren; his brother Harry; and the entire Berkley family.



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