

healthy *together*

A photograph of a man and a young girl smiling together outdoors. The man is on the left, wearing a grey t-shirt, and the girl is on the right, wearing a light blue shirt. They are both holding a soccer ball. The background shows a fence and trees, suggesting a park or sports field setting.

**NO MORE
KNEE PAIN**

**COULD YOU
BENEFIT FROM
WEIGHT-LOSS
SURGERY?**

**A SCAR-FREE
SKIN CANCER
TREATMENT**

**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.

At Monmouth Medical Center (MMC), the Leon Hess Cancer Center is the only facility in Monmouth and Ocean counties to be designated as an Academic Comprehensive Cancer Program by the American College of Surgeons Commission on Cancer. This designation provides assurance to our patients that they are receiving the highest level of comprehensive, multidisciplinary care. Through our partnership with the Rutgers Cancer Institute of New Jersey, our patients also have access to the state's resource for and leader in cancer research and cutting-edge treatment options. Additionally, the recent appointment of H. Richard Alexander Jr., MD, FACS, Chief Surgical Officer for Rutgers Cancer Institute, as Regional Director of Surgery for MMC brings us additional expertise and helps to assure our patients that their treatment options include the latest in what is happening in the world of surgical oncology.

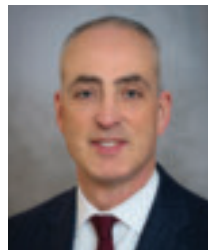
We look forward to bringing you many more benefits as we continue to hardwire Rutgers across the RWJBarnabas Health system.

Yours in good health,

BARRY H. OSTROWSKY
PRESIDENT AND CHIEF EXECUTIVE OFFICER
RWJBARNABAS HEALTH



ERIC CARNEY
CHIEF EXECUTIVE OFFICER
MONMOUTH MEDICAL CENTER



HEALTH NEWS

STRAIGHT "As" FOR PATIENT SAFETY

Monmouth Medical Center (MMC) has been awarded straight "As" for achieving the highest national standards in patient safety from The Leapfrog Group, a national nonprofit organization committed to improving healthcare quality and safety. MMC is the only hospital in Monmouth and Ocean counties to receive an "A" Hospital Safety Grade for nine consecutive rating periods. "It's gratifying to be nationally recognized for our high quality of care," says Eric Carney, Chief Executive Officer. "We understand that what matters most to our patients is safe and effective care."

TOP NOTCH MATERNITY CARE

MMC is one of only eight hospitals in New Jersey—and the only one in Monmouth and Ocean counties—to meet three key measures of safety and quality in The Leapfrog Group's 2019 Maternity Care Report: cesarean sections, early elective delivery and episiotomy rates. "Monmouth Medical Center has one of the safest obstetric and gynecologic services in New Jersey, and it continues to expand and upgrade its facility to match its commitment to quality care and patient safety," says Robert Graebe, MD, Chairman and Program Director of the Department of Obstetrics and Gynecology.

MORE CONVENIENT PARKING

MMC is now offering valet parking, which is available at the main entrance and at the Cheryl L. Diamond Cancer Pavilion parking lot Monday through Friday from 8 a.m. to 4 p.m. The service is free, but daily parking fees for the main entrance lots may apply. For more information, call MMC's Department of Patient Satisfaction at 732.923.6995.

Monmouth Medical Center | **RWJBarnabas HEALTH**

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LESS IS MORE

**HOW A PARTIAL KNEE
REPLACEMENT ENABLED ONE
PATIENT TO GET BACK ON HER
FEET—PAIN-FREE.**

Roseann Messer always enjoyed going out several times a week and dancing to “The Hustle.” “It’s fast-moving and has a lot of rhythm,” says the 76-year-old resident of Manchester. But a few years ago, those nights out had to come to an end because her knees were hurting. She tried hyaluronic acid injections, but after a while, they didn’t relieve the pain. Dancing was out of the question, and even food shopping became difficult.

Roseann knew she needed knee surgery, but she kept putting it off. She



“THE MOST ADVANCED TECHNIQUES ARE BEING DONE AT MONMOUTH, FROM USING A ROBOT TO OFFERING PAIN BLOCKS TO PREVENT POSTOPERATIVE PAIN. WE PROVIDE TOP-OF-THE-LINE TREATMENT RIGHT HERE.”

Bertrand Parcels, MD

worried about the surgery as well as the recovery, which she assumed would be challenging. “Surgery made me nervous,” she says.

