Theresa Delgado was 20 weeks pregnant when she found out the news: the baby boy growing within her had a large tumor originating at the base of his tailbone, a condition called sacrococcygeal teratoma that affects approximately 1 in 50,000 births. The news knocked the wind out of the expectant parents, Theresa and her wife of two years, Angela McCray.

"It was pretty overwhelming," said Angela. "You don’t expect anything negative to happen to a child even before they’re born."

Angela, as an emergency medical technician with the New York City Fire Department, was well-equipped to become the "question-asker," and there were none better to ask questions of than Martin Chavez, MD, Chief of the Division of Maternal-Fetal Medicine and Director of the Fetal Surgery Program at NYU Winthrop Hospital.

"Dr. Chavez was amazing," added Angela. "Being in the medical field, I loved the fact that he was straightforward. There was no sugar-coating. He said, 'Here's what it is, and here are your options.'"

As the weeks progressed, Dr. Chavez observed the tumor growing, and it began stealing blood from fetal circulation, causing the baby’s heart to work in overdrive and the fetus to go into cardiac failure. In a race against time, Dr. Chavez performed surgery in-utero at 30 weeks to close off as many blood vessels to the tumor as possible. This would reverse the cardiac failure and allow the fetus to become bigger and stronger in the best place possible—the maternal uterine environment. A laser was used to seal off as many vessels in the tumor without harming the fetus inside the mother’s uterus. At that point, he also tapped the expertise of a colleague, Chief of Pediatric Surgery Brian Gilchrist, MD, who also happens to be an expert in the sacrococcygeal teratoma condition.

"This was not a garden variety tumor," explained Dr. Gilchrist. "The tumor had worked its way up the spinal cord." This complication called for an addition to the multidisciplinary team in the form of John Grant, MD, Director of Pediatric Neurosurgery at NYU Winthrop.

"The three of us coordinated every aspect of prenatal care, and we began anticipating the complicated postnatal surgery," said Dr. Gilchrist. "This was the ultimate team effort, from planning to execution."

By 35 weeks, the tumor had grown so large—the size of a large grapefruit—that a C-section for Theresa would have been impossible without causing harm to the baby at the time of delivery. Dr. Chavez stepped in once again. Employing a special needle, he drained fluid from inside the tumor, thus "deflating" the cystic portion of it to safely make way for a C-section delivery. Caleb Matthew was born shortly (continued on page 18)
A new, groundbreaking study at NYU Winthrop shows that frequent misdiagnoses involving sodium imbalances in hospital patients results in thirsty, sodium-depleted patients who are denied fluids that their bodies desperately need, leading to increases in morbidity and mortality. The study involves hyponatremia, a common disorder that occurs when the concentration of sodium in a person’s blood becomes abnormally low. The condition is sometimes brought to light when powerful athletes, such as marathon runners or football players, die suddenly after drinking too much water, also known as “water intoxication.” The study’s revelations on misdiagnoses may revolutionize the worldwide medical protocol among all physicians who treat patients with hyponatremia. Results of the study were recently published in The American Journal of The Medical Sciences.

Water intoxication is commonly diagnosed among hospital patients with lung disease, heart failure, and cancers, but many of those hospital patients actually have a different sodium-related condition, “cerebral salt wasting.” Treatment protocol for these two hyponatremia conditions is diametrically opposite: patients with salt wasting are depleted of salt and water and require administration of the same; patients with water intoxication (clinically known as syndrome of inappropriate ADH secretion or SIADH) retain too much water and need fluid restriction.

“For decades, the medical community widely presumed—incorrectly—that cerebral salt wasting had to involve a brain injury,” said John Maesaka, MD, who led the study in the hospital’s Division of Nephrology and Hypertension. “The common perception is that cerebral salt wasting is an uncommon disease, so sodium issues were typically attributed to SIADH where fluid restriction is the treatment of choice. Our study showed that more than a third of these patients actually had cerebral salt wasting and were in dire need of hydration.”

An estimated five to 30 percent of all hospital inpatients worldwide have some form of hyponatremia. Misdiagnoses involving cerebral salt wasting are especially common, since the condition is typically thought to be tied to brain injury or disease, though the NYU Winthrop study turned this assumption on its head, finding the majority of patients with cerebral salt wasting actually had no neurological findings. In the absence of cerebral disease, these patients would have been misdiagnosed with SIADH and denied fluids that their bodies needed. Their conditions then deteriorate further, with clinicians chalking it up to the patient’s underlying disease, such as a cancer finally “getting to them.” The new study, which found that 34 percent of cases would typically have been misdiagnosed if standard protocol had been followed, is expected to result in lifesaving changes to that protocol. Sodium is an electrolyte that helps regulate the amount of salt and water that exists outside of the cells. In the case of SIADH, serum sodium levels decrease and excess water in the body causes cells to swell, especially brain cells. This can lead to irritability, confusion and an unsteady gait. When severe and acute, as sometimes seen in athletes or others drinking large volumes of water over a short period of time, it can cause seizures, coma, and even death. SIADH is easily treated with fluid restriction and medication.

“It is essential to differentiate these SIADH water-logged patients from dehydrated patients with cerebral salt wasting,” noted Dr. Maesaka. “Differentiating the two syndromes has been difficult because both are associated with similar clinical diseases.” The NYU Winthrop research was the first large study to rely on firm physiologic principles, developed over a 25-year period of testing, rather than existing algorithms fraught with inaccuracies and limitations. The study involved 62 hyponatremic patients over a two-year period. Hyponatremia is defined as a serum sodium <135mmol/L. Of the 62 patients studied, 33 were determined to have excess water in their body—SIADH—and needed fluid restriction. Surprisingly, 24 patients were found to have cerebral salt wasting, yet 21 out of those 24 had no clinical evidence of cerebral disease. Without neurological findings of any brain injury, standard protocol would...
NYU Winthrop’s Neonatal Intensive Care Unit (NICU) is ranked among the best in the world regarding overall survival of extremely premature babies. That’s when compared to more than 800 NICUs by the prestigious Vermont Oxford Registry Network, an authority on the measurement of care and outcomes for high-risk infants worldwide. Now, with a novel approach for detecting a common swallowing and feeding dysfunction, dysphagia, the results should further demonstrate the NICU’s excellence.

Dysphagia impacts 30 to 70 percent of very-low-birth-weight preterm infants and can result in serious consequences when milk, rather than reaching an infant’s stomach, goes down the wrong way and penetrates the airway (trachea). This can be devastating to fragile, immature lungs and lead to problems such as pneumonia, lung inflammation, and growth compromise. Fortunately, Nazeeh Hanna, MD, Chief of the Division of Neonatology, and his research team have developed a novel diagnostic method for detecting dysphagia that has proven so safe and successful that NYU Winthrop determined it could not withhold using the technique in the NICU, even though the approach is still under study. NYU Winthrop has, at the same time, placed into effect a new therapy for dysphagia that the hospital’s research proved groundbreaking: feeding the preterm infant cold milk. The Hospital’s research showed that cold milk startles the pharynx (at the back of the mouth), triggering the brain to initiate more efficient swallowing movements. A similar cold feeding approach has been used for some time in adult stroke and throat cancer patients who suffer degradation in swallowing capabilities but

“Our dual diagnostic approach is a major advancement in detecting potential health risks among the most vulnerable of the preterm infant population,” said Dr. Hanna. “We expect our discoveries to prompt a paradigm shift in approaches to diagnosing and treating dysphagia in preterm infants, immediately providing clinicians with improved techniques, methodologies, and applications that can impact clinical practice in NICUs throughout the country. These changes in standards of care may improve neonatal outcomes and decrease medical costs.”

Previously, there were limited diagnostic tools for detecting dysphagia in preterm infants. FEES and VFSS, independent of one another, were helpful diagnostic tools but had several limitations. VFSS is short for Video Fluoroscopy Swallow Study, or X-ray fluoroscopy, and it has to be done in a radiology suite. Previously, this was the only available tool to study a preterm infant’s ability to swallow safely, but it is not without shortcomings. The main disadvantage is the use of radiation, which means that it cannot be used repeatedly despite the infant developing and changing from week to week. Other disadvantages include an inability to use during breastfeeding and associated risks of transporting a sick, preterm infant to a radiology suite.

