| MAY~JUNE 2005 |

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MONMOUTH health & life

ALL IN THE FAMILY
PLAN A REUNION TO REMEMBER

picture-perfect pools

THE REBIRTH OF THE WEST END

health link

- do's and don'ts for broken bones
- a boomer's prep guide to a healthy old age
- hormone therapy: is it still OK?

BROADWAY'S Beth Fowler ON SUMMERS AT THE SHORE

AMAZING APRICOT MUFFINS

THE GOOD LIVING MAGAZINE *from* MONMOUTH MEDICAL CENTER
An affiliate of the Saint Barnabas Health Care System

A SEASON FULL OF PROMISE

Spring is here. The warming ocean breezes and the return of green to our landscape remind us why we have chosen Monmouth County as our home. Fittingly, this issue of *Monmouth Health & Life* is full of discoveries to fill the long, warm days that lie ahead. On page 22, for example, read how veteran singer and actress Beth Fowler was "discovered"—as a neophyte given a storybook chance to take over a lead role on Broadway. A regular Shore visitor since childhood, Fowler proves there's more to show business than glitz or fads. There's also talent.

Whether or not you have a natural gift for entertaining, you can learn on page 16 how to bring your relatives together for a reunion. "A Family Affair" offers a step-by-step guide to gathering the generations and making the event come off perfectly. The article even offers a few Monmouth locations ideally suited for the occasion.

As seaside residents, we all understand the pleasures of being near water. But those pleasures don't have to stop at the beach. Learn about soothing water gardens in "Backyard Oasis" on page 32, and about how to choose your own swimming pool in "Pools of Perfection" on page 26.

One of the treats of this time of year is the apricot, whose brief season runs from early May to late June. *Monmouth Health & Life* takes a look at this flavorful fruit and provides a recipe for apricot muffins on page 56.

Looking for a late-spring getaway? See "Mexico's Hidden Jewel" on page 34 for an armchair visit to Cozumel, a beautiful island with some of the world's premier scuba diving. You'll find everything from hotel recommendations to advice on the most touted coral reefs.

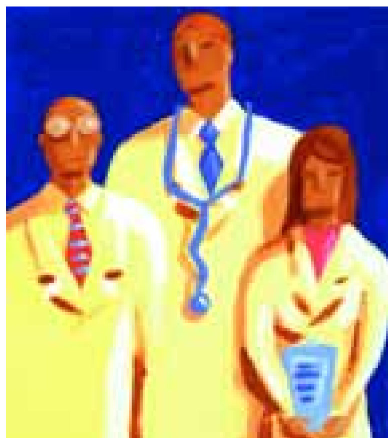
As always, our Health Link section, starting on page 47, is full of news you can use to stay well today and in the future. Find out the latest on how to treat symptoms of menopause, how Baby Boomers can protect good health into the senior years and what's involved in two common injuries: broken bones and torn ligaments in the knee.

Finally, in our Neighborhood Watch on page 64, check out an area on the rise: Long Branch's venerable West End. They say it's as close as you can get to Greenwich Village with a beach.

There is no finer time of year, and no better place than our Shore to enjoy it!

Sincerely,

FRANK J. VOZOS, M.D., FACS
Executive Director
Monmouth Medical Center



BEAT THE MEDICAL SHUFFLE

THESE DAYS, KEEPING THE SAME DOCTOR IS TOUGH. HERE ARE 4 WAYS TO MAKE SURE YOUR CARE DOESN'T SUFFER.

Marcus Welby's gone for good. TV's kindly old general practitioner of the 1960s always seemed to treat patients he'd known forever. But today such relationships are under attack. Change jobs, and your primary-care doctor may not be on the provider list for your new employer's health plan. Or stick with one job—and see your company switch plans in an effort to curb soaring costs. Or stay with one plan—and find that your doctor may drop the plan, be dropped from the plan or simply pick up and move away.

Yet the experts say personal trust is still a key to the physician-patient relationship, and trust builds over time. In a recent study of more than 1,800 patients in primary care, 24 percent of those with managed care health plans said insurance changes had forced them to change family doctors in the past three years. This group rated the care they got—in areas like communication, coordination of care and doctors' knowledge—more negatively than others.

