

A Publication of
**ROBERT WOOD JOHNSON
UNIVERSITY HOSPITAL RAHWAY**

SUMMER 2019

healthy

together

**A LOW-SALT DIET
ANYONE CAN LOVE**

**GET A GOOD
NIGHT'S SLEEP!**

**BREAST CANCER
SCREENING MYTHS**

**FITNESS TIPS
FROM BASEBALL PROS**



Celebrating a Good Year

Time really does fly. Already, a year has passed since we first announced our partnership with Rutgers University, one of the nation's leading public educators, to create a new state of health in New Jersey. We're thrilled by how much already has been accomplished and how our partnership is benefiting patients and communities across the state. And we're energized by our plans for the future.

Our medical group includes hundreds of primary care and specialty physicians with over 200 locations across the state. Our partnership with Rutgers gives each of these physicians seamless access to the strength of our combined, state-of-the-science medical expertise, services and treatments.

One of the most exciting things to come out of our partnership with Rutgers so far is the recently announced creation of a dedicated cancer hospital, to be built in New Brunswick on the Robert Wood Johnson University Hospital campus. This new cancer center of excellence will take on the most complex cases, enabling more cancer patients to stay in New Jersey close to family and friends for treatment.

When it comes to cancer, the sooner the better. At Robert Wood Johnson University Hospital Rahway, we provide lung, breast and colon cancer screenings to help identify cancer early when it's at its most treatable. Our Community Education efforts focus on the importance of health screenings and prevention with hands-on educational programs on stress management, sleep hygiene, weight reduction, weight management, and healthy cooking and eating. Our dietitians hold healthy cooking programs that feature whole grains, fruits and vegetables to promote healthier lifestyles and beat cancer.

We look forward to bringing you many more benefits as we continue to hardwire Rutgers across the RWJBarnabas Health system.

Yours in good health,



BARRY H. OSTROWSKY
PRESIDENT AND CHIEF EXECUTIVE OFFICER
RWJBARNABAS HEALTH




KIRK C. TICE
PRESIDENT AND CHIEF EXECUTIVE OFFICER
ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY



A HOSPITAL VOLUNTEER FINDS HIS CALLING



Michael Veltre has come almost full circle.

Michael was a volunteer in the Emergency Department (ED) at Robert Wood Johnson University Hospital (RWJUH)

Rahway while a high school student. "They liked him so much they trained him to

be an ED tech, and he worked there while going to Kean University," his mother Gail, a social services administrative assistant at RWJUH Rahway, recalls.

Since his high school days, Michael had known he wanted to become a doctor—but what type of doctor? Working in the RWJUH Rahway ED made his decision.

"While in the ED, I saw the doctors handle everything that walked or rolled in the door," he recalls. "Emergency Medicine doctors do a little of everything and that's how I am."

Michael graduated from Rutgers New Jersey Medical School in Newark this past May, and then began his residency in Emergency Medicine at NYU Langone Medical Center in New York City.

He would like to come back to the RWJUH Rahway Emergency Department someday "to complete the circle," he says.

To learn more about volunteer opportunities at RWJUH Rahway, call Volunteer Services at 732.499.6038.

Robert Wood Johnson University Hospital Rahway

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Let's be healthy together.

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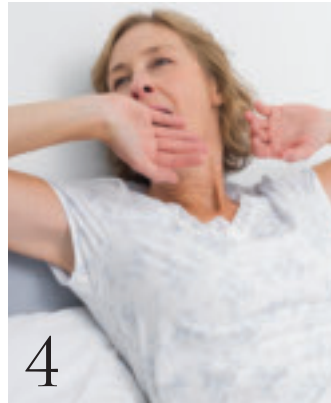
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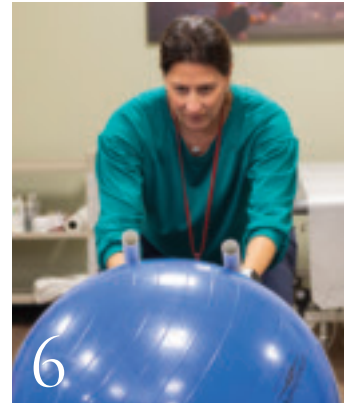
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SLEEP BETTER, LIVE BETTER

**SLEEP PROBLEMS
ARE A NIGHTMARE,
BUT BETTER REST—
AND IMPROVED
HEALTH—CAN BE
YOURS.**

Tossing, turning, desperately hoping to drift off—most people know the feeling. About a third of us have trouble sleeping or feeling refreshed while awake. “That’s about 110 million Americans,” says Carol Ash, DO, Chief Medical Officer at Robert Wood Johnson University Hospital (RWJUH) Rahway and a board-certified physician in sleep medicine. “Poor sleep is a huge problem.”

Reasons for sub-par slumber can

vary, and can be physical, stress-related, environmental or a result of poor diet and habits. “It’s important to understand the nature of your sleep problem so you can effectively consider what to do about it,” says Dr. Ash.

Poor sleepers often mistakenly think their first move should be getting a prescription for a sleeping pill. “Medication should be a last resort,” says Ramamurthy Bangalore, MD, Director of Sleep Medicine at RWJUH Rahway. That’s

“GET EVERYTHING OUT OF THERE THAT’S NOT ASSOCIATED WITH SLEEP. CLUTTER OF ANY KIND BRINGS YOUR WORLD INTO THE BEDROOM INSTEAD OF MAKING IT A SANCTUARY.”

Carol Ash, DO



CAROL ASH, DO



RAMAMURTHY BANGALORE, MD

iron deficiency. “If you’re anemic, a simple fix such as boosting iron intake may improve sleep,” says Dr. Bangalore.

BETTER SLEEP HABITS

For many, poor habits are the culprit that undermines a restful sleep. Experts recommend these steps:

Declutter your bedroom. “Get everything out of there that’s not associated with sleep,” Dr. Ash says—and don’t stop with TVs and electronics. “Clutter of any kind brings your world into the bedroom instead of making it a sanctuary.”

Reinforce cues that tell your body sleep is coming. Go to bed and get up at the same times every day to strengthen the body’s sleep/wake rhythm. Go through a consistent wind-down routine with a relaxing activity such as deep breathing exercises.

Don’t lie in bed for more than 15 minutes. “You should associate bed with sleep, not counting sheep,” says Dr. Bangalore. “Get up, go to a different room and do something quiet, and don’t come back to bed until you feel ready to sleep.” The paradox of getting up when you want to sleep helps build a sleep debt that ultimately makes drifting off easier.

Take a small, 5-mg dose of melatonin (a natural hormone, available over the counter) 90 minutes before bedtime. It may help you drop off and stay asleep, especially if sleep has become out of sync with daylight due to jet lag or shift work.

All these efforts will have a big payoff, experts say. “If you sleep well,” Dr. Bangalore says, “your overall health should improve.”

HOW SLEEP AFFECTS HEALTH

Why humans need sleep has long been a mystery. Recent research suggests that sleep helps the body regulate and repair DNA, controlling the activity of genes that are responsible for a wide range of processes in the body.

“If you don’t get adequate sleep, newer studies show that you are not just tired but physically different,” Dr. Ash says. “We’re starting to learn that not sleeping well can exacerbate virtually any disorder.” Poor slumber has been linked to hypertension, heart rhythm disturbances, stroke, weight gain and impaired immune function.