The other diagnostic tool, Fiberoptic Endoscopic Evaluation of Swallowing, or FEES, is a bedside portable endoscopy test that has been around for decades for use in evaluating dysphagia in adult patients, but it has rarely been evaluated in neonates. NYU Winthrop’s preliminary data showed that FEES identified dysphagia in 69 percent of all swallows compared with 60 percent for VFSS, and when combined, the two diagnostic tools gave an even more comprehensive picture of the infant feeding issue, yielding more specific and sensitive information than obtained through just one test. NYU Winthrop now uses the two tests for initial screenings of preterm infants, after which follow-up tests can use FEES-only for updating information as the baby further develops.

NYU Winthrop’s Neonatal Breakthroughs
New Diagnostic Approach Improves Upon Detection of Common Feeding Problem, While Cold Milk “Startles” Infant’s Swallowing Movements to Improve Them

(continued on page 8)
At just seven weeks into her pregnancy, Marie Smith* received news that no woman is ever prepared to hear. A palpable lump in her breast was determined to be cancerous, and the newly expectant mother was now faced with a major healthcare obstacle.

“My world was suddenly turned upside down,” recalls Marie.

The holidays were rapidly approaching, and Marie knew it would be a challenge to find an exceptional healthcare team to review her case and provide treatment recommendations in a timely manner. But that all changed the moment she turned to NYU Winthrop’s nationally accredited Breast Health Center, recently named one of America’s Best Breast Centers by WomenCertified, Inc. There, she met with Virginia Maurer, MD, Chief of the Division of Breast Surgery Services. Dr. Maurer is a nationally recognized leader in the treatment of breast disease and a skilled surgeon with more than 45 years of experience in the field. She is also a strong and compassionate advocate for all patients of the Center.

“The goal when treating a pregnant woman with breast cancer is the same as when treating a non-pregnant woman: to cure the cancer whenever possible— or to control it and keep it from spreading,” said Dr. Maurer.

A hallmark of NYU Winthrop’s Breast Health Center is the collaborative approach to care delivered by a team of board certified specialists who offer risk assessment, diagnosis, evaluation, and management of a wide range of malignant and benign breast conditions, as well as the latest treatments in surgery, radiation, and medical oncology.

“Traditionally, women who are diagnosed with breast cancer during their first trimester are presented the option for termination—but this was not Marie’s desire,” said Dr. Maurer. “Honoring her wishes, our interdisciplinary team carefully coordinated a timeline for a treatment plan that would include surgery and chemotherapy during the second trimester, enabling Marie to continue her pregnancy with the safest possible outcomes for both her and the baby.”

Eager to get her treatment underway, Marie soon began visits to NYU Winthrop with high-risk OB/GYN and maternal fetal medicine specialist, Wendy Kinzler, MD, who monitored her regularly throughout the pregnancy. Upon reaching the second trimester, doctors determined it was then safe for Marie to undergo surgery to remove the cancerous lump in her breast. In early February 2017, Marie had the first of two surgeries performed by Dr. Maurer to remove the cancer. During both surgeries, special precautions were taken to ensure the safety of both Marie and her baby, before and after the procedure with specially designated clinical teams on hand to assist if the need arose.

Less than one month later, a very strong and determined Marie had recovered from surgery and was ready to tackle the next important step in her treatment—chemotherapy under the direction of oncologist Nina D’Abreo, MD, Medical Director of the Breast Health Program at NYU Winthrop.

“As a medical oncologist, my goal is to treat the cancer appropriately but at the same time, with minimal risk to the baby,” said Dr. D’Abreo. “We realize that both mother and baby are impacted by the cancer.”

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*Patient’s name has been changed to protect her identity.
Nutrition Services for Cancer Patients are Expanded

NYU Winthrop's Center for Cancer Care has expanded its Oncology Nutrition Services to now offer nutrition plans to help cancer patients build up strength prior to surgeries—not just during and after treatments, as is standard. The goal is to intercept patients “ahead of the curve” on the continuum of cancer care, aiding them in building strength, stamina, and healthy body tissue prior to oncology surgeries or treatments. This can help patients better tolerate cancer surgeries as well as any treatments following, such as chemotherapy, radiation, and immunotherapy, all of which can severely impact appetite and a patient’s ability to tolerate foods and absorb nutrients.

“Attention to nutritional status of our patients is critical to their ability to tolerate treatments and to their sense of well-being. Appropriate counseling and preparation for potential nutritional deficit leads to better outcomes and is therefore our key priority,” said Eva Chalas, MD, Physician Director of NYU Winthrop’s Center for Cancer Care. “Expanding our Oncology Nutrition Services is an important part of our multidisciplinary approach to optimizing the outcomes for cancer patients.”

There are a myriad of nutritional considerations when it comes to cancer. Cancer and cancer treatments and medications may change a person’s sense of taste—or cause a lack of taste—impacting appetite. Prior to chemotherapy, a patient might be prescribed steroids, which can increase the risk of oral thrush (yeast infection in the mouth), also potentially impacting appetite. Reflux, heartburn, vomiting, constipation, and diarrhea are among other issues related to some cancers.

Then there are issues endemic to specific cancers. Patients with ovarian, lung, or bone cancer might be placed on carboplatin, a platinum-based anti-cancer compound that can leave a taste of metal in the mouth. A patient with neck cancer may have difficulties chewing or swallowing, whereas a patient on a drug that treats pancreatic cancer might be restricted from eating cold foods. These and countless other issues can be addressed by dietitians within the Center for Cancer Care’s Oncology Nutrition Services, working in collaboration with teams in surgical and medical oncology, and in radiation oncology and oncology/hematology infusion.

Gina DeLuca, RD, CDN, an Outpatient Oncology Dietitian at the Center for Cancer Care, says that nutrition plans are patient-driven, tailored to the individual. “We encourage nutrient-dense foods so that patients with compromised immune systems or a lack of appetite can optimize their food intake. It’s especially important to focus on consuming foods in their natural states. Individual nutrient supplements don’t provide the same benefits as whole foods and can, in some cases, do more harm than originally intended.”

Dietitians at the Center for Cancer Care emphasize “colors,” i.e. foods that get their colors from phytochemicals. Phytochemicals are naturally occurring plant substances that, when eaten, can influence the chemical processes in our bodies in beneficial ways, including potentially stimulating the immune system, slowing the growth rate of cancer cells, helping with DNA repair, and more. Carotenoids are phytochemicals found in red, orange, yellow, and green produce such as watermelon, red peppers, sweet potatoes, and leafy greens, and can provide antioxidant properties to prevent cell damage. Vegetables in the cruciferous family, including cabbage, kale, and broccoli, contain the phytochemicals indoles and isothiocyanates, which have been shown to help prevent breast and colon cancer.

Focused on the specialty of oncology, the dietitians also counsel on foods to keep patients well-hydrated in case they experience bouts of nausea, and hydration also cleanses the body of treatment residue that can cause side effects. Dietitians may recommend patients set timers to remind them to eat frequent meals, even if small, to keep energy levels steady. Dietitians also focus on food safety, advising against foods such as sushi and undercooked eggs that may be detrimental to those with compromised immune systems.

“When it comes time for treatments such as radiation or chemotherapy, we can develop a blueprint of meals appropriate for different days of recovery,” added DeLuca. “We know, for example, that certain anti-nausea medications can last for three to five days, and while additional anti-nausea medications may be appropriate, we also look for nutritional help. We might recommend that a patient keep lemon-ginger tea on hand. Ginger helps combat nausea, and the citrus flavor tends to make the ginger flavor more palatable.”

DeLuca also said that the age-old healing remedy of chicken soup is also good for cancer patients, especially a few days after treatments. Chicken provides protein; carotenoid pigment in carrots has cancer-fighting qualities; onions help boost immune functions; noodles provide carbohydrates for energy; and the chicken stock helps hydration.

“Nutritional strategies are not only beneficial to patients’ health,” added DeLuca. “They also provide patients with a concrete sense of empowerment throughout their cancer-treatment journey.”

For more about NYU Winthrop’s Center for Cancer Care Oncology Nutrition Services, call 1-866-WINTHROP or visit www.nyuwinthrop.org.
Many of us have heard of acid reflux, also known as gastroesophageal reflux disease (GERD), which occurs when food backs up (refluxes), from the stomach into the throat. It’s a common condition in adults—but also occurs in as many as 60 to 70 percent of infants aged three to four months, causing them to frequently spit up. A cough is also a common pulmonary symptom. Reflux, however, is rarely serious and not usually cause for undue concern in an otherwise healthy baby. Many babies simply outgrow the condition.