There's no magic way to preserve continuity of care. But experts suggest these steps to make sure the care you get doesn't suffer, no matter what else changes:

1. CHOOSE PHYSICIANS WHO BELONG TO THE MAJOR HEALTH PLANS. That way, says Eric N. Burkett, M.D., vice president of medical affairs at Monmouth Medical Center and medical director for the hospital's internal medicine practice, you stand a better chance of keeping the same doctors if you're forced to switch health plans. If you have a chronic health condition that needs to be managed by a specialist and you're given a choice of plans, go with the plan that the specialist is in, Dr. Burkett advises.

2. KEEP A HEALTH LOG. "Record your significant illnesses and medications that worked (or didn't work)," says Dr. Burkett. "Keep a list of family health issues, such as diabetes or hypertension. If you have serious health problems, keep a list of your specialists, all the medications you've taken and significant tests performed. Ask your doctor for a copy of your most recent blood work and important test results." The file on you in your doctor's office will be forwarded if you have to move to a new practice, but *personal* records can refresh your memory and help you stay on top of things.

3. IF NECESSARY, TALK TO YOUR HEALTH PLAN. "All plans have pluses and minuses," says Dr. Burkett, "and premiums are high. Since you're already paying a lot of money, ideally you should take advantage of your benefits and see a doctor who's in your plan's network. But if that requires a hardship such as traveling a long distance to visit a specialist, you or your company benefits people might speak to the HMO." It may be possible to persuade the plan to authorize use of a more convenient doctor at in-plan rates.

4. CONSIDER THE 'OUT-OF-NETWORK' OPTION. Some plans have "out-of-network" benefits that provide some reimbursement even if your doctor isn't a preferred provider. For example, if an insurance change means you can no longer see your child's pediatrician for a $20 copayment, you may still be able to pay a $100 office-visit fee, then later receive a reimbursement check of, say, $50—a hassle, but possibly worth it to have your kids treated by someone who has watched them grow. You can still avoid ruinous expense by staying within your plan for costly specialist visits or hospitalizations (though this may require extra steps if your plan uses a "gatekeeper" system that requires referrals from the primary care doctor).

Taking charge and doing a bit of homework can help you navigate a changing health care system. M

JAMES STEINBERG/THESPOT.COM

AGING GRACEFULLY

FIVE WAYS TO KEEP THE GOOD TIMES GOING

If you were at Woodstock—in person or in spirit—don't get out that rocking chair just yet

Retirement age is finally cool—the Baby Boomers are getting there. But as people born from 1946 to 1964 reach this milestone, most of them are taking a pass on the Gramps-and-Granny senior lifestyles of earlier generations. They're opting to keep on working, launch new careers, explore new interests, play sports and travel ambitiously.

But it's all predicated on one thing: continuing vibrant health. And even the hippest middle-ager can't run a body on automatic pilot the way twentysomethings can. That's why, if you're in your 40s or 50s, it's time to put your health on the front burner so you can live the life you choose in the decades to come, says Kenneth M. Granet, M.D., section chief of internal medicine at Monmouth Medical Center. Here's his health maintenance agenda for Boomers—and their younger siblings:

1 **Develop healthy habits.** "Exercise is important, and it doesn't have to mean running a marathon," says Dr. Granet. "Moderate activity on a regular basis can keep your weight down and fight disease. But if you've been inactive and want to start an exercise regimen, check with your physician first. He or she may ask you to take an exercise stress test."

Your body mass index (BMI) can indicate if you're at an unhealthy weight (but isn't useful for people with a lot of muscle mass). A BMI of 25.0 or more may suggest a need to shed pounds. The Centers for Disease Control and Prevention provides a simple-to-use BMI calculator at http://www.cdc.gov/nccdphp/dnpa/bmi/calc-bmi.htm.

2 **Get screened.** Women over 40 should perform monthly self-breast exams and receive yearly clinical breast exams and mammograms, along with Pap smears as necessary. Men over 40 need an annual digital rectal exam, while men over 50 should add a PSA (prostate-specific antigen) test to screen for prostate cancer. At age 50, all adults should begin being screened for colon cancer, preferably with a colonoscopy.

3 **Work with your doctor.** Annual physicals are critical starting at age 40, says Dr. Granet. Your blood pressure, lipid profile and blood-sugar levels provide important news about your health. When you discuss your family history with your doctor, ask whether your situation warrants lifestyle changes to reduce familial health risks, additional screenings or genetic testing and counseling to assess your risks in detail.