Sleep also appears to help the brain build connections between neurons and clear itself of potentially harmful proteins that build up during the day. “Poor sleep may put you at higher risk of neurological diseases like Alzheimer’s and Parkinson’s,” says Dr. Ash. A small 2018 National Institutes of Health study found that losing just one night of sleep led to an increase of beta-amyloid, a brain protein linked to Alzheimer’s.

Another 2018 study even found that poor sleep makes you feel less social—and appear more socially unattractive to others. Says Dr. Ash, “It’s becoming more and more clear that sleep plays a vital role in health and wellbeing—both physical and mental.”

because sleep drugs are sedating but generally don’t address underlying causes of poor slumber.

“Sleeping pills can be like putting on the brakes when you still have your foot on the accelerator,” says Dr. Ash. “And if you have a breathing disorder, a pill is not very helpful.”

FINDING THE CAUSE

The most commonly diagnosed sleep disorder is obstructive sleep apnea, a condition in which excess tissue in the throat blocks the airway, interfering with breathing.

Start with questions, the foundation of a sleep assessment. Do you snore? Sometimes wake up gasping? Experience acid reflux or irregular heartbeat? Find yourself sleepy or lethargic during the day? These may be signs of obstructive sleep apnea.

“Your doctor will take a history and do a physical exam to find other clues,” says Dr. Bangalore. “For example, being obese or having a neck size greater than 17 inches in men and 16 inches in women may put you at higher risk.” A home or in-lab sleep study can provide objective measurements to confirm a suspected diagnosis of sleep apnea.

While sleep apnea can be medically treated with a breathing device, losing weight can be effective as well. “Just a 10 percent drop in body weight may get rid of your problem,” says Dr. Ash.

A doctor or sleep specialist can also rule out, or treat, underlying medical conditions that may interfere with sleep, such as overactive thyroid, restless leg syndrome or

To schedule a sleep study through RWJUH Rahway, call **800.SLEEP RX (800.753.3779)**.

Test results are interpreted by a board-certified sleep specialist.



BOLD MOVES FOR PARKINSON'S

EXERCISE CAN GREATLY IMPROVE QUALITY OF LIFE FOR PEOPLE WITH THE DISEASE.

Exercise is proven to be beneficial for people with Parkinson's Disease (PD). It can help slow the progression of the disease and improve balance, mobility and the ability to perform daily activities.

Robert Wood Johnson University Hospital Rahway physical therapists are certified in a national program that uses exercise to counteract PD symptoms such as motor deterioration, fatigue, stiffness and loss of balance. The therapy involves large-amplitude movements that help the

body work more efficiently, according to Jennifer K. Soares, PT, DPT, Physical Therapy Manager at RWJ Rahway Fitness & Wellness Center in Scotch Plains.

The exercise program encompasses posture, balance and cardio, with the goal of improving function and enhancing the ability to do everyday tasks. Routines are tailored to a person's functional abilities and the exercises can be performed in a variety of postures, including sitting, standing, kneeling on all fours and lying down. Parkinson's physical therapy is

covered by Medicare, Medicaid and most insurances.

On these pages, Claudine Gimblette, PT and Maria Cesari-Redondo, PT, MS, certified physical therapists at RWJ Rahway Fitness & Wellness Center in Scotch Plains, demonstrate some of the movements of the Parkinson's exercise therapy program. After discharge from therapy, clients are encouraged to continue exercise on their own or with small group classes at the RWJ Rahway Fitness & Wellness Centers in Carteret and Scotch Plains.



To combat stiffness and loss of motion, people with Parkinson's need to stretch, move joints and lengthen muscles. The exercise therapy program uses broad-amplitude movements that can also be fun. At left, physical therapist Maria Cesari-Redondo plays the "drum" by using broad up-and-down sweeps of her arms.

Physical Therapy for Parkinson's is available in the Physical Therapy Department at RWJ Rahway Fitness & Wellness Center locations at 60 Cooke Avenue in Carteret and 2120 Lamberts Mill Road in Scotch Plains, and also at the hospital, 865 Stone Street, Rahway. To learn more, visit www.rwjbh.org/parkinsons.



Dynamic reaches and rotational movements improve trunk stability and balance. Physical therapists Claudine Gimblette, at left, and Maria Cesari-Redondo demonstrate moving the ball from high to low and across their bodies. The pair use foam pads to protect their knees. If the client is unstable while kneeling, the exercise can be done from a sitting position.



Above, therapists demonstrate an exercise that rotates the trunk, opens the chest and works on rotation of the neck for better mobility and balance. The exercise is done on all fours and works on the ability to transition from the floor to standing.



Above, Claudine Gimblette demonstrates long reaches with her arms and legs. This exercise involves shifting weight, which is required for safe everyday movement. The picture at right shows how she modifies the exercise for those who may not be able to reach the floor. The movement also can be done from a kneeling position.

ARE YOU A CANDIDATE FOR WEIGHT LOSS SURGERY?



BASIC GUIDELINES

General qualifications for weight loss surgery include:

- BMI (Body Mass Index) at or greater than 40, or more than 100 pounds overweight
- BMI at or greater than 35 with one or more obesity-related health issues, such as Type 2 diabetes, hypertension, sleep apnea, fatty liver disease and osteoarthritis
- Inability to achieve a healthy weight loss, sustained for a period of time, with prior weight loss efforts

Source: American Society for Metabolic and Bariatric Surgery

MANY PEOPLE WHO COULD BENEFIT DON'T CONSIDER IT BECAUSE OF THESE FIVE MYTHS.

About 30 percent of U.S. adults qualify as obese, according to the Centers for Disease Control and Prevention. Bariatric (weight loss) surgery, which involves modifying the stomach to restrict the amount of food it can hold, could provide health benefits for many of those people—including reduction of medication, improvement of diabetes, a cure for obstructive sleep apnea and more.

Nonetheless, people who are candidates for the surgery often don't see it as an option because of widespread misconceptions, says Anish Nihalani, MD, Medical Director of the Surgical Weight Loss Program at Robert Wood Johnson University Hospital (RWJUH) Rahway. Here are some of the most common:

MYTH #1: "You have to be several hundred pounds overweight to consider weight loss surgery."

FACT: "People think that's the case because of TV shows like *My 600-lb Life*," says Dr. Nihalani. "In fact, most of the patients I operate on are in the 250-to-300-pound range. They are surgery candidates because their obesity is causing other health conditions, such as diabetes, hypertension, high cholesterol and sleep apnea. After surgery, they see improvement in these conditions and can reduce or eliminate multiple medications."



ANISH NIHALANI, MD

MYTH #2: "Weight loss surgery is risky."

FACT: The risk of death during bariatric surgery is just 0.1 percent, Dr. Nihalani

says—lower than the risks of many common surgeries.

MYTH #3: "Weight loss surgery is for people who don't want to diet and exercise."

FACT: "Obesity is not about being lazy, or not having willpower," Dr. Nihalani says. "We are getting more and more data that shows that people who are morbidly obese have certain genetic profiles that lead to obesity."

Besides, a healthy diet and exercise are a key part of the post-surgery success, says Dianne Errichetti, Bariatric Program Coordinator. At RWJUH Rahway, she notes, "weight loss surgery is more than just surgery—it's a comprehensive program, including diet modifications, physical activity and making support available post-surgery."

MYTH #4: "Most people regain weight after bariatric surgery."

FACT: "Research shows that bariatric surgery is the most effective means of achieving long-term weight loss," says Dr. Nihalani. "The standard for failure of the surgery has been defined as a case in which the patient regains 50 percent or more of their excess body weight post-surgery. However, most patients keep off the majority of the weight they lose."