But as Melodi Pirzada, MD, was treating infant pulmonary conditions over the years, she kept noticing something of unusual interest. Dr. Pirzada often receives referrals from pediatricians who have diagnosed infant patients as having asthma, with the symptoms including spitting up along with wheezing. Interestingly, when Dr. Pirzada treated these patients for reflux, since they were spitting up, their wheezing "asthma" symptoms improved as well. Did these infants really have asthma, Dr. Pirzada wondered?

Dr. Pirzada, together with Farah Desmuth, MD, and Endy Dominguez Silverya, MD, began to analyze the topic in more depth. "We hypothesized that young patients were being overdiagnosed with asthma when they might actually just be suffering from reflux," said Dr. Pirzada.

The pulmonary team laboriously poured back over 262 subject cases of reflux, i.e. GERD. Their analysis showed that more than 50 percent of the cases included pulmonary symptoms, usually a cough, and the incidences of pulmonary symptoms rose to 84 percent in infants that also had eczema. Of note, these patients with pulmonary symptoms also went on to have higher rates of early-onset asthma (onset at a median age of 8.4 months) when diagnosed by the pediatrician.

"If a child has reflux, it doesn’t mean they will go on to have asthma," said Dr. Pirzada. "But if a child has reflux and eczema, our findings point to that infant being more prone to early-onset asthma."

Dr. Pirzada stresses that while the findings are not fully conclusive, an NYU Winthrop follow-up study is now tracking the number of reflux and eczema patients that go on to develop asthma—or simply outgrow the reflux.

"Our promising research may lead us to better diagnose the risks of asthma in many young patients..."

— Dr. Pirzada

"What’s most important to consider, at this point, is that GERD should be diagnosed and managed as early as possible to prevent possible long-term pulmonary complications," concludes Pirzada. "Our promising research may lead us to better diagnose the risks of asthma in many young patients, allowing us to take precautions to avoid triggering that chronic condition that can last a lifetime."

Groundbreaking Study Shows Promise for Correcting Common Misdiagnoses of Hyponatremia

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have called for these 21 patients to be treated as if they had SIADH and restricted fluids when, in fact, renal abnormalities and salt wasting had already depleted their bodies of water. Fluid restricting patients with renal salt wasting might thus contribute to an increase in morbidity and mortality.

Added Dr. Maesaka, "This study supports our proposal to change the term ‘cerebral salt wasting’ to ‘renal salt wasting,’ because salt wasting is not necessarily accompanied by cerebral disease." Dr. Maesaka has developed a diagnostic algorithm to differentiate between the two conditions—renal salt wasting and SIADH.

The NYU Winthrop Hospital study was co-authored by NYU Winthrop physicians Louis Imbriano, MD, and Nobuyuki Miyawaki, MD.
Allergies and Asthma—Nothing to Sneeze At!

Spring will soon be in the air, and with blooming plants comes an increase in allergies and asthma, though some sufferers can experience symptoms year-round.

“These are serious diseases and that’s nothing to sneeze at,” says Luz Fonacier, MD, Allergy Section Head at NYU Winthrop Hospital. “Misdiagnosis and inappropriate treatment can be dangerous, and allergies can lead to sinus infections, disrupt sleep, and affect the ability to learn at school or be productive at work.”

Seasonal allergies are usually caused by pollens from grass, trees, weeds and ragweed, while perennial allergies are frequently due to dust mite, molds, cockroaches, and animal dander. Here in the Northeast, we generally have three pollen seasons: trees typically pollinate in early spring, grasses in the summer, and weeds and ragweed in the fall. Allergic reactions will be highest depending on which of these someone might be most sensitive to. However, overlap of pollination and multiple sensitivities or allergies are common.

Of interest, Dr. Fonacier notes that more than two-thirds of spring allergy sufferers actually have year-round symptoms, and as many as 75 to 85 percent of asthma patients also have allergies. Allergic responses in the lungs can lead to symptoms including coughing, wheezing, and shortness of breath.

Dr. Fonacier also points out that if you’ve never had allergies before, you’re not immune. “Anyone can develop an allergy later in life. In those cases, scientists believe that the allergy may have always existed, with the dormant allergy triggered by exposure to a new allergen.” If symptoms—such as itchy eyes and nose as well as sneezing—are persistent and last more than two weeks, it is likely due to allergies rather than just the common cold.

There are many treatments available to ease symptoms, including nasal sprays, oral medications, and allergy desensitization (also called immunotherapy) by shots or by mouth. For asthma, there are inhalers, pills, allergy desensitization, and biologics.

“Treat early,” adds Dr. Fonacier. “It’s best to stay ahead of the itching, sneezing, and wheezing. If you use nasal or oral antihistamines, steroids, or eye drops for seasonal allergies, don’t wait until your symptoms are unbearable to start treatment.”

Patients who haven’t been diagnosed with seasonal allergies by a board-certified allergist, however, should be cautious of over-the-counter medications, because they can cause sleep disturbances and mental impairment.

Dr. Fonacier also advises against taking nasal decongestants for more than a week. “They have a rebound effect. Individuals keep needing more and more if they take them long term. And people with high blood pressure or heart disease should avoid oral decongestants.”

There are also relatively new medications for allergies, including new combination antihistamine/corticosteroid nose sprays, as well as new delivery systems for allergy nose sprays including drier nose sprays, among other advancements. There are also biologics for asthma.

The Division of Rheumatology, Allergy & Immunology at NYU Winthrop has highly experienced allergists who, with a good history, examination, skin testing or blood test, can properly diagnose allergies. For more information, call 1-866-WINTHROP.

Tips from Dr. Fonacier to avoid allergy triggers:

- Monitor pollen and mold counts, which media usually reports during allergy seasons.
- Keep windows and doors closed at home and in the car during allergy season.
- Use air conditioning, which keeps the pollen out and cools and humidifies the air.
- Stay inside during the midday and afternoon hours when pollen counts are highest.
- Take a shower, wash hair, and change clothing after working or playing outdoors.
- Avoid mowing lawns or raking leaves, which stirs up pollen and molds.
- If symptoms are severe, wear a mask for outdoor chores.
- Avoid hanging sheets or clothes outside to dry.
- Try to stay indoors when there is dry, windy weather as wind spreads pollen and mold.
We may think of migraines as an adult problem, but about 10 percent of school-age children suffer from migraines as well, the throbbing pain of these serious headaches causing impairment to a host of activities including learning in school. The incidences of migraines especially rise in girls as they enter the teen years, with nearly one-quarter of all girls having experienced a migraine by the time they turn 17.

**Childhood Migraines—More Common Than You Think**

So what causes a migraine? Medical experts don’t know for sure, but they are believed to be linked to electrophysiological and neurotransmitter changes in the brain. They can be triggered by factors such as fatigue, bright lights, and weather. Migraines can also be inherited, and if one parent has a history of migraines, unfortunately the child has a 50 percent chance of developing them as well.

NYU Winthrop’s Vijaya Atluru, MD, is Chief of the Division of Pediatric Neurology, and she counts headaches as among the top 10 neurological conditions that she treats. (Seizure disorders, neurodevelopmental delays, ADHD, and concussions are among others.) Fortunately, she says that headaches in children are rarely linked to more serious underlying conditions. Still, they can be debilitating, so in addition to Dr. Atluru examining an impacted child, taking a good medical history, and possibly ordering an MRI, she recommends that the child or parent keep a “headache log.”

“We provide patients with a log, not just to record the date and time of headaches and medications taken in response, but we also want the family to record possible triggers,” says Dr. Atluru. “There can be emotional stress-triggers such as issues at school or among family or friends. There may be physical stress-triggers such as a lack of sleep, bright lights, loud noise, exercise, or menstruation. And then there are food and drink triggers, for example, a child missing a meal or eating too much chocolate or foods with MSG. Most people are also unaware that the amino acids in foods such as cheeses and citrus fruits can trigger migraines. By regularly recording the circumstances surrounding the onset of a migraine, we can often segregate out the triggers specific to an individual child. This in turn, can help mitigate the onset of migraines in addition to leading to healthier habits that can continue on into adulthood, since there is a risk of migraines becoming a chronic condition.”

Dr. Atluru describes three categories of treatment: 1) observation to identify and avoid triggers; 2) “rescue medications” that include the anti-inflammatory Aleve, which should be taken early when there is a hint of a migraine coming on, along with medications in the triptan family that help relieve the pain, and; 3) preventative medications that need to be taken daily.