4 **Be happy.** Emotions can affect your physical well-being, so it's important to stay on keel. Losing interest in activities you used to enjoy or feeling out of control or unable to cope can be signs of treatable emotional illness. "Depression and similar conditions can be the result of organic causes—thyroid disease, for example—so your doctor should investigate," says Dr. Granet. "If you are depressed, seek help. Depression is an illness, not a failure."

5 **Live fully.** Enjoy old hobbies or start new ones, volunteer, take classes, join a book club or catch a movie or exhibit with a friend. "Stay involved," says Dr. Granet. "The more mentally and physically active you are, the healthier and happier you'll be." M

RYOICNI YOTSUMOTO/IMAGES.COM

VITALWOMAN

EASING MENOPAUSE SYMPTOMS TODAY

Used with caution, hormone replacement therapy is still one of the best treatments

What's the latest answer to symptoms of menopause such as hot flashes, night sweats, mood swings and vaginal dryness? For some women, doctors say hormone replacement therapy (HRT) still makes sense.

In 2002, a large study called the Women's Health Initiative was abruptly terminated when researchers discovered that Prempro, an estrogen-progestin combination drug used by 6 million women to treat menopause symptoms, increased the risk of breast cancer and cardiovascular disease, including heart attacks, strokes and blood clots. Another part of the study was halted in 2004 when researchers found that estrogen therapy by itself heightened the risk of stroke and blood clots (although it caused no increase in breast cancer or heart attack). HRT was also linked with reductions in osteoporosis-related hip fractures and colorectal cancer.

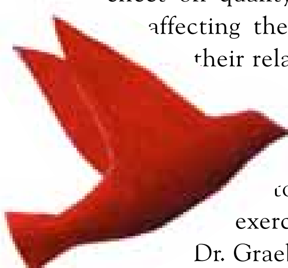
But news reports tended not to report the studies' limitations, says Robert Graebe, M.D., director of reproductive endocrinology and chairman of obstetrics and gynecology at Monmouth Medical Center. "The average woman in the study was obese

SANDRA DIONISI

and the average age was 64," he says. "Forty percent were smokers, and none of the women reported menopausal symptoms."

Besides, Dr. Graebe says, the study's findings were not put in perspective. "The reality is that two glasses of wine per day is a higher risk factor for breast cancer than taking HRT."

For about 15 percent of women, says Dr. Graebe, menopausal symptoms are intense and can persist for years. Such symptoms can have a damaging effect on quality of life for these women—affecting their sleep, their sex lives and their relationships with others.



"Some patients can improve their symptoms if they simply cut out tobacco and alcohol, start exercising and lose weight," says Dr. Graebe, adding that they may also be helped by antidepressants for mood disorders, medications to alleviate vaginal symptoms and bone-strengthening medications to treat for osteoporosis, a bone-thinning disorder common in women after menopause. "But these treatments all have their own side effects," the doctor adds. "HRT is a simple therapy that has been around for decades of use with a good track record overall."

Dr. Graebe agrees with the current recommendations of the American College of Obstetricians and Gynecologists that HRT should be prescribed in the lowest possible dose needed to treat the symptoms. He also favors the use of transdermal hormones (those that are applied topically) prior to oral hormone therapy, because these creams and gels don't make a "first pass" through the liver and thus may not raise cholesterol levels. But, he adds, reproductive endocrinologists have prescribed HRT for specific patients for decades without noting an increase in adverse events.

"Women spend 20 percent to 30 percent of their lives in menopause," says Dr. Graebe. "Why shouldn't they have their quality of life protected for a very small increased risk?"

But HRT is not for everyone. "Older female smokers who don't have menopausal symptoms such as hot flashes and mood problems should not use HRT," Dr. Graebe says. "But for women who do suffer with menopausal symptoms, HRT is safe if they either don't have these risk factors or are willing to correct them." He believes that if you have risk factors for disease, such as an increased waist-hip ratio, a sedentary lifestyle, hypertension and diabetes, it's more sensible to address these with lifestyle changes and medication than to forgo HRT because of them.