About a year ago, her discomfort became almost unbearable. So Roseann made an appointment with orthopedic surgeon Bertrand Parcels, MD. “I said, ‘I don’t want to wind up in a wheelchair because of my knee pain,’” she recalls. Dr. Parcels had good news: The osteoarthritis that had caused the cartilage in Roseann’s knees to wear away was limited to certain areas. He told her she was a candidate for partial knee replacement—a much simpler surgery than total knee replacement.

A PERSONALIZED PROCEDURE

With total knee replacement, the entire knee is replaced. Partial knee replacement involves replacing only the damaged area of the knee and is performed with a smaller incision. “Partial knee replacement is more specific; you’re only addressing one spot or issue,” says Dr. Parcels. “So the recovery is faster, and there’s much less pain.”

Roseann’s procedure was performed with the assistance of a robot, which offers many benefits compared to a traditional procedure. Dr. Parcels used the Mako system, which enables physicians to create a personalized surgical plan. The patient undergoes a CT scan, and a 3-D model of the knee is created. This allows the physician to choose the most appropriate implant and alignment for each patient.

The Mako system also allows the surgeon to remove diseased bone with greater precision. By targeting only the

damaged part of the knee, surgeons can spare the healthy bone and ligaments surrounding the joint. “The robot removes millimeters of bone,” says Dr. Parcels.

Robotic arm-assisted orthopedic procedures also improve the alignment of the implant. “It has to be in sync with the motion of the rest of the knee,” says Dr. Parcels. “In the past, if the alignment of the partial implant wasn’t perfect, it would fail. The partial knee implant would move in one direction and the preserved part of the knee would move in another. With the robot, the surgeon can match it perfectly every time.” Studies have shown that robotic arm-assisted partial knee replacement is two to three times more accurate than traditional partial knee replacement.

Monmouth Medical Center was the first hospital in Monmouth and Ocean counties to offer robotic arm-assisted joint replacement. “Sometimes patients go to a major metropolitan area because they think the best technology exists there,” says Dr. Parcels. “But the most advanced techniques are being done at Monmouth, from using a robot to offering pain blocks to prevent postoperative pain. We provide top-of-the-line treatment right here.”

NO MORE PAIN

Although Roseann needed to have both knees replaced, Dr. Parcels recommended doing one at a time. She

ADVANTAGES OF ROBOTIC ARM-ASSISTED SURGERY

Mako robotic arm-assisted surgery can be used for hip, as well as partial and total knee, replacements. Patients whose procedures are performed in this manner experience the following benefits:

- A more precise surgery
- Lower risk of complications
- Smaller and fewer scars
- Less pain and less use of pain medication
- A shorter hospital stay
- A quicker return to work and daily activities
- A more comfortable replacement joint

had the first surgery on her left knee in October 2018. Roseann admits she was a nervous wreck, but the procedure went well. She spent one night in the hospital and received physical therapy (PT) at home for five days a week the first two weeks after surgery. Afterward, she had outpatient PT several times per week for four months. “I’ve healed really nicely,” she says. “I’m getting around much better than I used to, and I have no pain in my knee.” She also has a smaller scar than would have resulted from a total knee replacement.

“Roseann was able to avoid three months of significant pain, stiffness and recovery that comes with a total knee replacement,” says Dr. Parcels. “She received as good, if not better, a result without having to suffer through recovery.”

Although Roseann is not quite ready to hit the dance floor, she knows it will be possible. “Dancing is in the near future, hopefully—after I have my other knee operated on,” she says. “Sometimes I kick myself for not doing this sooner.”

To learn more about robotic arm-assisted joint replacement at Monmouth Medical Center, visit www.rwjbh.org/mmcjoint.

Colleen Tarlton is enjoying quality time with her triplet sons now that she no longer feels anxious.



MORE THAN THE 'BABY BLUES'

**HOW A NEW MOM OF
TRIPLETS OVERCAME
A POSTPARTUM
MOOD DISORDER.**

Colleen Tarlton knew it would be stressful to bring her triplet baby boys home from the hospital. Born in October 2017 at Monmouth Medical Center (MMC) via emergency C-section, her sons were 12 weeks premature. They spent two months in the Neonatal Intensive

Care Unit (NICU) at The Hirair and Anna Hovnanian Foundation, Inc. Regional Newborn Center (RNC) at The Unterberg Children's Hospital at MMC. "We went from having monitors in the NICU and nurses 24/7 to being responsible for keeping these three tiny babies alive without any kind of monitor

or help,” she says. “It was scary.”

