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Welcome LETTER

Leading by example

MONMOUTH MEDICAL CENTER STANDS AMONG an elite group of hospitals recognized as leaders, both for its willingness to share with other hospitals invaluable hands-on experience with the most cutting-edge cancer care, and in caring for congestive heart failure patients.

In this issue of *Monmouth Health & Life*, we look at Monmouth Medical Center's world-class Institute for Advanced Radiation Oncology, which once again gained global attention for its delivery of cutting-edge cancer treatment when TomoTherapy Inc. named Monmouth its official global training site.

It is quite an honor to be entrusted with this training, which draws together highly respected professionals from around the world to learn about the latest developments in the field of radiation oncology.

Most recently, Monmouth Medical Center was chosen to participate in a key national initiative to improve care for heart failure patients. The Institute for Healthcare Improvement (IHI) selected Monmouth—the only New Jersey hospital, and one of only 14 hospitals nationwide—for its Mentor Hospital Registry for Congestive Heart Failure.

Monmouth Medical Center was tapped for this volunteer initiative to provide support, advice, clinical expertise and guidance to hospitals seeking help with their health care improvement efforts.

Finally, Monmouth Medical Center remains the region's leader in responding to the mental health needs of our community. The new Pavilion Intensive Outpatient Program (IOP) at Monmouth Medical Center is the latest addition to our continuum of Behavioral Health Services and fills a service and community need, when inpatient hospitalization is not necessary or no longer required, but outpatient services are too limited for the patient's needs.

Our recognition as a health care leader is a testament to our success at Monmouth in providing our patients with the most effective treatment, and it is very rewarding for me as executive director to see our leadership acknowledged.



Sincerely,

A handwritten signature in black ink that reads "Frank J. Vozos". The signature is written in a cursive, flowing style.

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

Cancer fighters

ONE SAVVY BUSINESSWOMAN SUCCEEDS ANOTHER AT THE HELM OF A FUNDRAISING CRUSADE

SOMETIMES YOU CAN

spot a kindred spirit almost at a glance. That's how it was for Michele Davis Karagianakis, retiring president of The Women's Council of Monmouth Medical Center's Leon Hess Cancer Center—a 15-year-old group that has raised more than \$1 million for services for the Leon Hess Cancer Center's patients. When the Rumson resident first talked with fellow volunteer Kathleen Croddick Molyneaux, she recognized a dynamo like herself.

"I imagined her as the next president long before *she* ever thought of it," says Karagianakis with a laugh.

And so it has come to be. In June, as her two-year term ends, it is Molyneaux to whom she'll hand the reins.

Although both blonde and entrepreneurial, the two are hardly twins. Karagianakis is a native of Fort Worth, Texas, while Molyneaux grew up right here in New Jersey. But they do have two things in common (besides the fact that each has a child at the Ranney School in Tinton Falls): They are passionate about helping cancer patients, and they have something philanthropies need these days: business savvy.

Karagianakis has 15 years' experience running a Little Silver-based construction management and contracting business with her husband, Tom. (The couple has a son, Alexander, and Tom has a son, Christopher.)

She has felt a personal connection to cancer since a beloved aunt in Texas was diagnosed with stage four breast cancer, the most advanced stage, in 2000. As president, Karagianakis took pride in "rebranding" The Women's Council's annual luncheon as "The Power of Pink." The \$200,000-plus the luncheon raised in the past two years for the Leon Hess Cancer Center helped to support the acquisition of TomoTherapy, a diagnostic and treatment tech-



Michele Davis Karagianakis



Kathleen Croddick Molyneaux

nology that provides precisely targeted radiation therapy to hard-to-treat cancers.

Says Molyneaux, who views Karagianakis as a mentor: "She's a community leader as well as an impressive businesswoman."

Takes one to know one, you might say. Molyneaux, who runs her own cosmetic packaging design company, lives in Fair Haven with her husband, Mark, CEO of a vending-machine company, and their three daughters: Mary Rose, Bridy and Elle. When she was in college at Georgian Court University in Lakewood, one of the administrators there was diagnosed with breast cancer, which she battled for 20 years.

"That was when cancer first touched my life," she recalls. "Her struggle really moved me."

Together, the two women have pledged to raise funds for the Patient Navigator Program, which will assign a nurse practitioner to each cancer patient, who will help them organize appointments, medications and records and tell them about services available at the medical center.

"The idea is to make the whole process more supportive and less stressful for the patients, so they can concentrate on recovering," says Molyneaux. Funds for the program will come from two events this year: the "Power of Pink" luncheon on July 22 (where Karagianakis' Aunt Pat will celebrate a decade's survival) and the second annual Duathlon, a bike-run-bike event planned for October 10.

One thing seems sure: High-energy leadership will continue at The Women's Council. Karagianakis says her successor "has been at my side, pushing me to reach a little higher. She has a way of insisting that each member contribute a little more. Her enthusiasm is infectious." ■

Keeping heart patients home

AN OUTPATIENT PROGRAM REDUCES THE NEED FOR REHOSPITALIZATIONS

HEART FAILURE IS ONE OF THE MOST difficult chronic diseases to treat. Patients must adhere to a strict regimen of medication, modified diet and restricted activity to maintain a decent quality of life. But even with careful lifestyle controls, such heart-failure symptoms as breathing problems, erratic heart rate, severe swelling and overwhelming fatigue bring these patients back to the emergency room again and again.

The cardiopulmonary team at Monmouth

Medical Center knew there had to be a better way. So they launched a heart-failure outpatient program to help these patients catch problems early and begin treatments to correct them—and thus reduce the need to be readmitted into the hospital. And the program was expanded in May.