"Studies show that women who have had breast cancer and who take HRT are not at any increased risk for cancer recurrence," Dr. Graebe says. "And there's no data that point to an increased risk of breast cancer in women with a family history of the disease who go on HRT."

But what about the HRT alternatives you can find on shelves of health food stores and drug stores? Some health experts recommend herbs like black cohosh, a supplement widely used in Europe to fight menopausal symptoms; chasteberry extract; dong quai or wild yam cream. "There are hazards to taking those over-the-counter products," Dr. Graebe warns. "They have contaminants that can cause problems such as bleeding disorders." And as for soy products, clinical studies have not yet found them to be effective in easing menopausal symptoms, he says.

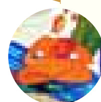
"Women who have problems need estradiol—a form of estrogen—because there's nothing in the body that will remanufacture estrogen in a quantity sufficient to reduce symptoms," the doctor explains.

Recently there has been discussion of a treatment called bioidentical hormones, in which pharmacies compound natural hormone preparations. Some women mistakenly believe this means only pharmacies can provide natural hormones, says Dr. Graebe, but in truth pharmaceutical companies produce them too. "The problem is that not all compounding pharmacies can give you an assurance as to the quality of the medication," he says, "whereas pharmaceuticals are manufactured under the guidance of the FDA, which is why most doctors prescribe them."

Don't assume that all symptoms—depression, for example—have to do with menopause, Dr. Graebe cautions women. "But if you experience mood swings, hot flashes and vaginal dryness and you've never had these problems before, you can treat all of them with HRT."

If you take HRT, Dr. Graebe suggests regular visits to your physician. He or she must continually assess whether you require the same amount of estrogen, progesterone and possibly androgen [male hormones] to control your symptoms. M

personal takes



Breathe deep Slow, profound inhalations may help against hot flashes, reports a nursing scientist at the University of Michigan in the journal *Menopause*.

Tell the doctor Your physician needs to know what you're using to combat menopause symptoms, whether it's a cream you rub into your skin or an herb you're brewing into tea. Even "natural" remedies can cause unwanted side effects or interactions with medications.

ORTHOPEDICS

WHY WOMEN'S 'ACHILLES' HEEL' IS IN THE KNEE

The torn anterior cruciate ligament is the bane of the active woman—but you can reduce your risk

Each year nearly 250,000 Americans injure the anterior cruciate ligament (ACL), an injury that's been called women athletes' "Achilles' heel"—even though it's in the knee.

The ACL is a ligament that crosses your knee joint, acting as a brace to stabilize knee movement. "ACL tears often happen in sports when you slow down suddenly, cut or pivot with your foot planted, or land from a jump," says Harry A. Bade III, M.D., an orthopedic surgeon and sports medicine specialist at Monmouth Medical Center.

ACL injuries are more common in females for a number of reasons. Women's joints are weaker than men's, and their hamstrings (the muscles at the back of the thigh) are weaker than their quadriceps (those at the front)—an imbalance, greater in women, that contributes to knee injuries. Studies also show that females don't bend their knees as much as males when landing from a jump and also turn and pivot in a more erect position. Both can lead to injury.

You may have torn your ACL if you feel or hear a pop in the knee, have pain and feel your knee "giving out" when you put weight on it. You should feel better after a few minutes, but some knee swelling will probably occur. "Get prompt treatment to avoid further damage to your knee," says Dr. Bade. "Until you can see an orthopedic surgeon, rest and elevate the knee and apply a cold pack to bring down the swelling."

The surgeon will listen to an account of what happened and do a few hands-on tests to see if the knee stays in proper position when pressure is applied from different directions. "An MRI [magnetic resonance image] helps me visualize the ligaments, but X-rays are used only to rule out bony trauma," says Dr. Bade. Patients undergo physical therapy to keep muscles strong and prevent knee stiffness.

People in their teens and twenties who want to return to sports usually choose to have arthroscopic surgery to repair cartilage damage and reconstruct the ACL. The surgery corrects the looseness and instability that limit knee function after a tear. Dr. Bade uses a minimally invasive technique that involves a one-inch incision over the tibia (shin bone), through which he aligns the femur (thigh bone) with the tibia and secures them.

"The surgery has a success rate of about 95 percent," says Dr. Bade. But surgical patients must commit to working hard in physical therapy afterwards.