There are also common sense actions that can help. "A child needs to take care of the body, like you would a car engine," says Dr. Atluru. That means maintaining a regimen of good sleep hygiene (eight or more hours per night); reducing screen time since that often takes away from sleep and the physical activities that make a child tired; keeping well-hydrated with six to eight glasses of water per day; and making sure to not miss a meal.

For more serious cases of childhood migraines, Dr. Atluru notes that additional measures may be taken that include biofeedback, cognitive behavior therapy, hypnosis, and acupressure.

NYU Winthrop’s Neonatal Breakthroughs

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has not previously been a standard for the infant population.

“Feeding a preterm infant cold milk startles the infant’s swallowing mechanism, just as a person might be startled if someone puts an ice cube to their skin, prompting the baby’s swallowing efforts to be much more effective,” added Dr. Hanna.

NYU Winthrop’s Division of Neonatal Medicine has shown cold liquid to be very effective in short-duration feedings, reducing dysphagia occurrences from 71 percent to 26 percent. These results were published in Dysphagia, a multidisciplinary journal devoted to swallowing and its disorders, with the research titled “Short-Term Effects of Cold Liquids on the Pharyngeal Swallow in Preterm Infants with Dysphagia: A Pilot Study.” Currently, Dr. Hanna’s research team is investigating the effects of an entire cold-feed on feeding performance. Dr. Hanna expects this research to establish cold milk as a novel therapeutic option to manage dysphagia in preterm infants.
The newest e-cigarettes have “natural” flavors like mango, clementine, guava, and vanilla bean, so they can’t be all that bad for those smoking them, right? Wrong.

“Flavorings disproportionately attract teens to the e-cigarette market and are the leading reason teens continue to use them,” says Mary Cataletto, MD, a pediatric pulmonary specialist at NYU Winthrop.

“The brain continues to develop throughout adolescence and into young adulthood and is particularly vulnerable to the addictive effects of nicotine. As a teen’s need for nicotine increases with repeated exposure, he or she is more likely to move on to conventional tobacco products—and on to potentially chronic tobacco use.”

Consider that tobacco exposure remains the most preventable cause of illness, disability, and death among adults in the U.S., and internationally it’s the number one cause of preventable death. Each year, half of adult smokers try to quit, but only a very small percentage succeed. Then consider an FDA survey in 2017, which showed that more than two million middle and high school students in the U.S. had used e-cigarettes in the prior 30 days. With more than 7,500 different “natural” flavors and aromas to choose from, manufacturers have targeted teen markets, resulting in a significant rise in their use of e-cigarettes over conventional tobacco products.

In fact, studies have shown that many youths believe that e-cigs—which go by other names like vapes, e-hookahs, and Juul—are safer and more socially acceptable than conventional cigarettes, bearing less of a stigma. Flavored e-cigs often serve as a teen’s “initiation” into tobacco products,
When someone does something to touch your life or the life of a loved one in an extraordinary way, the words “thank you” sometimes just aren’t enough. People moved by the compassion and care of NYU Winthrop’s staff, and who desire to show additional gratitude, can show that appreciation through the Grateful Patients and Families Program, making a monetary contribution of any size in their honor.

“The Grateful Patients and Families Program provides a special avenue for patients and their loved ones to thank NYU Winthrop caregivers and, at the same time, support the Hospital’s programs and services,” said Jennifer Rose-Padilla, MPH, Director, Strategic Development Initiatives at NYU Winthrop Hospital. “Through this expression of gratitude, gifts support critical Hospital initiatives so that we can continue to provide outstanding levels of care to patients for years to come.

Recently, grateful patients and families of NYU Winthrop joined with honored caregivers at the Second Annual Breakfast of Champions. Here, individuals whose lives have been positively impacted by the personal and compassionate care of NYU Winthrop staff had the opportunity to reunite with these individuals to say “thank you” once again.

Recognized staff came from the ranks of Hospital Administration, Nursing, Physical Therapy, Patient Relations, Neurosciences, and Social Work, among others. They were acknowledged for displaying special actions that made a difference in the life of a patient or family member. Among those present at the breakfast was grateful family member Simon Brady, who spoke about the unwaiving, empathetic care displayed toward his wife during her hospital stay.

“I am lost in admiration for the team of nurses on Hoag 1, who not only cared for my wife’s physical needs but were emotionally invested in her too—some even using their personal breaks to spend time with her,” recalls Mr. Brady. “Their genuine care and concern extended to my entire family, too, as we spent long days by her side, never feeling like visitors but more like a part of the hospital family.”

Mr. Brady and his two children were so moved by the personal investment of so many staff members who were involved in their loved one’s care that after she passed, they asked family and friends to consider gifts to the Grateful Patients and Families Program as a way to honor her memory.

“I could not think of a better way to pay tribute to my wife and the team that cared for her,” said Mr. Brady.

Also present during the breakfast were John F. Collins, NYU Winthrop’s President & CEO, and Ramone Segree, Vice President of Development, who welcomed attendees and congratulated employees from over 30 different departments who were present that day.

“Philanthropy is much greater than making contributions; it is an expression of caring, love of humankind. We are moved and enriched by the philanthropy of healthcare provided every day by our caregivers, and by the expressions of gratitude and contributions made by our patients to help the hospital and to acknowledge their caregivers,” said Mr. Segree.

All of the honored caregivers received a lapel pin to wear as a symbol of gratitude and admiration for the outstanding patient experience they provided, as well as a certificate of recognition from Mr. Collins. But most special, for many staff present that day, was the opportunity to reconnect with a familiar face—someone whose life they forever impacted.

“The Hoag 1 staff was deeply moved to be honored in such a personal way by Mr. Brady and his family,” said Jessica Kirk, RN, Nurse Manager of Hoag 1. “It provided validation for both why we chose the nursing profession and a special place like NYU Winthrop to carry out our life’s work.”

The Grateful Patients and Families Program continues to grow, building lasting and meaningful relationships between patients and their caregivers. To learn more about the program or to make a gift of gratitude, visit www.nyuwinthrop.org/grateful-patient-giving or call (516) 663-1300.

Simon Brady (center) joins with some of the staff who cared for his wife.
When considering the many different health conditions that can impact individuals as they age, osteoporosis usually isn’t top of mind. But it should be. Osteoporosis—a thinning of the bones—can impact both men and women. In fact, according to the National Osteoporosis Foundation, approximately one in two women and one in four men over the age of 50 will sustain an osteoporosis-related fracture, and posing particular risk are “fragility fractures”—fractures that occur from standing height.

“Fragility fractures can greatly impact a patient’s quality of life by impeding independence and the ability to return to normal daily activities,” said Sam Barzideh, MD, orthopedic surgeon at NYU Winthrop. “That is why we have in place programs that not only treat patients with osteoporosis but also equip them with vital knowledge and tools to improve their balance and prevent falls.”

Over a decade ago, NYU Winthrop’s Department of Orthopedic Surgery instituted a Fracture Fragility Program, recognizing a need for it among patients 50 years of age and older. The program provides comprehensive post-operative care for patients admitted to the hospital due to a fragility fracture. It includes care by board-certified orthopedic surgeons, doctors, surgical residents, orthopedic physician assistants, nurse practitioners, physical and occupational therapists, case managers, and discharge planners.

“All these disciplines work together, providing comprehensive care to ensure patients’ needs are met efficiently and expertly while they recover and facilitating safe discharge home or to a rehabilitation facility,” said Dr. Barzideh. “The goal is to help patients strengthen their bones, improve their balance, and prevent another fracture.”

Recently, NYU Winthrop’s Fracture Fragility Program was recognized both nationally and internationally with distinct quality awards. The American Orthopedic Association (AOA) awarded NYU Winthrop the 2019 “Star Performer” rating for its outstanding fragility fracture care. The hospital achieved an exceptional compliance rate on all 10 prevention measures recommended in the AOA’s “Own the Bone” program in areas such as nutrition counseling, physical activity counseling, communication, testing, pharmacotherapy, and lifestyle counseling. In addition, the International Osteoporosis Foundation (IOF) awarded NYU Winthrop silver-level recognition in its global program, “Capture the Fracture,” aimed at secondary-fracture prevention. NYU Winthrop stood out as one of only four fracture fragility services in the U.S. to earn this notable distinction.

“NYU Winthrop’s silver-level recognition for ‘Capture the Fracture’ and Star Performer designation for ‘Own the Bone’ validates the quality of hospital initiatives we have in place for the safety and benefit of patients,” said Luz Gargiullo, APRN-BC, PhD(c), Fragility Fracture Liaison Service Coordinator at NYU Winthrop.