“These patients come through our doors constantly,” says Sharon Holden, administrative director for cardiopulmonary and renal services. “The national readmission rate for 30 days post-hospital-visit is 25 percent, which is substantial, and for 90 days it’s 45 percent. Many programs around the country are looking at this problem and how to fix it.”

Over the past several years, Holden has met with Allan Tunkel, M.D., chair of the department of medicine; Charles J. Mattina, M.D., cardiologist; and others to discuss ideas. “We decided to create a center of care for patients,” she says.

In January 2008, Monmouth took the first step. “We established standardized treatment orders and care

“We established standardized treatment orders, so all patients received consistent care once they left the hospital.”



Allan Tunkel, M.D.





Charles J. Mattina, M.D.

“If a patient is referred here, we view ourselves as consultants serving in addition to the primary cardiologist.”

maps, so that all patients received consistent care in the hospital and after discharge,” says Dr. Tunkel. The medical center then partnered with the Visiting Nurse Association of Central New Jersey to help administer the home care.

The key to consistent care is called Telehealth Monitoring. The patient hooks up a small data-entry box to his or her telephone. At least once a day, he or she enters vital information, such as blood pressure, blood sugar and changes in weight, that gives clues to how well he or she is doing. The data are transmitted to the nurse on call, who decides if any changes in care need to be made.

“For example, if there is a weight gain, that’s usually from fluid building up in tissues, so the nurse, under the medical director’s supervision, can add a diuretic to reduce fluid retention,” says Dr. Tunkel.

The results from the program’s early phase were very promising. “Patients who enrolled in 2008 were much less likely to be readmitted,” he says. “About one-third of those who did not enroll in the program had to be readmitted, while only 18 percent of enrolled patients were readmitted. And the results are even better in 2010.”

The group decided to create a more comprehensive outpatient program. “We assembled a multidisciplinary team, including physicians and nurse practitioners trained in heart failure, social workers, physical and occupational therapists and others who would continue to manage patients outside the hospital, with Dr. Mattina serving as medical director,” Dr. Tunkel says.

“Along with receiving the Telehealth data, the nurses are now in direct daily contact with the patients,” says Dr. Mattina. “The nurses inquire about how they are doing and look even more closely for early warning signs of cardiac distress.” They also provide more education to patients. “We want to give them the tools they need to manage their diet, medications and activity, and to recognize early warning signs and know what to do

about them,” says Holden.

“The data box and phone give us some information, and this carries it to another level,” says Dr. Tunkel. “The patient will have the opportunity to be seen more often, either in the home by a visiting nurse or at the doctor’s office, and more sophisticated recommendations can be made—for instance, if it’s decided that there need to be additional studies, cardiac rehabilitation or even more careful monitoring.”

The program is designed to help patients’ personal primary care physicians and cardiologists, not replace them. “If a patient is referred here, we view ourselves as consultants serving in addition to the primary cardiologist,” says Dr. Mattina. “It’s an important add-on to the care they are already receiving. It’s hard for primary care doctors to contact people daily. This program provides valuable feedback to the referring physician and allows for early intervention if the patient gets in trouble.” ■

For other hospitals, a power of example

In December 2009, Monmouth Medical Center became the first New Jersey hospital and one of only 14 in the nation to earn the prestigious Institute for Healthcare Improvement “mentor hospital” designation for heart failure. That means other hospitals can turn to Monmouth for help in improving their own heart-failure care.

“We open our doors to other hospitals looking to do the same things we are doing,” says Sharon Holden, administrative director, cardiopulmonary and renal services. “We share our best practices, our sets of treatment orders, our patient education programs and anything else they want to see.”

“This designation indicates that we have a nationally recognized program and allows us to be part of a larger network to engage with other hospitals throughout the country,” says Allan Tunkel, M.D., chair of the department of medicine. “And that dialogue benefits us as well, as we learn about any ideas they may have for improving care.”

For more information on heart-failure treatment at Monmouth Medical Center, please call 888-SBHS-123 (888-724-7123).



GUT DOCTORS

GASTROENTEROLOGISTS AND SURGEONS
COLLABORATE FOR BETTER PATIENT CARE

HOW IS TREATMENT COORDINATED AT Monmouth Medical Center's Minimally Invasive Esophageal Gastric Surgery Center? Steven A. Gorcey, M.D., chief of the Division of Gastroenterology, is in the middle of explaining when he receives a phone call that makes the point crystal-clear.

"Gotta run," he says. "A patient of mine is in surgery, and Dr. Borao just called. He needs me to take a look."

Hours later, Dr. Gorcey finishes describing how he and Frank J. Borao, M.D., surgical director and Monmouth's chief of minimally invasive surgery, work together in ways not always

"Dr. Borao and I work together. That's the special ingredient that makes our center excellent. If I can't do something, he can, and vice versa."

—Steven A. Gorcey, M.D.

found in other institutions.

"What happened just then is a perfect example," he says. "Dr. Borao was in the middle of fixing a paraesophageal hernia, in which part or all of the stomach bulges up through the diaphragm and into the chest. In that situation, there is a potential risk of injury to the esophagus or stomach during repair of the hernia. So he called me to go in with an endoscope [a thin tube with a light and a video camera] and determine if a leak was present. Being in the same center, I could just run down to the O.R. and help him out."

In other settings, patients often bounce back and forth between the offices of the gastroenterologist, who does the diagnostic work and some endoscopic repairs, and the surgeon, who recommends and executes more advanced surgical procedures, says Dr. Borao. "We offer 'one-stop shopping,'" he says. "It's more efficient and there is minimal delay in patient management. When someone comes in, within a few days everybody is on board, plans are made and treatment commences. Otherwise it could take weeks."