MYTH #5: "Weight loss surgery is a last resort."

FACT: On the contrary, obese patients and their physicians should consider it sooner, Dr. Nihalani says. "Morbid obesity is a disease that should be dealt with as early as possible," he says. "If you wait until you are taking multiple medications for related health problems, you may not be eligible for surgery because of those problems. The earlier you do it, the better your potential outcome."

To learn more about the Surgical Weight Loss Program at RWJUH Rahway, call **732.499.6300** or visit www.rwjbh.org/weightloss.



CRANIAL TUMORS: HELP FOR HARD CASES

**HOW TOP NEUROSURGEONS AT RWJBARNABAS HEALTH
TACKLE THE TOUGHEST TUMORS.**

Cranial tumors are never easy to treat, but some are especially challenging. Those cases are often sent to Anil Nanda, MD, MPH, and the team of expert neurosurgeons affiliated with RWJBarnabas Health (RWJBH).

Recently, for example, there were the cases of an 8-year-old girl with an arteriovenous malformation, a bird's nest-like tangle of blood vessels at the top of her spine that paralyzed her, and a 21-year-old woman with a hemorrhaged brain stem cavernoma. Both patients were referred to Dr. Nanda and the enhanced neurosurgical program he is creating with colleagues throughout RWJBH. The lesions were successfully removed.

"People should know that we can take care of very complicated neurosurgical issues with good

outcomes right here in New Jersey," says Dr. Nanda, who has been recognized as a global leader in neurosurgery.

But Dr. Nanda is not just building a practice that specializes in cranial tumors in his roles as Senior Vice President of Neurosurgical Services for RWJBH and Professor and Joint Chair of the Department of Neurosurgery at both Rutgers Robert Wood Johnson Medical School and Rutgers New Jersey Medical School. Dr. Nanda is creating a world-class center of neurosurgery at RWJBH. In addition to providing state-of-the-art training for medical residents, the effort is attracting top talent to New Jersey from all over the world.

GRATIFYING RESULTS

Neurosurgery services at RWJBH cover many areas, including spinal disease, stroke, aneurysms, brain trauma and more.

Dr. Nanda's specialty is surgery of the skull base, an area formed by bones at the bottom of the skull that is crisscrossed by nerves and blood vessels carrying messages and oxygen to the brain.

Last fall, an especially challenging patient was referred: a 38-year-old woman whose personality had been slowly deteriorating over the previous five years. She had become hostile to family and friends, and her memory and cognition were impaired.

Finally, an MRI of the woman's brain found the cause of her problems: a 9-centimeter (approximately 3.5-inch) meningioma, a benign, slow-growing tumor that forms on membranes covering the brain.

"The tumor's pressure on her frontal lobe—which handles cognitive functions such as planning, memory and emotional expression—was so great that it had been compacted and barely showed on the MRI," says Dr. Nanda.

During surgery, Dr. Nanda first stopped the tumor's blood supply, then began the removal process. "After a difficult operation, the growth was entirely removed, and with the pressure gone, the frontal lobe expanded to its normal size," he says.

Three days later, the woman was sitting up and talking and her former upbeat personality had begun to return.

"It was really gratifying for our team to be able to effect such a dramatic change," says Dr. Nanda.

"Symptoms like this woman's are often chalked up to depression or schizophrenia or, in the case of an older person, dementia," he explains. "In such cases, it's important to investigate possible causes in detail, sooner rather than later."

For residents of New Jersey and the region, the good news is that excellent care for such conditions is available close to home. Says Dr. Nanda, "RWJBarnabas Health is building a team of top neurosurgeons and other experts in neuroscience that is among the best in the world."



ANIL NANDA, MD

To learn more about New Jersey's most comprehensive neurosurgery program, call **833.656.3876** or visit www.rwjbh.org/neurosurgery.



PEAK PERFORMANCE:

SECRETS OF BASEBALL PROS

A HEALTHY LIFESTYLE IS NO MINOR MATTER FOR THESE OUTSTANDING LOCAL PLAYERS.

When they unleash a blazing pitch or knock one out of the park, star baseball players can seem like superheroes. Granted, they *are* gifted. But to perform at that level, standouts from minor league baseball teams abide by healthy principles that weekend warriors and young athletes can share.

RWJBarnabas Health (RWJBH) partners with four top minor league baseball teams in the state: The Lakewood BlueClaws, New Jersey Jackals, Somerset Patriots and Trenton Thunder. What RWJBH and the

To learn more about RWJBarnabas Health corporate partnerships, visit www.rwjbh.org/corporatepartners.

A PARTNERSHIP WITH IMPACT: At left, RWJBarnabas Health and the Lakewood BlueClaws teamed up to deliver much-needed baseball gear to the children of Puerto Rico after Hurricane Maria. RWJBH also delivered medical supplies to the island as part of its social impact and global health initiatives.

HEALTHY FAMILY FUN: Below, the Somerset Patriots play at the 6,100-seat TD Bank Ballpark in Bridgewater.



ALFREDO RODRIGUEZ

INFIELDER | SOMERSET PATRIOTS
HEIGHT: 6'0" | WEIGHT: 175

STRETCH FOR SUCCESS: "Warm-ups used to be static, but now we have dynamic warm-ups, which do a better job of getting your body ready for whatever you want it to do. That means moving while stretching, like walking or pulling a knee to the chest."



JACK PERKINS

PITCHER | LAKEWOOD BLUECLAWS
HEIGHT: 6'4" | WEIGHT: 200

GET A LEG UP: "If you're a pitcher for your school or local team, the best thing to do is get your legs as strong as possible with squats, running and sprints. Legs are the strong foundation that's going to take you deep into games and give you more velocity."



GARRETT WHITLOCK

PITCHER | TRENTON THUNDER
HEIGHT: 6'5" | WEIGHT: 190

CORE PRINCIPLES: "A good strong core is important for anybody to keep a healthy balance. I do planks and also 'dead bugs'—exercises where you lie pressed flat on the floor and extend your arms and legs."



CONRAD GREGOR

INFIELDer/OUTFIELD | NEW JERSEY JACKALS
HEIGHT: 6'3" | WEIGHT: 220

CONSISTENCY IS KEY: "If you don't have time to get to a gym, do body-weight exercises that don't require equipment—pushups, squats, squat thrusts and similar exercises. That's what I do in my hotel room when we're on the road."

ball teams have in common is their community- and health-oriented focus. "Minor league baseball has a strong grassroots spirit that you don't necessarily see in professional sports," says Michael Knecht, Senior Vice President, Strategic Marketing and Communications for RWJBH. "These are organizations that are embedded in the communities we serve, and that have similar missions and values." Any given season might feature a celebration of patients, social outreach or healthy lifestyle education for fans.

In that spirit, top players, at right, reveal their fitness tips for peak performance.

NEW CANCER TREATMENT, NEW HOPE

HOW CAR T-CELL THERAPY HELPED A PATIENT WHEN CHEMOTHERAPY COULD NOT.

Dave Rodney, 62, didn't have time to be sick. A professional concert and travel promoter, and an avid musician and cook, he had too much living to do.

But in August 2017, while working out, Dave felt a slight discomfort in his lower abdomen. He assumed he'd pulled a muscle. However, at a routine physical shortly afterward, his doctor advised him to go to the Emergency Department at Saint Barnabas Medical Center (SBMC) in Livingston.

