

A Publication of
MONMOUTH MEDICAL CENTER
SOUTHERN CAMPUS

Summer 2021

healthy *together*

**POSTPONED YOUR
MAMMOGRAM?
READ THIS**

**HEALTH TESTS
FOR EVERY BODY**

**COMING BACK
STRONG FROM
COVID-19**

**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.

Throughout all the challenges of this pandemic, Monmouth Medical Center Southern Campus's healthcare heroes continued our core mission of providing the highest-quality, safest care to our patients. Whatever the test, our amazing staff persevered with compassion, professionalism, dedication and teamwork. Our COVID-19 journey is a testament to the talent and dedication that our caregivers bring to their roles each and every day.

Additionally, within and outside our hospital walls, we are embracing the Ending Racism Together mission to create racial, ethnic and cultural equity, as our Community Health and Social Impact departments work to encourage action through health education, prioritizing those communities that are most disenfranchised and experience poor health, and social, economic and educational outcomes.

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

ERIC CARNEY
PRESIDENT AND CHIEF EXECUTIVE OFFICER
MONMOUTH MEDICAL CENTER SOUTHERN CAMPUS AND
MONMOUTH MEDICAL CENTER



HEALTH NEWS



FINDING HEARING LOSS EARLY

To ensure healthy social and educational development, it's crucial to detect

hearing loss in babies and children as early as possible. The Audiology Department at Monmouth Medical Center Southern Campus (MMCSC) offers newborn follow-up testing within 14 days of birth and pediatric hearing assessment for delay in speech development, frequent ear infections, changes in hearing at home or school, failed school hearing screenings and academic concerns. Our certified audiologist can help. Call us at **732.942.5921** to learn more.

SERVICES CAN HELP YOU RECOVER AFTER COVID-19

If you suffered COVID-19 either as a hospital patient or at home, don't hesitate to seek follow-up care to get your daily life back on track. Our Post-COVID Recovery Program at MMCSC is helping COVID-19 patients with lingering health issues fully recover through coordinated rehabilitation, including physical and speech therapy, and outpatient services designed to help them return to optimal health.

Contact the rehabilitation experts at MMCSC and ask about the Post-COVID Recovery Program at **732.886.4849** for more information.

Monmouth Medical Center Southern Campus



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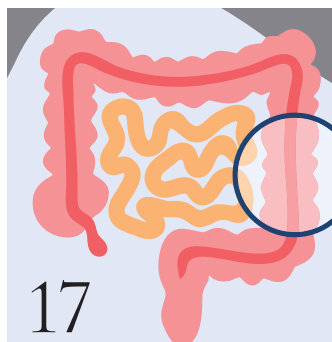
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All images in this issue are in compliance with COVID-19 safety protocols; some images included may predate the pandemic.

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 Monmouth Medical Center (MMC), Monmouth Medical Center Southern Campus (MMCSC) and Community Medical Center (CMC) 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 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."

In addition, many precision medicine patients enjoy an improved



DEANNA TIGGS, MS, RN, AOCNS

quality of life during treatment because these therapies usually have fewer side effects than standard approaches, says Deanna Tiggs, MS, RN, AOCNS,



Seth Cohen, MD,
Regional Director of
Oncology Services for
the Southern Region.

Regional Administrative Director of Cancer Services at MMC, an advanced practice nurse who also works with the oncology program at MMCSC and has been caring for cancer patients for more than 30 years.

“I’ve seen a lot of changes with regard to treatment options, and with precision medicine we’re moving away from the one-size-fits-all approach and instead making treatment unique to the patient,” Tiggs says. “It’s remarkable to see the progression.”

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.”


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.



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.

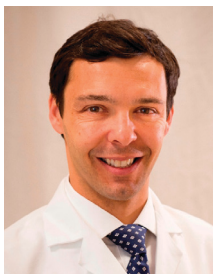
In May 2020, Rutgers Cancer Institute of New Jersey became the 37th member of the Caris Precision Oncology Alliance™. The Alliance is a collaborative network of leading cancer centers that demonstrate a commitment to precision medicine. These centers work together to advance comprehensive cancer profiling 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.

BREAST HEALTH: BACK ON TRACK

MAMMOGRAM DELAYS DURING THE PANDEMIC CAUSE CONCERN.



As a nurse practitioner at Monmouth Medical Center, Carolyn Boyle likes to stay on top of her own healthcare, especially yearly screening mammograms.



ALEXANDER KING, MD

She learned how much stress even a slight delay can cause. Carolyn went for her 2019 mammogram two months later than usual, and the test revealed a small lump in her right

breast that “scared the daylights out of me,” recalls the Belford woman, now 43.

Follow-up ultrasound imaging indicated the mass was benign, but Carolyn was determined never again to push off her mammogram. Her 2020 screening happened just as the COVID-19 pandemic emerged, yet Carolyn kept her appointment even as many women across the United States who were fearful of catching the virus delayed theirs.


Research indicates that cancer screening tests, including those for breast cancer, plunged sharply after the

COVID-19 pandemic began in March 2020, with numbers falling far below historical norms.

Whether breast cancer screenings are put off due to the pandemic or other reasons, delays can pose serious health consequences, says Alexander King, MD, Regional Director of Breast Radiology for RWJ Barnabas Health Southern Region, which encompasses Monmouth Medical Center, Monmouth Medical Center Southern Campus and Community Medical Center.

“We know that the longer patients go between screening mammograms,

Carolyn Boyle became more dedicated than ever to getting regular mammograms when a suspicious lump turned up after a short delay in her screening schedule.