Colleen had experienced anxiety previously and took an anti-anxiety medication when she had to fly, but that was minor compared to the anxiety and obsessive compulsiveness she felt caring for the babies.

“When the boys came home, I was color-coding their bottles and pacifiers and trying not to mix things up,” says Colleen, 43, who lives in Lacey Township and works as a project manager at a financial institution. “I was so crazed about having a germ-free environment for them that I had hand sanitizer bottles all over the house. I was terrified that they were going to get sick.”

In addition, Colleen was overcome by fear. “I was like, what if there’s a car accident? What if the babies have an apnea episode (in which they stop breathing) in the middle of the night and I don’t know it?” Needless to say, she had trouble sleeping.

Despite her lack of sleep and worries, Colleen didn’t suspect she had a problem. “I kept chalking it up to being a first-time mom of premature triplets,” she says. “Finally, about a month or so after the babies came home, my husband told me I wasn’t acting like myself. He urged me to call the hospital.”

A COMMON MOOD DISORDER

It turns out, Colleen has a perinatal mood and anxiety disorder (PMAD), which affects an estimated 1 in 7 new moms. Symptoms, such as sadness and irritability, can begin just before delivery or up to a year afterward. (See “Signs of PMAD.”) Typically, the condition occurs one week to one month after delivery, when levels of the hormones estrogen



Robert Graebe, MD, and Lisa Tremayne, RN, encourage new moms with signs of PMAD to get help.

and progesterone plummet, causing chemical changes in the brain. “PMAD is more than just the ‘baby blues,’” says

Robert Graebe, MD,

Chair and Program Director of Obstetrics and Gynecology. In severe cases, a woman can’t take care of herself or her child, and may even harm herself or the infant.

Colleen got the help she needed at MMC’s Center for Perinatal Mood and Anxiety Disorders, which recently became the first hospital program in the country to receive the Platinum Maternal Mental Health Friendly certification from the Bloom Foundation for Maternal Wellness, an organization committed to helping mothers with PMAD. “This is the highest level of certification a hospital can receive,” says Shannon Hayes, Chief Operating Officer of the Bloom Foundation.

Currently, MMC is one of only 11 hospital programs across the country offering maternal mental health services. It’s the only hospital in New Jersey with a PMAD program for expectant and new moms.

SUPPORT FOR NEW MOMS

The Center for Perinatal Mood and Anxiety Disorders has had more than 10,000 patient visits to date. Every day, it receives about 13 calls from new moms, says Lisa Tremayne, RN, who suffered from PMAD herself and is the Center’s coordinator. Patients may see a therapist and a nurse practitioner for antidepressant or anti-anxiety medication. Treatment can last a few

SIGNS OF PMAD

Symptoms can range from mild to severe and typically last longer than two weeks. They include:

- Sleeping too little or too much
- Loss of appetite
- Anxiety or panic attacks
- Feeling guilty or worthless
- Frequent crying or sadness
- Loss of interest or pleasure in activities you once enjoyed
- Excessive irritability
- Fear of being alone with your baby
- Difficulty bonding with your baby
- Thoughts of self-harm

months to a year or longer. The Center also offers educational classes and support groups for new moms.

Colleen began weekly counseling sessions at the Center and started taking an anti-anxiety medication. She also participated in support group sessions with other new moms. “I didn’t realize how bad I felt until I started to feel better,” she says.

Colleen tried returning to work, but it was too soon. She ended up taking disability leave. “That gave me time to get the medicine that was right for me and the therapy and support groups I needed,” she recalls. “I even had some bonding time with the babies.”

Today, Colleen continues to take medication and attends occasional therapy sessions. She no longer worries that the boys might mix up their pacifiers. Now that she feels better, she hopes more struggling new moms get the help they need. Says Colleen: “Even if you don’t have a mental health issue, you still need support.”

To learn more about the Center for Perinatal Mood and Anxiety Disorders at Monmouth Medical Center, call **732.923.5573**. If you’re in crisis, please call 911 or visit your nearest Emergency Department.





Attendees at a Monmouth Medical Center (MMC)-sponsored behavioral health conference, which featured national experts and a suicide attempt survivor. More than 150 MMC staff members were present.