There, a scan revealed an abdominal mass. Dave was admitted for further tests. The eventual diagnosis: diffuse large B-cell lymphoma (DLBCL). This aggressive blood cancer, a form of non-Hodgkin lymphoma, usually starts as a fast-growing mass in a lymph node.

From September 2017 through January 2018, Dave was treated with chemotherapy under the care of Andrew Brown, MD, a medical oncologist with The Cancer Center at SBMC. Unfortunately, a first round was unsuccessful, as was a second round with a different medication.

The next step would typically be to assess whether a stem cell transplant might work. But now, there is also a new treatment called CAR T-cell therapy. "It was very important that I get him to a specialty center that handles complex cases," says Dr. Brown. "Because of our health system's partnership, I sent him down to Rutgers Cancer Institute of New Jersey and Robert Wood Johnson University Hospital in New Brunswick."

NEW POSSIBILITIES

In the fall of 2017, the Food and Drug Administration made a big announcement: It had approved CAR T-cell therapy for adults with DLBCL and for children and young adults with acute lymphoblastic leukemia.

In this therapy, T cells (a type of immune system cell) are taken from a patient's blood. In a laboratory, a chimeric antigen receptor (CAR), which binds to a certain protein on the patient's cancer cells, is added to each cell. These CAR T cells are then added back to the patient's blood to attack cancer cells.

The treatment is given only to patients whose cancer has proven resistant to chemotherapy and who may not be good candidates for stem cell transplants. Further, it can be offered only at centers that have clinicians, nurses and other healthcare

professionals who are FACT (Foundation for the Accreditation of Cellular Therapy)-certified.

The teams at Robert Wood Johnson University Hospital (RWJUH) and Rutgers Cancer Institute fit the bill. Dave Rodney would be their first patient for CAR T-cell therapy.

"This is a transformative therapy," says Dennis Cooper, MD, Chief, Blood and Marrow Transplantation at Rutgers Cancer Institute. "In the past, if a patient with this type of lymphoma wasn't responsive to chemotherapy, apart from experimental treatments we were essentially out of luck. Now we have a new option that's potentially curative."

MOVING AHEAD

Dave met with Dr. Cooper in March of 2018. At that and subsequent visits, he learned more about the procedure and its potential benefits and risks.

"They were very honest and open," Dave says. "Yes, I'd be the first. But on the plus side, many eyes and ears would be watching me to make sure everything went well. What they said made perfect sense, so I was sold."

"I can't think of a time in my career where the staff spent so much time, collectively, preparing to treat a patient," says Dr. Cooper. "There are strict criteria for care when a patient is getting CAR T cells, encompassing everything from the electronic record to drugs that can cause a reaction, and more."

"Everyone in the hospital was very committed. The people who work in the blood and marrow transplant unit, the ICU nurses, the nurse practitioners, the rapid response teams, the neurology attendings and literally every medical resident went through training before we treated our first CAR T-cell patient."


After thorough preparations, Dave's T cells were collected and sent to a laboratory



ANDREW BROWN, MD



DENNIS COOPER, MD



Dave Rodney, the first CAR T-cell therapy patient at Rutgers Cancer Institute of New Jersey and Robert Wood Johnson University Hospital, is back to doing the things he loves.

PHOTO CREDIT: JOHN O'BOYLE.



RWJBarnabas Health and The Cancer Center at Saint Barnabas Medical Center, in partnership with Rutgers Cancer Institute of New Jersey—the state's only NCI-Designated Comprehensive Cancer Center—provide close-to-home access to the latest treatment, including clinical trials. Visit www.rwjbh.org/beatcancer.

in California to be re-engineered, a process that takes several weeks.

In November, Dave received a mild pre-treatment chemotherapy to clear his blood of lymphocytes that could compete with CAR T cells. Then he was admitted to RWJUH to receive brand-new CAR T cells via infusion. He stayed in the hospital for two weeks as his body adjusted.

"It's impossible to describe the high level of care I had—the professionalism, expertise, warmth and caring," Dave says. "These are the best people on the planet!"

AN EXCITING FUTURE

CAR T-cell therapy is currently under consideration to treat some forms of myeloma, a cancer of plasma cells. "CAR T cells are also being modified in the hope they can work on solid tumors—brain tumors, abdominal tumors," says Dr. Cooper. "People are realizing that you can redirect CAR T cells to almost any target you want, as long as it's on a tumor cell and not a normal cell."

Unlike in chemotherapy, which kills both healthy and cancer cells, the CAR T cells remain in the patient's body for months and continue fighting the cancer. "There's a lot of work happening on ways to make CAR T cells stay in action even longer," says Dr. Cooper.

Dave continues to return for scans to check on his progress. Meanwhile, his return to normal activity is encouraging.

"I'm as busy as ever," Dave says, "feeling better and doing all the things I love doing."

A version of this article first appeared in the Rutgers Cancer Institute of New Jersey publication Cancer Connection.

To learn more about CAR T-cell therapy at Rutgers Cancer Institute of New Jersey, visit www.cinj.org/car-tcelltherapy or call **844.CANCERNJ**.



From left, Gail Knight, MD, Senior Vice President and Chief Medical Officer, Rady Children's Hospital; Michael Dribbon, PhD, Vice President of Business Development and Chief Innovation and Research Officer, CSH; Patrick Frias, MD, President and CEO at Rady Children's Hospital; Warren E. Moore, FACHE, President and CEO of CSH; and Katherine Bentley, MD, Director of the Chronic Pain Management Program at CSH.

PARTNERING TO FIGHT PAIN

ONE BOY'S ORDEAL LED TO HELP FOR OTHER SOUTHERN CALIFORNIA CHILDREN WHO SUFFER FROM CHRONIC PAIN.



Children's Specialized Hospital®
An RWJBarnabas Health facility

at
Rady Children's Hospital

A simple heel fracture from running on a California beach led to excruciating pain for 14-year-old Jasper Neale. The fracture took a long time to heal. Worse, the pain grew and radiated throughout his body. "I wasn't able to wear clothes. I couldn't shower. I couldn't walk. If a wind blew on me, I would be screaming," he says.

Eventually, Jasper was diagnosed with Complex Regional Pain Syndrome (CRPS)—a chronic condition that is believed to be caused by damage to the nervous system—at Rady Children's Hospital in San Diego. And although he underwent weeks of outpatient therapy, the pain only got worse.

Jasper's physical therapist showed him and his parents an online video she'd found. It told the story of a girl who had suffered

similar symptoms, but managed to get them under control through an intensive course of therapy at another children's hospital. "My husband and I decided we must find a program like this for Jasper," says his mother, Lori Neale. After some research, they selected the inpatient Chronic Pain Management Program at Children's Specialized Hospital (CSH) in New Brunswick.

Less than three weeks later, Jasper and his father were on a flight to New Jersey and CSH. That decision would change his life—and, ultimately, make life better for other San Diego, Southern California and southwestern U.S. children living in pain.

MASTERING THE PAIN

At CSH, the innovative Chronic Pain Management Program treats children with this condition through intensive physical, occupational and psychological therapy. Patients learn coping techniques to desensitize themselves to pain and mitigate it—without the use of opioids or other medications.

"One of the goals of the program is to improve the pain, but the main goal is to improve function and get our patients back to their lives," explains Katherine Bentley, MD, Director of the Chronic Pain Management Program.

After seven weeks, Jasper graduated from the program and was able to return to his California home, and to his life as a teenager.