Falls remain the number one reason for emergency room visits, so Dr. Barzideh encourages women age 65 and older and men age 70 and older to have a baseline bone density exam if they haven’t done so already.

“A simple non-invasive test, called a DEXA scan, is used to measure bone density,” said Dr. Barzideh. “Additionally, a blood test to measure a person’s level of vitamin D, calcium, and other bone markers provides additional insight about one’s risk for osteoporosis.”

In addition to understanding risks, education is key. That’s why NYU Winthrop also offers fall prevention programs for seniors as well as a four-part educational series geared toward helping individuals improve their balance and strength. For more information about the fracture fragility service or educational programs to prevent falls, call 1-866-WINTHROP or visit www.nyuwinthrop.org.
Annual Gala Raises More than $890,000

The sparkle and charm of Paris filled RXR Plaza in Uniondale on October 20 as nearly 700 friends and supporters of NYU Winthrop Hospital gathered for a special time of celebration at the 27th Annual Gala, “City of Lights.” This annual fundraising event, which provides an important source of unrestricted funds critical to the progress of NYU Winthrop, raised more than $890,000. This provides support across the hospital’s mission for excellence in care, education, and research, and enables the hospital to continue to seize opportunities, meet the challenges of a rapidly changing healthcare environment, and respond where funding is needed most.

The event also honored Harriette P. Thayer, Chair of NYU Winthrop’s Board of Regents and Member of NYU Winthrop’s Board of Directors, and James D. Capozzi, MD, FAAOS, Chairman of Orthopedic Surgery at NYU Winthrop, two extraordinary individuals whose commitment to NYU Winthrop has impacted its path of growth, prosperity, and service. Both individuals received Streaming Star Awards in recognition of their years of service to the Hospital and its patients.
2018 Gala Benefactors

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Expanding the Footprint for Stellar Patient Care

NYU Winthrop Celebrates Grand Openings of Two Practices

Committed to providing community members with first-rate care from the east end of Long Island to New York City, NYU Winthrop Hospital recently celebrated the grand openings of two outpatient facilities: the new Mattituck Primary Care, a family medicine practice serving the North Fork of Long Island, and Winthrop Cardiothoracic Surgical Associates, which has a new home at 1300 Franklin Avenue, Suite ML-2, in Garden City. The practice was formerly located in Mineola.

The Mattituck practice is co-led by Kerry Murphy, DO, (pictured fourth from left below) who also serves as a flight surgeon for the New York Air National Guard 106th Rescue Wing stationed in Westhampton Beach, and Katie Hough, DO, (pictured right of Dr. Murphy). They were pleased to join with colleagues to celebrate this much anticipated milestone. The team is committed to providing compassionate care to the underserved North Fork community, which has had a strong need for additional primary care expertise.

The spacious new home for Winthrop Cardiothoracic Surgery Associates enables a diverse clinical team to accommodate more patients than ever in a warm and friendly atmosphere. Equipped with convenient parking and access to a range of top-notch NYU Winthrop specialists, the practice is a welcome addition to 1300 Franklin Avenue in Garden City.

A range of conditions are treated by Winthrop Cardiothoracic Surgery Associates, including advanced coronary artery disease, cardiac valve disease, thoracic aortic disease, lung cancer, and a variety of complex conditions that affect the cardiovascular system and are treated using minimally invasive techniques such as robotic surgery. The 5,000 square-foot facility is also equipped with enhanced screening capabilities including a chest x-ray machine, affording patients access to both diagnostics and care in one convenient location.

“Our team is distinguished for its expertise in the field of cardiothoracic surgery and providing compassionate, personalized care,” said Scott Schubach, MD, Chairman of the Department of Cardiothoracic Surgery at NYU Winthrop Hospital. “Maintaining top-notch facilities with the latest equipment and capabilities is of utmost importance for the benefit of all patients. This modern and welcoming space enhances our mission to ease the care process for patients and their families during what can often be a difficult time.”

In addition to this cardiothoracic specialty practice, the NYU Winthrop Hospital family boasts more than 60 other specialty care practices, offering community members enhanced access to a wide range of specialty services along with inpatient hospital care should the need arise.

For more information, visit www.nyuwinthrop.org.
Flavored E-Cigs

made appealing by the availability and novelty of multiple flavors and the ability to personalize them with their favorite flavors.

In a recent session at the annual meeting of the American College of Chest Physicians (CHEST), Dr. Cataletto, Chair of the Pediatric Network of CHEST, highlighted key recommendations of the International Forum of Respiratory Societies, which include:

- Flavorings should be banned in electronic nicotine-delivery products.
- Sales of electronic cigarettes should be barred to youths worldwide.
- All forms of electronic cigarette promotion must be regulated, and any advertising in media that is accessible to youths should cease.
- Smoke-free policies should include prohibitions on e-cigs in indoor locations, public parks, and places where children and youths are present.

Dr. Cataletto reminds our communities here on Long Island that even though the sale of electronic cigarettes is banned to minors, middle and high school students can, and do, access them in alarming numbers. The U.S. Food and Drug Administration (FDA) is currently pursuing actions aimed at addressing the issue of flavorings in e-cigarettes to help curb use in minors. Further research is needed to determine the effectiveness of electronic cigarettes in smoking cessation efforts, a concept aggressively promoted in the adult population, though studies as to the effectiveness of this approach have been unconvincing.

For information on NYU Winthrop’s free six-week Tobacco Cessation program, visit www.nyuwinthrop.org or call 1-866-WINTHROP.

### Where Medical Milestones Are Made

Students Conduct Research at NYU Winthrop

Its full effects may be invisible to someone on the outside: chronic diabetes, a condition in which a person cannot produce enough insulin or properly use the insulin he/she has, affects nearly one in 10 Americans. While there is no known cure for diabetes, research into treatment and prevention can have a potentially life-changing impact on individuals with diabetes. NYU Winthrop has been at the forefront of such cutting-edge research and recently, two Chaminade High School students spent their summer vacations playing a pivotal part in it.

Seniors Owen Barthel and Austin Cusumano completed summer internships in NYU Winthrop’s Research and Academic Center, focusing on cardiovascular complications from obesity and type 2 diabetes. The two became fully immersed in their duties, essentially each taking on a full-time job. Both students routinely worked five days a week; Owen in the lab of Louis Ragolia, PhD, Director of Biomedical Research at NYU Winthrop; Austin with M. Mahmood Hussein, PhD, Director of Basic Science and Director of the Diabetes and Obesity Center.

“Owen and Austin learned techniques we would traditionally teach college students,” said Dr. Ragolia. “Their commitment and dedication were evident, however, enabling them to perform more advanced work and get the full taste of science in our labs.”

NYU Winthrop has long been committed to studying ways to prevent—and ultimately eradicate—the progression of diabetes. For example, researchers discovered that bariatric surgery, a surgical procedure to help a patient lose weight, can immediately bring type 2 diabetes into remission. This happens even before any weight loss takes place. Dr. Ragolia’s lab is performing research to understand just how that happens and find innovative ways to mimic those effects.

“We’re looking for ways to bypass the bypass,” Dr. Ragolia said, “to find the signal in the body which reverses diabetes and subsequent cardiovascular disease. Our research could open the door to new ways to treat type 2 diabetes without surgery.”

As they immersed themselves in the laboratory environment, both students weren’t completing simple internship assignments. Their research was the lab’s research. They took their contributions and the potential impact of their contributions seriously.

“Our study of microRNA shows how they affect lipoproteins and secretion of Apo B regulating cholesterol levels. We’re learning from the procedures we follow in the lab, seeing the results, and helping real people,” said Owen. “That’s most important.”

Owen and Austin hope to pursue their own careers in medicine and feel strongly that their experiences at NYU Winthrop have been extremely valuable in that regard.

“The ability to challenge myself and work with professionals has inspired me to continue in my efforts at school and in my own research. This internship has shown me that success is found through hard work and dedication, and I’m eager to see the results of what this collective research produces down the road,” added Austin.
Young Mother Finds Hope & Overcomes Breast Cancer
(continued from page 4)

“...treatments and that we are caring for two lives, both precious.”

Administered once every three weeks, the three-hour treatments involved four visits to NYU Winthrop’s Infusion Center, a state-of-the-art facility offering innovative cancer treatments and therapies in a beautifully appointed and comfortable atmosphere.

