

# healthy *together*

**HEALTH TESTS  
FOR EVERY BODY**

**A NEW LIFE  
AFTER WEIGHT LOSS**

**SIMPLE TIPS FOR  
A SAFE SUMMER**

**TRANSPLANTS  
THAT  
TRANSFORM  
LIVES**



# Stronger Every Day

COVID-19 brought with it a prolonged period of uncertainty and fear, as well as the continual need to find new ways to cope.

These days, however, we're experiencing another, more welcome, feeling: optimism.

Thanks to the effectiveness of the COVID-19 vaccines and the massive effort we and others have made to administer them, we're seeing real progress in containing the pandemic.

At RWJBH, we always strive to be proactive, positive and energetic in our response to issues and events. We acknowledge that disparities in healthcare for Black and brown communities exist, and we're making every possible effort to address this issue throughout our entire organization. We've developed a far-reaching initiative, Ending Racism Together, to ensure that our organization is anti-racist in everything we do.

Community Medical Center has taken steps to ensure members of the Black and brown communities have fair and equitable access to the COVID-19 vaccine and education about vaccinations. Community Medical Center physicians and leaders have participated in webinars and discussions to help dispel rumors and answer questions about vaccinations. Additionally, we have partnered with local groups to ensure all who are interested are able to successfully register and receive the vaccine. As we move forward, we will continue to have conversations with our staff and the communities we serve to identify opportunities where we can learn, and grow, together.

In the end, it's the resilience and strength of our healthcare providers, staff and patients that continues to inspire us. If you've been avoiding medical appointments or treatments because of the pandemic, please don't put off getting care any longer. We're here to help you stay healthy for all the good days to come.

Yours in good health,

**BARRY H. OSTROWSKY**  
PRESIDENT AND CHIEF EXECUTIVE OFFICER  
RWJBARNABAS HEALTH



**PATRICK AHEARN**  
CHIEF EXECUTIVE OFFICER  
COMMUNITY MEDICAL CENTER



## CMC EARNS "A" FOR SAFETY

Community Medical Center (CMC) earned an "A" from The Leapfrog Group for hospital safety, a national distinction recognizing CMC's achievements protecting patients from errors, injuries, accidents and infections. The Leapfrog Group is an independent national watchdog organization committed to healthcare quality and safety and reviews data to assign grades to more than 2,700 U.S. acute-care hospitals.

## CELEBRATING 5 YEARS AS RWJBARNABAS HEALTH

CMC and the RWJBarnabas Health system marked their five-year anniversary as the most comprehensive healthcare system in New Jersey. Together, the system has found new and innovative ways to care for the health and wellness of communities throughout New Jersey. While focusing on the quality of care received today, CMC is looking to the future. CMC will welcome the first members of the new Residency Program in July 2021, marking CMC's transformation into a teaching hospital, partnering CMC experts with the physicians of tomorrow.

## EPILEPSY CENTER RECEIVES EPILEPSY CENTER REACCREDITATION

CMC received Level 3 reaccreditation from the National Association of Epilepsy Centers for the fifth time. Level 3 accreditation indicates the hospital's ability to provide medical, neuropsychological and psychosocial services needed to treat patients with refractory epilepsy. The Jay and Linda Grunin Neuroscience Institute at Community Medical Center remains the only program in Ocean County to achieve this important accreditation.

## CMC HOLDS COVID-19 VACCINE CLINIC FOR TOMS RIVER TEACHERS

CMC partnered with the Toms River Regional School District to help vaccinate local teachers and school staff at a special clinic. Vaccinating school employees is an important step for the health and wellness of the local community, helping schools to safely reopen.

**Community Medical Center** | **RWJBarnabas HEALTH**

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### CONNECT WITH US ON

- @CommunityMedical
- RWJBarnabas Health
- @CommunityMedNJ

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All images in this issue are in compliance with COVID-19 safety protocols; some images included may predate the pandemic.

A man with a beard and a black kippah stands in a car repair shop. He is wearing a light blue, long-sleeved, button-down shirt with a pocket, dark trousers, and brown leather shoes. He has his hands in his pockets and is smiling at the camera. The background shows a car on a lift and various tools and equipment in a workshop.

# PUSHING TO LOSE

**A WIFE'S NUDGE LEADS ONE  
MAN TO WEIGHT LOSS SURGERY  
AND A NEW LEASE ON LIFE.**

Ken Lutin has a renewed appreciation for the gift of life after undergoing weight loss surgery at the Center for Bariatrics at Community Medical Center.

If not for his wife, Ken Lutin might still be tipping the scales at 371 pounds. Now 153 pounds lighter after surgery at the Center for Bariatrics at Community Medical Center (CMC) last September, the Lakewood resident is enjoying his life more than ever.

“My wife, Rose, did the research without my knowing and she picked the right group and the right surgeon, Dr. Michael Jaronczyk,” says Ken, 39, a self-described “gearhead” who manages a busy body shop. “She was the catalyst behind getting me to do this and to be able to see tomorrow.”

Ken’s weight struggles started long before he reached the operating room. He had a fast metabolism until his early 20s, when the number on the scale began to rise. “Whatever I wanted, I had,” he says. “I didn’t have any structure in place for meals.”

Ken grew concerned as the weight accumulated. In 2011, after he had reached 338 pounds, he underwent lap band surgery in New York City. The procedure involves placing an adjustable belt around the upper part of the stomach to restrict the size of the stomach and the amount of food it can hold. Ken started working out in the gym at the same time. Over the next year, he lost 110 pounds.

But Ken grappled with discomfort and reflux with the band in place. “While it physically restricts the amount of food, it didn’t restrict it in a comfortable manner for me,” he says. “And I couldn’t eat healthy with it. For example, I couldn’t get salad down.” Eventually he had the band removed.



MICHAEL JARONCZYK, MD

The pounds Ken had shed returned and his size became an increasing source of frustration and shame. “I did whatever I could not to be in any type of picture,”

he says. “Because if I found myself in a picture, it made me get a little emotional to see just how far I had let myself go.” When he was with others in public, he made jokes about his weight to deflect from his pain.

### A CHANCE FOR CHANGE

The turning point came in March 2020, when Rose learned about the CMC Center and arranged a consultation for him. Once again, he was scheduled for bariatric surgery and would need to start a pre-op diet similar to the one he would be on after surgery.

“But I really wasn’t sure yet,” Ken admits. “I couldn’t wrap my head around the fact that a guy my size and height was only going to be able to eat two to four ounces at meals.”

In July, Ken finally committed to the program. “One of the reasons I decided to do this is because I realized that life is really a gift from God,” he says. “And I really wasn’t treating that gift as well as I could.” Ken lost approximately 30 pounds in the three months before surgery.

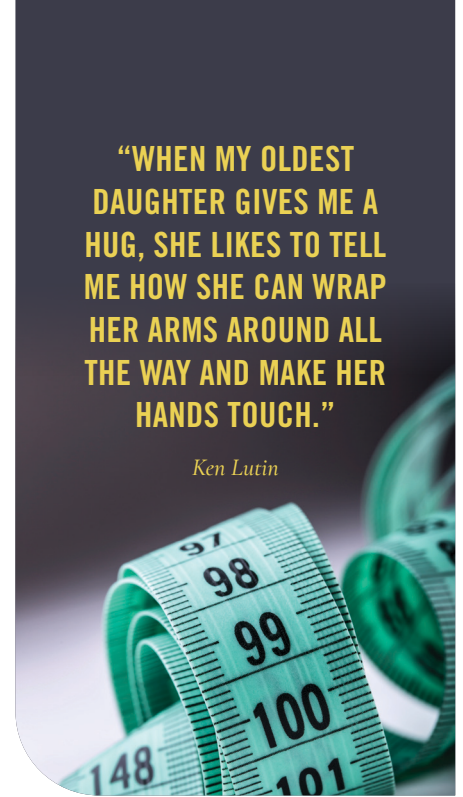
That allowed time for Ken to learn about his health risks, benefits from surgery and diet and fitness requirements from the Center’s multidisciplinary team. Surgeons, nurses, dietitians and psychologists all work with patients before and after surgery to achieve success.

In September, Ken was wheeled into the operating room for the procedure, a laparoscopic sleeve gastrectomy, which involves removing a large portion of the outer stomach and reducing it to a narrow sleeve about the size and shape of a banana.

“We put a tube through the mouth and into the stomach. Then we apply a special instrument on the stomach next to the tube and use it like a guide rail,” says Dr. Jaronczyk, who specializes in advanced laparoscopic procedures. “We use a special stapler that seals and cuts the stomach.” The surgery not only restricts the amount of food

**“WHEN MY OLDEST DAUGHTER GIVES ME A HUG, SHE LIKES TO TELL ME HOW SHE CAN WRAP HER ARMS AROUND ALL THE WAY AND MAKE HER HANDS TOUCH.”**

*Ken Lutin*



that patients eat, but also reduces the secretion of hormones that cause people to feel hungry.

### SUSTAINABLE WEIGHT LOSS

As the months have rolled by since his surgery, Ken’s weight loss has continued with careful meal planning and exercise, especially walking. “It takes work and discipline,” he says, “but surgery really helped me make it stick.”