STOPPING SUICIDE

A NEW PROGRAM AIMS TO IMPROVE THE CARE OF BEHAVIORAL HEALTH PATIENTS.

Last December, the Monmouth Medical Center (MMC) Foundation approached the Board of Trustees with a new opportunity to have an impact on the community: Zero Suicide, a national, evidence-based program that aims to help healthcare systems improve the care of behavioral health patients and eliminate suicide deaths. “Many have seen the impact of the suicide epidemic on the community,” says Tara F. Kelly, Vice President of the MMC Foundation. “It has affected every generation, and our Board was steadfast in wanting to put their arms around this program.”

Thanks to the generous gift from the Board, the MMC Department of Behavioral Health created a virtual Suicide Prevention Center, which will explain the Zero Suicide program. MMC is only the second hospital in New Jersey to adopt the program. “The goal is to address gaps in service,” says Erin

Langford, MSN, RN, BC, Administrative Director for Behavioral Health Services. “Most people who commit suicide have seen a physician in the six months prior to the event. We have the opportunity to intervene if we partner with other health providers in the community.” The program aligns well with MMC’s Safety Together journey, which refers to the hospital’s commitment to zero incidents of preventable harm. In addition to its commitment to patient safety, Zero Suicide is also committed to the safety of behavioral health clinicians.

IMPROVING BEST PRACTICES

In February, MMC held a conference on how to implement the Zero Suicide program. It featured national mental health experts such as Michael F. Hogan, PhD, the former Commissioner of the New York State Office of Mental Health and Connecticut Department of Mental Health, as well as a suicide attempt survivor. More than 150 MMC staff members attended the conference. While many best practices for suicide prevention are already in place at MMC, “we are now implementing processes

SUICIDE PREVENTION HOTLINE

If you’re thinking about suicide, are worried about a friend or loved one, or would like emotional support, the free, confidential National Suicide Prevention Lifeline network is available 24/7 across the United States by calling **800.273.8255**.

to create a safety net for patients,” says Langford. “The conference sparked ideas on what we need to be doing differently and better.” The next step is for MMC Behavioral Health staff members to attend additional Zero Suicide-sponsored training programs and validate the processes that are in place.

In the meantime, MMC is partnering with local schools to educate children and parents about suicide prevention. In a recent assembly at a middle school in Little Silver, MMC clinicians spoke with children and parents about coping with issues such as bullying and anxiety. Afterward, the children were dismissed and the parents were invited to stay for a question-and-answer session. “We feel that zero suicide is achievable,” says Langford. “If we set our goal at anything less, then we’re saying some percentage of suicide is acceptable.”

To learn more, visit www.zerosuicide.com.



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.

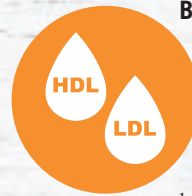


HEART RATE (PULSE): The number of times your heart beats per minute. “This is helpful if you’re exercising and want to see if your training is significantly affecting your heart rate,” says Dr. Waxman. The American Heart Association recommends at least 150 minutes of moderate-intensity exercise per week.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

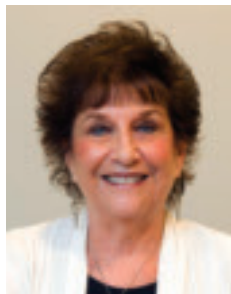


THE KEY TO QUITTING SMOKING OR VAPING

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.



Radiation oncologists Sang E. Sim, MD, left, and Mitchell F. Weiss, MD, with the machine that can be used to treat certain skin cancers.

A SCAR-FREE SKIN CANCER TREATMENT

SURGERY ISN'T THE ONLY OPTION FOR PATIENTS.

An estimated one in five people will develop skin cancer in their lifetime. The most common types, basal and squamous cell, affect more than 3 million Americans per year, according to the American Academy of Dermatology. Unfortunately, having a skin cancer removed surgically is not only painful but also potentially disfiguring—especially if the lesion is on the nose, eyelids, ear, forehead or other part of the face. In addition, certain medications, such as blood thinners, may need to be temporarily stopped prior to surgery. Fortunately, there's an alternative: brachytherapy, in which radiation is used to eliminate basal and squamous cell skin cancers. "The cosmetic outcome is excellent," says Mitchell F. Weiss, MD, Chairman of Radiation Oncology at Monmouth Medical Center (MMC) and a member of Barnabas Health Medical Group. In addition, the skin cancer cure rate is comparable to surgery (92 to 94 percent for brachytherapy versus 94 to 96 percent for surgery).