But Jasper's recovery was not the only positive outcome of his experience. Aware of the need for a multidisciplinary approach to pain management for area patients, Rady Children's Hospital and CSH created a partnership. In April, the all-new Children's Specialized Hospital Chronic Pain Management Program at Rady Children's Hospital-San Diego opened for business.

"This joint endeavor provides us the great opportunity to treat the needs of patients and families in the Southern California region," says Warren E. Moore, FACHE, President and CEO at CSH, "and for that I could not be more grateful."

Jasper would agree. "Now," he says, "I can do anything I want to do."

For more information about Children's Specialized Hospital, call **888.244.5373** or visit **www.childrens-specialized.org**.

At Children's Specialized Hospital, we provide world-class care for children and young adults who face special health challenges across the state of New Jersey and beyond. Our locations in Bayonne, Clifton, East Brunswick, Egg Harbor Township, Hamilton, Jersey City, Mountainside, New Brunswick, Newark, Toms River and Warren treat everything from chronic illnesses and complex physical disabilities like brain and spinal cord injuries, to developmental and behavioral issues like autism and mental health.



HEART HEALTH: KNOW YOUR NUMBERS

KEEP ON TOP OF THESE SIMPLE TESTS TO STAY HEALTHY.

When it comes to protection against heart disease, the evidence is simple and clear: Preventive strategies work.

“People can have a significant effect on their heart health through the lifestyle choices they make,” says Sergio Waxman, MD, MBA, an interventional cardiologist and Chief of the Division of Cardiology at Newark Beth Israel Medical Center, an RWJBarnabas Health facility. “There are not many diseases where that is so clearly documented.”

A key part of self-care is understanding the following about your heart health. Your primary care provider can check these numbers at your yearly physical, and you can track some of them between visits.



SERGIO WAXMAN, MD



BLOOD PRESSURE: The force of blood rushing through your vessels. High blood pressure, which can damage or weaken blood vessels, is defined as a reading of 130/80. “A lot of patients get nervous in a doctor’s office, which may elevate their blood pressure, so it’s important to check it outside the office as well,” says Dr. Waxman. You can buy a manual or digital blood pressure monitor at the drugstore, or use a public device available at some pharmacies.

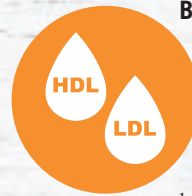


HEART RATE (PULSE): The number of times your heart beats per minute. “This is helpful if you’re exercising and want to see if your training is significantly affecting your heart rate,” says Dr. Waxman. The American Heart Association recommends at least 150 minutes of moderate-intensity exercise per week. The more fit you are, the

sooner your heart rate returns to normal after exercise.



BLOOD SUGAR: High glucose (blood sugar) levels are strongly correlated with cardiovascular disease because over time they damage blood vessels and nerves. “An annual blood test after overnight fasting is all that’s needed, unless your levels are elevated,” says Dr. Waxman. “If they are, the other number you should know is your Hemoglobin A1C, which is a measure of your average glucose levels over the past three months.”



BLOOD CHOLESTEROL: A waxy substance produced by the liver. Cholesterol is transported to and from cells by lipoproteins. Low-density lipoprotein (LDL, known as the “bad” kind) deposits cholesterol on artery walls; high-density lipoprotein (HDL) removes it. Both levels are determined by a simple blood test.

Your doctor also might suggest your blood be tested for C-reactive protein. “Some investigators think this may be as important as the LDL number for assessing cardiac risk,” says Dr. Waxman.



BODY MASS INDEX (BMI): This is a measure of body fat based on height and weight. The higher your BMI, the greater your risk for cardiac and other diseases. You can calculate your BMI with the help of online calculators and charts from the National Institutes of Health or the Centers for Disease Control and Prevention.

While most people know they should take better care of their health, they often feel that work and family demands prevent it, says Dr. Waxman. “Try to give yourself one hour every day to devote to taking care of yourself, whether it’s exercising, preparing healthy meals, checking your blood pressure, taking a nap or a combination of things,” he advises. “It’s like what they say about oxygen on airplanes: Put your mask on first or you won’t be able to help someone else.”

Your heart doesn’t beat just for you. Get it checked. To make an appointment with one of New Jersey’s top cardiac specialists, visit www.rwjbh.org/heart or call **888.724.7123**.

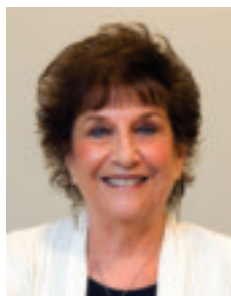


THE KEY TO QUITTING SMOKING OR VAPING

RWJBARNABAS HEALTH OFFERS FREE AND PROVEN SUPPORT FOR PEOPLE WHO STRUGGLE WITH TOBACCO OR NICOTINE DEPENDENCE.

Nicotine addiction is a powerful foe. The drug triggers a brief surge of endorphins—the feel-good hormones—each time it’s inhaled through a cigarette or an electronic nicotine delivery system (ENDS), such as an e-cigarette or vaping device. That pleasure dissipates quickly, leading to the urge for another inhalation.

A pack-a-day smoker, for example, goes through this cycle about 250 times daily, creating an addictive reward system in both brain and body that causes dependence on nicotine. When the person tries to stop, withdrawal



CONNIE GREENE

symptoms—irritability, attention difficulties, sleep disturbances and more—lead him or her to light up again, and the cycle continues.

Most people who are still smoking today have already tried and failed to quit five to seven times, according to Connie Greene, Vice President, RWJBarnabas Health (RWJBH) Institute for Prevention and Recovery.

“They may even feel a lot of shame and guilt because of that,” she says. “But the truth is, if people who are dependent on nicotine could quit on their own, they would have done so already.”

Greene and her colleagues want these people to know that it’s not their fault. “They’re in the grip of a very insidious addiction, which may have a genetic component,” she says. “But there is hope, and there is recovery.”

“The more times you’ve tried and the more you’ve been unsuccessful, the greater chance you have for success with our Nicotine and Tobacco Dependence Treatment Program.”

A NEW APPROACH

“We look at quitting as a process,” says Michael Litterer, Director of Prevention and Recovery at RWJBH. “It’s not as simple as making a decision and going cold turkey. In our program, we develop an individualized plan for each person who comes to us.”

When a smoker contacts the Nicotine and Tobacco Dependence Treatment Program by phone or email, a certified tobacco treatment specialist will be there to help. “You don’t have to quit right away,” Litterer says. Instead, next steps can include:

- Individualized nicotine dependence assessment, focusing on triggers and stressors
- Ongoing support in both individual or group settings
- Access to a medical director on staff to assist with primary care coordination and prescription medications
- Free nicotine replacement therapy (nicotine patches, gum and lozenges)
- Recommendations and navigation for appropriate prescription nicotine dependence medications
- Assistance in understanding the real impact of ENDS devices and cigarettes
- Behavioral modification and assistance in managing or eliminating nicotine withdrawal symptoms

“Most importantly, we will support people through the entire process of ending their nicotine or tobacco addiction. Relapsing and using nicotine during the quit attempt is sometimes part of the journey. We understand this,” Litterer says.

The program, which is funded by the New Jersey Department of Health Office of Tobacco Free, Nutrition and Fitness, does not charge participants.

The most important thing for people to know, Greene says, is that they don’t have to try to quit alone. “Call the QuitCenter number, or send us an email,” she says. “We’ll take it from there.”