“Ken was one of our all-star patients,” says Dr. Jaronczyk. “He took the bull by the horns and had a very good attitude and outlook from the get-go. He has really done a very good job.”

Ken is happier and has more energy for things like spending time with the couple’s four children, ages 6 to 12. “They’re very happy for me,” he says. “When my oldest daughter gives me a hug, she likes to tell me how she can wrap her arms around all the way and make her hands touch.”

Ken credits the Center, his wide support system and mental strategies for keeping him on track. “A healthy lifestyle is a marathon, not a sprint,” he says.

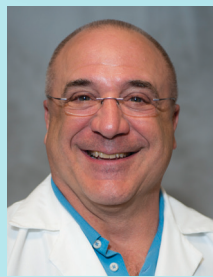
To learn more about weight loss and the Center for Bariatrics at Community Medical Center, call **732.557.8966** or visit **[www.rwjbh.org/cmcweightloss](http://www.rwjbh.org/cmcweightloss)**.



# HEALTH TESTS FOR EVERY BODY

HAVE YOU DELAYED CHECKUPS DUE TO COVID-19? TIME TO CATCH UP.

Vaccination against COVID-19 is becoming more widespread, and prevention of the disease is better understood than ever. But



JOSEPH ALBANESE, MD

preventing other types of diseases may have fallen by the wayside during the pandemic. “Many people have neglected to get appropriate screenings due to

fear of contracting COVID-19,” says nephrologist Joseph Albanese, MD, Medical Staff President at Community Medical Center (CMC). “As a result, we’re seeing illnesses later in the course of diseases than we should, which makes it harder to treat patients.”

Healthcare facilities have implemented measures to protect patients and are safe for screening tests and exams, Dr. Albanese emphasizes. If you’ve delayed routine screenings, now is the time to ask your doctor about tests like these.

To schedule a health screening or physician appointment at Community Medical Center, please call **888.724.7123** or visit [www.rwjbh.org/community](http://www.rwjbh.org/community).



TYPE OF TEST	SCREENING TYPE	WHEN TO GET IT	SPECIAL CONSIDERATIONS
<b>BLOOD PRESSURE</b>	A healthcare professional places a cuff called a sphygmomanometer around your upper arm, inflates it to compress an artery, then slowly releases it while monitoring your pulse.	At least once a year after 40, but more often if your reading is higher than 120/80 or you have other risk factors such as being overweight or African American.	High blood pressure—a measurement of the force that blood exerts on arteries as your heart pumps—triggers no symptoms but greatly increases your risk of heart disease.
<b>LIPID PROFILE</b>	A blood test checks circulating levels of fatty substances such as cholesterol (total, LDL and HDL) and triglycerides.	Every four to six years; more often if your numbers are worrisome or you have other risk factors like a family history of heart disease.	High levels of LDL cholesterol and triglycerides boost your risk of heart disease, while HDL is protective.
<b>BLOOD GLUCOSE (SUGAR)</b>	A variety of blood tests assess glucose levels; some require fasting. Your doctor can advise on which is most appropriate.	Routinely starting at 45; potentially earlier if you have risk factors like obesity, high blood pressure or high cholesterol.	Blood sugar levels reflect the presence or risk of diabetes, which can increase risk of heart disease, but elevated levels caught early can be reversed.
<b>BONE MASS</b>	Usually a dual-energy X-ray absorptiometry (DXA) scan, a type of low-dose X-ray. Low bone mass can indicate weak bones and risk of osteoporosis.	Screening is recommended for women 65 and older and women 50 to 64 who have risk factors including a parent who has broken a hip.	Osteoporosis is much more common in women. Exercise, a healthy diet and medications can reduce risks.
<b>SEXUALLY TRANSMITTED DISEASES (STDs)</b>	Specific tests target a wide range of STDs, including HIV/AIDS, gonorrhea, chlamydia and syphilis. Vaccines against human papilloma virus (HPV) are recommended starting as early as 9; consult a doctor over age 26.	Tests for many STDs are recommended at least annually for anyone who is sexually active. Your doctor can advise based on your sexual habits and history.	It's important to share STD test results with partners. The most reliable way to decrease risks is to reduce the number of sex partners such as in a mutually monogamous relationship.
<b>BREAST CANCER</b>	Mammogram.	Women ages 40 to 45 have the choice to start annual screenings; women age 45 to 54 should have mammograms every year; women 55 and older can switch to every other year.	Women at high risk should have a mammogram every year beginning at age 30. This includes women who have a specific gene mutation (BRCA1 or BRCA2) or who have had radiation to the chest between ages 13 and 30.
<b>CERVICAL CANCER</b>	For women, a Pap test every three years and/or an HPV test every five years.	Regular screening for women between ages 25 and 65.	Both males and females can get HPV-related cancers. The HPV vaccine, recommended for children between the ages of 9 and 12 and children and young adults age 13 through 16, can prevent HPV infection.
<b>COLORECTAL CANCER</b>	Stool-based test or visual exam.	For people of average risk, regular screening at age 45 through 75; after that, discuss with your doctor.	People at increased risk may need earlier screenings: those with a personal or family history of colorectal cancer, or a personal history of radiation to the abdomen or pelvic area.
<b>LUNG CANCER</b>	Low-dose CT scan (LDCT).	For people ages 50 to 80 who currently smoke or have quit in the past 15 years; and who have at least a 20 pack-year smoking history.	Research has shown that LDCT scans for people at higher risk of lung cancer save more lives than X-ray screenings.
<b>PROSTATE CANCER</b>	A prostate-specific (PSA) blood test and/or a digital rectal exam.	Discuss with healthcare provider at age 50.	If you are African American or have a family history of prostate cancer, have the discussion starting at age 45.

Sources: U.S. Department of Health and Human Services; American Cancer Society; U.S. Preventive Services Task Force

# ENJOY SUMMER SAFELY

**SIMPLE POINTERS CAN KEEP SEASONAL HAZARDS AT BAY.**

**A**h, summer. Temperatures are warm, air is soft, water is inviting—and injuries are typically up. “I expect this summer will be especially busy for emergencies because people have been quarantined due to the pandemic,” says William Dalsey, MD, Chairman, Emergency Department, at Community Medical Center. “Everybody has been looking forward to getting out—but they need to take care of themselves.”

Dr. Dalsey explains how following sensible practices can keep you safe during the summer season:

## **What are your biggest summer concerns?**

Too much sun exposure, inadequate hydration and—especially for areas near the Shore—water hazards probably top the list. But the Emergency Department also sees people due to accidents, falls, trauma and a range of other injuries like getting snagged with fishhooks.

## **How can people enjoy the sun safely?**

Try to avoid excessive sun exposure, which can quickly cause sunburn of varying severity, especially among the very young and very old. Risk depends somewhat on day and time, but if you’re planning to be outdoors, wear sunblock and dress appropriately to cover your skin.

Just as important, drink plenty of water or electrolyte solutions like sports drinks, avoid prolonged periods outdoors in high heat and make sure indoor settings have good ventilation or air

conditioning. Otherwise, people can have a hard time regulating body temperature, which can lead to heat-related illnesses such as heatstroke.

## **What are warning signs of heat-related illness?**

There’s a continuum of symptoms. People often first experience headache and nausea. With heatstroke, people can become combative and confused. In the most extreme cases, organs can fail and people have even died.

## **How can people minimize water risks?**

It’s best to swim at lifeguarded beaches and pools so if you have a problem, someone is there to help. If you swim unguarded, enlist a buddy who can watch over and aid you if needed. If you get

caught in a rip current or tide, don’t swim against the current but swim at an angle so you’re not fighting and getting tired.

If you have an allergic reaction to a jellyfish sting, especially if you have difficulty breathing or your tongue or face swells, come to the Emergency Department. Wash the stinger out with salt water, which won’t trigger poison release as fresh water or other liquids can.

## **What dangers do people often not think about?**

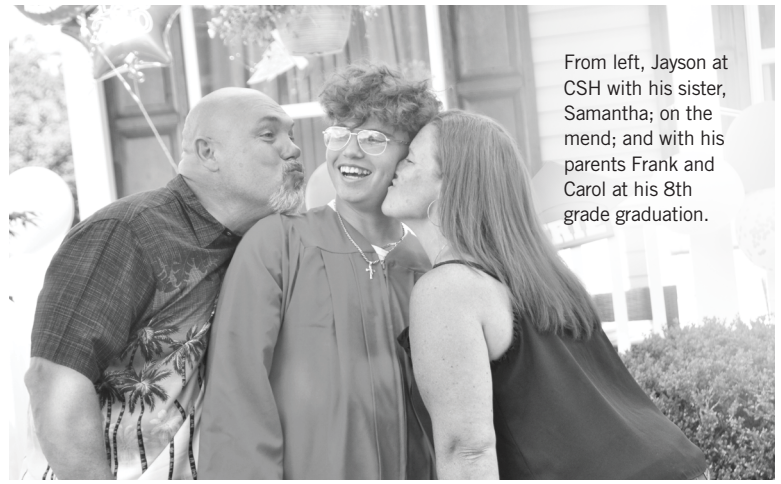
Don’t drink alcohol while operating any machine—including a boat. Wear insect repellent, socks and trousers in woody or grassy areas to avoid tick-borne diseases. And avoid food poisoning by keeping food in coolers until you’re ready to eat, then putting leftovers away immediately.