Physical therapy alone may suffice for older patients who are willing to restrict their activities to be careful with their knees, says Dr. Bade. "But if the injury caused trauma to the meniscus (the cartilage at the top of the shinbone) or the articular cartilage (at the base of the femur), and the patient decides against ACL reconstruction, continued wear and tear on cartilage can lead to arthritis."

Post-surgical therapy helps control swelling, regain range of motion and build muscle strength. Exercises to improve stability and balance and sports-specific training to move properly on the court or field also help. M

Reduce your risk of ACL injury

- **Maintain strength and flexibility with year-round exercises geared to these goals, especially on the hamstring muscles.**
- **In sports, crouch when you turn and bend your knees when you land from a jump.**

BRYAN LEISTER

WHEN YOU GET BAD NEWS

Give yourself a moment to let it sink in, says a doctor who's studied such difficult discussions

Singer Suzanne Vega got it right. In the 1992 single "Blood Makes Noise," she sang of how hard it was to hear her doctor through the "thickening of fear" aroused by scary medical tidings: "We'll have to try again after the silence has returned."

At Monmouth Medical Center, geriatrician Jessica Israel, M.D., chief of the hospital's palliative care and pain section, has dedicated her career to helping patients and their families receive bad news in the best way possible. The silence, she says, is key.

"We deliver the news slowly, with a warning shot, easing patients into what we're going to say," she says. "Then, the period of quiet after the news is delivered feels like hours, but it's a couple of really important moments. By letting this silence occur, we're telling the patient we're not going to leave just because there's nothing else to say. And even if nothing more can be done medically, and even after we leave the room, we'll still be there for them. People are afraid of being abandoned."

Dr. Israel is often called in to help patients make difficult treatment decisions—and to break bad news. "Sometimes the hardest thing to do is to say what needs to be said," she observes. "Some professionals are afraid the person will get depressed, or cry or give up hope. But when you hear something terrible, you're supposed to get upset."

Dr. Israel recalls a key lesson she learned when she was a resident at New York's Mount Sinai Hospital. She was working in a cancer ward when she saw a metastatic cancer patient in terrible pain who asked her what she thought was making him hurt. She said it was probably the cancer, and he asked, "What cancer?"

"The first thing I always say is, 'Tell me what you understand about what's been going on with your illness up until now,'" she says. "Then I ask them to tell me how much they want to hear. Sometimes a patient will say, 'I'm 90, I've lived a full life, and if my breast cancer is back, I really don't want to know. Just tell me you'll be able to make me comfortable.'"

Dr. Israel says she always gives bad news sitting down—"never just standing at the bedside with our arms folded, looking down at the patient. And we make sure everyone who needs to be there with the patient is there.

"Sometimes all you really need to do is listen," she adds. "Someone may tell you they're afraid to say goodbye, but just saying it out loud can make it better.

"One might say, 'You're a doctor, and that's not medicine,'" says Dr. Israel. "But it is. The things we say to each other when we're most scared—that's the *art* of medicine, and it can make such a difference."

BECKY HEAVNER

A compassionate doctor's tips for a difficult conversation

Fellowship-trained geriatrician Jessica L. Israel, M.D., is section chief of palliative care and pain, a division in Monmouth Medical Center's Department of Medicine. "Our goal is to help people with serious or advanced illness decide how they would like to approach this stage in their lives," she explains.

The doctor's sensitivity is important in a talk about advanced illness, but patients and family members need to do their part too. Dr. Israel suggests:

- **Ask questions.** "It's dangerous to assume you'll get all the information you need without asking," she says. "Caregivers can't read your mind. It's O.K. to ask, 'Can I get better from this?'"
- **Don't bite off more than you can chew.** "Be clear about how much information you can handle," says Dr. Israel. "If you don't want to know the answer to a question, it's all right not to ask."
- **Select a family spokesperson.** If the patient is elderly or has difficulty communicating and there are numerous family members, choose one to speak up for the patient and pass along information. It's hard for everyone if different people keep calling the nurse's station for the same report.
- **Choose a health care proxy.** Most of the time patients can make their own decisions, says Dr. Israel, but it's important to authorize a substitute decision-maker just in case.

ORTHOPEDICS

THE FACTS ABOUT BROKEN BONES

A fracture is no fun, but with proper treatment it will mend quickly

Nearly 7 million bones are broken each year in the United States. But do you understand broken bones as well as you think?