Surgeons and gastroenterologists elsewhere don't always work so closely, says Dr. Gorcey. "But Dr. Borao knows what I do best, and I know what he does best, so we work together. That's the special ingredient that helps to make our center excellent. If I can't do something, he can, and vice versa."

The medical center's team of gastroenterologists and general, thoracic and pediatric surgeons, along with registered nurses and registered dietitians, provides multidisciplinary expertise. "That also expedites things as we gather more opinions for the best procedures and plans," says Dr. Gorcey.

"Our main purpose is to treat benign and malignant diseases of the esophagus and stom-

ach,” says Dr. Borao. These include cancers, hernias, acid reflux, swallowing difficulties—and obesity, which can be addressed with bariatric weight-loss surgery. Most operations are now done laparoscopically—that is, with a minimally invasive approach that employs a thin, lighted tube with a video camera, introduced via small incisions.

“We have the best minimally invasive equipment

in the country,” says the surgeon. “For our patients, that means shorter hospital stays, fewer complications such as infection and much less pain.”

“We do things that are typically done only at the most prominent teaching hospitals, not community hospitals,” says Dr. Gorcey, summing up. “This center is something very special that Monmouth Medical Center has and others don’t.” ■

A leader in weight-loss surgery

TEN YEARS AGO AT MONMOUTH MEDICAL Center, Frank J. Borao, M.D., surgical director of the Minimally Invasive Esophageal Gastric Surgery Center and Monmouth Medical Center’s chief of minimally invasive surgery, performed the first bariatric weight-loss surgery in central New Jersey. In the decade since, he has helped make Monmouth the first choice for weight-loss surgery in the region.

Back then, gastric bypass was the only procedure available. Now he can also offer lap-band surgery and revisional surgery to improve previous operations. And lately he has been offering a new procedure called sleeve gastrectomy, in which he removes a large part of the stomach while leaving the natural junctures at the esophagus and intestines intact. “It’s a hybrid between bypass and lap-band surgery,” he says. “You don’t need to reconstruct the intestine, and there is no foreign body inserted to close off the stomach as in a lap-band approach. If the patient is uncomfortable having a band inside and is also afraid of reconstruction, this is right in the middle. And the results are very similar.”

The overall bariatric program is successful, he says, because of its dedicated multidisciplinary team approach and the ongoing support programs it offers. “It’s not just the surgery and that’s it,” he says. “We follow you for life. I still see patients I operated on 10 years ago.”



Frank J. Borao, M.D.



Steven A. Gorcey, M.D.

A new approach to acid reflux

FOR PATIENTS WITH ACID REFLUX WHO don’t respond to medication or other treatments, Monmouth Medical Center’s Minimally Invasive Esophageal Gastric Surgery Center now offers a new, minimally invasive procedure that corrects the root cause of the condition: an anatomic defect at the junction between the esophagus and stomach.

It’s called EsophyX (pronounced ee-so-FIX), explains Steven A. Gorcey, M.D., chief of the medical center’s division of gastroenterology. And it involves sending an endoscope (a thin lighted tube with a video camera) through the mouth along with a surgical instrument that is used to stitch together openings smaller than 1 centimeter and thereby tighten the juncture. Clinical studies show that two years following the procedure, 85 percent of patients are still heartburn-free and 79 percent are still off daily medications.

“This is another option for patients who aren’t responding to other treatments,” says Dr. Gorcey. “And you don’t have to go to New York or Philadelphia for it—we’re doing it right here.”

To find out more about weight-loss surgery and the treatment of illnesses involving the digestive system at Monmouth Medical Center, please call 888-SBHS-123 (888-724-7123).



TOUGH joints

TODAY'S ORTHOPEDISTS OFFER
A WORLD OF NEW TREATMENTS
FOR FOOT AND ANKLE PROBLEMS

TALK ABOUT IRONY. ARON M. GREEN, M.D., orthopedic surgeon, had just finished his fellowship in foot and ankle surgery at Allegheny General Hospital in Pennsylvania and began his work as a practicing surgeon at Monmouth Medical Center. "My first month on the job, I badly sprained my ankle running on an unfamiliar trail," he says with a laugh. "It swelled to the size of a grapefruit. I knew they'd abuse me at work mercilessly."

Dr. Green's was one of more than 2,300 ankle sprains that take place each day in the U.S. While knee, hip and shoulder problems get more press, ankle and foot injuries are actually the most common problem orthope-

dists treat. It's no wonder: Those other body parts are single joints between two bones, while the foot and ankle are a complicated structure containing 28 different bones and 35 distinct joints.

"They make up a very precise and specialized piece of anatomy," Dr. Green says. "It has taken close to 30 million years of evolution to perfect the function of getting us from point A to point B."

"And yet, the ankle is a much smaller weight-bearing joint than the hip or knee," says Lance A. Markbreiter, M.D., who has been doing foot and ankle surgery at Monmouth for 16 years. "Its surface area is less than one-tenth that of the knee, but it must handle the same pressures and forces as the knee. That's why it's more prone to injury."

Until recently, though, the ankle was something of a poor stepchild in orthopedic care. "Very few orthopedic surgeons specialize in the foot and ankle," says Glenn Gabisan, M.D., orthopedic surgeon and assistant program director of foot and ankle surgery. "When I started here six years ago, there was only one other foot and ankle surgeon in Monmouth County. But that number has really jumped in the last five years."

These specialists are now able to provide surgical treatments, many of them done arthroscopically, that were unheard of just a few years ago. "There is a lot of new research going on right now in ankle replacement, cartilage restoration and other techniques, especially to help younger patients," Dr. Gabisan says. And as technologies such as stop-motion filming have given us a

better understanding of how the foot and ankle function, says Dr. Green, "we are finally at a point where we can do the kinds of procedures we've done in the hip and knee for the past 40 years."