William Dalsey, MD, expects increased summer emergencies, but many can be avoided.

To learn more about CMC’s emergency services, call **732.557.8080** or visit [www.rwjbh.org/community](http://www.rwjbh.org/community).





From left, Jayson at CSH with his sister, Samantha; on the mend; and with his parents Frank and Carol at his 8th grade graduation.

# 'FOCUS ON THE GOOD'

## A DETERMINED YOUNG ATHLETE BATTLES BACK FROM PARTIAL PARALYSIS.

In May 2019, Carol Backle of Toms River noticed drooping on the left side of her son Jayson's face. After evaluation by a doctor, the athletic, high-energy 13-year-old was diagnosed with Bell's palsy, a weakness in facial muscles that's usually temporary.

One day, however, Jayson experienced sudden weakness in his left leg and hand. At the local emergency department, tests revealed the reason: a tumor in his brain that was causing hemiparesis, a partial paralysis on the left side of his body. In July, Jayson had surgery to remove the tumor.

The family's insurance carrier, unsure of how significant the teen's recovery would be, strongly recommended that he be admitted to a long-term care facility. "I was not OK with that," Carol says. She immediately began to research other options and soon decided that an inpatient rehabilitation program at Children's Specialized Hospital (CSH) in New



**Children's Specialized Hospital®**

An RWJBarnabas Health facility

Brunswick offered the type of care Jayson would need.

### UP FOR THE TASK

"Hemiparesis can be very frustrating, especially for someone of Jayson's age and high activity level," says Zack Gubitosi, DPT, CSCS, a pediatric physical therapist at CSH. "I could tell this was a scary experience for him and his family, and I wanted them to be as comfortable as possible from day one."

Gubitosi incorporated elements of the sports and games Jayson loves into their sessions. "He would have me balance on one leg while we played Uno. We would play catch," says Jayson. "It was awesome!"

"Jayson was always so motivated to get better," Gubitosi says. "There were understandably some difficult days, and those were the days I would challenge him to fight harder. He was always up

for the task."

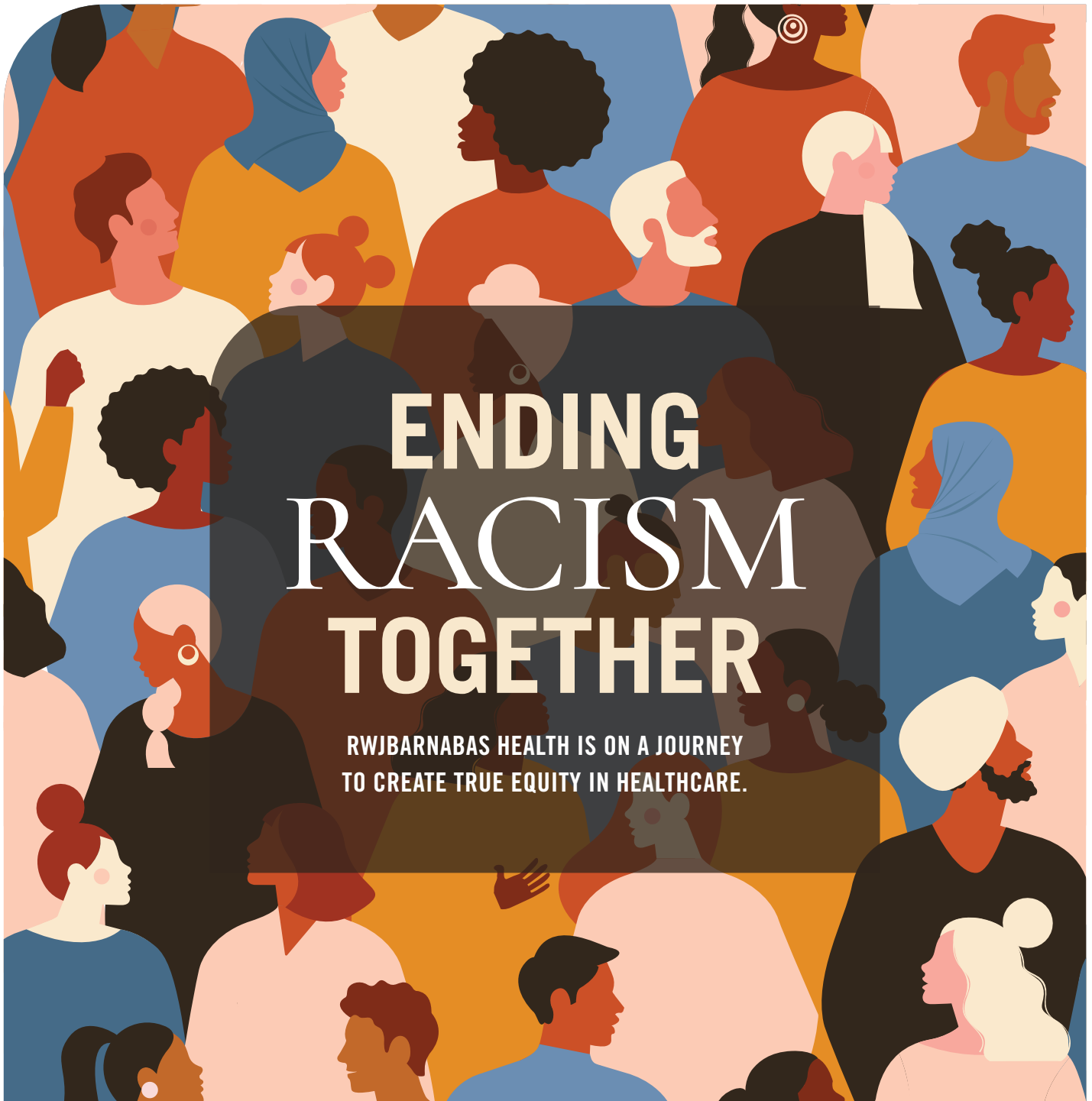
After seven weeks of inpatient care, Jayson was able to go home. He continues to receive occupational therapy as an outpatient at the CSH Toms River location, working on fine motor skills. He's able to enjoy his former activities, such as going to the gym, playing video games and hanging out with friends. He's also involved in the Youth Advisory Council at CSH, which meets once a month to discuss ways to create the best possible experience for patients.

"We're just so grateful for the care that Jayson was given," Carol says. "We know this whole experience could have been so much worse if we had not chosen to go where we did."

With the wisdom of experience, Jayson offers advice for anyone who is on their own recovery path. "Don't dwell on any of your bad thoughts," he says. "Think about all the good that is happening, even the littlest progression in recovery. Focus on that!"

For more information about Children's Specialized Hospital, call **888.244.5373** or visit **[www.rwjbh.org/childrensspecialized](http://www.rwjbh.org/childrensspecialized)**.

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. We treat everything from chronic illnesses and complex physical disabilities, like brain and spinal cord injuries, to a full scope of developmental, behavioral and mental health concerns. We have convenient locations throughout the state: Bayonne, Clifton, East Brunswick, Egg Harbor Township, Hamilton, Jersey City, Mountainside, New Brunswick, Newark, Somerset, Toms River and Warren.



# ENDING RACISM TOGETHER

RWJBARNABAS HEALTH IS ON A JOURNEY  
TO CREATE TRUE EQUITY IN HEALTHCARE.

**R**WJBarnabas Health (RWJBH), the largest academic healthcare system in New Jersey, is addressing equity and systemic racism and promoting an anti-racist culture throughout the organization and the communities it serves.

Here, Barry Ostrowsky, President and Chief Executive Officer of RWJBH, and DeAnna Minus-Vincent, Chief Social Integration and Health Equity Strategist, explain what the system's Ending Racism Together initiative entails.

**Racism has been described as a public health crisis. What does that mean?**

**[BARRY OSTROWSKY]** We start with the proposition that there is structural racism in our society. The data show that whether you're talking about food insecurity, housing, education, employment or financial and economic development, the majority of people who aren't doing well are people of color, particularly Black people. When it comes

to healthcare, disparities of outcome for people of color, and particularly Black people, are deeply harmful. That is not a political statement. It is a data-driven statement.

**[DEANNA MINUS-VINCENT]**

Research shows that 80 to 90 percent of health outcomes are a result of social determinants of health—the conditions in which a person lives, works and plays. That's important, because race itself has

been found to be a social determinant. When we look at the data, even when all other things are equal, people of color, in particular Black people, still have poor health outcomes.

### What are some examples of how racism plays out in healthcare?

[DEANNA MINUS-VINCENT]

Statistics show that even Black women with more education and more income tend to lose their babies more often than white women who have less income and less education. This is due to the chronic stressors of being Black in America and what chronic stress does to our bodies. It creates a fight-or-flight syndrome at all times. Therefore, we're more susceptible to losing our babies and to chronic diseases.

Countless research studies show that pain levels expressed by Black people are not believed, and so prescription pain medicines are not given in the same amount. Even Black children with fractures aren't given the same level of medication as white children. When a Black person goes into an emergency department, people assume we are substance abusers. I remember going to an ED with an asthma attack and the nurse saying, "Do you have any clean veins?" I work in healthcare and so I was able to navigate the system and march upstairs and talk to the CEO. But I shouldn't have to do that, and neither should anyone else.

