

A Publication of
MONMOUTH MEDICAL CENTER
SOUTHERN CAMPUS

Winter 2023

healthy *together*

**TREATING
HEART
ATTACKS:
'IT TAKES
A VILLAGE'**

**BREATHING EASIER
WITH COPD**

**PRIMARY CARE
CLOSE TO HOME**

An elderly man with glasses and a young boy are looking at a book together. The man is wearing a brown sweater and the boy is wearing a green and blue plaid shirt. The book is open and they are both looking at the pages.

**BETTER WOMEN'S HEALTH
AT EVERY AGE**



“As we enter into 2023 with a renewed sense of purpose, accomplishment and optimism, it’s a great time to focus on getting and staying healthy by making preventive care a priority. And we’re making it easier for you to do all of these things at RWJBarnabas Health. We’ve welcomed even more nationally recognized clinicians; expanded telehealth;

built ambulatory and satellite facilities so that our patients can receive healthcare closer to home; and we continue to improve, expand and modernize our facilities with state-of-the-art equipment and technology. We wish you the best of health in the New Year.”

MARK E. MANIGAN

PRESIDENT AND CHIEF EXECUTIVE OFFICER, RWJBARNABAS HEALTH



“At Monmouth Medical Center Southern Campus, we are committed to creating healthier communities by helping ensure our community members have the knowledge and ability to live healthier, more fulfilling lives and achieve disease prevention through innovative community education programs. And it is a commitment we have for our hospital heroes as well: We

have recently created tranquil new spaces that a generous local family gifted to our staff to help them take some time to breathe, relax, reflect, receive a chair massage, meditate and practice critical self-care.”

ERIC CARNEY

PRESIDENT AND CHIEF EXECUTIVE OFFICER, MONMOUTH MEDICAL CENTER AND MONMOUTH MEDICAL CENTER SOUTHERN CAMPUS

Monmouth Medical Center Southern Campus



600 River Ave., Lakewood, NJ 08701 | 732.363.1900 | rwjbh.org/MonmouthSouth

CONNECT WITH US ON

- @MonmouthSouthernCampus
- RWJBarnabas Health
- @RWJBarnabas
- @MonmouthSouthernCampus

Monmouth Medical Center Southern Campus complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. For more information, see link on our home page at www.rwjbh.org/monmouthsouth. MMCSC cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al 732.363.1900. MMCSC konfòm ak lwa sou dwa sivil federal ki aplikab yo e li pa fè diskriminasyon sou baz ras, koulè, peyi orijin, laj, enfimite oswa sèks. ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis ed pou lang ki disponib gratis pou ou. Rele 732.363.1900.

For issues regarding delivery of Healthy Together, please write to HTCirculation@wainscotmedia.com.



EARNING HONORS FOR SUPERIOR WOUND CARE

The Wound Care Center at Monmouth Medical Center Southern Campus (MMCSC) was recently a dual recipient of Clinical Distinction and Patient Satisfaction Awards from RestorixHealth, the nation’s leading wound care solutions company. Recipients of these awards meet or exceed national quality benchmarks over a set period of time.

RestorixHealth’s Clinical Distinction award recognizes centers that have demonstrated success by meeting or exceeding patient safety goals along with an above 90 percent healing rate. The Patient Satisfaction award recognizes centers that have achieved a patient satisfaction score of 96 percent or higher.

The Wound Care Center at MMCSC is dedicated to optimizing outcomes and preventing lower limb loss in patients with nonhealing wounds. The approach to wound care is aggressive and comprehensive, coordinating traditional and advanced therapies and techniques proven to reduce healing time and improve healing rates.