To learn more about reaching recovery from nicotine or tobacco dependence, call the QuitCenter line at **732.837.9416**, or email quitcenter@rwjbh.org for a free confidential assessment. For more information, visit www.rwjbh.org/nicotinerecovery.





DIABETES IS NOT YOUR DESTINY

YOU MAY BE AT RISK FOR DEVELOPING TYPE 2 DIABETES, BUT YOU HAVE THE POWER TO PREVENT IT.

“When people are told they have prediabetes, they’re often scared, but they feel the situation is out of their control,” says Lauren Bernstein, RD, a certified diabetes educator with the Diabetes Self-Management Center at Robert Wood Johnson University Hospital (RWJUH) Rahway. “And when you feel something’s out of your control, you don’t try to do anything about it.”

“The truth is that you can significantly decrease your risk of getting diabetes, just by making some simple changes.”

The national Diabetes Prevention Program study found that people who make lifestyle modifications decrease their chances of developing Type 2 diabetes by 58 percent. For people over 60, the number is an impressive 71 percent.

‘I CAN DO THAT’

“The key to change is awareness,” Bernstein says. “When people are educated about how to prevent diabetes, a lightbulb goes on, and they think, ‘I can do that.’”

“For example, they don’t need to go on a rigid diet, and we’re not asking them to have kale for breakfast. They just need to switch high-carb foods, like juice and cereal, with lower-carb options, like eggs

with a piece of multigrain toast and a real orange. That breakfast has a lot fewer carbs, but is still satisfying.”

For best results, patients are advised to decrease their weight by 7 percent (“which is not a lot,” Bernstein notes), and to engage in moderate-intensity exercise for 150 minutes a week. That can mean a brisk walk for 30 minutes for five days, or 50 minutes for each of three days—

WHAT IS PREDIABETES?

If your doctor says that you have prediabetes, it means that your blood glucose (blood sugar) levels are too high, but not yet high enough to be called diabetes. Sugar is accumulating in the bloodstream instead of fueling cells that make up muscles and other tissues. Prediabetes is the stage before Type 2 diabetes, which can lead to vision, heart or kidney problems and other serious conditions.

whatever works for you. Other examples of moderate-intensity exercise include bicycling (slower than 10 miles per hour), ballroom dancing and gardening.

In order to know what kind of progress you’re making, you need to be clear on where you started. “I tell people to ask their doctors for the results of their A1C test,” Bernstein says. “It’s a simple blood test that measures your average blood sugar over the past three months.” A result between 5.7 and 6.4 percent is considered prediabetic.

If that’s the case, make an appointment with a certified diabetes educator who can help you with lowering that number. “Here at the Diabetes Self-Management Center, we can teach you everything you need to know to help prevent prediabetes from turning into Type 2 diabetes,” Bernstein says. “The goal is control.”

SIMPLE MEAL SWAPS FOR BREAKFAST, LUNCH AND DINNER

INSTEAD OF THIS	TRY THIS
Bowl of cereal, milk and banana	Whole wheat toast, peanut butter and half a banana
6" Italian sub sandwich with a bag of chips	Turkey on rye bread with one slice of cheese and mustard; handful of nuts
Spaghetti with beef meatballs and Italian bread	Baked chicken pieces or turkey meatballs, side of pasta and a salad

For help with lowering blood sugar, call the RWJUH Rahway Diabetes Self-Management Center at **732.499.6109**.

5

BREAST CANCER SCREENING MYTHS, BUSTED

DON'T LET MISINFORMATION PREVENT
YOU FROM GETTING A MAMMOGRAM.



RWJBarnabas Health and Robert Wood Johnson University Hospital Rahway, in partnership with Rutgers Cancer Institute of New Jersey—the state's only NCI-Designated Comprehensive Cancer Center—provide close-to-home access to the latest treatment and clinical trials. Visit www.rwjbh.org/beatcancer or call 844.CANCERNJ.

Getting regular screening tests is the best way to detect breast cancer in its early stages, when it's small and hasn't spread. In fact, a recent large-scale study showed that women who got regular mammograms had a 60 percent lower risk of dying from breast cancer within 10 years.

Yet many women—and men—avoid screenings for breast cancer, often because they are deterred by one or more of the myths below.

“Women should never be afraid of getting screened,” says Abhishek Shrivastava, MD, Director of Women’s Imaging at Robert Wood Johnson University Hospital Rahway. “Breast cancer treatment has advanced leaps and bounds even in the last 10 years, and far more women are being cured of cancer rather than dying from it. Our goal should be to keep finding breast cancer in its earliest, most treatable stage by screening so hopefully one day, we will finally beat breast cancer.”

If you’ve been putting off getting screened, learn the facts, then schedule a mammogram—for your sake, and for the sake of those you love.

Myth #1 MAMMOGRAMS CAN CAUSE BREAST CANCER.

FACT: While a mammogram is a form of X-ray used to take images of the breast, the amount of radiation required is very small. The benefits of mammography outweigh any possible harm from radiation exposure, according to the American Cancer Society.

Myth #2 BREAST CANCER CAN ALWAYS BE DETECTED BY A LUMP.

FACT: A lump might be a sign of breast cancer, but it could be a sign of something else. More importantly, breast cancer can exist without the presence of a lump.

Suggested screening guidelines vary, and men should have a mammogram on the advice of their physician. The American Cancer Society says women ages 40 to 44 should have the option to start yearly screenings, and get annual mammograms from ages



ABHISHEK SHRIVASTAVA, MD

45 to 54 and every other year thereafter. The American College of Obstetricians and Gynecologists says women should be offered screening mammography at age 40, and begin no later than age 50, with screening frequency to be determined based on discussion with a woman’s physician.

Myth #3 GETTING CALLED BACK IN FOR FOLLOW-UP TESTS IS BAD NEWS.

FACT: You could be called back for a number of reasons—unclear pictures, dense tissue, a possible cyst—so don’t be unduly alarmed. Fewer than 1 in 10 women who are called back for more tests are found to have cancer, according to the American Cancer Society.

Myth #4 MAMMOGRAMS ARE TOO EXPENSIVE.

FACT: The cost of not getting a mammogram and not detecting early cancer will always be far greater than the cost of the screening. Medicare, Medicaid and most insurance companies cover screening mammograms with no out-of-pocket costs. If you don’t have insurance or your insurance doesn’t cover a mammogram, check with a local screening facility to find out about free or low-cost screenings.

Myth #5 MAMMOGRAMS HURT.

FACT: Sometime there is discomfort during a mammogram, since in order to get a good image, it is necessary to gently compress the breasts between two glass plates. The degree of discomfort that a woman will feel depends on many factors, including her own sensitivity to pain, her breast structure (especially if the breasts are cystic) and so on.

If you’ve experienced pain during mammograms in the past, there are a few things you can do before your next screening:

If you’re premenopausal, schedule the mammogram for the time of your monthly cycle when your breasts are least tender.

Take an over-the-counter non-steroidal anti-inflammatory drug (NSAID), such as ibuprofen, 45-60 minutes before the mammogram. (Check with your doctor first.)

Try concentrating on your breathing—deep breaths in and out—to help you relax, as anxiety can add to your concern about potential discomfort.

The important thing to remember is that a mammogram should never hurt so much that it stops you from keeping up with regular breast cancer screenings. If you’re concerned about pain, talk to your doctor.

Let’s beat breast cancer together. If you’re a woman age 40 or over, visit www.rwjbh.org/mammo and schedule your annual mammogram.