### What is the role of a healthcare system in combating racism?

[BARRY OSTROWSKY] We realize that when we construct healthcare delivery mechanisms, we have to consider the ability of everybody to access them. It's not equitable to simply say, "Anyone can walk into our clinic between the hours of 9 a.m. and 4 p.m." Many people, particularly Black people in urban communities, can't take time off for a healthcare visit during those hours.



BARRY OSTROWSKY



DEANNA MINUS-VINCENT

From an operational standpoint, we're reviewing key policies and procedures such as the refusal of care policy. We've conducted Listening Tours to afford employees at all levels of the organization the opportunity to provide input, and we held focus groups in April and May so that employees could have a say in the strategic planning process.

[DEANNA MINUS-VINCENT] We hold monthly educational sessions for employees, called "Equitable Encounters: Real Talk About Race," where issues of racism are discussed. Training is forthcoming for all employees.

We're also thinking about how to serve people in the way they want to be served. For example, historically, if someone has a need, we send an outreach worker to their house. But if you work two jobs and only have a few hours with your kids, maybe you don't want outreach workers coming to the house. Maybe you'd prefer email or phone-based support. If you do need an outreach worker for complex problems, how do we coordinate services with our community partners so you can have just one outreach worker, instead of several?

### In addition to the practices you mention, how will a patient at an RWJBH facility become aware of the anti-racism initiative?

[BARRY OSTROWSKY] When patients come to our facilities, they'll see posters and messages on video screens, and will experience an environment of respect. When we admit patients, we'll make the point that we're an anti-racist organization and if they have any experience that's inconsistent with that, please tell us.

The journey to end racism requires everybody's effort and commitment. We know that we can't send out a memo saying, "We're anti-racist, and by the end of the year there'll be no racism." We invite patients and all our employees to speak up and engage as we make more progress toward becoming an anti-racist organization.

## WHAT IS A MICROAGGRESSION?

*As part of Ending Racism Together, RWJBarnabas Health conducts regular trainings and other educational events for its employees. A recent session focused on the topic of microaggressions.*

### What is a microaggression?

Microaggressions are the everyday verbal and nonverbal slights and indignities that members of marginalized groups experience in their day-to-day interactions. Often, individuals who engage in microaggressions are unaware that they have said something offensive or demeaning. The accumulated experience of receiving microaggressions can lead to depression, anxiety and effects on physical health.

### What are some examples?

Mispronouncing a person's name even after he or she has corrected you. Asking an Asian American where she's "really" from. Clutching your purse or wallet when a Black or Latino man approaches. Assuming a person of color is a service worker.

### How can a person avoid committing a microaggression?

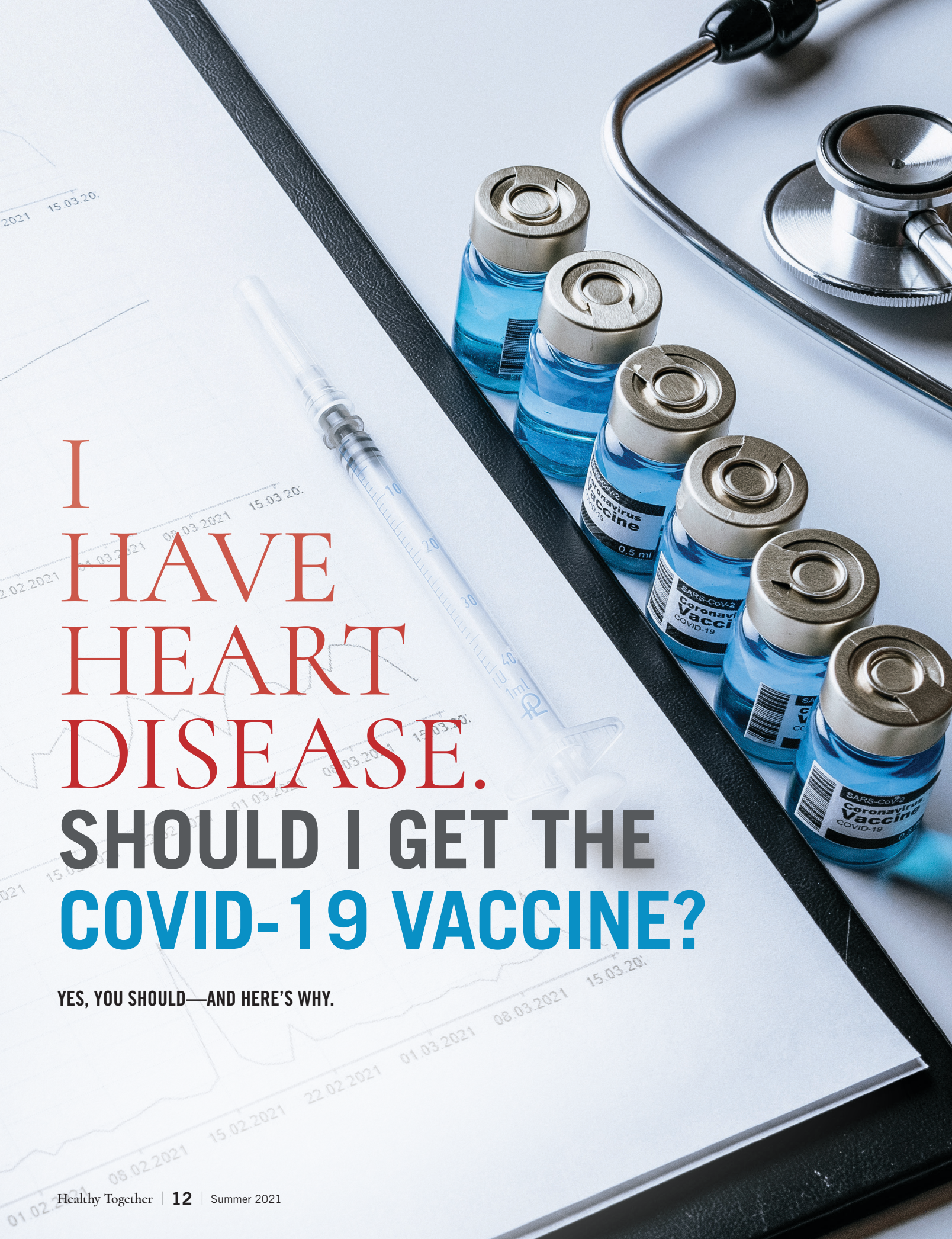
Think before you speak. Reflect on whether your brain is "stuck" on the racial or other differences between you and another person. If confronted on a microaggression, try not to be defensive and to understand the other person's point of view.

## REFUSAL OF CARE POLICY

RWJBarnabas Health will not accommodate requests for or refusal by a patient for the services of RWJBH workforce members based on a personal characteristic, such as race or ethnicity, except in the limited situation where the patient (or other individual on the patient's behalf) requests that an accommodation based on gender only is necessary to protect a patient's religious or cultural beliefs.

To learn more about RWJBarnabas Health's commitment to racial equity, visit [www.rwjbh.org/endingracism](http://www.rwjbh.org/endingracism).





# I HAVE HEART DISEASE. SHOULD I GET THE COVID-19 VACCINE?

**YES, YOU SHOULD—AND HERE'S WHY.**

Not only is it safe for cardiovascular patients to get any of the approved COVID-19 vaccines—it's especially important that they do so, according to Partho Sengupta, MD, MBBS, FAAC, the newly appointed Chief of Cardiology at Robert Wood Johnson University Hospital and at Rutgers Robert Wood Johnson Medical School.

### Why is it so important for cardiovascular patients to get the vaccine?

“People with cardiovascular disease are more vulnerable to the effects of COVID-19,” Dr. Sengupta explains. “That’s because it causes a state of inflammation to the inner lining of blood vessels, leading to a greater likelihood of abnormal heart rhythm, blood clots and heart attacks. Clinical studies have shown that COVID-19 patients with cardiac conditions have a higher risk of needing to be put on a ventilator. Vaccination protects people from these severe effects.”

### What kind of side effects can be expected?

“Normally, people may or may not get a tiny bruise and short-term pain at the site of the shot,” Dr. Sengupta says. “If you’re on a blood thinner, you may get a bigger bruise. Normal side effects, especially after a second dose, may include tiredness, headache, muscle pain, chills, fever or nausea. Some people have had allergic reactions to the vaccine, but those are extremely rare.”

### After a person is fully vaccinated, can he or she resume normal activities?

“Clinical trials have shown 90 to 95



PARTHO SENGUPTA, MD

percent protection, but there’s a possibility that some people may develop COVID-19 even after being vaccinated; the infection runs a milder course,” Dr. Sengupta says.



## RWJBARNABAS HEALTH: YOUR HEART-HEALTH DESTINATION

Whether you’re in need of care for high blood pressure, require heart surgery or are interested in ways to help keep your heart healthy, RWJBarnabas Health’s heart, vascular and thoracic care programs are here for you.