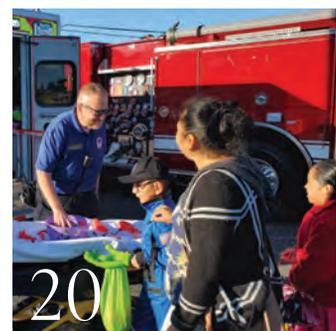
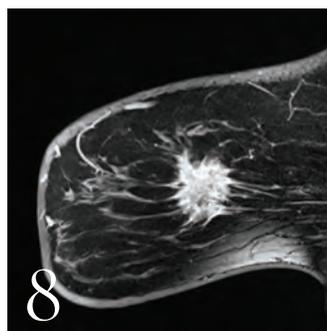
The center is staffed with a multidisciplinary team of physicians along with nurses and technicians with advanced training in wound care and hyperbaric medicine. Hyperbaric oxygen therapy (HBO) enhances the body’s natural healing process by having patients breathe pure oxygen inside a pressurized chamber, which helps the blood carry more oxygen to promote wound healing. Integrating a team of wound-care professionals optimizes patient care while offering the most advanced healing options for hard-to-heal wounds.

“The MMCSC Wound Care Center is proud to be recognized for not only its dedication to healing but also its dedication to patient satisfaction,” said Girish Nair, DPM, Medical Director. “We are proud to be a recipient of an award that recognizes the hard work and dedication of our staff.”

The Wound Care Center at MMCSC is located at 600 River Ave., Lakewood. For more information, call 732.886.4100 or visit www.rwjbh.org/monmouthsouth.

healthy *together* contents

WINTER 2023



2. WELCOME LETTER.

A community update from our leadership.

4. 'A VOICE OF HOPE AND RESILIENCE.'

Battling breast cancer with team care and a fighting spirit.

6. THE POWER OF PRIMARY CARE. Why to see a big-picture doctor.

8. PROVIDING CANCER ANSWERS. How MRI-guided breast biopsies assess abnormal growths.



9. PREVENTING SUICIDE. What you say and do may help save a life.

10. CARDIO VS. STRENGTH TRAINING. Which is better for heart health? Resolving an old debate.

11. HEMATOLOGY DREAM TEAM.

Meet the world-class team of doctors treating blood disorders and cancers.

12. BETTER WOMEN'S HEALTH AT EVERY AGE. From adolescents to seniors: what every woman needs to know.

14. SPECIALTY OUTPATIENT CARE FOR KIDS. Children's Specialized Hospital offers a range of services at 14 locations.

15. BEYOND BED-WETTING. Treating urologic conditions in children.

16. BANKING ON LIFE. How, where and when to donate blood this winter.

17. HONORING COMMUNITY SUPPORTERS. Local leaders contribute to high-quality care close to home.

18. 'IT TAKES A VILLAGE.' Colleagues save a man who had a heart attack at the hospital.

20. MAKING A DIFFERENCE IN THE COMMUNITY. Teams bring information and more to local residents.

21. A BREAKTHROUGH AGAINST COPD. Breathing easier with a new valve therapy.

22. COLORECTAL CANCER: WHAT TO KNOW. Why screening can save lives.



'A VOICE OF HOPE AND RESILIENCE'

TEAM CARE AND A FIGHTING SPIRIT HELP A LIFE COACH BATTLE BREAST CANCER.

Advanced treatment options have helped Ferlie Almonte battle an aggressive form of breast cancer and continue living her best life.

As a motivational speaker and resilience coach, Ferlie Almonte has made a career of helping other people tackle life's challenges. But in November 2021, when she was diagnosed with breast cancer, she was the one in need of advice.

She found the medical guidance and care she required through a multidisciplinary team of doctors and other healthcare professionals at Community Medical Center (CMC) and Monmouth Medical Center Southern Campus (MMCSC). "I'm grateful every single day," says Ferlie, 60, of Toms River. "I can still continue to lead a good, vibrant life. I'm doing my best to stay healthy in mind, body and spirit."

Now cancer-free, Ferlie can look back on a journey that—even for a person well versed in dealing with trials—took all the grit, determination, experience and wisdom she could muster.