RWJBarnabas Health and Monmouth Medical Center Southern Campus, 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.

the more likely we are to find late-stage breast cancer,” Dr. King explains. “Cancers we find through screening are commonly very small and found at an earlier stage.” Cancers that are detected early offer the best opportunities for treatment.

“Breast cancers that are found by patients themselves are typically larger and may have already spread by the time

women seek care,” he adds. “That’s the whole purpose of screening—to find the cancer before you feel it.”

REACHING OUT

About 22,000 screening mammograms were performed across RWJ Barnabas Health Southern Region in 2020. But the pandemic did force a six-week pause in screening mammograms, with patients brought in as needed if they experienced possible breast cancer symptoms such as a lump or nipple discharge, Dr. King says.

By early May 2020, mammogram facilities in the Southern Region were rescheduling screening mammograms and spacing out patient appointments to minimize exposure to the coronavirus. Other hygiene measures also were put into place, including masks, sanitizing and temperature checks.

“We worked at 110 percent until the end of 2020 trying to get in people who missed screenings in March and April,” Dr. King says. “Even now that we’re past the one-year mark of the pandemic’s start, there are still a significant number of our patients who haven’t had a mammogram since 2019. We’re reaching out individually to remind them and reinforce that they shouldn’t put it off any longer.”

While recommendations for screening mammography vary by group, there’s general agreement that for average-risk women, annual screening mammography beginning at age 40 will save the most lives.

VACCINE CONSIDERATIONS

With COVID-19 vaccinations well under way, confusion surrounds false-positive mammograms among some women who recently got a shot. Vaccines of any type, not just for COVID, can enlarge lymph nodes under the arm, leading to suspicious findings on breast images, Dr. King says.

“We’ve certainly seen women who were vaccinated within a couple of weeks



NEW HEALTH CONNECT APP STREAMLINES APPOINTMENTS

You can check the weather or order lunch using apps on your cell phone—so why not schedule your healthcare appointments that way, too? The new RWJBarnabas Health Connect app lets you do just that.

Launched in March 2020, Health Connect enables patients to book appointments for both doctor visits and diagnostic tests. Users create and save a profile that includes insurance information and referrals, and appointments are added directly to your phone’s calendar.

“Many people are comfortable pulling out their phones and scheduling a dinner reservation or a haircut, so now they can avoid a phone call and schedule health appointments,” says Alexander King, MD, Regional Director of Breast Radiology for RWJ Barnabas Health Southern Region. “It’s a convenience to patients and a much quicker process as well.”

Patients who use the app seem pleased with how well it works. “They say it’s easy to use,” Dr. King says.

before their mammogram have swollen lymph nodes in the armpit, but this reaction is not the norm,” Dr. King says. “And the appearance of lymph nodes that swell after vaccination is different from those due to breast cancer.” Repeat imaging may be done in three months to confirm all is well, he says.

Women undergoing any type of breast imaging are asked if they’ve recently been vaccinated and if so, which arm. “We put that in the chart so when doctors interpret the images, they’ll have that information,” Dr. King says. “But it’s certainly no reason to push off your mammogram or your COVID vaccine.”

Don’t delay your mammogram. To make an appointment at the Jacqueline M. Wilentz Breast Center at Monmouth Medical Center Southern Campus, call **732.923.7700**.



Leighann Platt, RN (left), and Sreedar V. Raja, MD, FACEP, FACHE, Emergency Department (ED) Chair at MMCSC, provide monoclonal antibodies in the ED at Monmouth Medical Center Southern Campus.



GAME-CHANGING TREATMENT

MONOCLONAL ANTIBODIES OFFER THE FIRST DISEASE-ALTERING THERAPY AGAINST COVID-19.

Until more people get vaccinated for COVID-19, prevention and effective treatments are the next best bets against the disease. Tops on the list are monoclonal antibodies, which are being used to treat patients at Monmouth Medical Center (MMC) and Monmouth Medical Center Southern Campus (MMCSC).

“This treatment essentially provides an external immune response that your body normally develops over time when you’re exposed to the virus,” says Victor Almeida, DO, Chair of the Department of Emergency Medicine at MMC and MMCSC and Associate Clinical Professor of Emergency Medicine at Rutgers Robert Wood Johnson Medical School. “The goal is to reduce the amount of virus that’s available to enter a cell where it can replicate.” The hoped-for result: a milder case of the disease and a lower risk of hospitalization.



VICTOR ALMEIDA, DO

COMBINATION THERAPY

First introduced in November 2020, monoclonal antibody treatment is becoming more widely available. The FDA recently updated its emergency use authorization for the treatment, recommending specific

combinations of the available agents. New research suggests that two monoclonal antibodies are better than one at fighting COVID-19. In addition, “The hope is that the combination will have efficacy against variants of the disease that are emerging,” says Michelle Gardiner, PharmD, Clinical Pharmacist, Emergency Medicine, at MMC.