We offer:

- One of the top 15 largest heart transplant programs in the nation, with locations in Newark and New Brunswick.
- One of New Jersey’s highest-performing transcatheter aortic valve replacement (TAVR) programs.
- Two of the only care destinations in the state offering FFR-CT (fractional flow reserve computed tomography), located in Lakewood and in Newark.
- Leading cardiac specialists and surgeons who are at the forefront of innovation in critical care and the treatment of coronary artery and valvular diseases, heart rhythm disturbances and vascular and thoracic disorders.
- A network of cardiac rehabilitation programs and hundreds of preventive and wellness programs designed to strengthen and protect hearts.
- Access to many of the latest and most advanced clinical trials.
- More than 100 cardiologists across 30 practices with offices conveniently located throughout our communities.

“The CDC [Centers for Disease Control and Prevention] guidelines on masking are evolving. However, patients may still choose to be additionally cautious and wear a mask and practice social distancing, as we wait to see the impact and evolution of the most recent CDC guidelines.”

### What else should cardiovascular patients do to protect themselves?

“Get outdoors and exercise—walk, bike, experience nature,” says Dr. Sengupta. “The pandemic has made a lot of people very fearful of any outdoor experience. At least 50 percent of my patients have given up any form of activity. The result is that they gain weight, become deconditioned, and conditions like hypertension and blood pressure become uncontrolled.

“I advise patients to avoid crowds and clusters of people, but not to avoid being physically active. Try to get at least 30

minutes of moderate-intensity exercise on most days. All of this will help you feel better and build your resilience.”

If you’ve been skipping physician visits, as many have during the pandemic, be sure to get back in a regular routine as soon as you can, Dr. Sengupta advises. “People have put off procedures and elective interventions and even allowed their symptoms to worsen for fear of going out during the pandemic,” he says. “This is your chance to resume your relationship with your doctor and get back on track.

“In fact, you may find that you can do many routine checkups remotely, thanks to all the progress taking place with telehealth and remote monitoring devices,” he says. “The pandemic has sparked a lot of innovation, which is allowing people to get care while still in their homes, and that trend is going to continue.”

For more information or to connect with one of NJ’s top cardiovascular specialists, call **888.724.7123** or visit **www.rwjbh.org/heart**.



# THE LIFE-CHANGING IMPACT OF A **KIDNEY TRANSPLANT**

**POST-TRANSPLANT, PEOPLE WITH KIDNEY FAILURE FIND THEIR WORLD TRANSFORMED.**

**R**WJBarnabas Health offers the region's most experienced kidney and pancreas transplantation programs. A wide range of treatment options for both adult and pediatric patients is available at Robert Wood Johnson University Hospital in New Brunswick, at Saint Barnabas Medical Center in Livingston and at satellite locations throughout New Jersey. Here are just two examples of patients whose lives have been transformed through our world-class care and the generosity of organ donors.

## BACK IN ACTION AFTER A DOUBLE TRANSPLANT



**D**illon Devlin, 29, had Type 1 diabetes, but that didn't stop him from traveling the country with a friend between 2014 and 2018. They hit 38 states, ending up in California for a while before coming home to New Jersey.

Along the way, Dillon went to pharmacies to get his insulin prescription refilled, but his increasingly high blood pressure was never addressed. By the time he got back to his home state and

met with an endocrinologist and a nephrologist, he was shocked to learn that he was in stage 4 kidney failure and would need both a kidney transplant and a pancreas transplant.

"Kidney failure alone is an older person's disease. A kidney and pancreas transplant is more typically needed in a younger person who has Type 1 diabetes," explains Ronald Pelletier, MD, Director of Transplantation at Robert Wood Johnson University Hospital in New Brunswick. "That's because the pancreas is not making enough insulin, a hormone that controls the blood sugar level in the body."

### THE WAIT BEGINS

Dillon went from working at an auto salvage business, hoisting transmissions onto pallets, to needing three-times-weekly dialysis. For eight months, he awaited a suitable kidney and pancreas for



**RONALD PELLETIER, MD**

transplant. Six different possibilities fell through, one as he was actually being prepared for surgery. Finally, in November 2020, Dr. Pelletier successfully transplanted a new kidney and pancreas.

"All of a sudden I was waking up from surgery and my mom was saying, 'You did it!'" he recalls. "I was standing up within six hours and out of the hospital in six days." A subsequent period of rest and recovery synced up well with the pandemic-related lockdown.

Now he's back to lifting weights and going for hikes, and is actively seeking to get back into the workforce. "It's so strange to wrap my head around not having to take insulin," he says. "Modern medicine is a complete marvel."

"What I really love about kidney and pancreas transplantation is that you get to transform someone's life," Dr. Pelletier says. "Not only do they not need dialysis afterward, they're no longer diabetic! That's fantastic."

Dillon's advice to others awaiting transplant: "Don't let hopelessness consume you. It can happen anytime. The seventh time I got a call, it was a miracle match."



## LOVING LIFE WITH A NEW KIDNEY

**T**imothy Collins, 60, of Westfield, was diagnosed in 1996 with polycystic kidney disease (PKD), which causes kidneys to enlarge and lose function over time. “PKD is hereditary,” he explains. “My father had it, my grandmother had it and my brother has it.”

In 1998, Timothy got a kidney transplant from his younger sister. The kidney functioned well for almost 18 years, but in 2016 an infection caused his body to become severely dehydrated. Timothy needed to be on hemodialysis—in which blood is pumped out of the body, filtered through an artificial kidney machine and returned—three days a week for two months. After that, he had a catheter placed in his stomach so he could do at-home peritoneal dialysis, which uses the lining inside the belly as a natural filter. He did this nightly for 16 months.

“Even though you’re on dialysis, it’s not like having a kidney,” Timothy says. “There’s still poison in your body and you have a yellow look. I gained weight and my creatinine levels [a measure of kidney function] were way too high.”

### MEDICAL ADVANCES

“We’re so fortunate that in kidney failure, there’s the option of dialysis,” says Francis Weng, MD, Chief of the Renal and Pancreas Transplant Division at Saint Barnabas Medical Center (SBMC). “It keeps people alive. However, dialysis doesn’t replace the full function of the kidney. For most patients, the better option is a kidney transplant.”

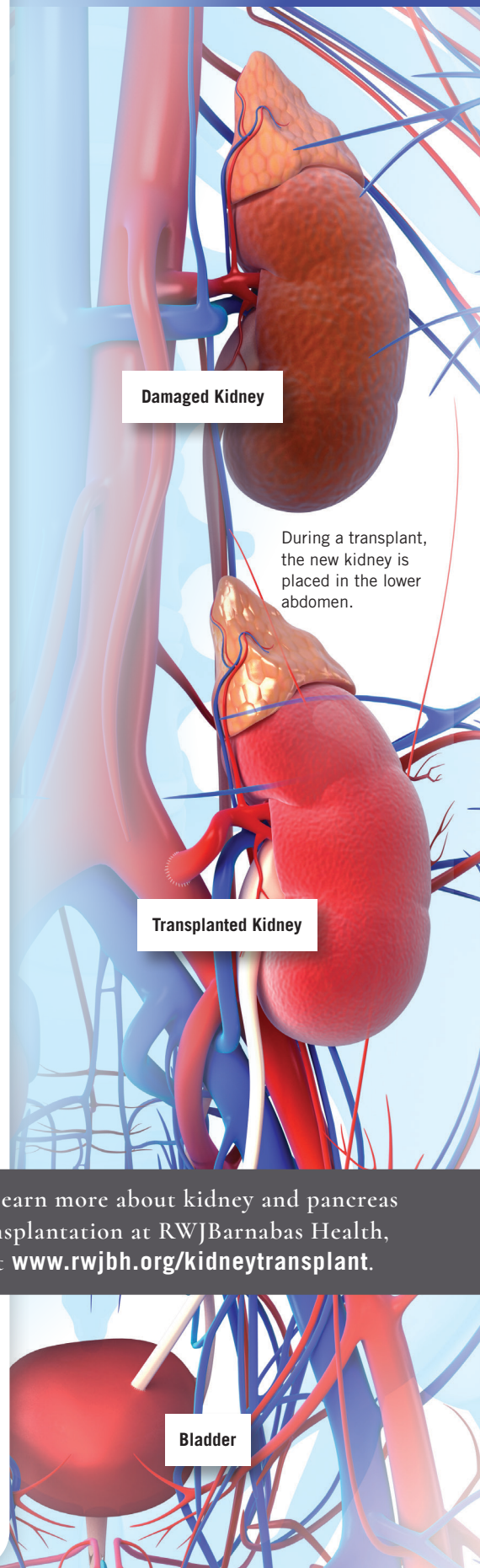
Timothy’s niece, who was 21 at the time, offered to donate a kidney to him. At Timothy’s insistence, they waited until she graduated from business school and law school, which she was attending simultaneously, in May 2018. Though her kidney wasn’t a match for Timothy, she became part of the kidney transplant chain at SBMC: She donated to someone for whom her kidney was compatible, and Timothy was given a kidney from another donor.

“Living donor programs like the one Timothy was in are one of the significant advances in kidney transplantation that we’ve seen over the past 15 years,” says Dr. Weng. “We also have many more choices in the kind of medications we use to prevent rejection of the transplant and minimize side effects. The vast majority of patients do quite well after transplantation.”