"If bones protrude through the skin or if a body part is obviously out of alignment or you can't put weight on a joint, go to a hospital right away and get X-rayed," says Jennifer L. Waxler, D.O., chair of emergency medicine at Monmouth Medical Center. "Severe pain, swelling, tenderness and bruising are also signs that you need medical attention."

But don't assume that if you can wiggle a foot or a finger it must not be broken. You could still have a hidden fracture. Sometimes it's hard to be sure if a bone is broken. If you're in doubt—and the extremity hurts and you can't use it—go to the emergency room.

Dr. Waxler sees nearly 10 patients a day who come in with fractures, and even more during warm-weather months when more people are enjoying outside activities. Some people show up after suffering for days with a homemade splint. Don't try splinting yourself, says the doctor, because patients who do it incorrectly can wind up needing surgery to repair the fracture or lengthening their recovery period.

Until you get to the hospital, put ice on your injury to help ease swelling and pain, Dr. Waxler advises. If you take an over-the-counter pain reliever that causes drowsiness, be sure to have someone else drive you to the hospital. "If you have a wrist injury, you can either hold your injured wrist up with your opposite hand or put a sling on it to immobilize it."

In the emergency room, doctors can diagnose and treat your injury. "First, we ask about your pain," says Dr. Waxler. "Depending on your injury and how much pain you have, we'll offer you pain medication by injection or pill. Then we'll take an X-ray so we can diagnose the injury."

In some cases, Dr. Waxler calls an orthopedic resident to put bones back in alignment (called "reducing" the fracture). In others, she splints the fracture to stabilize it and, in a day or two, the orthopedic surgeon applies a cast after the swelling has eased.

But if you think you've broken a toe and you're tempted to "live with it," don't. "Find out if it's broken; you could later develop arthritis in the joint from the break," says Dr. Waxler.

One more thing. Small children can't always tell you about their pain. "With kids you have to be explorative," says the doctor. "To get answers, we may have to X-ray more body parts."

fast facts

Calcium helps build bones. The recommended daily allowance of calcium is 1,200 milligrams for teenagers and women who are pregnant or breast-feeding, and 800 milligrams for other adults.

KEN ORVIS; SHAKI ROY

NEW RADIATION TREATMENT FOR PROSTATE TUMORS

How one man benefited from high-dose implants to combat malignancies

At first the patient was skeptical. But retired plastic surgeon Walter Ryan Jr., M.D., 80, is now a believer in high-density radiation (HDR) brachytherapy.

In this advanced prostate cancer treatment, a temporary radioactive implant is placed directly into the prostate. "My first reaction was that it was like killing a mouse with a shotgun," recalls Dr. Ryan. "But when an MRI [magnetic resonance image] showed that the tumor was almost out of the capsule that contained it and was ready to spread, I said, 'Give me the shotgun!'"

Prostate cancer is the form of cancer with the second-largest number of fatalities among American men. In recent years, however, new advanced radiotherapy techniques such as HDR brachytherapy have triggered a steady rise in survival rates.

"Treatment of prostate cancer depends on several factors, including the patient's age and health, the stage of the cancer and its aggressiveness," says Monmouth Medical Center urologist Jules Geltzeiler, M.D. When he diagnosed Dr. Ryan with prostate cancer last January, he explained the treatment options and referred him to Monmouth's Institute for Advanced Radiation, which has pioneered the use of leading-edge implant therapies for prostate cancer treatment. There Dr. Ryan met with radiation oncologist Sang Sim, M.D., who recommended HDR brachytherapy.

Patient Walter Ryan, Jr., M.D., left, learns about HDR brachytherapy from Jules Geltzeiler, M.D.

Monmouth is the only hospital in southern or central New Jersey to offer this treatment. HDR brachytherapy, says Dr. Geltzeiler, is particularly effective against aggressive cancers and spares men the urinary, bowel or sexual problems often associated with other treatments.

Dr. Sim is a board-certified radiation oncology specialist who previously served as chief resident and acting brachytherapy fellow in the radiation oncology program at Memorial Sloan-Kettering Cancer Center in New York. He says the beauty of this treatment is that it conforms the radiation dose to the target and spares surrounding healthy tissue and organs, adding that it is extremely well tolerated by patients.