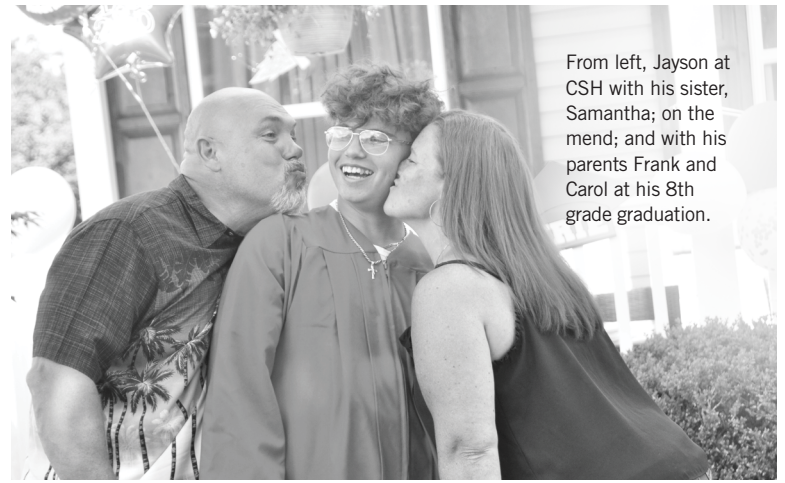
Monoclonal antibodies are recommended for people at high risk of a severe case of COVID and hospitalization. These include people age 65 and older and people over age 55 who have a body mass index greater than 35, underlying cardiovascular disease, hypertension or chronic obstructive pulmonary disease (COPD) or other respiratory disorders.

“It can be hard to predict who will go on to have severe illness,” Dr. Gardiner says. “These are patients known to be at a higher risk at baseline.”

Patients with mild or moderate symptoms are ideal candidates. “The earlier these treatments are administered after the onset of symptoms, it’s believed, the better they are at decreasing a patient’s viral load,” says Dr. Almeida.

Dr. Gardiner sees monoclonal antibodies as a game changer. “For months, all we could provide patients was symptom management,” she says. “This is the first treatment that can potentially change the course of the disease.”

If you’ve been diagnosed with COVID-19 and would like to learn more about monoclonal antibody treatment, speak to your physician. For a referral to an MMCSC physician, call **888.724.7123** or visit www.rwjbh.org/monmouthsouth.



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."

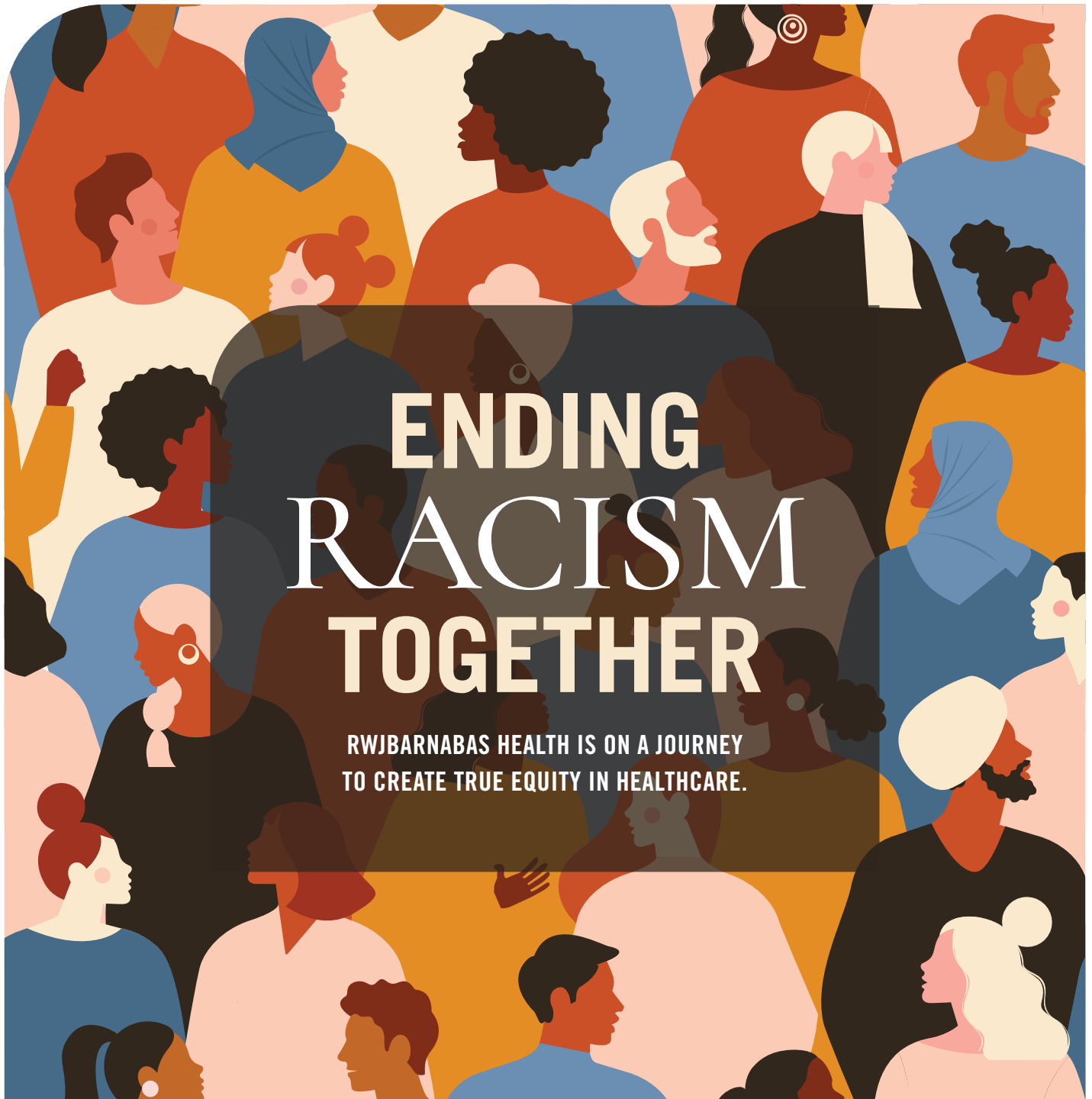
After seven weeks of inpatient care, Jayson was able to go home. He continues to receive occupational therapy as an outpatient at the CSH Toms River location, working on fine motor skills. He's able to enjoy his former activities, such as going to the gym, playing video games and hanging out with friends. 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**.

