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WELCOME LETTER

DON'T NEGLECT MAMMOGRAMS

BREAST CANCER IS THE SECOND MOST COMMON cancer, after skin cancer, among women in the United States. In fact, about 1 in 8 women born today in the United States will get breast cancer at some point.

The good news is that many women can survive breast cancer if it's found and treated early. A mammogram—the screening test for breast cancer—can help find breast cancer early when it's easier to treat.

October is Breast Cancer Awareness Month, an annual campaign to increase awareness of the disease. From its start in 1985, the aim of Breast Cancer Awareness Month has been to promote mammography as the most effective weapon in the fight against breast cancer.

In this issue of *Monmouth Health & Life*, we introduce you to fellowship-trained breast imager Jennifer L. Keedy, M.D., who has joined the team of dedicated breast imagers at the Jacqueline M. Wilentz Comprehensive Breast Center at Monmouth Medical Center, who specialize in the technical aspects involved in diagnosing breast problems. They are joined by a staff of highly trained, licensed mammography technologists and nurses—all of whom are sensitive to the needs and concerns of every patient.

We also introduce fellowship-trained breast surgeon Manpreet K. Kohli, M.D., who joins the team of the region's finest board-certified general surgeons who specialize in breast surgery and a multidisciplinary panel that meets weekly to prospectively consider all the elements of the patients' care. The Jacqueline M. Wilentz Comprehensive Breast Center is New Jersey's only Certified Quality Comprehensive Breast Center of Excellence and is a recipient of the Women's Choice Award 2014–2015 as one of America's Best Breast Centers, and offers the latest in screening and diagnostic imaging technologies.

National Breast Cancer Awareness Month is a chance to raise awareness about the importance of early detection of breast cancer. I urge the women in our community to talk to their doctors about their risk for breast cancer, especially if a close family member had breast or ovarian cancer. Your doctor can help you decide when and how often to get mammograms.

Sincerely,

FRANK J. VOZOS, M.D., FACS
PRESIDENT AND CHIEF EXECUTIVE OFFICER,
MONMOUTH MEDICAL CENTER,
THE UNTERBERG CHILDREN'S HOSPITAL
AND MONMOUTH MEDICAL CENTER,
SOUTHERN CAMPUS



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IN GOOD HEALTH

MEDICINE + TECHNOLOGY + PATIENT CARE AT MONMOUTH MEDICAL CENTER

SAVE THE DATE: APRIL 20

THAT'S WHEN A DAY-LONG CONFERENCE WILL HIGHLIGHT MANY THINGS YOU CAN DO TO STAY WELL AND HEALTHY.

THE U.S. SPENDS MORE THAN ANY OTHER nation on health care and yet chronic diseases—including those associated with smoking, drinking, poor diet and a lack of appropriate physical activity—account for about 47 percent of all deaths in the United States. Annually, some 60,000 more women than men suffer a stroke. One in five deaths is related to obesity, and there are some 8 million Americans who have diabetes and don't know it yet. That's the impetus behind WEforum's inaugural Women's Health and Wellness Conference, to be held Wednesday, April 20, 2016. The conference will improve awareness of wellness education resources that will promote early detection of disease and advocate living a healthier, happier, more balanced life.

WEforum—the “WE” stands for Wellness Education and also for Women who Educate—is a new organization whose **mission is to strengthen the health and wellness** of communities within New Jersey. It targets women because they're often the guardians of health maintenance for spouses and children as well as for themselves. Explains Carolyn C. DeSena, a member of the Board of Trustees for Monmouth Medical Foundation, who serves as chair of the new organization: “WEforum's tagline is, **‘When you educate a woman, she empowers her family, and together WE can evolve a community.’**”

To be held at the Ocean Place Resort and Spa in Long Branch, the Women's Health and Wellness Conference will include free blood-pressure, glucose, cholesterol and body-mass index (BMI) screenings. There will also be roughly 30 workshops with the

latest information on specific health and wellness topics and a vendor fair featuring local medical practices, health care facilities and businesses in the fitness, food, cosmetics and wellness education fields. The speaker list is not yet final, but topics are likely to include nutrition, exercise, parenting, aging, plastic surgery, and sex and relationships.