“It’s a wonderful thing,” says Timothy. “I have so much more energy now, and I have so much more time to myself since I don’t have to plan my days around getting to a machine at a certain time. I’ve been able to be the project manager on several commercial renovation projects, and that was the best therapy ever. I love life, and I’ve been very blessed.”



FRANCIS WENG, MD



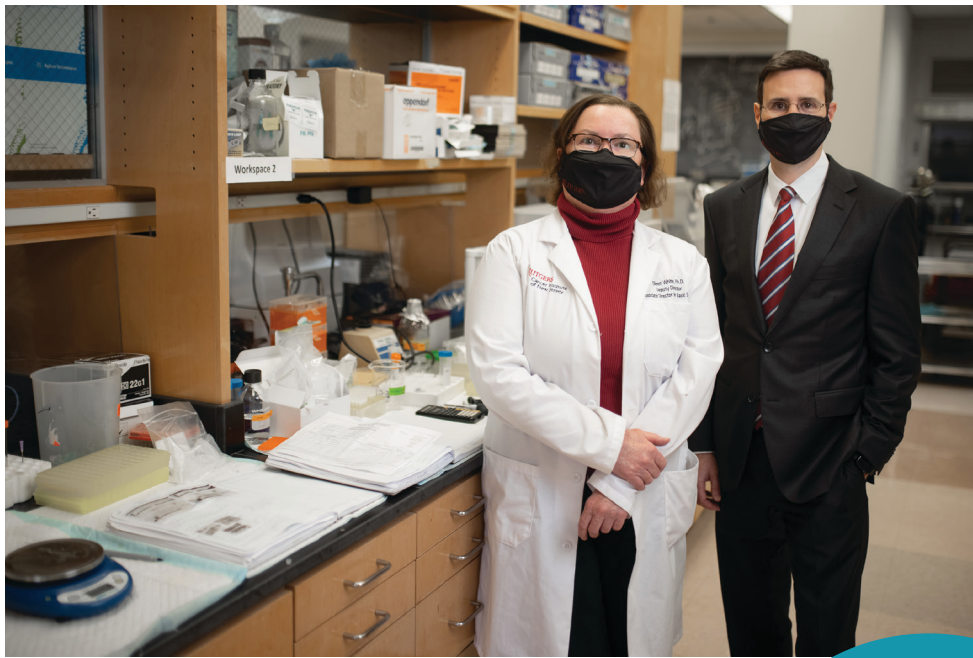
Damaged Kidney

During a transplant, the new kidney is placed in the lower abdomen.

Transplanted Kidney

Bladder

To learn more about kidney and pancreas transplantation at RWJBarnabas Health, visit [www.rwjbh.org/kidneytransplant](http://www.rwjbh.org/kidneytransplant).



Eileen White, PhD (left), and Christian Hinrichs, MD, Co-directors of the Cancer Immunology and Metabolism Center of Excellence, a groundbreaking collaboration with a mission to develop new immunotherapies

# MISSION POSSIBLE

**RUTGERS CANCER INSTITUTE OF NEW JERSEY LAUNCHES A NEW CENTER OF EXCELLENCE TO HARNESS THE POWER OF IMMUNOTHERAPY.**

For decades, the cornerstones of cancer treatment were surgery, chemotherapy and radiation. In recent years, immunotherapy has risen to the forefront.

“What’s remarkable about immunotherapy is the way it uses the immune system to specifically target cancer cells and not healthy cells,” explains Christian Hinrichs, MD, Chief of the Section of Cancer Immunotherapy and Co-director of the Cancer Immunology and Metabolism Center of Excellence at Rutgers Cancer Institute of New Jersey. Dr. Hinrichs, a world-class expert in cancer immunology and immunotherapy, was recruited from the National Institutes of Health to co-direct the center with Eileen White, PhD, Deputy Director and Chief Scientific Officer at Rutgers Cancer

Institute.

“Immunotherapy has been a real game-changer for systemic cancer therapy for two reasons,” Dr. Hinrichs says. “First, it creates a very strong attack against cancer. Second, it has remarkably few negative side effects.”

However, some cancers respond well to immunotherapies, but others don’t respond at all. Why?

To answer that question, Rutgers Cancer Institute of New Jersey established the new Center of Excellence. The \$50 million effort, fueled by an anonymous gift of \$25 million, is poised to lead the immunotherapy revolution and transform cancer treatment.

“We are putting into place key expertise and facilities for ‘first in human’ clinical trials in immunotherapy and cell therapy,” Dr. Hinrichs explains.

\*  
RWJBarnabas Health and the Rutgers Cancer Institute of New Jersey—the state’s only NCI-Designated Comprehensive Cancer Center—provide close-to-home access to the latest treatment options. To learn more, call 844.CANCERNJ or visit [www.rwjbh.org/beatcancer](http://www.rwjbh.org/beatcancer).

The program is also serving a large and diverse patient population in New Jersey, Dr. Hinrichs notes. “That’s so important in cancer research,” he says.

## NEW CONNECTIONS

The Center of Excellence takes a novel approach by uniting its strengths in cancer immunology and metabolism under one umbrella. “Few, if any, institutions have this capability,” says Dr. White, Co-director of the center.

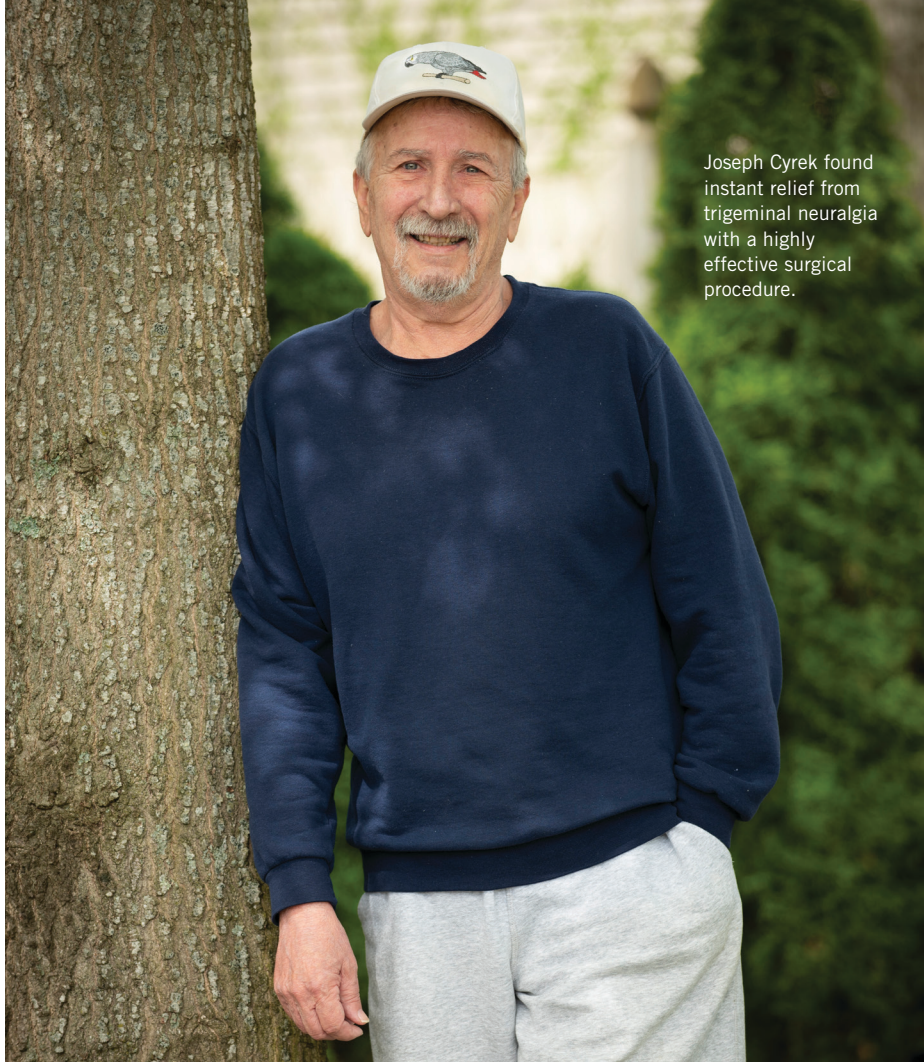
Dr. White is a globally recognized expert in the study of metabolism—the way cells grow by using energy and nutrients for sustenance—and how it contributes to cancer. “By focusing our efforts on determining how tumor metabolism drives growth and suppresses the immune response, we can begin to develop new immunotherapies and make existing immunotherapies more effective,” she says.

The center is also focusing on the development of new cellular therapies for common types of cancer, a particular area of expertise for Dr. Hinrichs. “We are focused on the discovery and development of new T cell [immune system cell] therapies, particularly gene-engineering approaches that allow T cells to specifically and powerfully target tumors,” he says.

These new therapies are made in a Good Manufacturing Practices (GMP) facility, which follows stringent FDA regulations to ensure the quality of the manufactured therapies. “A GMP facility is absolutely critical for what we do,” says Dr. Hinrichs. “It enables us to produce personalized cell therapy products for each patient right here. We can actually discover and develop new cancer therapies at Rutgers Cancer Institute that no one can do anywhere else.” Many of these new therapies will be available to patients at Rutgers Cancer Institute and throughout the RWJBarnabas Health system.