Following three months of hormonal therapy to shrink the tumor, Dr. Ryan underwent the HDR procedure. Using 3-D conformal radiation therapy that ensures that radiation delivered is confined to the prostate, the high-dose rate radiation implant is inserted in a minimally invasive procedure performed under spinal anesthesia by a radiation oncologist and a urologist. The patient then receives three 10- to 15-minute radiation treatments during a 23-hour hospital stay.

Four weeks later, Dr. Ryan began six weeks of daily external beam radiation therapy. Today he is being followed regularly by Dr. Sim and Dr. Geltzeiler, but is finished with treatment and feels wonderful. The father of five, who was a surgeon at Monmouth for 40 years and founded its Regional Cleft Palate Center, is back to playing golf, skiing and spending time with his 11 grandchildren.

To find out more about advanced implant therapy to treat prostate cancer, call the Institute for Advanced Radiation Oncology at Monmouth Medical Center, 732-923-6890.

MATT FOSTER/IMAGES.COM

by Kathleen Engel

POWER OF EXAMPLE

What do you do when you're diagnosed with breast cancer? If you're Diana Conforth, you tackle getting well like a business challenge.

For the past decade Conforth, 51, has run her own company, the Conforth Group, which helps corporations package marketing materials. The single Belmar resident is the quintessential tough, independent and resourceful businesswoman. But in the spring of 2000, when her biopsy showed cancer, she was just as scared as any woman would be.

"I was in a frenzy," she recalls. "But my business background helped. I treated it like a project and took notes on everything. That helped me deal with the emotional craziness."

Conforth's approach spawned an actual project: an explanatory DVD that she hopes can be distributed to doctors to hand to patients. "It's a half hour on what to expect and what to do," she says. "When I was diagnosed, I looked for something like this and couldn't find it. All I got was doctors explaining *their* little piece of the pie and giving me American Cancer Society brochures that seemed to be written for a kid."

A BUSINESSWOMAN TELLS IT LIKE IT IS ABOUT BREAST CANCER

The businesswoman in her prompted her to take two weeks to get as many expert opinions as she could. Five breast surgeons examined her, and their advice ran the gamut, from a lumpectomy with radiation to a mastectomy with radiation to a mastectomy, radiation, chemotherapy and the drug tamoxifen.

"It was kind of confusing," she recalls.

She chose to be treated by Michael A. Goldfarb, M.D., of Monmouth Medical Center, because he was the only one to discover a large mass in the lower part of her breast, far from the upper-breast malignancy that had been diagnosed earlier on mammography.

In July 2000, Dr. Goldfarb removed her left breast and 28 malignant lymph nodes. Then came chemotherapy ("My skin felt like it was coming off me") and radiation ("For me, it was worse"). On Dr. Goldfarb's advice she postponed reconstructive surgery. Then, when mammograms and biopsies of her right breast showed atypical cells, she was advised to have a second mastectomy to lessen the odds of a new cancer in her remaining breast. Her uterus and ovaries were removed to keep hormones from promoting the growth of a new cancer. And she made no secret of her illness.

"I didn't show my bald head all the time," she says, "but I didn't hide what I was going through."

The idea for the DVD came when friends of friends began calling from as far away as Texas for advice once they'd been diagnosed. She doesn't know why they called. Maybe her candor attracted them. "Or maybe," she says, "it's because I'm still alive."

The DVD was a joint project with Greg Koziar, a friend who owns a commercial and voice-over firm, who had just found out he had colon cancer (the subject, the pair hopes, of their next DVD). They raised $10,000 with the help of *Sopranos* star Steve Schirippa and used it to produce the DVD. It features interviews with doctors and patients, including Conforth. Now the pair is looking for a sponsor to finance its distribution. (For a copy or to find out more, call 732-280-1195 or write to Diana@theconforthgroup.com.)

With one year left in a four-year course of daily tamoxifen, Conforth is healthy again and works out at the gym four times a week to stay that way. "I hope the DVD prompts women with breast cancer to take charge of their care and double-check everything," she says. M

DEREK WIESEHAHN

WHAT'S *Happening* AT MONMOUTH MEDICAL CENTER

THE CENTER FOR KIDS & FAMILY OFFERS A HOST OF PROGRAMS THIS SEASON

CHILDBIRTH PREPARATION/PARENTING

Programs are offered at Monmouth Medical Center, 300 Second Avenue, Long Branch. To register, call 732-923-6990.