Admission at the door to the Women's Health and Wellness Conference will be \$125, but early-bird registration for \$99 will be available until March 15. **Proceeds will help fund free educational programming** and services developed by Monmouth Medical Center and Barnabas Health.

“When it comes to providing health education, we want to step it up a level, so that vital health care information is accessible to *everyone* in our community,” says DeSena. “This day-long event will raise money for that effort, and it will also provide the latest health care information in a sophisticated way that we hope will interest a broad audience.” That information won't be limited to explanations of medical treatments, but will include ways people can **take charge of their own health** through better lifestyle choices.

That's especially important these days because of the rapid pace of change in the health care industry itself due to economic pressures and health care reform, as WEforum notes. “With the rising cost of health care and policy constraints, **the health care paradigm must change** and we have to shift our focus toward treating the patient and not just the disease,” the group declares.

Of course, the patient must do her part



Wellness Ambassadors
L.B. Kass and Dani Rubin

» SPREADING THE WORD

The more than 100-member committee that is developing the Women's Health and Wellness Conference planned for next April 20 (see main article) is recruiting six to eight “Wellness Ambassadors” to help spread the word about the conference and develop its agenda. These individuals, drawn from among business owners and other health-conscious individuals in Monmouth and Ocean counties, support the sponsoring organization, WEforum, and its mission.

“Dani Rubin of Pilates Blast in Tinton Falls was the first Wellness Ambassador we signed up,” says Carolyn C. DeSena, WEforum's chair, adding that the second was L.B. Kass of the eponymous dance and fitness studio in Shrewsbury.

There are sponsorship opportunities and an opportunity to participate in the event as a vendor with a display. To learn more, contact Davina Feingold at 732.923.7525 or dafeingold@barnabashealth.org.

as well. Take an important step toward better health by saving the date of next April 20 for the Women's Health and Wellness Conference. To find out more about the event, contact Davina Feingold at 732.923.7525 or dafeingold@barnabashealth.org.



TO LEARN MORE ABOUT WEFORUM'S INAUGURAL WOMEN'S HEALTH AND WELLNESS CONFERENCE PLANNED FOR APRIL 20, 2016, CALL DAVINA FEINGOLD AT 732.923.7525 OR EMAIL DAFEINGOLD@BARNABASHEALTH.ORG.

TO SHARE THIS ARTICLE WITH A FRIEND OR TO RECOMMEND IT ON YOUR FACEBOOK PAGE, VISIT MONMOUTHHEALTHANDLIFE.COM.



LIVING WELL —WITH CANCER

A NEW
DRUG
HELPS A
BREAST
CANCER
PATIENT GET
THE MOST
OUT OF
EVERY DAY.

BREAST CANCER RUNS IN MELISSA SURDEZ'S FAMILY. HER MOTHER WAS DIAGNOSED with breast cancer at age 40 and succumbed from the disease after a tough battle.

As Melissa and her sister Jessica—chief of Pain and Palliative Care Medicine and acting chair of Medicine at Monmouth Medical Center—neared their mid-to-late 30s, they underwent screening for the BRCA1 and BRCA 2 gene mutation to determine their risk for breast cancer. Melissa's test results were negative, while Jessica tested positive and opted for a double mastectomy at age 35.

Things appeared to be normal for Melissa for a few years. But then, at 40, she felt a lump in her right breast while taking a shower one morning. Coincidentally, she had her annual



Patient Melissa Surdez with Seth Cohen, M.D., director of Clinical Research at Monmouth Medical Center and Monmouth Medical Center Southern Campus.

gynecological exam scheduled that same day—of course she told her physician about the lump. The doctor advised her to get a mammogram right away. She went to the Jacqueline M. Wilentz Comprehensive Breast Center at Monmouth Medical Center in Long Branch and had a mammogram, followed by an ultrasound exam, a fine needle biopsy and a core biopsy to determine the presence of cancer.