There are four main causes of foot and ankle problems, says Dr. Markbreiter: (1) trauma damage caused by injury or accident, (2) issues such as bunions and neuromas (pinched nerves) that

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—Aron M. Green, M.D.

develop from improper footwear, (3) congenital abnormalities like flat feet and (4) general wear-and-tear problems such as tendonitis.

Surgery, of course, is always the last option. The first line of defense can be as simple as changing footwear—"Spiked stiletto heels are not the best choice, if you ask foot specialists," says Dr. Green—or using orthotic devices. Injections of anti-inflammatory medication, physical therapy and avoiding activities that may be causing the problem can also be effective treatments.

"But if conservative approaches fail, there are many surgical options available," says Dr. Markbreiter. "Advances in arthroscopic cameras and fiber-optic monitors now allow us to see inside these small joints with great ease. Recovery is more pleasant and rapid, and patients can return to normal activity much more quickly."



Aron M. Green, M.D.



Glenn Gabisan, M.D.



Lance A. Markbreiter, M.D.

Joint-replacement surgery for the foot and ankle has also improved in the past decade, says Dr. Markbreiter, who performed Monmouth's first ankle replacement in 1996. "There are now three different ankle replacement units approved in the U.S." But they haven't reached the point yet where they can be used in younger, active patients. "Replacement is usually done in an older population no longer involved in sports," he says. "It allows for pain-free walking, but it's still not right for the active person."

Still, younger people and athletes can take advantage of arthroscopy for many foot and ankle problems, says Dr. Gabisan. "We use it to remove scar tissue that impinges between the bones or loose cartilage that can cause pain or clicking, just as we do in the knee."

All these advances put foot and ankle care miles ahead of where it was a decade ago, all three surgeons say. But prevention remains the best medicine. Even Dr. Green knows that. His ankle sprain healed without surgery, but he's learned his lesson.

"No more running on trails for me," he says with a smile. "I'm sticking to flat roads." ■

Preventing and treating foot and ankle injuries



PREVENTION

- Wear the correct shoes for your particular activity, and lace them up completely.
- Make sure the shoe fits your foot shape: flat, arched, etc.
- Stretch your Achilles tendons before activity.
- Consider a prophylactic foot/ankle brace, available at most drug stores, before athletic activities.

TREATMENT

The most common injury is a foot or ankle sprain:

- "RICE": Rest, Ice, Compression, Elevation. Restrict your activity and get off your foot/ankle. Place a plastic bag of ice wrapped in a towel on the injured area in a 20-minute-on, 40-minute-off cycle. Lightly wrap an Ace bandage around the area, taking care not to pull it too tight. Elevate the foot/ankle higher than your waist to reduce swelling and pain.
- If you cannot bear weight or take more than a couple of steps the next day, or if a sprain has not improved after seven days, see a doctor.

Source: Monmouth Medical Center orthopedic specialists.

For more information on the treatment of foot and ankle problems at Monmouth Medical Center, please call 888-SBHS-123 (888-724-7123).



Battling breast cancer

CLOSE COORDINATION OF SERVICES IS VITAL IN IDENTIFYING AND TREATING THIS DISEASE

IF YOU'RE DIAGNOSED WITH BREAST CANCER, you want the finest medical services and the most tested expertise. You want the specialists who treat you to communicate with each other about what's best. Fortunately, that's the way it is at Monmouth Medical Center's Jacqueline M. Wilentz Comprehensive Breast Center.

The center is led by a breast surgeon and a radiologist, working together. Surgeon Debra Camal, M.D., is its new medical director, and Jorge G. Pardes, M.D., is the new director of breast imaging. Dr. Camal has been on staff at Monmouth since 1998, while Dr. Pardes arrived this January, but both agree that their close working relationship helps to make the center effective.

"We're on the same wavelength when it comes to what's necessary for patients with suspicious findings," says Dr. Pardes.

Agrees Dr. Camal: "In breast health, no one can act alone. I can't do my job without strong imaging sup-

port to do breast imaging evaluation and image-guided needle biopsies. It's better for the patient when we all communicate, and here at the center we consult often."

The breast radiology team also includes three new specially trained breast imagers: Yasmeen Shariff, M.D.; Cynthia Barone, M.D.; and Ilona Hertz, M.D. There are also two certified advanced breast health nurse practitioners, two radiation oncologists, six breast surgeons, four medical oncologists, a specialized breast pathology program, a certified genetic counselor and an advanced practice navigation team to help each patient through the sometimes confusing maze of treatment options.

"We also conduct a multidisciplinary tumor board weekly to discuss every case," says Shirley Hwang, administrative director of the Leon Hess Cancer Center. "Decisions are not made by a surgeon or oncologist alone. Doctors from all relevant disciplines see the case presented and we gather opinions, achieve consensus and send recommendations to the patient's referring physician."

The center is the only one of its kind in Monmouth and Ocean counties to receive accreditation from the National Accreditation Program for Breast Centers and to be certified by the National Quality Measures for Breast Centers, Hwang says. "Patients come here not just for screening or diagnostic work," she says. "We take them from these steps through treatment and into our long-term survivorship program, all under one roof."

As medical director, Dr. Camal hopes to make the center still more efficient. "We're working to minimize the time each step takes, from quicker registration to quicker turnaround for mammograms and needle biopsies to quicker appointments with a surgeon," she says. "I will do whatever I can to help the whole system work better right from the front door."