To be eligible for brachytherapy, a patient must have a nonmelanoma skin cancer (basal or squamous cell). In addition, the lesion must be small, flat and fairly superficial (no more than 3 millimeters deep), says Dr. Weiss.

RWJBarnabas Health and Monmouth 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 and clinical trials. For more information, call 844.CANCERNJ or visit www.rwjbh.org/beatcancer.

A SIMPLE BUT EFFECTIVE TREATMENT

Patients typically receive six treatments (two days per week for three weeks in a row). Each treatment takes less than 10 minutes. The patient is given small eye shields, and a round, flat applicator the size of a quarter is placed on the lesion(s). The applicator is connected to a machine that contains a radioactive seed. The seed is delivered to the applicator, where it emits radiation for a few minutes, then is returned to the machine. "The applicator is lead-lined, so it shields nearby tissue from the radiation," says Sang E. Sim, MD, a radiation oncologist at MMC. "The seed only emits radiation toward a very small area of the skin."

A typical side effect is skin redness (similar to a sunburn), which disappears a few weeks after the radiation treatments are complete. "Patients are thrilled with the results," says Dr. Sim. "No one knows they were ever treated for skin cancer."

PROTECT YOUR SKIN

Follow these simple strategies to steer clear of sunburn, which increases the risk of developing skin cancer.

- Apply a water-resistant sunscreen with an SPF (Sun Protection Factor) of 30 or higher. The higher the SPF, the better. Also, choose a "broad spectrum" product, which blocks both UVA and UVB rays. Use about one ounce (the amount that would fill a shot glass) and be sure to reapply every two hours (sooner if you're sweating or swimming).
- Stay out of the sun between 10 a.m. and 4 p.m., when the rays are strongest.
- Cover up by wearing a hat, a long-sleeved shirt, pants and sunglasses.

To learn more about brachytherapy for skin cancer or to make an appointment, call **732.923.6890**.



HOPE FOR THE TINIEST BABIES

A YEAR AFTER HER STAY IN THE
NEONATAL INTENSIVE CARE UNIT,
ONE LITTLE GIRL IS THRIVING.



Amanda Durborow read to her daughter, Colbie, daily while she was in the NICU. Right: Kaila Wiarda, RN, and Bonny Adler, MCN, RNC-NIC, created the Hall of Hope to encourage new parents.

Amanda Durborow was only 22 weeks pregnant when she went into premature labor. “I was immediately hospitalized and put on bed rest for a week, but my doctors couldn’t stop it,” recalls Amanda, 31, a special education teacher at Rumson-Fair Haven High School. At 23 weeks, on November 22, 2017, she delivered twins Colbie Mae and Bennett Mark, each weighing just over a pound, at Monmouth Medical Center (MMC).

Tragically, Bennett died two days after his birth. Colbie survived, but she spent the first 153 days of her life in three hospital Neonatal Intensive Care Units (NICUs). She survived bilateral brain bleeds, several shunt revisions to remove fluid in her brain, six brain surgeries and one eye surgery. Today, she’s a happy and healthy 17-month-old, something Amanda credits in large part to her stay at the NICU at The Hirair and Anna Hovnanian Foundation, Inc. Regional Newborn Center (RNC) at The Unterberg Children’s Hospital at MMC. “Those first few months were a roller coaster,” says Amanda. “There were high moments, when I could bathe Colbie or read to her, and then low moments when she crashed. But during those five months, there was one constant: the Monmouth NICU. It became our home.”

ATTENTIVE CARE

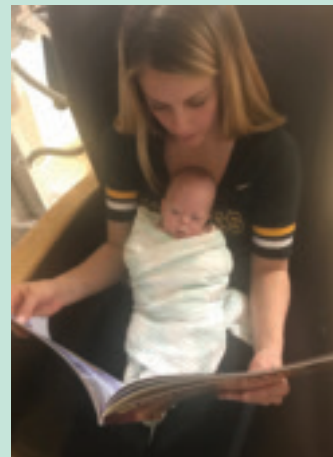
One reason Amanda felt so comfortable at MMC was the NICU’s clear communication style. “There were times a physician would explain something to me and I’d write it down, but I had no idea what it meant,” she says.