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.

RWJBarnabas 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?

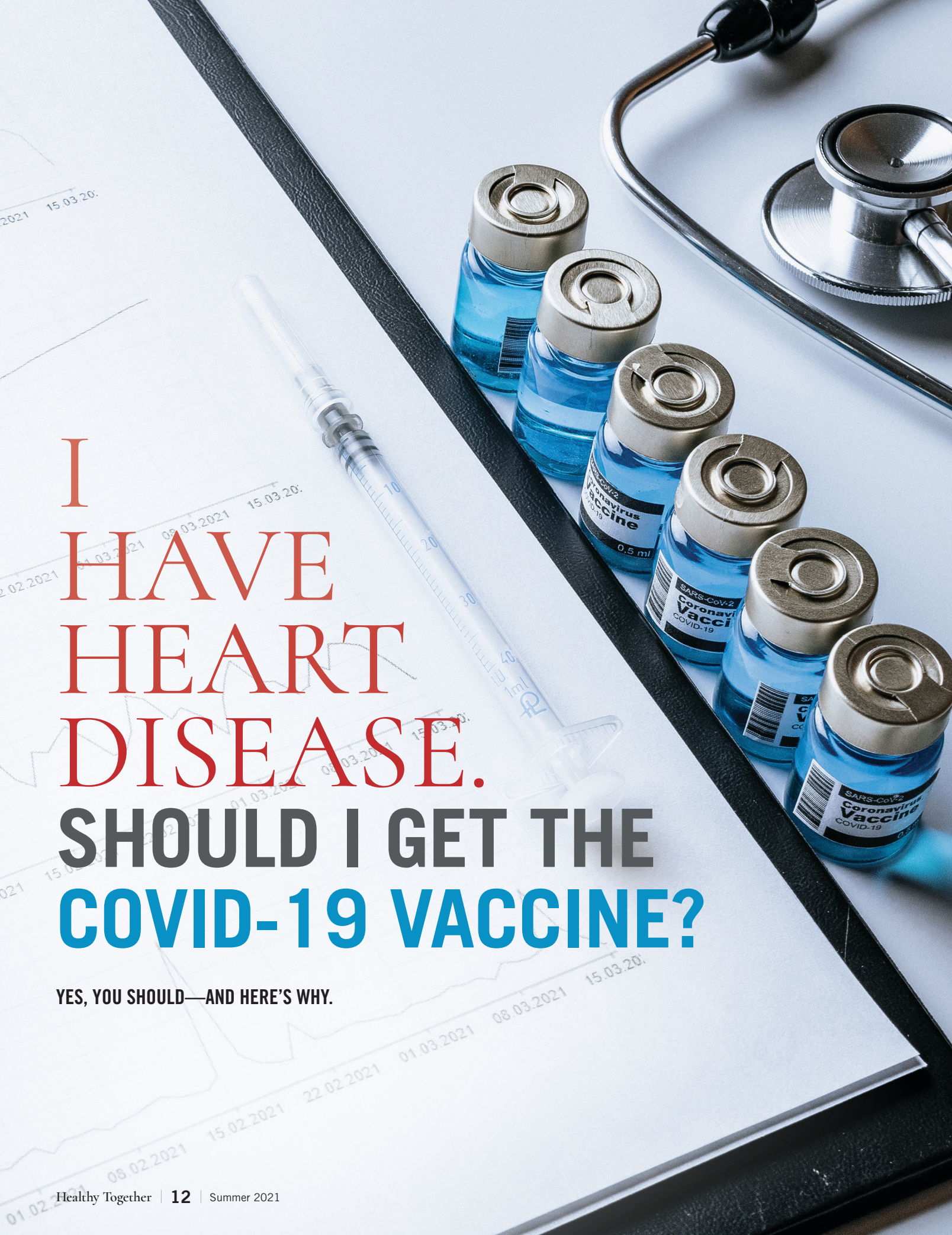
Think before you speak. Reflect on whether your brain is "stuck" on the racial or other differences between you and another person. If confronted on a microaggression, try not to be defensive and to understand the other person's point of view.

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.





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 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.



PARTHO SENGUPTA, MD



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.

RWJBarnabas 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



Dillon 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

Timothy 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.”