To learn more about the Cancer Immunology and Metabolism Center of Excellence, visit <https://cinj.org/immunology-metabolism>.





Joseph Cyrek found instant relief from trigeminal neuralgia with a highly effective surgical procedure.

“All of a sudden it woke me up one morning and I was in pain like I’d never experienced before,” Joseph says.

### CROSSED SIGNALS

Trigeminal neuralgia occurs when a small blood vessel beats against the trigeminal nerve, which lies at the base of the brain and is responsible for sensation in the face. “Over time, signals become crossed between nerve fibers that carry light touch and fibers that carry excruciating pain,” Dr. Johnson says. “A light touch like a fingertip on your cheek tells the brain that someone is stabbing you in the face.”

Attacks were completely unpredictable. “It could happen when I was talking,” Joseph says, “or from the force of my foot on the ground or being out in the wind. And it happened every day.” He wasn’t suicidal, but life as he knew it stopped. “I was on my knees in pain much of the time,” he says. “I couldn’t go outside, I couldn’t do anything.”

When medication from a neurologist and a nerve block from a pain management specialist didn’t help, Joseph came to CMC. CyberKnife treatment that delivers fine, high-dose radiation helped temporarily. “It hits the nerve’s reset button, but some people are better candidates for surgery,” Dr. Johnson says. “We offer either option, depending on what’s best for the patient.”

Surgery was best for Joseph. “Dr. Johnson showed me an MRI and said, ‘See that? I can fix that,’” Joseph says. In a procedure called microvascular decompression, Dr. Johnson separated the blood vessel and nerve, preserving both. “Eighty percent of patients have complete and instant relief right after surgery,” Dr. Johnson says. “There’s nothing better than seeing a patient who basically crawled into the hospital walk out with a huge smile.”

“I can do whatever I feel like doing now,” Joseph says. “I got a fresh start.”

# A STAB AT RELIEF

## SURGERY QUICKLY DISPELS A MAN’S SEARING PAIN.

At the most miserable point in his ordeal, Joseph Cyrek’s pain was worse than he ever could have imagined. “Sometimes I’d lock myself in the bathroom and just scream,” the 67-year-old Manahawkin



STEPHEN A. JOHNSON, MD

resident says. “I didn’t know what else to do.”

He was grappling with a neurologic condition called trigeminal neuralgia. “People have committed

suicide over it,” says Stephen A. Johnson, MD, a neurosurgeon at Community Medical Center (CMC). “The pain is so intense, some can’t proceed with life.”

Joseph’s condition didn’t start that intense. “At first it felt like a little electric shock in my lower right jaw that went down the bottom middle of my mouth,” he says. “I didn’t know quite what it was.” He wondered about it for about two years, assuming it was a dental issue. His dentist thought a wisdom tooth didn’t come in right, and oral surgery in 2019 seemed to help.

But three or four weeks after oral surgery, things changed dramatically.

To learn more about neurologic treatments at Community Medical Center, visit [www.rwjbh.org/neuro](http://www.rwjbh.org/neuro).





CMC Foundation Council of Emerging Leaders chair Scott Beck and his daughters enjoyed creative activities provided through a fundraiser to support CMC's First Moments Maternity Unit.

# MAKING FUNDRAISING

**FUN**

**COMMUNITY  
MEMBERS ARE  
FINDING INNOVATIVE  
WAYS TO RAISE  
FUNDS TO ENHANCE  
MATERNITY  
SERVICES.**



**“WE WANTED TO TEACH A NEW GENERATION OF COMMUNITY MEMBERS ABOUT THE HOSPITAL AND THE IMPORTANCE OF PHILANTHROPY. THEY ARE OUR FUTURE BOARD MEMBERS AND COMMUNITY LEADERS.”**

*Allison Clemente, Director of Development, CMC Foundation*



virtual,” says Scott Beck, chair of the Council and a chiropractor who lives and works in Toms River. “Most of us have young families, so we thought, ‘Why not stay home and do something with our families?’”

**A FAMILY-FRIENDLY EVENT**

On Friday, February 12, 88 boxes were picked up and consisted of a pizza-making kit, ladybug art project and a bottle of wine or champagne. All of the items were donated by local businesses, including DiCosmo’s, Super Buy Rite Wine & Liquor, Bacchus Winemaking and Lil Monsters Art. “I had such a great time having a cozy Valentine’s Day with my special ladies,” says Scott, whose daughters are 7 and 4. “My kids helped to make the pizza. They shaped the dough like a heart. They also enjoyed the painting project.”

The kit sales raised \$1,680, says Allison Clemente, Director of Development, CMC Foundation. The proceeds will be used to support CMC’s First Moments Maternity Unit, where nearly 2,000 babies are delivered each year. A neonatal vein finder, which illuminates veins in the arms of moms and babies, will be purchased. The device will make blood tests and procedures faster and more comfortable. The event was so successful that the Council will do it again next year. “We had a great response,” says Scott.

**GROOMING FUTURE BOARD MEMBERS**

The Council, which is composed of business owners, real estate agents,

attorneys and bankers who live and work in Ocean County, was formed in 2013. Members are interested in learning more about CMC, educating others about the hospital and raising funds. They want to support CMC because it’s the hospital where their babies are born and their parents are cared for. “We wanted to teach a new generation of community members about the hospital and the importance of philanthropy,” says Clemente. “They are our future board members and community leaders.” Two members of the Council have already become board members. Their added passion and leadership will help steer the transformation of CMC.


The Council started out with 10 members, and now there are 20. Prior to the COVID-19 pandemic, the group hosted several networking events each year. Up to 70 community members would gather at a local restaurant, and the Foundation would educate them about CMC.

Currently, the Council is holding virtual events and raffles throughout the year. The winner of a 50/50 raffle will be announced on Facebook on August 5, says Clemente. Ticket prices are \$20 each. Half of the funds will go toward CMC’s maternity services, and the other half will be awarded to the winner. The group is committed to supporting the maternity unit. “Having children of my own, I know how important a positive birth experience is,” says Scott.

Last winter, when the COVID-19 pandemic kept people homebound, the Community Medical Center (CMC) Foundation Council of Emerging Leaders wanted to find a way to boost people’s spirits—and raise funds. So, the leaders came up with an innovative idea: Valentine’s Date Night in a Box. “We were spending so much time on Zoom, and we wanted to do something that wasn’t

To join the Community Medical Center (CMC) Foundation Council of Emerging Leaders, call **732.557.8131** or email **cmcfoundation@rwjbh.org**.



A man with short, dark hair and a slight smile is wearing a black t-shirt and a bright yellow high-visibility safety vest with reflective orange and silver stripes. He is standing outdoors in front of a white house with a dark window. In the background, a yellow tractor is visible. The scene is brightly lit, suggesting a sunny day.

Regaining motor skills necessary to operate heavy machinery was a key goal for Warren Sias as he went through rehabilitation after a severe case of COVID-19.

# A COMEBACK AFTER COVID

**REHABILITATION HELPED ONE MAN RETURN TO WORK AFTER BATTLING CORONAVIRUS.**

When Warren Sias of Toms River developed a cough in early March 2020, he thought it was just a bad cold. But his symptoms worsened. Eventually, his doctor prescribed antibiotics, then corticosteroids. One day, he found himself so weak and out of breath that he had to stop and rest in a hallway when taking the few steps between his bed and the bathroom. “It just got worse and worse,” says Warren, 43, who is a heavy equipment operator at an asphalt company. “I ended up calling the ambulance that night.”

It turned out Warren was experiencing COVID-19 symptoms. Just days later, he was put on a ventilator at Community Medical Center (CMC). He remembers little of the nine days that he was sedated, aside from some strange and confusing dreams. But his healthcare team told him that at one point he spiked a fever of 107 degrees. “They didn’t think I was going to make it,” says Warren.

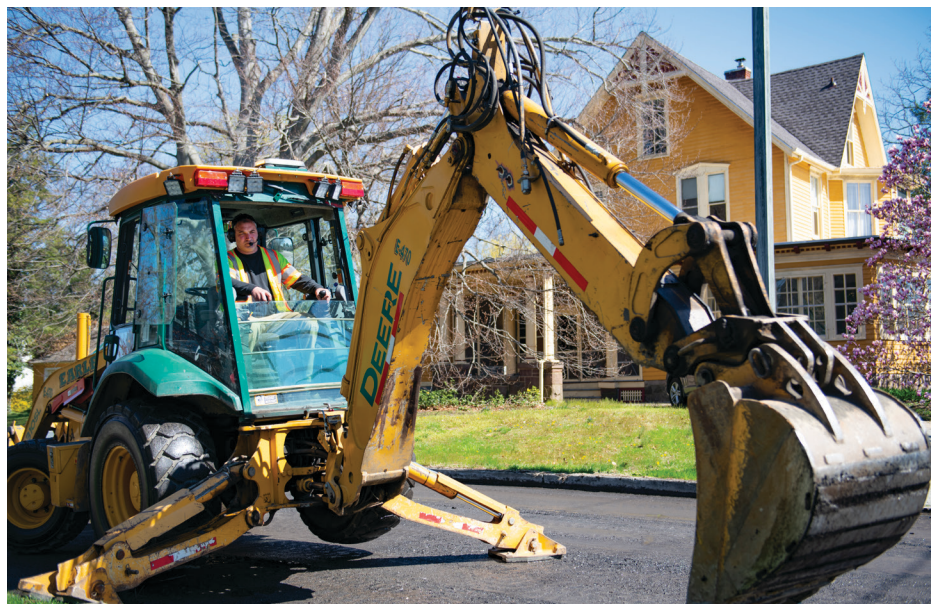
Against all odds, Warren pulled through. After the nurses took him off the ventilator, CT scans showed that he had suffered two strokes, one that affected his motor control. After physical, occupational and speech therapy in the hospital, he was sent to a rehabilitation facility for several weeks.