After the testing was complete, Melissa met with oncologist Seth Cohen, M.D., director of Clinical Research at Monmouth Medical Center and Monmouth Medical Center Southern Campus, and an attending physician at the Jacqueline M. Wilentz Comprehensive Breast Center at Monmouth Medical Center, to go over the results. Dr. Cohen broke the news to Melissa that she had stage III breast cancer in the right breast and lymph nodes.

Within three weeks, Melissa underwent a double mastectomy and lymph node dissection surgery to remove the cancer. As soon as she recovered, she received adjuvant chemotherapy—an additional treatment given after surgery to lower the risk of the cancer returning—followed by radiation treatment overseen by Mitchell Weiss, M.D., chairman of Radiation Oncology at Monmouth Medical Center.

Described by friends and family as resilient, high-energy and no-nonsense, the Aberdeen resident explained to her two children that while it was going to be a tough year, they would get through it. “I hit the pause button and did what I needed to do to get well,” says Melissa.

As soon as Melissa was in the clear, she returned to living at full speed, going back to work full time as senior human resources director for New Brunswick-based Johnson & Johnson where she traveled extensively around the world.

THE CANCER COMES BACK

All appeared well for Melissa up until her family vacation at the Jersey Shore in August 2013. Then 45, Melissa started feeling discomfort on her right side and shrugged it off as gas pain. However, her attentive sister Jessica stepped in, as she noticed that Melissa looked uncomfortable when she moved about. At the advice of Jessica, Melissa made an appointment for an X-ray and a positron emission tomography (PET) scan.

After reviewing the results, Dr. Cohen delivered the shocking news: the cancer had returned. “It was a recurrence in the sense it came back the most extensive disease I’ve ever seen,” says Dr. Cohen. “The cancer was everywhere throughout her body.”

Melissa’s breast cancer had metastasized into her liver and bones. The reports showed numerous tumors in her bones and liver—too many to count. Tumors encompassed more than the majority of her liver.

“Dr. Cohen explained to me that it was going to be about

the quality of living and to contain and shrink the tumors,” says Melissa. “He assured me that we were going to fight it hard.”

A NEW DRUG TO THE RESCUE

Melissa’s fate changed for the better when she received PERJETA, a newly FDA-approved treatment for HER2-positive metastatic breast cancer. The targeted therapy is used as part of a first-line HER2-positive metastatic breast cancer treatment plan, in combination with Herceptin (trastuzumab) and docetaxel. This drug was not FDA-approved when Melissa experienced her first bout of breast cancer.

Melissa’s hardcore treatment from the end of August through December certainly paid off. When she underwent a scan in December, the team of specialists could not believe they were looking at the same person, as there was no new cancer.

“The cancer was gone,” says Dr. Cohen. “And Melissa’s disease had been so extensive that without the drugs we have today she wouldn’t have survived.”

Melissa was so pleased with her successful PERJETA treatment that she served as a patient testimonial for Genentech, the drug’s manufacturer, and had the opportunity to speak to the production workers in their South San Francisco plant to inspire and motivate them.

“I told the employees how important their work is and because of PERJETA I’m alive and well today,” says Melissa. She also provided a TED talk called “Be Radically Real, Say What You See, Break Bread” about her experience.

LIVING WELL ONCE MORE

Today, Melissa, 46, is continuing her PERJETA and Herceptin treatment at Monmouth Medical Center’s Outpatient Infusion Center, and is a permanent patient on maintenance chemotherapy and maintenance infusion. She meets with Dr. Cohen every three weeks and has scans conducted every few months.

“I’m forever grateful for the excellent care I’ve received at Monmouth Medical Center,” says Melissa. “When you have a chronic disease like my cancer, your medical team becomes an extension of your family. Dr. Cohen, the nurses and the entire office team are part of my extended family. They are with me through this entire journey.”