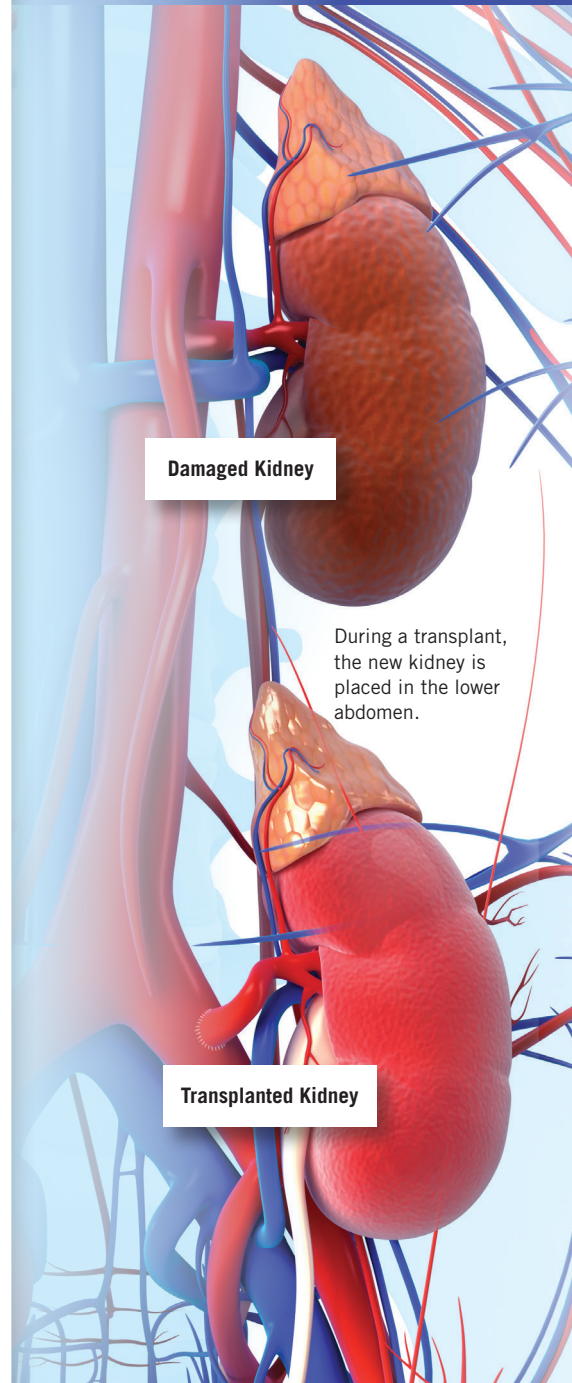
Timothy’s niece, who was 21 at the time, offered to donate a kidney to him. At Timothy’s insistence, they waited until she graduated from business school and law school, which she was attending simultaneously, in May 2018. Though her kidney wasn’t a match for Timothy, she became part of the kidney transplant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

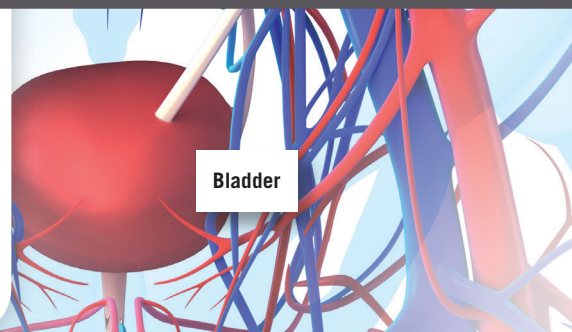


Damaged Kidney

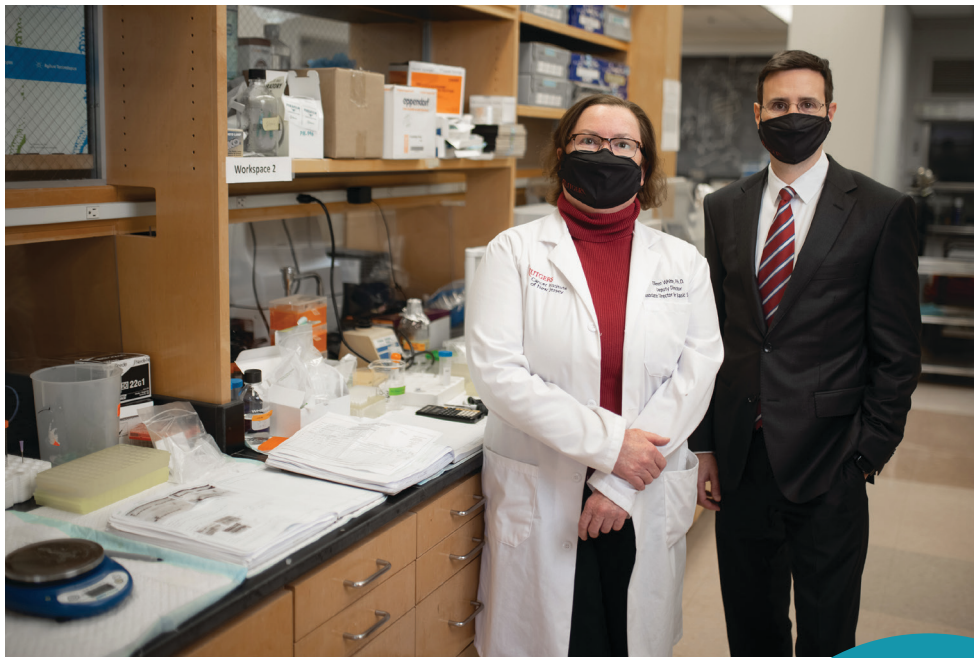
During a transplant, the new kidney is placed in the lower abdomen.

Transplanted Kidney

To learn more about kidney and pancreas transplantation at RWJBarnabas Health, visit www.rwjbh.org/kidneytransplant.



Bladder



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

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.

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.

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



STEVEN LOWRY, MD

A LIFESAVING TEST

A COLORECTAL SURGEON EXPLAINS THE IMPORTANCE OF SCREENING.

Colorectal cancer is the second most common cancer diagnosed in men and women, according to the American Cancer Society (ACS). Unfortunately, studies show that cases are on the rise in people under age 55, so the ACS now recommends that people at average risk start screening at age 45. “Colorectal cancer is scary but treatable,” says Steven Lowry, MD, a colorectal surgeon at Monmouth Medical Center Southern Campus. “The earlier it’s detected, the easier it is to treat.” Here, Dr. Lowry explains what you need to know about screening.