“The nurses at the Infusion Center were absolutely fantastic, helping to pass the time quickly while providing the most amazing care,” recalls Marie.

Marie was monitored closely by the team and was excited to complete her last round of chemotherapy in June 2017. With two tremendous milestones behind her, Marie was eager to reach the next step in her treatment—radiation therapy—which for safety reasons would need to be administered after the baby was born. With about eight weeks left in her pregnancy, and a tremendous network of support from her husband, family, and friends, Marie remained vigilant.

“I was anxious to reach the final chapter in this journey. I remained focused on the baby and doing what was best for the both of us, and that’s what got me through,” she said.

On August 8, 2017, Marie gave birth to a healthy baby boy, weighing 7 lbs. 9 oz., and a tremendous burden was lifted from her shoulders knowing that he was in good health. At the end of the month, Marie began a six-and-a-half week course of radiation therapy with Donna Catell, MD, radiation oncologist. She completed her last radiation treatment in late October 2017 and today continues her treatment on a regular course of the medication tamoxifen.

“Despite all she’s been through, Marie is now cancer-free and is enjoying the challenges of motherhood with an even greater appreciation for life.

“I always think back to the day when I was diagnosed since it was right before Christmas. I remember how scared I was because of all the decisions I needed to make and the impact they would have not just on me, but on my entire family,” recalls Marie. “However, this year especially, I looked at my little boy, who is happy, healthy, and exploring the world; at my daughter, who loves her baby brother beyond words; and at my husband, who is always laughing and playing with them, and I thought to myself how blessed and thankful I am. Without Dr. Maurer and the entire team at NYU Winthrop, my little family wouldn’t be as complete as it is now, and for that, I am most grateful.”

“NYU Winthrop takes great pride in the constant collaboration among our physician team and the ongoing communication we have with both patients and their families. It is this hallmark that makes a difference in the lives of patients like Marie,” said Dr. Maurer.

To learn more about NYU Winthrop’s Breast Health Center, call 1-866-WINTHROP or visit www.nyuwinthrop.org.
Virginia Peragallo-Dittko, RN, BC-ADM, CDE, FAADE, Executive Director of the Diabetes and Obesity Institute at NYU Winthrop Hospital, has been chosen for one of the nursing profession’s highest honors—induction into the American Academy of Nursing’s 2018 Class of Fellows. Ms. Peragallo-Dittko was one of only 195 distinguished nurse leaders from across the globe to be selected for this elite group. Ms. Peragallo-Dittko is a highly respected nurse of 40 years, and under her leadership, NYU Winthrop Hospital’s Diabetes Education Program became the first in New York State to be accredited by the American Diabetes Association. Today, in leading the Diabetes and Obesity Institute at NYU Winthrop Hospital as the Executive Director, a role she has held since 2009, Ms. Peragallo-Dittko works with nearly every specialty of the Hospital—more than 75 divisions in total—to bridge the chain of diabetes and obesity-related healthcare and research to find new ways to understand and manage the conditions.

Fellowship selection criteria included evidence of significant contributions to nursing and healthcare. Also taken into consideration was the extent to which the nominee’s nursing career influenced health policies and the health and well-being of all.

“Virginia Peragallo-Dittko’s leadership and vision have impacted thousands as she has tirelessly helped patients with diabetes, along with their families, to live healthy and productive lives,” said John F. Collins, President & CEO of NYU Winthrop Hospital. “She has led the charge for diabetes education and prevention, and in the process, has had a transformative influence of diabetes care, helping to put NYU Winthrop on the map as the regional leader.”

A “Bite of Hope” for Children with Diabetes

NYU Winthrop Hospital’s Pediatric Diabetes Program hosted its Ninth Annual Bite of Hope Dinner at the Inn at New Hyde Park in November, honoring the Marro family of Carle Place and Youth Achievement Award recipient Daniel Panaro of Hauppauge for their tireless efforts to raise funds for the cure. Over the years, Bite of Hope has raised more than $386,000 to benefit the Pediatric Diabetes Program and its multifaceted approach to treating young people with diabetes. Recognized as one of the leading diabetes and endocrinology programs in the nation, NYU Winthrop’s Pediatric Diabetes Program was established in 2002 and continues to be at the forefront of groundbreaking treatment, education, and care for children, adolescents, and young adults with diabetes who are located throughout the tri-state region. Proceeds from the Bite of Hope event are directly used for the psychosocial services provided by NYU Winthrop’s Pediatric Diabetes Program. Since these services are offered free to patients and are not reimbursed by insurance, the program relies on philanthropic contributions to thrive.

For more information about NYU Winthrop’s Pediatric Diabetes Program, visit www.nyuwinthrop.org or call 1-866-WINTHROP.
Local Resident Uses Her Talents to Give Back to Patients in the Neonatal ICU

Long-time Floral Park resident Carol Ulrich says she’s reached a place in her life where it is time to pay it forward. And, she is using her talent as a skilled crocheter to do just that. A member of the Carle Place Eve Homemakers and a long-time friend of Ron Marino, DO, Vice Chairman of Pediatrics at NYU Winthrop, Ms. Ulrich wanted to do something special for the young patients in NYU Winthrop’s Neonatal ICU (NICU). So, she crocheted more than 120 hats for the Hospital’s littlest patients. She recently visited the Hospital, where she met with Dr. Marino and the Chief of Neonatology, Nazeer Hanna, MD, to present her special donation and see firsthand just some of the patients who will benefit.

“We are so thankful for Ms. Ulrich’s generous donation of time and talent to create such beautiful hats for our patients,” said Dr. Hanna.

Ms. Ulrich spends many hours all year long crocheting hats, lap blankets, and other decorative items for local hospitals and charities. NYU Winthrop holds a special place in her heart, however, as her daughter, Kay, was born at the hospital.

NYU Winthrop’s NICU is ranked among the best in the world regarding overall survival of extremely premature babies. This is when compared to more than 800 NICUs by the prestigious Vermont Oxford Registry Network, an authority on the measurement of care and outcomes for high-risk infants all over the world. For more information about the stellar care in NYU Winthrop’s NICU, call 1-866-WINTHROP or visit www.nyuwinthrop.org.

A “Miracle Baby” at NYU Winthrop

(continued from cover)

thereafter on September 11 to his NYPD police officer mom.

Two days later, after stabilizing Caleb, it was all-hands on deck in the operating room of NYU Winthrop as Drs. Gilchrist and Grant began an incredibly complex seven-hour surgery, joined by Rachel Ruotolo, MD, an expert in complex reconstructive plastic surgery, and anesthesiologist Clifford Katus, MD. The latter was tasked with the challenge of intubating Caleb in the prone position (belly down), a position in which the lungs can become compressed and pose risks to preterm babies like Caleb whose lungs were not yet fully developed. Dr. Katus had the well-honed skills that allowed all to proceed smoothly.

Dr. Grant then opened up the spinal area of Caleb, performing incredibly intricate neurosurgery to remove the tumor from its resting position on the spinal nerves alongside the vertebral column. The surgery was then handed off to Dr. Gilchrist, who removed the sacrococcygeal teratoma from the buttocks area. Next, Dr. Ruotolo stepped in to close the wound after the tumor was resected and to refigure the skin to form a normal-appearing backside.

“The biggest challenge to the operation was blood loss because the tumor was so large,” noted Dr. Gilchrist, “But we successfully located and secured the artery and blood vessels that had been feeding the tumor.”

At day’s end, the seven-hour operation “went beautifully,” according to Dr. Gilchrist. “Caleb is truly a miracle baby.”

Caleb returned home five weeks later and began regular physical therapy aimed at helping him regain mobility. And, while he is not entirely out of the woods—the swelling of the spinal cord nerves can take six to 12 months to subside—Dr. Grant is very confident that Caleb’s mobility will, soon enough, be like any other healthy, bouncing baby boy.

“We’re still overwhelmed,” said Angela, “but we’re happy.”

But of course the new parents are overwhelmed...because now Angela is pregnant and in her second trimester. Caleb, the miracle baby, has a little sister on the way. The growing family is once again turning to NYU Winthrop, knowing that when it comes to babies, the hospital’s maternal-fetal medicine and pediatric experts make for the consummate multi-disciplinary medical team. •
Yuletide Ball Raises Vital Funds for Child Life Program

Through the experiences of those close to them, James and Kathy Connolly have seen firsthand the positive impact that NYU Winthrop Hospital’s Child Life Program can have on a young patient. Grateful for a program that is dedicated exclusively to helping patients and their families cope with the hospital experience, the Garden City couple wanted to do something special to give back. As such, they welcomed over 230 guests into their beautiful home for the 2018 Yuletide Ball on December 8 to raise vital funds for the program at NYU Winthrop Hospital.