Preparation for Childbirth *One-day:* **May 15, June 5,** 9 a.m.–4:30 p.m. $179/couple (includes breakfast & lunch). *Two-day:* **May 14 & 21, June 4 & 11,** 9 a.m.–1 p.m. $135/couple (with continental breakfast). *Five-session:* **May 31, June 7, 14, 21, 28,** 7:30–9:30 p.m. $95/couple.

Marvelous Multiples (five sessions) **May 25, June 1, 8, 15, 22,** 7–9 p.m. For those expecting twins, triplets or more. $95/couple.

Eisenberg Family Center Tours **May 22, June 12,** 1:30 p.m. **Baby Fair** **June 23,** 7–9 p.m.. For parents-to-be and those considering starting a family. (Both programs free; no children under 14.)

Make Room for Baby **May 14, June 18,** 10–11 a.m. For siblings ages 3 to 5. $35/family. **Becoming a Big Brother/Big Sister** **May 28,** 10–11:30 a.m. For siblings age 6 and older. $35/family.

Childbirth Update/VBAC **May 18,** 7:30–9:30 p.m. Refresher program, including vaginal birth after cesarean. $40/couple.

Baby Care Basics (two-session program) **May 12 & 19,** 7:30–9:30 p.m., **June 18 & 25,** noon–2 p.m., $80/couple.

Breastfeeding Today **May 5, July 7,** 7–9:30 p.m. $50/couple.

Cesarean Birth Education **June 15,** 7:30–9:30 p.m. $40/couple.

Grandparents Program **May 16,** 7–9 p.m. $30/person, $40/couple.

Parenting Young Children Through S.T.E.P. (five sessions) **June 8, 15, 22, 29, July 6,** 7–9 p.m. $75/person or $100/couple.

Safe Sitter (one session) **June 11, July 16,** 9 a.m.–4 p.m. For 11- to 13-year-olds on responsible, attentive babysitting. Call 1-888-SBHS-123. $50/person. (Snack provided; bring bag lunch.)

GENERAL HEALTH

Stress-Free Workshops **May 10,** "Meditation for Inner Calm," **June 14,** "Relaxing with Guided Imagery," 7–9 p.m. Call 1-888-SBHS-123. $10/person/session.

Cholesterol Screening **May 11,** 10 a.m.–2 p.m. Monmouth Mall near Food Court, Routes 34 & 35, Eatontown. $10/test.

Monmouth County Communities Against Tobacco Coalition and REBEL **May 11,** 10 a.m.–2 p.m., Monmouth Mall near Food Court, Routes 34 & 35, Eatontown.

Blood Pressure Screening **May 11, June 8,** 10 a.m.–2 p.m., Monmouth Mall near Food Court, Routes 34 & 35, Eatontown.

Summer Safety Fair **June 8,** 10 a.m.–2 p.m. Water, bike, seat belt and helmet safety; facial scans, skin-cancer briefing. Monmouth Mall near Food Court, Routes 34 & 35, Eatontown.

SENIOR HEALTH

(SCAN, Senior Citizens Activities Network, is at Monmouth Mall, Eatontown. To register, call 732-542-1326.)

Arthritis Foundation Self-Help **May 4 & 11,** 1–3 p.m., SCAN*.

Blood Pressure Screening **May 11, June 8,** 10:30–11:30 a.m., Long Branch Senior Center (age 60 and over—membership required), 85 Second Avenue.

55 Alive: AARP Mature Driving Program **May 17 & 18,** 10 a.m.–3 p.m. Call 1-888-SBHS-123. $10/person payable to AARP.

Skin Cancer Screening **May 25,** 1–2 p.m. Cynthia Gilson, M.D., and Angela M. Miller, M.D., dermatology. Appointments. SCAN.

Living With Hearing Loss **June 8,** 1–3 p.m., SCAN.

Age-Related Eye Issues **June 10,** 9:30–10:30 a.m. John M. Ghobrial, M.D., ophthalmology. Marlboro Township, 1996 Recreation Way, Registration, membership required. Call 732-617-0100.