Why should younger people be screened for colorectal cancer?

We’re finding cancers in younger patients. Oftentimes, doctors don’t suspect colorectal cancer in a young person. As a result, many of these patients don’t have a colonoscopy until they experience symptoms, such

as bleeding. By the time they have symptoms, the cancer may be advanced.

Keep in mind, if you have a family history of colorectal cancer, the disease can strike 10 years earlier than the age at which your family member was diagnosed. So, if your father had colorectal cancer in his 50s, you could develop it in your 40s. Tell your doctor if you have a family history of colorectal cancer.

Why is a colonoscopy the gold standard for detecting cancer?

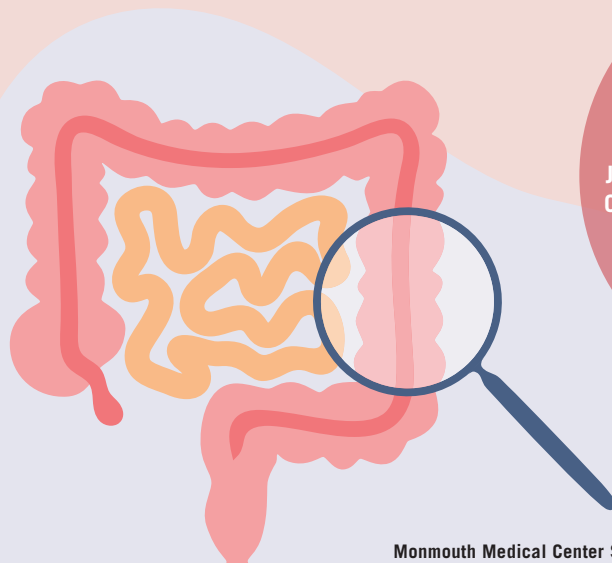
With a colonoscopy, we can view the entire colon (large intestine) and rectum through a colonoscope, a long, flexible tube with a small camera at the tip. We are able to detect and remove polyps, which may turn into cancer. Eighty-five to 90 percent of all colorectal cancers start out as polyps. By removing them, we are able to prevent 85 to 90 percent of all colorectal cancers.

How often should I have a colonoscopy?

People at average risk should have the test every 10 years. However, some people should have it more frequently. If you have symptoms of colorectal cancer, you should have a colonoscopy. If you have a history of polyps, you should have the test every three years. If you’ve had colorectal cancer, you should have a follow-up colonoscopy one year after your treatment has ended and three years later.

Can any other tests detect colorectal cancer?

The fecal immunochemical test (FIT), a home testing kit, looks for hidden blood in the stool, which can indicate cancer. It can be done in between colonoscopies. Ten years is a long time, and cancer can develop in the interim.



RWJBarnabas Health and Monmouth Medical Center Southern Campus, 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.



James Lin sought out the Post-COVID Recovery Program to regain breathing capacity and strength after being hospitalized with the virus.

POST-COVID COMEBACK

RECOVERY PROGRAM HELPS ONE MAN REGAIN STRENGTH
AFTER A CORONAVIRUS INFECTION.

“I thought I had taken my last breath,” James Lin remembers about the morning of December 10, 2020. The 51-year-old Edison resident had contracted COVID-19 and was experiencing fever, aches, coughing, difficulty breathing, chills and sweats.

When he'd first visited a local hospital emergency room two days before, he'd been sent home with cough medication. Now he felt significantly worse, as though he couldn't get enough air to stay alive.

“I woke my wife, and we went to the ER again,” he recalls. Doctors found James's blood oxygen level dangerously low and admitted him to the hospital.

James was hospitalized for 10 days, receiving supplemental oxygen. When he became well enough to be discharged, he still needed an oxygen tank. He was glad to be reunited with his family for the holidays, “but I was nowhere near healthy,” he says.

PERSONALIZED RECOVERY

James knew he'd need help to recover. “My doctor said there were very few COVID-specific rehab programs in the state,” he recalls. One was the Post-COVID Recovery Program at Monmouth Medical Center Southern Campus (MMCSC), which takes a multidisciplinary approach to assisting patients. “It would be a 50-mile drive each way, but because I wanted to get better, I signed up and began receiving pulmonary rehab and physical therapy twice a week,” James says.

The program's therapists took a personalized approach to his treatment: “On my initial intake, they gave me a series of tests to assess my condition so they could design a program that was best for me,” he says.

James's lung capacity was more than 25 percent lower than his normal status before COVID, so pulmonary rehabilitation became a focus of his visits. He would use a hand bicycle while seated, as well as a treadmill and exercise bicycle. “There were always therapists



ADDRESSING CHALLENGES AFTER COVID

Early in the COVID-19 pandemic, Charles Markowitz, MD, Medical Director of the Department of Rehabilitation at Monmouth Medical Center Southern Campus (MMCSC), began tracking what happened to patients as they progressed through their illness and recovery. “Even if they eventually went home, many had a great deal of residual difficulty,” he says. Problems ranged widely, from loss of endurance and difficulty concentrating to hand weakness and even trouble swallowing.

Concerned, he and MMCSC's administration decided to establish an outpatient program to help patients regain lost abilities. It was the first step toward the Post-COVID Recovery Program, which launched in November 2020.

The program offers a number of rehabilitation services, including physical and occupational therapy, speech and language therapy, cardiac and pulmonary rehab, electrocardiogram (EKG) testing of the heart's electrical activity and electromyographic (EMG) testing, which can detect nerve issues. It also offers referrals to affiliated physicians for problems such as incontinence or gastrointestinal issues. Through the hospital's behavioral health services, psychological issues such as COVID-related depression can be addressed as well.