EAT TO BEAT HIGH BLOOD PRESSURE

HOW TO LEARN TO LOVE A LOW-SODIUM DIET—AND WHY YOU SHOULD.

Whether you've been diagnosed with hypertension (high blood pressure) or not, chances are that you should cut back on salt. Excessive sodium intake causes the body to retain excess water, which means the heart has to work harder to pump blood. That leads to higher blood pressure.

The American Heart Association recommends no more than 2,300 milligrams (mg) of sodium each day, about the equivalent of one teaspoon. For those with high blood pressure, the recommended

limit is 1,500 mg per day.

Yet the average American consumes about 3,400 mg of sodium per day, largely through prepackaged foods. Prime high-sodium offenders include soup, cold cuts, pizza, cheeses, condiments and even breads and rolls.

To avoid sneaky sodium, choose foods with labels that specify 140 mg or less sodium per serving. Check for terms like sodium chloride, NaCl, monosodium glutamate (MSG), baking soda, baking powder and disodium phosphate.

The best defense against unwanted sodium is to eat home-prepared, fresh foods as often as possible. "Instead of adding salt, you can add something acidic—lime, lemon, vinegar—to make the flavors in a recipe pop," says Diane Weeks, a registered dietitian who regularly gives cooking demonstrations at the RWJ Rahway Fitness and Wellness Center in Scotch Plains (see calendar on page 22). "Herbs and spices will also add flavor, so you can use less salt." Weeks recommends the low-sodium recipes on the opposite page, which use fresh, seasonal produce.

QUIZ: HOW MUCH DO YOU KNOW ABOUT HYPERTENSION?

Nearly half of adult Americans have high blood pressure, or hypertension, though many don't know it. Test your knowledge by taking this quick quiz based on information from the American Heart Association.

1. I don't have symptoms and feel fine, so I can't have high blood pressure.

T F

2. High blood pressure is anything above 120/80.

T F

3. Taking your blood pressure at home or using a machine at a pharmacy is a good way to keep track of your numbers.

T F

4. High blood pressure runs in my family, so I can't help it if I have it, too.

T F

5. Certain foods can help bring blood pressure down.

T F

AND THE ANSWER IS ...

- 1. FALSE.** Many people who have high blood pressure don't have symptoms. The only way to know for sure is to have your blood pressure checked.
- 2. TRUE.** In 2017, the American Heart Association and American College of Cardiology said that, based on new information, anything over 120/80 is considered elevated. (The previous standard was 140/90.)
- 3. TRUE.** Do it often, and keep a record of your results. A reading of 180/120 or higher is considered a hypertensive crisis.
- 4. FALSE.** Anyone can take steps to improve blood pressure, which include eating a healthy diet, maintaining a healthy weight, exercising 90 to 150 minutes a week, reducing salt intake and stopping smoking.
- 5. TRUE.** Foods that have potassium—such as bananas, sweet potatoes and dark, leafy greens—help flush sodium out of the body. A daily cup of blueberries has been shown to lower patients' blood pressure, and fish that are high in omega-3 fatty acids (salmon, mackerel, herring, sardines, albacore tuna) also have cardiovascular benefits, including lowering blood pressure.



GRILLED CHICKEN & VEGGIES WITH TOMATO-BASIL DRESSING

SERVES 4; 380 MG SODIUM PER SERVING

INGREDIENTS:

- 1 cup chopped fresh tomatoes
- 1 tablespoon red wine vinegar
- 5 sprigs basil
- ½ tsp kosher salt
- ¼ cup extra-virgin olive oil
- 1 pound boneless, skinless chicken breast
- 2 red or yellow bell peppers, quartered lengthwise
- ½ pound small zucchinis, quartered lengthwise
- 1 bunch scallions, trimmed

DIRECTIONS:

- Combine the tomatoes, vinegar, basil, salt and oil in a blender or food processor. Process into a smooth dressing and transfer to a large bowl.
- Put the chicken into a zipper-lock bag and pound to ½-inch thickness.
- On a hot, clean grill, grill the chicken for 3–5 minutes per side and the peppers, zucchini and scallions until well-marked and tender-crisp (3–8 minutes). Remove to a cutting board. (Note: If you don't have a grill, you can sauté the chicken and vegetables.)
- Cut the chicken and vegetables into bite-sized pieces and toss with the dressing.



BASQUE COUNTRY GREEN BEANS

SERVES 4; 140 MG SODIUM PER SERVING

INGREDIENTS:

- 2 tablespoons extra-virgin olive oil
- 1 onion, sliced
- 1 bell pepper, sliced
- 3 cloves garlic, sliced
- 1 pound green beans and/or yellow wax beans, trimmed
- ½ pound tomatoes, chopped
- ¼ teaspoon kosher salt

DIRECTIONS:

- Heat the oil in a large non-stick pan over medium heat until shimmering. Sauté the onion and pepper, stirring often, until they start to brown, 4–5 minutes.
- Stir in the garlic and cook for 30 seconds. Stir in the beans and ¼ cup of water. Cover and cook over low heat until the beans are tender, 10–12 minutes.
- Stir the tomatoes and salt into the beans. Cook until the tomatoes soften, 2–3 minutes.

RECIPES FROM NUTRITION ACTION HEALTHLETTER, WWW.NUTRITIONACTION.COM.

Your heart doesn't beat just for you. Get it checked. To find an RWJUH Rahway cardiac specialist, call **888.724.7123** visit www.rwjbh.org/heart.





Community Calendar

The location for these events, unless otherwise noted, is the RWJ Rahway Fitness & Wellness Center, 2120 Lamberts Mill Road, Scotch Plains. Register for our programs by calling 732.499.6193. Unless otherwise noted, programs are free and open to non-members. Because programs are subject to cancellation, call ahead to make sure your program is taking place.

Cooking Demo: Satisfying Salads

Tues., July 16, 7 p.m.
Diane Weeks, RD, CDE

Fueling Your Workout

Tues., Aug. 6, 9:30 a.m.
Christina Frescki, MBA, RD, FAND

Cooking Demo: Eat Well and Save the Planet with Delicious Vegetarian Meals

Tues., Aug. 6, 7 p.m.
Diane Weeks, RD, CDE



Family Medicine: Vaccines—What, When and Why?

Tues., July 16, 6 p.m.
Thomas Kowalenko, DO



Inflammation and Why It's Dangerous

Mon., Aug. 19, 6 p.m.
Juan Baez, MD, Infectious Disease



Prediabetic? Don't Let Diabetes Be Your Destiny

Thurs., July 18, 6 p.m.
Lauren Bernstein, MS, RD, CDE



Your Shoulder: What Can Go Wrong

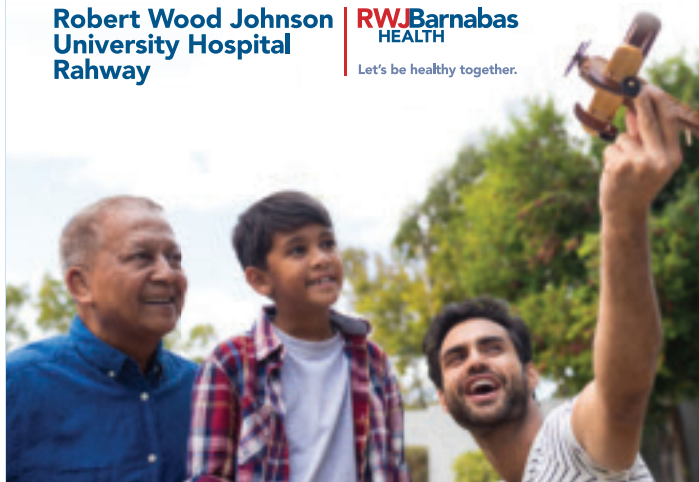
Thurs., Sept. 19, 6:30 p.m.
Howard Pecker, MD, Orthopedics

Create a healthy tomorrow by leaving a lasting legacy today.