Her other goal is to spread the word about her center's capabilities. "I am from New York, but I believe we have all necessary breast-cancer services right here," she says. "Women shouldn't feel they have to go into the city if they are diagnosed with breast cancer. All the right people with the right skills are here to take care of you, now and for years to come." ■

To learn more or to schedule a mammogram at Monmouth Medical Center's Jacqueline M. Wilentz Comprehensive Breast Center, visit www.monmouthwilentzbreastcenter.com or call 732-923-7700.

Can lung cancer sometimes be detected early?

A NEW PROGRAM TRACKS GROWTHS IN THE LUNG FOR A GREATER CHANCE OF CURE

LUNG CANCER IS THE DEADLIEST OF diseases, killing more men and women in the United States than any other form of cancer. And unlike breast, colon or prostate cancers, it has no recommended screening test that can identify lesions early enough to improve survival and reduce mortality. Lung tumors sometimes show up on CT [computed tomography] scans that are taken for other reasons, but so do so many other irregularities that it isn't practical to screen everyone regularly for the disease.

There is, however, the next best thing: helping doctors keep close tabs on small lesions or nodules when they *are* identified by CT scans. These nodules are typically discovered as small shadows, 90 percent of which result from non-cancer-related causes such as infections, pneumonia, pulmonary abscesses, lung cysts or vascular abnormalities. To ease patients' anxiety about such incidental findings—and to treat potential lung cancers at an early stage—Monmouth Medical Center has just started a Lung Nodule Program to follow patients with these growths.

"We are the first hospital in New Jersey that has formalized a multidisciplinary program to follow up on patients who present with lung nodules," says Shirley Hwang, administrative director of the medical center's Leon Hess Cancer Center. "We follow the lung nodule guidelines of the American College of Radiology, and we've formalized and developed software to follow the patients, provide education and help them understand the importance of continued surveillance."

Launched in June, the program is under the medical direction of board-certified pulmonologist Douglas Livornese, M.D. Portia Lagmay-Fuentes, a nurse practitioner, helped develop the protocols and runs the day-to-day operations.

"When a patient is referred into the program, we



monitor him or her closely, making it our responsibility to track these nodules," says Lagmay-Fuentes. "And we keep the patient's primary care physician informed with updated reports and verbal communication." If necessary, follow-up CT scans are performed. Usually, close surveillance is required for up to two years.

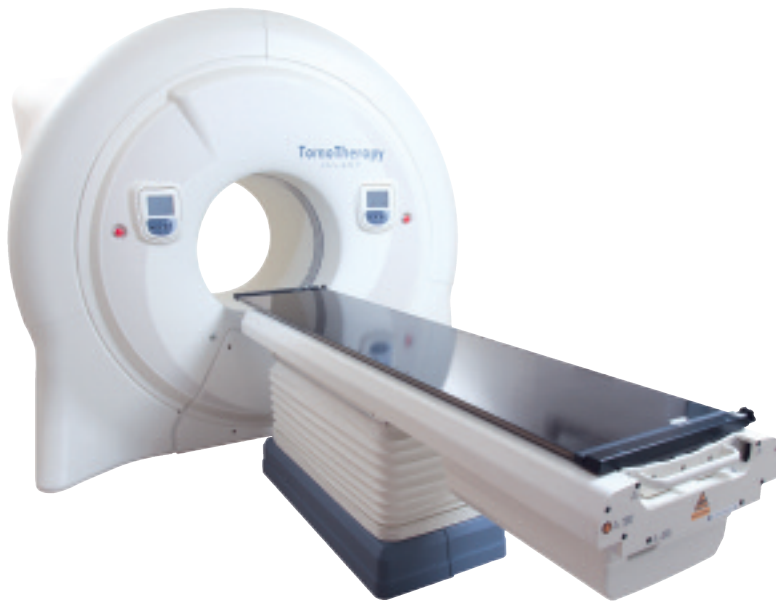
In some cases, based on the size of the nodule and the patient's medical history, a multidisciplinary team of radiologists, pulmonologists, thoracic surgeons and oncologists meets to decide what to do for a particular patient. "These meetings get all the important groups in one room to look at these unique cases," says Dr. Livornese. "It's like a think tank for making decisions on what's best for that patient."

None of this is drastically new, Lagmay-Fuentes says. What *is* new is the use of a systematic approach to closely monitoring patients and ordering follow-up CT scans as national guidelines suggest they're needed.

Says Hwang: "By providing individual clinical visits and follow-up surveillance CT scans, we avoid unnecessary CT exposure, eliminate unnecessary surgeries and identify lung-cancer lesions at an early stage for a greater chance of cure."

"We will be relentless in getting patients to follow up on these screenings," says Dr. Livornese. "Private practices aren't geared up to do that. We are." ■

For more information on the Lung Nodule Program at Monmouth Medical Center, please call 888-SBHS-123 (888-724-7123).



Teaching the world

MONMOUTH MEDICAL CENTER IS CHOSEN AS AN INTERNATIONAL TRAINING CENTER FOR A CUTTING-EDGE RADIATION TECHNIQUE

DOCTORS KNOW THEY'RE DOING WELL with a new technique when they're asked to teach it to other doctors. And that's the case on a very large scale with TomoTherapy, an advanced radiation system Monmouth Medical Center introduced to Monmouth and Ocean counties in April 2008. The hospital's Institute for Advanced Radiation Oncology quickly became so proficient with the technology that, just over a year later, the system's developer, TomoTherapy Inc., selected Monmouth to be its international training center.

Four times a year, Monmouth hosts a three-day program to teach up to five radiation oncologists



Mitchell Weiss, M.D.

“In the programs we’ve hosted so far, we’ve trained physicians from Turkey, Taiwan, Canada and across the U.S.”

how to use the system, says Mitchell Weiss, M.D., chair of the medical center's Institute for Advanced Radiation Oncology.