CHARLES MARKOWITZ, MD

Response to the program and its successful outcomes has been tremendous. “We're here for the community,” Dr. Markowitz says. “We're here to help in any way we can.”

next to me, helping me and making sure I was okay,” he says. “They monitored my breathing and oxygen saturation.”

At first, James used supplemental oxygen while exercising. “But we gradually worked on taking the oxygen off,” he says. At the same time, his exercises gradually became more intense. “They were constantly changing the matrix to whatever worked for me,” he says.

James's physical therapy focused on regaining strength and balance that he lost while spending five weeks recuperating in bed. “I would walk on bars on both sides, and step up to the stairs and come back down,” he says. “I would work on balancing on one foot versus the other and bounce balls against a wall to see if I could catch them.” He also used a machine that helped him push his body up and down with his legs.

Throughout his journey, he found friendly faces cheering him on. “They

really care,” he says of MMCSC staff. “Even though I was 50 miles away from my house, they made me feel right at home.”

BACK TO LIFE

After about two months, James graduated from the Post-COVID Recovery Program. “I feel a lot stronger compared to the first time I walked in there,” he says. He's regained about 80 percent of his lung capacity and in March returned to his job as a pharmaceutical company analyst. He continues to build strength by taking walks and going on bike rides.

James recommends post-COVID rehab for anyone who feels they need help with recovery. “They definitely should do it,” he says. “I needed to find a way to get back to health quicker. The Post-COVID Recovery Program provided me with that.”

To learn more about the Post-COVID Recovery Program at Monmouth Medical Center Southern Campus, call **732.886.4849**, email mscopy@rwjbh.org or visit www.rwjbh.org/mmcscovidrecovery.



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 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



SANJAY KUMAR, MD

COVID-19,” says internal medicine physician Sanjay Kumar, MD, Medical Staff President at Monmouth Medical Center Southern Campus. “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. Kumar 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 Monmouth Medical Center Southern Campus, please call **888.724.7123** or visit www.rwjbh.org/monmouthsouth.



TYPE OF TEST	SCREENING TYPE	WHEN TO GET IT	SPECIAL CONSIDERATIONS
BLOOD PRESSURE	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.
LIPID PROFILE	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.
BLOOD GLUCOSE (SUGAR)	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.
BONE MASS	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.
SEXUALLY TRANSMITTED DISEASES (STDs)	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.
BREAST CANCER	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.
CERVICAL CANCER	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.
COLORECTAL CANCER	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.
LUNG CANCER	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.
PROSTATE CANCER	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



From left: Denice Gaffney, Vice President, MMCSC Foundation, and Eric Carney, President and CEO of Monmouth Medical Center and MMCSC, gratefully acknowledge support from Ben Heinemann of BP Print Group.

GEM OF A DONOR

A GENEROUS CONTRIBUTION SUPPORTS MMCSC'S GERIATRIC EMERGENCY MEDICINE UNIT.

Ben Heinemann has long been an enthusiastic champion of Monmouth Medical Center Southern Campus (MMCSC) but became even more fervent after serving on the MMCSC Foundation board. “The hospital is there for us, and we have to be there for them,” says Ben, who lives in Lakewood and is chief executive officer of BP Print Group. “Hospitals need more money than they actually get, and without the support of their own community, they don’t have much of a chance.”

Knowing both the hospital and the community, Ben was inspired to donate to the MMCSC Geriatric Emergency Medicine (GEM) Unit, part of the James and Sharon Maida Geriatrics Institute. The GEM Unit provides efficient, safe, specialized medical care that meets the unique healthcare needs of older adults. Staff is trained in geriatric medicine and consults with a board-certified geriatrician. Among services are a comprehensive pharmacy consultation

including medication review and a geriatrics-sensitive environment equipped with lowered beds, fall alarms, non-skid floors and special lighting.

WELCOMING ENVIRONMENT

“Lakewood has a large senior community, especially among the Orthodox population, and proper geriatric care is of utmost importance,” Ben says. “The hospital is constantly working with the entire community to make sure everyone feels at home and that needs are met while being sensitive to everyone’s culture.”

His contribution was dedicated to one of the GEM Unit’s eight treatment rooms, and signage acknowledges his generosity. “I’ve had people call or text me to say things like, ‘I’m sitting in the ER with my mother and see your donation on the wall, so thank you, it made me feel at home,’” Ben says. “I tell them, ‘I’m so sorry you have to be there, but they’ll take good care of

GOLF CLASSIC SLATED FOR AUGUST 2

The Monmouth Medical Center Southern Campus (MMCSC) Foundation and RWJBarnabas Health will hold the 18th annual Golf Classic fundraiser on Monday, August 2, at Eagle Oaks Golf and Country Club. At the event, Frank J. Vozos, MD, FACS, past president of MMCSC, will be honored with a Lifetime Achievement Award.

Events will also include a cigar roll along with a 50/50 cash raffle. Participants can buy entries to the raffle for \$25 each, and the winner will receive 50 percent of the proceeds. The drawing date is August 2, and the winner does not need to be present at the event. For more information, contact the MMCSC Foundation at **732.886.4438** or email **Maria.Nelson@RWJBH.org**.

Proceeds will benefit programs and services at MMCSC Foundation. Golf registrations and sponsorship opportunities are booking up. To register, visit **www.rwjbh.org/MMCSCGolfClassic**.



you—it’s a great place.” Callers often take note of his business as a result of his contribution, he says.