Help ensure that the next generation has easy access to extraordinary health care by including Robert Wood Johnson University Hospital Rahway in your estate plans. It's simple. It's impactful. It's lasting.

For more information, please contact Greg Ellmer at 973-322-4302 or Gregory.Ellmer@rwjbh.org. Information is also available online by visiting rwjrahwaygiving.org

Robert Wood Johnson University Hospital Rahway | **RWJ Barnabas HEALTH**
Let's be healthy together.



Peripheral Neuropathy & Radiculopathy: What's the Difference? How to Treat Them?

Mon., Aug. 12, 6 p.m.
Paul Abend, DO, Rehabilitation Medicine

All About Kidney Stones

Tues., Aug. 13, 6 p.m.
Franklin Morrow, MD, Urology

Cooking Demo: Salsa, Dips and Sides

Tues., Aug. 20, 7 p.m.
Diane Weeks, RD, CDE

Deconstructing Popular Diets: Fact vs. Fiction

Tues., Sept. 10, 6 p.m.
Christina Frescki, MBA, RD, FAND

NAMI Union County

Tues., Sept. 24, 7:30 p.m.

Get a Great Smile!

Weds., Sept. 25, 6 p.m.
Stanley Gersch, DMD, Orthodontics

Bariatric Support Group

Thurs., Sept. 26, 5:30 p.m.

Weight Loss Surgery is Life-Changing

Thurs., Sept. 26, 6:30 p.m.
Anish Nihalani, MD, Bariatric Surgery

Mind-Body Strategies for Stress Management

Fridays, Oct. 4, 11, 18, 25, 6:30 p.m.

\$100 for four sessions
Nadine Roberts, Certified Integrative Mind/Body Healing Arts Practitioner/Reiki Master. Call to register: 908.281.9409

Good Mood Food

Tues., Oct. 8, 9:30 a.m.
Christina Frescki, MBA, RD, FAND

NAMI Union County

Tues., Oct. 22, 7:30 p.m.

Bariatric Support Group

Thurs., Oct. 24, 5:30 p.m.

Weight Loss Surgery is Life-Changing

Thurs., Oct. 24, 6:30 p.m.
Anish Nihalani, MD, Bariatric Surgery



**DIABETES:
THE GOAL IS CONTROL**

12–1:30 p.m., starting Tues., Oct. 1. Consider the fall session of “The Goal is Control” Diabetes Lunch and Learn series at the Gateway Family YMCA–Rahway Branch at 1564 Irving St. Sessions include education, support, exercise and lunch. Every Tuesday for six weeks. Free, but registration is required. To register, call 732.388.0057.

WEIGHT LOSS SURGERY IS LIFE-CHANGING

Featuring Anish Nihalani, MD, FACS, FASMBS, Bariatric Surgery. Weight loss surgery is not a cosmetic procedure. For many, it’s considered medically necessary to improve overall health. Learn more about what the surgery is and how it can change your life at one of these informative talks. Registration required; call 732.499.6193.



RWJ Rahway Fitness & Wellness Center, 2120 Lamberts Mill Rd., Scotch Plains.

Unless otherwise noted, presentations take place on the fourth Thursday of the month at 6:30 p.m.

- July 25
- August 22
- September 26
- October 24
- November 14 (second Thursday)
- December 5—support group only

For this location, please note there is a support group meeting at 5:30. This professionally led group is free and is open to those who have had a procedure, as well as those considering it.

RWJ Rahway Fitness & Wellness Center at Carteret, 60 Cooke Ave., Carteret. Presentations take place at 6:30 p.m.

- August 8
- October 10
- December 12

Support Groups

Unless otherwise noted, support groups are held at the RWJ Rahway Fitness & Wellness Center, 2120 Lamberts Mill Rd., Scotch Plains. Call 732.499.6193 to register.

Adult Bereavement

First Wednesday of each month, 1:30 p.m.

Bariatric Support

Fourth Thursday of each month, 5:30 p.m.

Breast Cancer Support—two groups

First Tuesday of each month, 7 p.m.
First Wednesday of each month, 5:30 p.m.

Caregiver Support

First Wednesday of each month, 7 p.m. (closed to new members)

Fibromyalgia Support—two groups

First Thursday of each month, 5:30 p.m. and 7 p.m.

Overeaters Anonymous

Fridays, 7 p.m., Conf. Room A. 12-Step fellowship. No dues or fees. To register, call 908.358.5154 or email genak2@verizon.net. For more information about Overeaters Anonymous, visit our Central Jersey Intergroup website at www.oa-centraljersey.org

Spousal Bereavement Support

Group meets from 10:30 to noon. For information on the next eight-week session, call 732.247.7490.

Stop-Smoking Support

Free program. Call to get started.



THESE GROUPS MEET AT RWJUH RAHWAY, 865 STONE STREET, RAHWAY

All Recovery Support Group for Alcohol and Drugs

Every Thursday, 6 p.m., Conf. Room #1

Diabetes Support

First Tuesday of each month, 7 to 8:30 p.m.

Parkinson’s Support

Second Wednesday of each month, 1 p.m.

Self-Help Enhancement, Stress Program

Every Tuesday, 5:30 to 7 p.m. For information, call 908.276.2469

First Health Urgent Care in Clark & Edison

Urgent and Primary Care

Some things shouldn't or can't wait for an appointment.

First Health, a new Barnabas Health Medical Group healthcare provider affiliated with Robert Wood Johnson University Hospital Rahway, combines the convenience of extended weekday hours, as well as weekend and holiday hours, with the confidence of seeing a trusted provider.

Our facility offers **quick and high-quality care** for the entire family. Our highly-trained medical professionals treat your non-emergency medical needs in a comfortable, safe and caring environment.



As a Barnabas Health Medical Group provider, First Health is now Horizon Blue Cross Blue Shield OMNIASM Health Plan Tier 1-designated and accepts most major insurances.

We treat your non-emergency medical needs including:

- ▶ Common, acute illnesses such as colds, flu, infections and minor injuries (X-ray available)
- ▶ Chronic conditions and breathing disorders
- ▶ Skin, hair and nail conditions
- ▶ Immunizations, vaccinations and physicals
- ▶ Preventive care testing and evaluations

Barnabas Health
Medical Group
Robert Wood Johnson
University Hospital
Rahway

RWJBarnabas
HEALTH

rwjbh.org/medicalgroup

TWO Convenient Urgent Care Centers in the area affiliated with RWJUH Rahway.

First Health – Clark
152 Central Avenue
Clark, NJ 07066

Open
Monday – Friday 7 am to 7 pm
Saturday 7 am to 3 pm
Sunday & Holidays 9 am to 3 pm

732-382-9700

First Health – Edison
10 Parsonage Rd #102
Edison, NJ 08830

Open
Monday – Friday 8 am to 7 pm
Saturday 7 am to 3 pm
Sunday & Holidays 9 am to 3 pm

732-662-4680

Walk-Ins Welcome