Warren learned to walk again, but his rehabilitation was far from complete. He couldn’t shave, cut his food with a knife or grab a bar of soap in the shower with his right hand. “After I got home, I wanted to keep getting better, but I wasn’t,” he says. “I couldn’t work my right hand well, and I couldn’t grab something unless I was looking at it.”

But Warren was determined to return to his job. “If I’m running a machine like an excavator with a joystick, I can’t be looking at my hand,” he says. “I have to look at what the machine is doing.”

### THE ROAD TO RECOVERY

Warren continued therapy as an outpatient at CMC’s Rehabilitation



Services Department. The hard work of recovery began in September 2020, when occupational therapist Genelle Gundersen, OTR/L, devised a series of activities to help him overcome the effects of the strokes, including loss of strength and coordination.

A key problem was the loss of proprioception—the ability to sense where you are in space and be aware of your movements. “He couldn’t use his peripheral vision to pick anything up,” says Gundersen. “He didn’t really know where his arm was in space without visual cues if he wasn’t looking.”

In the twice-weekly sessions, Warren practiced exercises to improve his fine motor skills so he could use his right hand and arm better. He also played video games to improve his hand-eye coordination and moved cones while his eyes were closed to hone his ability to do something without looking at it.

“When you have a stroke, sometimes pathways in the brain die,” Gundersen explains. “You have to rewire the brain to make a new pathway so the patient is able to do the same task in a different way.”

### BACK TO WORK

Warren not only worked hard during the 45-minute sessions, but he practiced

the exercises at home religiously. “I wasn’t ready to quit and sit at home,” he says. “I’ve got 20 more years of work left. I’m not giving up yet.”

“I give patients tools, but if they’re not doing the exercises at home, they won’t see an improvement,” says Gundersen. “Every single time I saw Warren, he made an improvement. I’d tell him to do heavy work with his right arm, and at the next session, he’d tell me he had waxed his whole car with his right arm.”

Warren remembers one particular victory: being able to put his cell phone in his pocket. “One day it just clicked,” he says. “Things just got better and better. Everything was reconnecting.”

In addition to these exercises, Warren also started eating better, lost weight and began to run to rebuild endurance, a casualty of his COVID-19 battle. “He wants to be as healthy as possible,” says Gundersen.

His recovery continued with support from the CMC rehab team and his friends, family and work colleagues.

On January 14, after a brief trial period to make sure that he could operate the machines, Warren returned to work full-time. “I’m 100 percent back to normal,” he says. “I feel very grateful to the hospital to be where I am.”

To learn more about CMC’s COVID-19 Recovery Program, call 732.557.8046 or visit [www.rwjbh.org/community](http://www.rwjbh.org/community).




# CUSTOMIZING CANCER CARE

**WITH PRECISION MEDICINE, PATIENTS CAN BE GIVEN TREATMENTS KNOWN TO BE MOST EFFECTIVE AGAINST THEIR PARTICULAR TUMOR PROFILE.**

Not all cancers are alike, not even all cancers that afflict the same organ. That's why oncologists at Community Medical Center (CMC), Monmouth Medical Center (MMC) and Monmouth Medical Center Southern Campus (MMSC) now use state-of-the-art tumor profiling to personalize cancer treatment to many patients.

With tumor profiling, doctors send a tissue or blood sample to a lab to be analyzed for biomarkers that may indicate what is fueling the uncontrolled cancer cell growth. Test results usually come back within a couple weeks. If results show that a particular gene is involved, for example, physicians may be able to start treatment with a drug that targets that gene. Because the approach is so tailored, doctors often refer to it as precision medicine.

"In the old days, we just gave a report saying there is a cancer," says Seth Cohen, MD, Regional Director of Oncology Services for the Southern Region, which encompasses all three



CMC oncologists can now target cancers more effectively, says Seth Cohen, MD, Regional Director of Oncology Services for the Southern Region.

hospitals. “It’s better to say this is a cancer, this gene is promoting this cancer and if you use this drug for that gene, you could have a great impact on a person’s life. Patients are living longer because these targeted drugs are out there.”

Take lung cancer, for instance, in which tumor profiling is often done. “The way we treat lung cancer today is not just by knowing it’s a lung cancer,” Dr. Cohen says. “We treat lung cancer by knowing about the genetic profile of that lung cancer.” A lung tumor may harbor various genetic mutations. Knowing which mutation is behind a patient’s cancer and understanding the tumor’s molecular structure lets doctors select the treatment that is known to be most effective for that particular tumor profile.

### REVOLUTIONARY CARE

“There are a lot of aspects of tumors that 10 years ago we weren’t even looking at, but now when we look at them, we notice we could actually have a huge impact on patient care by getting the exact genetics of the disease,” says Dr. Cohen. “If we can find the switch that causes some of these tumors in some of our patients, we can really make a difference for their care. What I see today is just so revolutionary in terms of changing patient outcomes.”

In one of Dr. Cohen’s cases, a patient who had been battling salivary gland cancer for nine years is now cancer-free thanks to tumor profiling. The patient had been undergoing radiation and chemotherapy repeatedly to tackle the cancer, which had spread to his brain and bones. When genetic testing revealed he had a PI3 kinase mutation, Dr. Cohen treated him with an oral drug that targets that mutation. “Now this

man is going fishing every day and looks great,” Dr. Cohen says.

In another case, a patient with rectal cancer underwent tumor profiling that revealed the cancer involved a HER2 mutation. Working in partnership with Rutgers Cancer Institute of New Jersey—the state’s only National Cancer Institute-Designated Comprehensive Cancer Center—Dr. Cohen was able to enroll the patient in a clinical trial that is testing a drug that targets that mutation.

Potential access to cutting-edge clinical trials at Rutgers Cancer Institute is a major benefit to cancer patients treated at Southern Region hospitals, says Dr. Cohen. “This is the standard of care at all three hospitals,” he says.

### WHEN PRECISION MEDICINE MATTERS MOST

Though tumor profiling of a wide range of malignancies is now done for many of the hospitals’ cancer patients, it’s not warranted in all cases, Dr. Cohen explains.

“We don’t do the testing on all patients all the time,” he says. “If a patient has an early cancer, based on the therapies we have now, we would proceed with that standard of care. So we usually reserve this testing in more advanced cases or unique cases. We order it in rare diseases that might have genes that promote them and in patients where we need other therapeutic options.”

And not every tumor that gets tested may have a genetic culprit that can be targeted with available treatments, either.

But it’s worth it for all cancer patients to discuss the possibility of tumor profiling with an oncologist, Dr. Cohen says.


“For eligible patients, tumor profiling leaves no stone unturned.”



## COLLABORATING WITH CARIS PRECISION ONCOLOGY ALLIANCE

Rutgers Cancer Institute of New Jersey is a leader in the use of precision medicine and immunotherapy in the diagnosis and treatment of cancer. Through a partnership with RWJBarnabas Health, Rutgers Cancer Institute provides comprehensive and compassionate cancer care to adults and children, including complex surgical procedures, sophisticated radiation therapy techniques, innovative clinical trials, immunotherapy and precision medicine.

In May 2020, Rutgers Cancer Institute of New Jersey became the 37th member of the Caris Precision Oncology Alliance™. The Alliance is a collaborative network of leading cancer centers that demonstrate a commitment to precision medicine. These centers work together to advance comprehensive cancer profiling and establish standards of care for molecular testing in oncology through conducting research studies focused on predictive and prognostic markers that advance the clinical outcomes of patients with cancer. The Caris Precision Oncology Alliance comprises 37 academic, hospital and community-based cancer institutions, including 11 NCI-Designated Comprehensive Cancer Centers.

  
RWJBarnabas Health and Southern Region hospitals, 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 most advanced treatment options. Call 844.CANCERNJ or visit [www.rwjbh.org/beatcancer](http://www.rwjbh.org/beatcancer).

# Community Medical Center Best in the U.S. for the 10<sup>th</sup> time



Achieving a Leapfrog A for the 10<sup>th</sup> time underscores Community Medical Center's commitment as a High Reliability Organization.

Through the concerted effort of Community Medical Center's physicians, nurses, staff, volunteers and leadership, patients and families benefit from the highest level of quality care and the safest possible hospital experience.

Community Medical Center

RWJBarnabas HEALTH

Let's be healthy together.

[rwjbh.org/community](http://rwjbh.org/community)