“I’d love to have more company on those walls,” Ben says. “I’m hoping other businesses follow suit. It helps businesses, and the hospital gets more support from the community. When you walk into the hospital, you can tell people take pride in it. It is a very worthy and critical cause to support.”

To support the Monmouth Medical Center Southern Campus Foundation, visit www.rwjbh.org/monmouth-medical-center-southern-campus/giving.

CREATING A HEALTHIER COMMUNITY

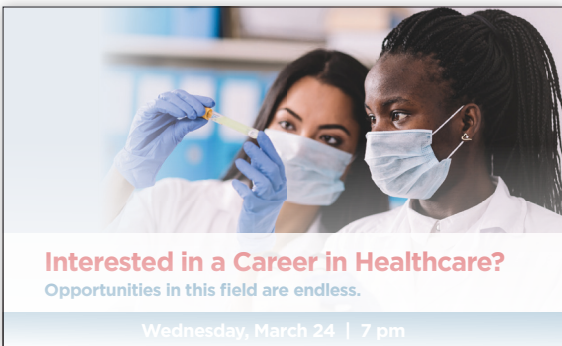
FROM PREVENTING COVID-19 TO PROMOTING FITNESS, THE COMMUNITY HEALTH TEAM IS IMPROVING THE WELL-BEING OF LOCAL RESIDENTS.

The Community Health and Social Impact & Community Investment team at Monmouth Medical Center Southern Campus (MMCSC) is raising awareness of COVID-19 prevention and addressing the needs of area children. Here are a few of their recent initiatives:



VIRTUAL KARATE FOR KIDS

The Information Technology Department at RWJBarnabas Health donated laptops to the Kensho Karate School, located across the street from MMCSC. When the pandemic hit, instructors Robert Goldschlag (middle) and Irving Perlman (right), with Jerry Payne (left), noticed that most of their students didn't have the technology to take virtual karate classes. At press time, 29 laptops had been distributed to the children, says Kelly DeLeon, MS, Manager of Community Health and Social Impact & Community Investment. Classes are being held in the parking lot, but if it rains, the children will be able to log in at home, says DeLeon.



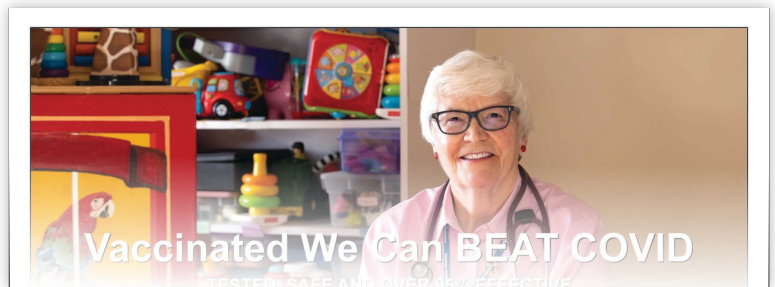
Interested in a Career in Healthcare?
Opportunities in this field are endless.

Wednesday, March 24 | 7 pm

CAREERS IN HEALTHCARE

On March 24, Monmouth Medical Center, with MMCSC, held a virtual career exploration event for students in grades 5 to 12. Goals were to introduce them to a range of careers and let them know that you don't necessarily have to be a physician or a nurse to work in healthcare.

The event featured a physician, an oncology nurse navigator, a director of human resources and an assistant director at the Jacqueline M. Wilentz Comprehensive Breast Center. All of the presenters shared their personal journeys and discussed what it's like to work in the field. More than 60 students from area schools attended. "It was the first time that we held a virtual program of this kind for students," says Kelly DeLeon, MS, Manager of Community Health and Social Impact & Community Investment. "The kids were completely engaged and asked thoughtful questions about the premed track, training required to become a radiology technician and how the presenters paid for their education." The event was so successful that the hospital plans to host another seminar in the future.



ADDRESSING VACCINE HESITANCY IN OUR COMMUNITY

The Community Health and Social Impact & Community Investment and Diversity and Inclusion departments held a series of virtual programs to address the issue of vaccine hesitancy, particularly among minority communities. Panelists included physicians, pharmacists and nurses who discussed and answered questions on the safety and efficacy of the vaccine and the importance for the community to be vaccinated.

The departments also collaborated with the City of Long Branch's Health Department in a multidimensional cross-media promotional campaign to identify trusted local "Influencers" targeting all residents with a focus on those living below the poverty line and the city's immigrant population. Campaign posters created in English, Spanish and Portuguese featured trusted community members along with Margaret C. Fisher, MD, Medical Director, Clinical and Academic Excellence at MMC, and Sharmine Brassington, MSN, RN, Director of Patient Care at the Emergency Department at MMC.

Currently, staff members at both MMC and MMCSC are working with local organizations and food pantries serving vulnerable populations in assisting them with vaccination appointments.







For a complete list of Community Health Education programs, visit www.rwjbh.org/monmouthsouth and click on the calendar of events.

RWJBarnabas Health Medical Group

Your primary source for primary care.

The Combined Medical Group of RWJBarnabas Health and Rutgers Health offers Ocean County residents an exceptional network of primary care physicians to not only treat you when you are sick, but guide you to improved health and wellness. Virtual and in-person visits available.

A primary care provider is your partner in:

-  The treatment of common illnesses and injuries
-  Reaching weight loss and wellness goals
-  Facilitating an annual physical and ordering appropriate tests and blood work
-  Mental health screenings
-  Medication management
-  Managing chronic health conditions like diabetes, arthritis, high blood pressure and lupus