Guests dined and danced the night away all while building awareness and support for the Child Life Program, which is supported entirely by philanthropic contributions. The 2018 Yuletide Ball was a terrific success, garnering more than $290,000 for a fundamental component of the superior pediatric care for which NYU Winthrop is known.

To learn more about NYU Winthrop’s Child Life Program, visit www.nyuwinthrop.org or call 1-866-WINTHROP.

NYU Winthrop is deeply appreciative of all of the members of the 2018 Yuletide Ball planning committee whose hard work and dedication once again ensured a most successful event.

Hosts & Chairs
James and Kathy Connolly

Committee
Michelle and Scott Clark
Katy and Scott Cole
Sue and Peter Doherty
Suzanne and Michael Ferrucci
Nicole and Eric Foster
Sheila and Matt Heslin
Kerri and Patrick McElroy
Paula and Brendan McGovern
Kathryn and Michael Rafferty
Tara and John Schmitt
Mary Beth and Chris Tully
Amanda and Christopher Wood

Cruizin’ for a Cure

Staff from NYU Winthrop’s Department of Urology took time out from their busy schedules to give back to the community at the 13th Annual Long Island Cruizin’ for a Cure event. This event, featuring scores of classic cars, is geared toward raising awareness about prostate cancer; providing free PSA screenings to men in attendance; and raising vital funds for prostate cancer research and education. The event was conceptualized by local resident Sandy Kane.

While attendees enjoyed looking at the various cars on display, they also had the opportunity to visit the NYU Winthrop tent where they could receive a complimentary screening. Over 300 men were screened for prostate cancer by way of a simple blood test, and $25,000 was raised for prostate cancer research at NYU Winthrop.

Event organizer Sandy Kane (right) presents a generous donation to (l.-r.) Aaron Katz, MD, NYU Winthrop’s Chairman of Urology, and attending urologist Jeffrey Schiff, MD, at the 13th Annual Long Island Cruizin’ for a Cure event.
Lifting Spirits and Sharing Hope

Cancer Center for Kids Makes Special Memories for Patients & Their Families

Spending the holidays undergoing medical treatments can dampen anyone’s spirit—especially a child’s. That is why staff from the Cancer Center for Kids (CCFK) at NYU Winthrop are dedicated to brightening the experiences of patients during the holiday season, as well as throughout the year. At the Center, the team put together a Winter Wonderland—a dedicated space overflowing with toys, gift cards, and games generously donated by an abundance of loyal, individual supporters and organizations. It is here where patients and their families were transported to a place of wonder and joy as they visited the space to pick out a special gift.

Adding to the spirit of the season, the psychosocial team of the CCFK also held a holiday party on December 15 for young patients and their families. The event, held in NYU Winthrop’s Research and Academic Center, brought together approximately 100 attendees for an afternoon of food, fun, and entertainment. Sponsored by the Spencer Reid Foundation, the party included toys donated by GEICO, accompanied by meet-and-greets with the company’s infamous Gecko; massages for parents, courtesy of Zeel; crafts and gingerbread-making activities; as well as a photo booth and entertainment provided by Twinkletown Entertainment. Santa even made a guest appearance, delivering toys to the children.

“During a season where hope abounds, it was important for us to do something special for our patients and their families that would take their minds off treatment for just a little while,” said Mark Weinblatt, MD, Chief of Pediatric Hematology/Oncology and Director of the CCFK. “We appreciate the outpouring of support, which helped make the season even more memorable for our patients and families.”

CCFK is Nassau County’s only member of the Children’s Oncology Group, a prestigious international consortium of hospitals recognized as leaders in the treatment of childhood cancers.

Local Foundations Show Generous Support for the CCFK

Last fall, the Garden City Real Estate Professional Foundation (GCRE), held its first annual fundraiser, “Cocktails for a Cause,” at the Garden City Hotel. GRCE is a non-profit organization dedicated to raising funds and awareness for foundations that represent the issues that matter to Garden City residents. The organization’s event raised an astonishing $90,000 to benefit Charlie’s Champions Foundation.

Charlie’s Champions Foundation was established by long-time Garden City residents John and Tara Schmitt in honor of their son, Charlie, who was diagnosed with leukemia at the age of six. Now a vibrant and thriving 20-year-old, Charlie, together with his family have made it their life’s passion to raise awareness and support for the Center that so greatly impacted Charlie’s life.

As a result of the overwhelming generosity of both organizations, proceeds from “Cocktails for a Cause” were recently presented to the CCFK. The funds will directly benefit the Center’s young adult programs and services.

Hoops for Sadie

It takes a special community to rally behind an equally special family during its time of need. Such is the case for 12-year-old Sadie Freifeld and her family, who have the support of the entire Bellmore-Merrick community as they tackle Sadie’s second bout with childhood cancer. At a recent “Hoops for Sadie” basketball tournament and fundraiser, the fifth grader was surrounded by nearly 400 residents eager to donate their time and resources to help the family in their fight against neuroblastoma. Sadie’s family, who has been actively contributing to and holding fundraisers for cancer research since her first diagnosis at the age of three, recently visited the CCFK where Sadie is being treated to present a check in the amount of $16,000 to benefit the CCFK’s psychosocial programs and services.
An Outpouring of Support (and Toys!) for NYU Winthrop’s Smallest Patients

In the spirit of the season, enormous goodwill was displayed toward pediatric patients as thousands of toys and gifts poured in to the Child Life program, which helps young patients and their families understand and cope with being hospitalized, both in the Hospital setting as well as at the Cancer Center for Kids. Among the many generous community contributors were:

Matthew Fetzer Foundation
New York Islanders
Assemblyman Ed Ra
Toys for Tots
Williston Park Rotary Club
Michael Magro Foundation
Children’s Heart Foundation
Nassau County EMS
... and many more!

Here are just a few of the heartwarming highlights:

New York Islanders Mathew Barzal, Cal Clutterbuck, Jordan Eberle, and Nick Leddy took time from busy schedules on the ice to score big with patients and their families at the Children’s Medical Center and The Cancer Center for Kids. The players spent time visiting with patients, delivering toys, and gifting Islanders’ memorabilia. But the greatest gift of all was the ear-to-ear smiles they provided to all of those with whom they came in contact.

Paramedics, police officers, and both the Nassau County Executive and Police Commissioner brought the North Pole to NYU Winthrop, sliding up to the hospital’s front entrance in a musical sleigh filled with Mr. and Mrs. Claus, helpful elves and colorful friends like Mickey Mouse, Captain America, Winnie the Pooh, and more. After taking photos and handing out gifts to young visitors at the main entrance, the first responders raced up to the pediatric unit to meet and greet children of all ages to brighten their holidays with special gifts.

Heartfelt thanks to Assemblyman Ed Ra who delivered tons of toys generously donated by Elmont Memorial Junior–Senior High School, New Hyde Park Memorial High School, Hampton Street School in Mineola, and Rushmore Avenue School in Carle Place to benefit the Child Life Program at NYU Winthrop. Their most generous donations will help bring smiles to pediatric patients throughout the year.

NYU Winthrop was once a second home for many months to the Fetzer family of Bayville while their son, Matthew, underwent cancer treatments. In honor of Matthew, who lost his battle with cancer in 2005, the Fetzer family created the Matthew Fetzer Foundation, fulfilling their son's wish to help other children with cancer. Ann Fetzer, pictured right, visits the Hospital several times throughout the year to deliver toys and brighten the days of children and their families. The Foundation also hosts parties and provides financial and emotional support to those affected by childhood cancer. Pictured with Ms. Fetzer is Lauren Lavelle, a local salon owner who, with the help of her generous customers, collected i Tune gift cards for the donation. In addition, Ms. Lavelle donated a wagon full of coloring books, bracelet kits, and arts and crafts for children and their parents to enjoy.

Andrew J. Diaz, Sergeant, United States Marines Corps, and volunteers from NYCB LIVE delivered more than 500 toys from the Nassau County Toys for Tots chapter to young patients at NYU Winthrop. The toys were collected during one of the nation’s largest one-day collections of toys for the Marine Corps Toys for Tots program, held at the Nassau Veterans Memorial Coliseum, to benefit children throughout Nassau County during the holiday season.
How can people tell the difference between normal age-related memory loss and Alzheimer’s?