Melissa is still working full-time and is back to traveling. “I am back to the work of living,” she says. “Cancer is and will always be a part of who I am, but I am in control of how it fits into my life. That is extremely liberating. It’s been an amazing journey—I’ve used my illness as a teachable moment with my kids about not sweating the small stuff. Although I’m still living with stage IV breast cancer, I’m living very, very well. PERJETA allows me to live. I recognize how incredibly lucky I am.”



FOR THE BEST IN BREAST CARE

TWO NEW DOCTORS AT THE WILENTZ BREAST CENTER BRING TOP CLINICAL CREDENTIALS AND A SPECIAL PASSION FOR HELPING PATIENTS.



WHEN YOU'RE DEALING WITH BREAST CANCER OR THE RISK THEREOF, YOU want to work with clinical professionals in whom you have the utmost faith and confidence. That has long been possible at the Jacqueline M. Wilentz Comprehensive Breast Center at Monmouth Medical Center. And now the Breast Center has been strengthened further with the addition of two new doctors: breast imager Jennifer L. Keedy, M.D., and breast surgeon Manpreet K. Kohli, M.D. *Monmouth Health & Life* recently visited with each of them:



MANPREET K. KOHLI, M.D.
BREAST SURGEON

M.D.: Kasturba Medical College, Manipal University; Manipal, India, 2007

Residency: Breast surgery, Monmouth Medical Center, 2009–14

Fellowship training: Breast surgical oncology, Mount Sinai St. Luke's Roosevelt/ New York Beth Israel Medical Center, 2014–15

When Manpreet K. Kohli, M.D., was looking for her next position, she drew up two mental “dream lists” for an ideal workplace—institutions with the very latest technology, and those with the friendliest personal dynamics. “Monmouth Medical Center was at the top of both lists,” she recalls. And no wonder—having done her residency at the Medical Center, “I was already at home here,” she says. “What we do depends on a team approach, and I knew I’d be very comfortable with the team at Monmouth.”

You know that surgeon type you’ve seen on TV medical shows—brusque and arrogant, making up in decisive surgical prowess what he or she lacks in people skills? That’s not Dr. K. “I love the human side of medicine as well as the technical side,” she declares, confessing that her family likes to rib her for her fondness for conversation. Being a good breast surgeon draws not only on her technical skill but also on her ability to counsel women sensitively about their choices at every step of the way.

“It’s the best marriage of the surgical and

the personal,” says the Asbury Park resident. “I couldn’t have asked for a better field for me.”

With survival rates for breast cancer treatment now above 90 percent, most patients can be reassured that though they’re undergoing a difficult experience, they’ll look back on it with relief about the outcome, says Dr. Kohli. And indeed, outcomes are better than ever. Imaging has improved thanks to tools like **digital tomosynthesis**, an improved version of mammography that allows radiologists to see “slices” as they would in a CT (computed tomography) scan, and **whole breast ultrasound**, which creates a reproducible diagram of the breast—“like a topographical map,” Dr. Kohli explains—that lets radiologists compare similarly positioned images from year to year to spot subtle changes.

“It’s especially helpful for women with dense breasts, whose conventional mammograms may look like a completely white picture,” says the doctor.

“We work closely with the radiologists, who can place a tissue marker when they’re doing a biopsy, enabling us to locate a tumor more precisely on the day of surgery,” Dr. Kohli explains. Thus the surgeon can safely remove malignant tissue with a smaller margin of surrounding healthy tissue, reducing cosmetic damage.

“It’s our job as treating physicians to

focus on women's overall long-term quality of life, and that includes how they look and feel," she says.

Though it is a plastic surgeon who performs breast reconstruction, Dr. Kohli is trained in **oncoplastic surgery**. In that technique, following a lumpectomy to remove of a malignant tumor, the remaining tissue is sculpted "to maintain the natural contours of the breast," she says. And a new tool called PlasmaBlade makes possible **nipple-sparing mastectomy**, in which the patient's nipple and areola are preserved—without any reduction in the success rate.

In many cases today, after undergoing radiation "women will still have their natural cleavage, so when they look down every day they won't have to see a deformity that reminds them of what they've been through," says the doctor.