“For the two programs we've hosted so far, we have had a very diverse group,” says Dr. Weiss. “We've trained physicians from Turkey, Taiwan, Canada and across the U.S.”

What makes TomoTherapy special is that it combines a computed tomography (CT) scan with the radiation delivery unit. “This allows for image-guided radiation therapy,” Dr. Weiss says. “It lets us see the tumor site just seconds before we radiate it. That ensures that we are accurately targeting the tumor and can deliver the maximum amount of radiation to it while minimizing exposure to healthy surrounding tissue.” That's particularly useful in treating tumors in sensitive areas, such as the prostate, brain, head and neck, he says, but the system can be used on any form of cancer.

Such accurate targeting also allows radiation oncologists to repeat treatments in an area that has already been treated with radiation. “That was not an option in the past,” he says.

Monmouth was approached to become the training center after hosting a “users' symposium” in conjunction with the company in April 2009. “We had about 100 doctors and physicists attending that event,” Dr. Weiss says. “The company told us then they were looking to start an international training center.” They looked at three other sites as well, but chose Monmouth in the summer of 2009.

In addition, the Madison, Wisconsin-based firm tapped Dr. Weiss to be one of five doctors in the United States to sit on the North American TomoTherapy Steering Committee. That group is in charge of organizing the annual national meeting and setting its agenda.

Both of these designations are feathers in the cap of Monmouth's Institute for Advanced Radiation Oncology. “It's very unusual for a community-based program like ours to be chosen for things like this,” says Dr. Weiss. “They usually go to larger academic institutions. These honors demonstrate our continued excellence in the field.” ■

To find out more about TomoTherapy at Monmouth Medical Center, please call 888-SBHS-123 (888-724-7123).

Ultra-safe RADIATION

KNOW THE RISKS—AND BENEFITS—
OF THIS POWERFUL TOOL

RADIATION IS ONE OF MODERN MEDICINE'S wonders. Used as a diagnostic tool to identify or assess illness or as a therapy to destroy malignant cells, it helps save lives. But like most medical treatments, radiation has its dangers. If it isn't applied correctly, it can be harmful or even fatal, as a few deeply troubling media accounts in recent years have shown.

Fortunately, Monmouth Medical Center has a full-time radiation safety officer dedicated to making sure diagnostic procedures involving radiation are performed under conditions of optimal safety. He is Thomas Piccoli, chief imaging physicist.

The use of radiation is growing. The average lifetime dose of diagnostic radiation that Americans receive has increased sevenfold since 1980, the *New York Times* has reported. In the face of this trend, Piccoli says his job brings two mandates: "One, don't discourage the use of radiation if the benefit outweighs risk. And two, make sure the public and the physicians who order scans are knowledgeable about those benefits and risks."

He worries that patients with an understandable concern about radiation's possible misuse may decline procedures that are safe and would be helpful in their care. And he knows it can be a challenge to keep abreast of the rapidly changing technologies in radiology. "It's everyone's responsibility to understand the alternatives so that diagnostic procedures can be ordered that cause the least radiation exposure with the highest image quality," says Piccoli. For example, the information provided by a computed tomography (CT) scan of the lungs sometimes can be obtained just as well with a ventilation/perfusion lung scan—often called a "V/Q" scan—which creates an image of the circulation of both air and blood within a patient's lungs with about one-fifth as much radiation.

To educate both patients and doctors, Piccoli is creating informational brochures on radiology procedures and distributing them to physician offices throughout the region. He's also posting helpful information on the medical center's website.



"Our goal in the Radiology Department is to acquire the best image quality with the smallest radiation dose," Piccoli says. "Our full accreditation and 10 years of perfect state inspections suggest that we're achieving that goal." ■

How to get the safest scans

Four quick questions can help you make sure you're getting the safest possible diagnostic radiology procedure, says Thomas Piccoli, Monmouth Medical Center's chief imaging physicist and radiation safety officer:

ASK A DOCTOR WHO PRESCRIBES A SCAN:

- "Could a lower-dosage technology provide the same information as the imaging you suggest?" (If the physician isn't sure, ask him or her to consult a radiologist.)

ASK YOUR IMAGING FACILITY:

- "Is your equipment accredited through the American College of Radiology?" ("I wouldn't want any procedure done on equipment that isn't accredited," says Piccoli. You can also find a list of accredited facilities at the ACR website, www.acr.org.)
- "Is there a medical physicist on site or consulting?" ("If not, the machines may not have been checked for proper calibrations," says Piccoli.)
- "When did the state last inspect the facility?" ("Anything over a year is too long," says the physicist.)

To schedule an imaging exam at Monmouth Medical Center, please call 732-923-6800. To obtain more information, visit www.mmcradiology.com.



Intensive care for troubled minds

IN TREATING MENTAL ILLNESS,
A NEW PROGRAM FITS IN BETWEEN
HOSPITALIZATION AND WEEKLY THERAPY

THESE DAYS, IF YOU SUFFER FROM A SERIOUS mental or emotional illness, you're most likely either hospitalized or going to weekly sessions with a therapist or doctor. Common sense suggests that there's a level of need in between these two situations, and IOPs—intensive outpatient programs—have stepped in to fill it. This February, Monmouth Medical Center launched its own version, the Pavilion IOP, which provides 3½ hours of therapy three times a week to help patients get their bearings—in many cases making rehospitalization unnecessary.



Jorge Cagide

“Monmouth's program is for patients with mental illness who don't require hospitalization, but do need comprehensive care,” says Jorge Cagide, administrative director of Monmouth's Behavioral Health Service.