The biggest difference is that Alzheimer’s involves more than just memory loss. There is loss of executive function—an ability to organize, plan, and carry out tasks. Someone with normal aging might occasionally forget where they left their car keys but someone with moderate or late Alzheimer’s will forget what the keys are for. Other executive functions that are affected are decision-making and impaired insight. Those deficits can lead to mistakes with medications or paying bills, or getting lost driving in familiar areas.

In normal aging, it can become harder to learn new concepts or names of acquaintances, whereas with Alzheimer’s, individuals forget names and events they previously knew. People with Alzheimer’s also tend to repeat stories and questions. Or, they might create a word when they can’t remember the right one, whereas with normal aging the right word will usually come to mind even if it takes a little longer than when young.

What are warning signs that forgetfulness is really Alzheimer’s?

- Short-term memory loss is worse than long-term memory loss;
- Memory loss is gradually progressive over time;
- A person forgets how to do tasks that used to be easy or routine, such as forgetting how to play a card game or prepare food that used to be “second nature” to do.

Could memory problems be signs of other medical conditions rather than Alzheimer’s?

Yes. Vascular dementia, which is caused by a series of strokes and damages parts of the brain, can produce memory loss, though it tends to be more of a step-wise decline and not clearly long-term vs. short-term memory loss. Bleeding in the brain, such as from a subdural hematoma, also can cause memory problems. Vitamin deficiencies such as B12 (or folate) or thyroid abnormalities can cause memory problems as well. Additionally medications can cause cognitive problems that mimic dementia. These include: diphenhydramine, e.g. Benadryl, commonly used as an over-the-counter sleep aid; benzodiazepines, commonly used to treat anxiety; and medications with strong anticholinergic side effects, which block actions of neurotransmitters and are used to treat conditions such as incontinence and Parkinson’s disease.

Do stress and emotional problems have an impact on memory loss or Alzheimer’s?

There can be an overlap, early on in Alzheimer’s, with symptoms of depression and anxiety. If people are anxious or depressed, they don’t concentrate as well and therefore can forget things. Also, people with enough insight to recognize they are more forgetful often get anxious about their memory loss. Stress, anxiety and depression can worsen symptoms of Alzheimer’s as well as mimic some symptoms of Alzheimer’s. There is some research that suggests depression later in life is a risk factor for Alzheimer’s dementia.

When is it time to tell your doctor about bouts of forgetfulness?

If you are worried about memory loss, it’s best to seek out a geriatrician, since many primary care doctors don’t know how to properly screen for and assess Alzheimer’s; they might minimize complaints of memory loss as “old age.” Certainly anyone who makes mistakes with medication management or bill-paying, gets lost driving in familiar surroundings, or gets confused with tasks that used to be rote should seek a memory evaluation. Ironically, my experience is that people worried about their own memory loss usually don’t have Alzheimer’s, since Alzheimer’s would impair their insight into their own cognitive decline. Family members and caregivers worried about someone else’s memory loss, however, are usually right to be concerned.

Any advice for those diagnosed with Alzheimer’s?

Being diagnosed with Alzheimer’s can be stressful, but it’s better to have a diagnosis and be able to strategize about healthcare based on that information. Medications for Alzheimer’s can slow the progression or decline of the disease, and an early diagnosis can allow time to prepare for a patient’s financial, physical, and emotional needs. In addition, a medical evaluation might reveal reversible causes of memory loss, and that could greatly improve a person’s quality of life and functioning. There is a large shortage of geriatrists in our country, which will unfortunately worsen given the demands of a growing 65+-age population, but they are the physicians best trained to recognize and treat Alzheimer’s.
Unless otherwise noted, programs are FREE and reservations can be made by calling (516) 663-8300.

March 12 · 7 PM

* Perspectives in Health
Urological Diseases & Conditions
Symptoms, Diagnosis & Treatment Options
Anthony T. Corcoran, MD

March 13 · 1:15 PM

* Health Update for Seniors
Stroke: Preventable & Treatable
Get the Facts
Kathleen Michel, CNRN, MSN, FNP-BC

March 27 · 7 PM

Save a Life – “Stop the Bleed”
For people with little or no medical training.
NYU Winthrop Research
& Academic Center
101 Mineola Blvd., Mineola

March 28 · 7 PM

Getting Your Daughter Ready for College
Elana Kastner, MD & Jane Swedler, MD
NYU Winthrop Research
& Academic Center
101 Mineola Blvd., Mineola
Visit nyuwinthrop.org/parent or call (516) 663-2609 for reservations & fee.

April 2 · 7 PM

* Perspectives in Health
Why Does Your Back Hurt?
An Evening with Neurologists
Kenneth Chao, MD;
Anastasia Eswar, MD

April 10 · 1:15 PM

* Health Update for Seniors
Diabetes: Prevention & Staying Healthy
J. Lynne Chimon, MS, RD, BC-ADM, CDE

April 11 · 7 PM

* Inspiring Women
Keep Your Skin in the Game – At Any Age
Laurie J. Levine, MD

May 7 · 7 PM

* Perspectives in Health
Heart Health: From Prevention to Intervention
Ramesh Daggubati, MD

May 8 · 1:15 PM

* Health Update for Seniors
Parkinson’s Disease: An Update
Nora Chan, MD

May 16 · 6 PM

* Perspectives in Health
Stroke Awareness – Health Fair, Risk Assessment & Lecture
Yi Zhang, MD

May 23 · 7 PM

* Inspiring Women
Breaking News, Not Broken Bones – New Advances in Osteoporosis Management
Luz Gargiullo, APRN-BC, PhD(c)

June 12 · 1:15 PM

* Health Update for Seniors
Tai Chi & Mindfulness: Enhance Your Well-Being
Carole Filangieri, PhD; Robin Gibson-Simms, RN, MSN-PH; Marjorie Paganelli

In addition to our seminars, NYU Winthrop holds classes on a variety of topics (fees may apply).

American Heart Association
BLS, ACLS & PALS for Healthcare Providers
and CPR AED for the community
Visit winthrop.enrollware.com
or call (516) 663-1601 or (516) 663-1604

Diabetes Prevention
& Education
Call (516) 663-2350

Fall Prevention
Call 1-866-WINTHROP

New Parent Education
Visit nyuwinthrop.org/parent
to register

- Preparing for Childbirth
- “Welcome to NYU Winthrop” Orientation
- Tour of NYU Winthrop’s Labor Suites

Tobacco Cessation
Call 1-866-WINTHROP

Please visit nyuwinthrop.org or call 1-866-WINTHROP (1-866-946-8476)
for information about NYU Winthrop’s wide range of programs and services,
including health-related support groups.

Locations

* Health Update for Seniors will be held at the Mineola Community Center,
155 Washington Avenue in Mineola (one block south of Jericho Turnpike,
between Mineola Boulevard and Willis Avenue).
* Our thanks to the Incorporated Village of Mineola.

* Inspiring Women & Perspectives in Health will be held at the NYU Winthrop Research & Academic Center, 101 Mineola Boulevard,
Mineola Treiber Family Conference Center, Room G-018.
NYU Winthrop Hospital has become the exclusive provider of ambulance services to the Incorporated Village of Garden City. NYU Winthrop is providing 24/7 coverage 365 days a year to Garden City, with two ambulances on duty at all times and a third ambulance activated for special events.

The hospital, in affiliation with NYU Langone Health in Manhattan, has a total fleet of 40 ambulances that serve Long Island and the five boroughs of New York. NYU Winthrop's Garden City first-responder crews, which include paramedics and emergency medical technicians, are collaborating closely with Long Island police and firefighting first responders for maximum safety and optimal response. NYU Winthrop will provide those first responders, when necessary, with Narcan training as well as Stop the Bleed Training, the latter a national program that teaches first responders and everyday citizens how to recognize life-threatening bleeding and provide immediate measures to control that bleeding.

“NYU Winthrop has long provided swift and experienced teams in response to the emergency needs of our local communities on Long Island,” said Justin Burke, Director of External Affairs at NYU Winthrop Hospital. “We’re proud that our neighbor, Garden City, recognizes that we offer the most skilled of capabilities, and as an ACS Level 1 Trauma Center, we have the expertise to handle the most complex of medical cases upon ambulance arrival.”

Previously, Nassau County served as the first line of response to Garden City residents in need of ambulance services. The county will now serve as back-up to NYU Winthrop’s ambulance services.