Dr. Kohli enjoys seeing patients come back at the five-year mark when their breast cancer and treatment are a memory and their lives have moved on. "It's fun to be able to help someone in such a dramatic way," she says.

And she is especially pleased to be back at the medical center as a member of the medical staff. "Monmouth provides the quality of care patients used to run to New York for," she says. "And if they get their care here, close to home, their physicians are near at hand in case they need anything."



JENNIFER L. KEEDY, M.D.
BREAST IMAGER

M.D.: University of Miami School of Medicine, Miami, 1991

Residency: Radiology, Beth Israel Hospital/Harvard Medical School, Boston, 1993–96

Fellowship training: Clinical research fellowship focusing on women's imaging, Thomas Jefferson University Hospital, 1996–97

When it comes to the frequency of recommended mammography screenings for breast cancer, you'll read different recommendations from different groups. Put Jennifer L. Keedy, M.D., down as a supporter of the more aggressive schedule recommended by the Society of Breast Imaging—annual screening mammograms starting at age 40 for most women—and not just because breast

imaging is her specialty.

"Mammography is inherently not as accurate as the population would like it to be," she concedes. "But it's still the gold standard. Having less frequent mammography only delays diagnosis, which is what you don't want to do. Besides, we see plenty of patients with breast cancer in their mid-40s, and the cancers younger women get tend to be the most aggressive ones."

The Holmdel resident moved to our area recently from south Florida when her husband took a new position here. She liked what she saw at Monmouth Medical Center's Wilentz Center—the up-to-date technology that includes tomosynthesis screening, for example, and a robust program of providing screening services to all populations regardless of their economic status.

She also appreciates the personal sensitivity to patients that she finds among her new colleagues at Monmouth—and that is her own long-established custom as well. "The more you can speak with patients and the more promptly you can schedule them for any further procedures they may need, the less anxiety they're going to have," she says. "I think the Wilentz Center does that extremely well."

Dr. Keedy concludes: "At Monmouth Medical Center, they put quality first in a lot of ways."

8 IMAGING OPTIONS BESIDES MAMMOGRAMS

The Jacqueline M. Wilentz Center at Monmouth Medical Center is New Jersey's only Certified Quality Comprehensive Breast Center of Excellence™ (according to criteria set by the National Consortium of Breast Centers) and is a recipient of the Women's Choice Award 2014–2015 as one of America's Best Breast Centers. It offers all-digital screening and diagnostic mammography, and also offers these additional technologies:

- **breast specific gamma imaging (BSGI):** a molecular breast imaging technique for identifying cancerous lesions in the breast, particularly in women who were previously challenging to diagnose.

- **computer aided detection (ICAD) mammography:** a system that helps our radiologists recognize subtle changes in breast tissue.
- **breast mri (magnetic resonance imaging):** an additional screening tool reserved for women who are at high risk for breast cancer due to family history and/or a mutation in genes such as BRCA1 or BRCA2. Diagnostic breast MRI is offered as well.
- **whole-breast ultrasound:** an adjunct to mammography for screening women with dense breast tissue.
- **high-resolution breast ultrasound:** a diagnostic tool that provides a picture of the breast tissue, including the area

closest to the chest wall, which can be difficult to image through a mammogram alone.

- **ultrasound-guided core needle or fine-needle biopsy:** an advanced, minimally invasive and virtually painless procedure that is used in place of surgical biopsy to determine if a tumor is cancerous.
- **stereotactic breast biopsy:** an advanced biopsy system with a high degree of accuracy that is also a virtually painless alternative to surgery.
- **tomosynthesis:** mammography utilizing advanced 3D breast imaging that provides the earliest detection of breast cancer.

TO LEARN MORE ABOUT SERVICES AVAILABLE AT THE JACQUELINE M. WILENTZ COMPREHENSIVE BREAST CENTER AT MONMOUTH MEDICAL CENTER, VISIT MONMOUTHWILENTZBREASTCENTER.COM.

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