Stephen M. Theccanat, M.D

As Stephen Theccanat, M.D., chair of Monmouth's Department of Psychiatry, explains, today's health care cost pressures make IOPs a timely innovation. Insurers are shortening covered hospital stays, and many patients with mental or emotional illnesses find themselves released from the hospital still needing a high level of care. The once-a-week visits provided by traditional outpatient programs sometimes aren't enough for them as they struggle to find the right mix of medication and counseling support they need to function.

“In the past, patients would stay in the hospital 30 days or more,” says Dr. Theccanat. “Now it's just five to seven days. Then they find themselves waiting for outpatient care.” It's no surprise that many of them wind up back in the hospital a short time later. But the IOP helps make such rehospitalization unnecessary in many cases. That means it's good for patients and for society's bottom line.

The Pavilion IOP now serves about 30 eligible patients. It provides care for all types of mental illness, including major depression (that lasting longer than four weeks that is not related to a traumatic occurrence such as job loss or a spouse's death), bipolar illness, schizophrenia, anxiety and co-occurring substance use disorders.

A team consisting of a psychiatrist, a nurse, social workers and administrators provides support for the program, located in the Alexander Pavilion. “We offer an array of services, including individual, group and family therapy and medication reviews,” says Cagide. Therapy sessions cover mental health education, overall wellness and recovery, family issues, substance abuse and whatever else may be a contributor to the illness.

“It's like an acute cardiac rehab center, but for psychiatric patients,” says Dr. Theccanat, who does the initial evaluation of each patient, sets the course of treatment and meets with patients weekly to manage their medications. The short-term program lasts six to 10 weeks, and then the patients are referred to the Pollak Outpatient Clinic at Monmouth Medical Center or similar programs in the community. “We want people stable enough to prevent rehospitalization,” he says. “When they are better, they can move into a regular outpatient program.”

Dr. Theccanat hopes to add staff so that the program can eventually handle up to 50 patients. “I think it's already making a huge difference,” he says. “Our inpatient units are pleased to have a place to discharge patients safely. Patients are glad to be able to see doctors more often and be treated in a more acute manner. And the IOP also benefits our psychiatric screening service, providing a place to refer those who may not need to be hospitalized but do need a high level of care.” ■

For more information on the Pavilion Intensive Outpatient Program at Monmouth Medical Center, call 732-923-6749. Anyone may come in for a mental health assessment without a referral.

Helping patients comes first

FOR THIS MEDICAL "M & M," JOB SATISFACTIONS ARE MANY

CHARLES J. MATTINA, M.D.

CARDIOLOGIST

CHARLES J. MATTINA, M.D., ATTENDED New York University, where he received a Bachelor of Arts degree in chemistry, and then went on to receive a Doctor of Medicine degree at its School of Medicine. He completed his residency and fellowship at the Cornell Hospital System North Shore University Hospital—Memorial Sloan-Kettering Cancer Center. He is board certified in internal medicine and cardiovascular diseases, is certified in nuclear cardiology by the Certification Board of Nuclear Cardiology, and is a fellow of the American College of Cardiology.

Dr. Mattina joined the staff of Monmouth Medical Center in 1989, and is active in the teaching program for medical students and staff. He is a past recipient of the "Teacher of the Year Award," awarded by the medical staff. He is a partner with Monmouth Cardiology Associates, practicing invasive and noninvasive cardiology.



Now serving as medical director of Monmouth Medical Center's

Heart Failure Program, Dr. Mattina hopes to bring the wide range of services and expertise that Monmouth Medical Center has to offer to patients in need.

"Treating heart failure effectively takes a great deal of time and effort," he says, "and this program is designed to supplement the care of the patient's primary physician through a multi-disciplinary approach, including at-home nursing care. Among our goals are to make the patients feel better and help them have a better quality of life."

MARTIN P. MICHALEWSKI, M.D.

UROGYNECOLOGIST

MARTIN P. MICHALEWSKI, M.D., A UROGYNECOLOGIST, recently joined Monmouth Medical Center after relocating from South Florida to the Jersey Shore. He has an impressive list of credentials in his work with robotic and minimally invasive laparoscopic surgery. He helped pioneer many urogynecological laparoscopic procedures, which have improved the quality of life for many women.

Further, Dr. Michalewski received the achievement award by the Society of Laparoscopic Surgeons distinguishing him as a top laparoscopic surgeon. He serves as proctor, consultant and lecturer for major surgical companies, teaching other surgeons minimally invasive surgical techniques.

Dr. Michalewski graduated from Medical University of Gdansk, Poland, where he also trained and worked as attending urogynecologist. Following his early-1990s arrival in the U.S., Dr. Michalewski studied, trained and worked at Long Island University, Brooklyn Campus, New York State Institute for Basic Research on Staten Island; he continued his training at Saint Vincent Medical Center,



Staten Island, and New York Flushing Hospital Medical Center, Queens. For the past several years he served as director of urogynecology and reconstructive pelvic surgery for South Florida Women's Health Associates.

"The field of urogynecology and minimally invasive gynecologic surgery really evolved in the early 2000s," he says. "In the past, women were expected to live with these problems. But now women live longer and are more active, and they deserve to maintain a high quality of life."