THE GIFT OF STORYTIME

During Colbie’s stay at the MMC NICU, her parents would read to her every day. “We’d always read her *Goodnight Moon* as our way of tucking her in before we had to leave for the night,” recalls Amanda. “Then, one evening, she turned and looked at us while we were reading. Her recognition of our voices was absolutely amazing.”

Inspired, Amanda decided to launch The NICU Book Club. Every month, every baby in the MMC NICU receives his or her own book, which parents can read aloud to them. “There’s very little that’s normal about the NICU experience,” says Amanda. “But one way you can feel like a parent is to read to your baby.” The book club relies on private donations for funding, but Amanda hopes to eventually turn it into a nonprofit that provides books to NICUs across New Jersey. “The NICU at MMC gave us so much,” she says. “This is one way we can give back.”



“Nurses would offer to go over everything with me. They wanted to make sure my husband, Colin, and I felt like part of Colbie’s medical team.” Every morning, when the neonatologist made rounds with residents, Amanda was always included in the conversations.

Although Colbie traveled to several other hospitals for her surgeries, the Durborows were always eager to return to MMC. “The level of individual care she received was incredible,” says Amanda. “The minute one of her monitors went off, a nurse would be at her side.”

The NICU staff encouraged Amanda to bathe, feed and read to her daughter, just as she would at home. “We weren’t able to hold her for three-and-a-half weeks, so we would just come to the hospital every day and stare at her in her incubator,” recalls Amanda. “We were parents who didn’t feel like parents.” The nurses sensed that and urged the young parents to connect. “They kept encouraging us to open the door of her isolette and touch her foot or hold her hand, even though we were initially scared to do so,” she says. “They told us to read and sing to her because she’d be reassured by our voices.”

ENCOURAGEMENT FOR FAMILIES

MMC has long been a trailblazer when it comes to caring for premature babies. It became the first hospital in New Jersey to establish a NICU in 1968. Today, it’s the region’s largest Level III NICU. It boasts one of the highest survival rates for premature infants in the country.

In the spring, the NICU nursing staff created a “Hall of Hope,” which leads from Labor and Delivery to the NICU. As new parents walk down the corridor, they can view messages of encouragement from parents whose babies have survived and thrived. “We feature former NICU patients of all ages—infants, babies, teens, even college students,” says Bonny Adler, MCN, RNC-NIC, Clinical Director of the RNC. “We tried to include many different stories so that all parents can find a family that they relate to, to give them hope.”

Colbie’s story is among those featured on the wall. “I can’t tell you how many people look at her and say, ‘no way is this baby a 23-weeker,’” says Amanda. While the toddler’s speech and gross motor skills are slightly delayed, her cognitive development is on track. Every month, Amanda and Colbie visit the NICU to deliver books for The NICU Book Club (see “The Gift of Storytime”). Says Amanda: “Everyone is so thrilled to see how well she’s doing.”

To read more stories about families whose children began their lives at the Regional Newborn Center, visit www.rwjbh.org/mmcnicu50.





REST WELL

**AT THE COMPREHENSIVE SLEEP MEDICINE CENTER,
PATIENTS OVERCOME THEIR SLEEP STRUGGLES
AND IMPROVE THEIR QUALITY OF LIFE.**

Anthony Ceravolo, 65, of Long Branch, had sleep trouble for years. Twenty-five years ago, at age 40, he was diagnosed with obstructive sleep apnea, a condition in which a person temporarily stops breathing while sleeping. The muscles relax, causing soft tissue in the back of the throat to collapse and block the upper airway. This leads to sleep disruption throughout the night and loud snoring. Sleep apnea has been associated with multiple medical conditions, including hypertension, heart disease and stroke. "Every morning, I'd wake up more tired than I was when I went to bed," recalls



GET MORE SHUT-EYE

Robert M. Kosinski, MD, Medical Director of the Comprehensive Sleep Medicine Center at Monmouth Medical Center (MMC), recommends the following strategies for falling—and staying—asleep:

- Keep a regular sleep schedule.
- Avoid daytime naps.
- Don't watch TV or work on your computer in bed. The bedroom should only be used for sleep.
- If you're having trouble going to sleep, don't spend too much time in bed. Get up and do something relaxing (like reading in another room) for 20 minutes, then head back to bed.

Medical Center (MMC). He was given continuous positive airway pressure (CPAP), which provides pressurized air to patients through a mask they wear while sleeping. This keeps the airways open and prevents the apnea from occurring. "It was life-changing," recalls Anthony, who is now on his third CPAP machine, which is the size of his hand. "I became a totally different person."