Dr. Michalewski lives in Monmouth with his wife and 4-year-old son. He enjoys sports and reading, but mostly playing with his son. ■

What's HAPPENING at Monmouth Medical Center

CHILDBIRTH PREPARATION/PARENTING

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

- **One-Day Preparation for Childbirth** Childbirth June 13, July 18, August 15, 9 a.m.–4:30 p.m. \$179/couple (includes breakfast and lunch).
- **Two-Day Preparation for Childbirth** (two-session program) July 10 and 17, August 7 and 14, September 11 and 18, 9 a.m.–1 p.m. \$150/couple (includes continental breakfast).
- **Preparation for Childbirth** (five-session program) June 29, July 6, 13, 20 and 27; August 10, 17, 24, 31 and September 7; 7:30–9:30 p.m. \$125/couple.
- **Two-Day Marvelous Multiples** August 1 and 8, 9 a.m.–1 p.m. For those expecting twins, triplets or more. \$150/couple (includes continental breakfast).
- **Eisenberg Family Center Tours** June 27, July 11 and 25, August 8 and 22, 1:30 p.m. Free. (No children under 14 years old.)
- **Baby Fair** June 10, 7–9 p.m. Free. For parents-to-be and those considering starting a family, featuring Eisenberg Family Center tours, refreshments, gifts. To register, call 1-888-SBHS-123, then choose prompt #4. (No children under 14 years old.)
- **Make Room for Baby** June 19, July 24, August 21, 10–11 a.m. For siblings ages 3 to 5. \$40/family.
- **Becoming a Big Brother/Big Sister** July 31, 10–11:30 a.m. For siblings age 6 and older. \$40/family.
- **Childbirth Update/VBAC** July 7, 7:30–9:30 p.m. Refresher program including information on vaginal birth after cesarean. \$40/couple.
- **Baby Care Basics** (two-session program) June 19 and 26, 12–2 p.m., July 8 and 15, 7:30–9:30 p.m. \$80/couple.
- **Breastfeeding** August 5, 7–9:30 p.m. \$50/couple.
- **Cesarean Birth Education** June 16, August 18, 7:30–9:30 p.m. \$40/couple.
- **Grandparents Program** July 12, 7–9 p.m. \$30/person, \$40/couple.
- **Parenting Young Children Through S.T.E.P.** (five-session program) September 22, 29, October 6, 13 and 20, 7–9 p.m. Systematic Training for Effective Parenting from infancy to age 6. \$75/person or \$100/couple.
- **The Happiest Baby on the Block** June 17, September 2, 7:30–9:30 p.m., \$40/couple (includes DVD and *Soothing Sounds* CD, a \$40 retail value). Learn an extraordinary approach to keeping your baby happy based on Dr. Harvey Karp's best-selling book.
- **Adoptive Parenting** Private, two-session programs conveniently scheduled to accommodate your needs. \$150/couple.
- **Gestational Diabetes Education Program** One-session class for women who develop gestational diabetes during pregnancy. Convenient appointments available; call the Center for Diabetes Education at 732-923-5025. Fee required.

JUST FOR KIDS

- **Safe Sitter** (one-session program) June 19, July 24, August 21, 9 a.m.–4 p.m. For 11- to 13-year-olds on responsible, creative and attentive babysitting. Monmouth Medical Center. Call 1-888-SBHS-123, then choose prompt #4. \$50/person. (Bring snack and bag lunch.)

GENERAL HEALTH

- **The Many Benefits of Vitamin D** June 14, 7–8:30 p.m. At Tatum Park Activity Center, Red Hill Road, Middletown. To register, call 732-842-4000, ext. 1. Fee required.
- **Diet and Weight Loss** June 24, 6:30–7:30 p.m. At Bradley Beach Public Library, 511 Fourth Avenue. To register, call 732-776-2995.
- **CPR for Family and Friends** July 10, 9 a.m.–1 p.m. Babysitters, parents and grandparents are encouraged to attend. At Monmouth Medical Center, 300 Second Avenue, Long Branch. To register, call 732-923-6990. \$40/person.
- **Learning to Say "No"** July 12, 7–8:30 p.m. At Tatum Park Activity Center, Red Hill Road, Middletown. To register, call 732-842-4000, ext. 1. Fee required.
- **Simple Stress Management Techniques** August 16, 7–8:30 p.m. At Tatum Park Activity Center, Red Hill Road, Middletown. To register, call 732-842-4000, ext. 1. Fee required.
- **Diabetes Self-Management Series** Four sessions focused on diet, nutrition, glucose monitoring, medications, meal plans, prevention/treatment of complications, dining out and exercise. For information, call the Center for Diabetes Education at 732-923-5025. Fee required.

SENIOR HEALTH

- **Fibromyalgia and Alternative Medicine: New Perspectives on Different Treatments** June 16, 1 p.m. Presented by Arthur Brawer, M.D., rheumatology, Monmouth Medical Center, SCAN.* Free.
- **Reduce Your Diabetes Risk** June 23, 1 p.m. Presented by Autumn Dempsey, RN, CDE, Center for Diabetes Education, Monmouth Medical Center, SCAN.* Free.
- **Treatment Options to Control Incontinence** June 24, 11–11:45 a.m. Presented by Ilan Waldman, M.D., urology. At Howell Senior Center (age 60 and over). Registration required; call 732-938-4500, ext. 2554. Free.
- **Skin Cancer Awareness** July 14, 1 p.m. Presented by Barry Weiner, M.D., dermatology, SCAN.* Free.
- **The Nuts and Bolts of Advanced Directives and Powers of Attorney** July 22, 11–11:45 a.m. At Howell Senior Center (age 60 and over). Registration required; call 732-938-4500, ext. 2554. Free.
- **Over-the-Counter Pain Relievers** July 28, 1 p.m., SCAN.* Free.
- **Anxiety Disorders** August 4, 1 p.m., SCAN.* Free.
- **Surgical Options to Treat GERD** September 1, 1 p.m. Presented by Steven J. Binenbaum, M.D., general surgery, SCAN.* Free.

*SCAN Learning Center (age 50 and over) is located at Monmouth Mall. To register, call 732-542-1326.