UNCOVERING SLEEP PROBLEMS

The Center was recently reaccredited by the American Academy of Sleep Medicine (AASM), ensuring that it meets certain high-quality standards. MMC was the first hospital in Monmouth and Ocean counties to earn this prestigious designation. Robert M. Kosinski, MD, a physician who is board certified in both sleep medicine and pulmonology, is the Center's Medical Director. The Center's other staff physicians, board-certified pulmonologist Douglas Livornese, MD, and board-certified neurologist Matthew Davis, MD, are also board-certified in sleep medicine.

In addition to obstructive sleep apnea, Center physicians diagnose and treat narcolepsy (periods of extreme daytime sleepiness), insomnia, sleepwalking and sleep talking, and restless leg syndrome, in which patients experience abnormal sensations, such as tingling or cramps in the legs.

Sleep problems can also be caused by health conditions, such as chronic heart and lung disease, gastrointestinal disorders and chronic pain disorders, such as fibromyalgia. Both adults and children can be evaluated and treated at the Center.

A MULTIDISCIPLINARY APPROACH

To diagnose a sleep disorder, a variety of tests are available, including overnight sleep studies and daytime testing. During an overnight study, called a polysomnogram, monitors are placed on your body to record brain waves, muscle activity, respiration and heart rhythm while you sleep. People with obstructive sleep apnea, like Anthony, may try the CPAP machine in the Center's sleep lab. Other evaluations include tests to assess a person's daytime sleepiness and evaluate him or her for narcolepsy. Home sleep studies for evaluation of sleep apnea are available as well. "The patient comes in, and we show him or her how to use the monitor that needs to be worn overnight," says Dr. Kosinski. "It records information, and the patient brings the monitor back to the Center, where we download the information for analysis."

The Center takes a multidisciplinary approach to sleep disorders. Treatments include weight loss, behavioral modification, medication, surgery and devices, such as the CPAP machine. "By treating sleep disorders, we can change a person's life," says Dr. Kosinski. "The person goes from being sleepy and not functioning well to getting his or her life back."

Recently, Anthony had a knee replacement, and he wasn't sleeping well afterward. He underwent reevaluation and an overnight sleep study at MMC's Sleep Medicine Center and discovered he doesn't need as much air pressure from the CPAP machine. (He recently lost about 20 pounds.) "Because I've had apnea, I can tell when others have it," he says. "Now I send friends to Monmouth Medical Center if they're having a sleep problem."

Anthony. "The more I slept, the more tired I got. My wife would find me sleeping in the bathroom, and she wouldn't let me drive the kids because she was afraid I'd

get in an accident. I was barely able to go to work. I thought I was dying."

Anthony was treated at the Comprehensive Sleep Medicine Center at Monmouth



ROBERT M. KOSINSKI, MD

To learn more about the Comprehensive Sleep Medicine Center, call **732.923.7660.**



GURDEEP S. MATHAROO, MD

COULD YOU BENEFIT FROM WEIGHT-LOSS SURGERY?

A BARIATRIC SURGEON ANSWERS QUESTIONS ABOUT COMMON PROCEDURES AND THEIR EFFECTIVENESS.

For many, weight loss is not just a means to fit into a favorite pair of jeans. For the nearly one-quarter of New Jersey residents who are obese, it's a matter of life and death. Obesity increases the risk of developing serious medical conditions, including type 2 diabetes, heart disease, obstructive sleep apnea and cancer. To help improve patients' health and quality of life, Monmouth Medical Center created the Weight Loss Surgery Center, which offers a multidisciplinary approach to weight loss. Gurdeep S. Matharoo, MD, FACS, FASMBS, a board-certified bariatric surgeon at the Center, explains what patients can expect.

What types of bariatric surgery does your team perform?

We perform two types of bariatric surgery in patients who have never had such a procedure: sleeve gastrectomy and gastric bypass. With a sleeve gastrectomy, about 80 percent of the stomach is removed, leaving a small "sleeve" shaped like a banana. This surgery helps patients feel full after eating small amounts of food and causes gut hormone levels to drop so they're not as hungry.

With gastric bypass, the stomach

is divided into two sections. The top part becomes a small pouch the size of a golf ball—limiting the amount of food that can be eaten—and is connected to the middle of the small intestine. The remaining parts of the stomach and intestinal tract don't absorb food. Like the sleeve gastrectomy, gastric bypass leads to hormonal changes that augment weight loss.

We also have extensive experience in revisional bariatric surgery, in which a patient who has previously undergone surgery is converted to a different type of procedure.

How effective is bariatric surgery?

Patients who undergo sleeve gastrectomy lose 60 to 75 percent of their excess body weight, on average, over the course of 18 to 24 months. Gastric bypass patients typically lose a bit more—usually 70 to 80 percent of their excess body weight.

What can patients expect following bariatric surgery?

In addition to weight loss, patients experience better health. Most of our patients who have type 2 diabetes no longer need medication after surgery. Blood pressure and cholesterol levels are reduced, lowering heart disease risk. The weight loss also reduces cancer risk and improves conditions like sleep apnea and joint pain.

How safe is bariatric surgery?

There's a misconception that bariatric surgery is dangerous, but the overall risk of complications is very low.

Who are the best candidates for bariatric surgery?

To qualify for these procedures, a patient must have a body mass index (BMI, a weight-height ratio) of 40 or greater or a BMI of 35 to 39 plus one or more other conditions occurring at the same time, such as diabetes or high blood pressure.



To learn more about bariatric surgery at Monmouth Medical Center, call **732.923.6070** or visit www.rwjbh.org/mmcbariatriclecture.





Patient Anna Simonelli with her handprint, which is one of many used to wrap the Runaway Mine Train ride at Six Flags Great Adventure.



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RWJBarnabas Health and Monmouth 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 and clinical trials. For more information, call 844.CANCERNJ or visit www.rwjbh.org/beatcancer.

BEATING CANCER TOGETHER

A NEW CAMPAIGN IS RAISING AWARENESS OF CANCER—AND CELEBRATING SURVIVORS.

If you ride the Runaway Mine Train ride at Six Flags Great Adventure in Jackson this summer, you’ll notice colorful handprints wrapped around the cars. They belong to cancer survivors and supporters from across New Jersey. To raise awareness of cancer and celebrate survivors, RWJBarnabas Health, Rutgers Cancer Institute of New Jersey and Six Flags Great Adventure recently launched the “Coasters for Cancer” campaign.

HONORING SURVIVORS

In June, Six Flags Great Adventure hosted a celebration for cancer survivors and unveiled the coaster cars, which will remain

decorated until the park closes for the season. “We’ve taken these handprints and integrated them into a design,” says Daniel DeYoung, Director, Corporate Partnerships, Six Flags Great Adventure. “When riders get on this coaster, they’ll be reminded of how many lives cancer touches in New Jersey and to join three iconic New Jersey brands—RWJBarnabas Health, Rutgers Cancer Institute of New Jersey and Six Flags Great Adventure—in the fight against the disease.”

Cancer survivors and family members enjoyed creating the handprints last spring. “I’m a two-time breast cancer survivor, and I’m representing survivors,” says Anna Simonelli, a Monmouth Medical Center patient from West Long Branch.

The campaign is a reminder of the importance of screening and research on new treatments. “This is an incredible opportunity to shine a spotlight on cancer survivorship, education and prevention,” says Justin Edelman, Senior Vice President, Corporate Partnerships, RWJBarnabas Health. “If this campaign can help just one person, it’s all worth it.”

CANCER RISK IN NEW JERSEY

In New Jersey, the lifetime risk of developing any type of cancer is 1 in 2 for both women and men. About 49 percent of men and 45 percent of women will develop cancer at some point in their lives, according to the New Jersey Department of Health. One in 7 men will develop prostate cancer and 1 in 8 women will develop breast cancer. About 1 in 14 men and 1 in 15 women will be diagnosed with lung cancer. In addition, 1 in 20 men and women will develop colorectal cancer.

Between 2012 and 2016, the leading types of cancer in women were breast, lung, colon and rectal, uterine and thyroid, according to the New Jersey State Cancer Registry, New Jersey Department of Health. For men, the leading types were prostate, lung, colon and rectal, bladder and melanoma (the deadliest form of skin cancer). The leading causes of cancer death for women and men were malignancies of the lung, followed by the breast (women) and the prostate (men), and the colon or rectum.

To learn more about Coasters for Cancer, visit www.rwjbh.org/coastersforcancer.

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100 top-performing hospitals in the U.S.**

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visit **100tophospitals.com**