A LONG ROAD

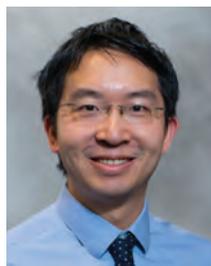
Ferlie never felt a breast lump or any other symptoms, so she was surprised when a routine mammogram made a suspicious finding in her left breast. A biopsy showed that she not only had cancer but a subtype known as triple positive breast cancer. This meant her cancer was HER2 positive, estrogen-receptor positive and progesterone-receptor positive—an aggressive form of the disease.

Yet the diagnosis also contained good news: The cancer was stage 1, so it was caught early, and effective treatments can specifically target triple positive breast cancer.

"We have made tremendous strides in breast cancer treatment," says Sumy Chang, MD, a breast surgical oncologist



SUMY CHANG, MD



HORACE TANG, MD

at CMC. Among the most important advances has been development of the drug trastuzumab (Herceptin), a therapy that works specifically against HER2-positive cancer. "It's made a huge difference," Dr. Chang says.

Before receiving this treatment, Ferlie needed to undergo surgery at CMC to remove her cancerous growth. Dr. Chang talked with Ferlie about the pros and cons of lumpectomy versus mastectomy to remove the entire breast.

Ferlie weighed her options in light of her cancer type and a family history of breast and ovarian cancers. "I did not want to take any chances," she says. "I went for double mastectomy to lessen my risk."

In the face of this daunting decision, Ferlie found talking with Dr. Chang reassuring, even therapeutic. "She's like an angel here on Earth," Ferlie says. "You can feel the love, care and compassion she has."

After surgery at CMC in December 2021, Ferlie worked with Horace Tang, MD, a medical oncologist and hematologist who oversaw her regimen of follow-up treatments at MMCSC.

In January 2022, Ferlie started chemotherapy treatments once a week for 12 weeks along with infusions of Herceptin every three weeks that continued through the year. She'll continue taking a daily pill called letrozole (Femara) for five years to suppress estrogen in her body and help prevent cancer from recurring.

"She has responded to her treatments very well, has maintained a really good attitude and kept her spirits up," Dr. Tang says. "She has a very good prognosis."

Ferlie made the best of infusion treatments by chatting with patients and staff. "The nurses are phenomenal because they take the time to get to know you and are very compassionate," Ferlie says. "When you go for treatment, you feel the energy, and it's very positive."

In June, RWJBarnabas Health honored Ferlie as an "Amazing Save" at a Jersey Shore BlueClaws game, where—accompanied by Dr. Chang, Dr. Tang

and members of her infusion team—she threw out the first pitch.

CALLED TO HELP OTHERS

In July, Ferlie underwent a second surgery, for breast reconstruction, and soon felt on her way back to normal life.

After a long year that included three hospital stays in six months and extensive medical treatment, Ferlie looked forward to life events that she had put on hold during her treatment, such as celebrating her 60th birthday and traveling to Europe with her family.

"If you are always dwelling on all the worry and feeling sorry for yourself, it's not helping," she says. "And believe me, I know it's not easy to motivate yourself when you don't feel well. But I did the best I could—and am doing the best I can."

Her goal now is to help other women do the same. She's working on a book about her breast cancer journey that she hopes will lend support, encouragement and a fighting spirit to other women grappling with the disease.

"I know my purpose in life," she says. "I know that I am a voice of hope and resilience. For people who are going through what I'm going through, I want them to not be afraid, to feel empowered and to remain confident about the possibilities in life."



BEAT CANCER

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 POWER OF PRIMARY CARE

8

**REASONS YOU
SHOULD VISIT
A DOCTOR
WHO KEEPS
TRACK OF THE
BIG PICTURE**

Research suggests the number of Americans who regularly see a primary care physician is dropping. But going to a primary care practice has important health benefits,

according to Kerollos Askander, MD, a primary care physician from the Aldrich Primary Care practice in Howell and a member of RWJBarnabas Health Medical Group.

“A primary care physician typically specializes in a discipline such as family medicine or internal medicine and provides a first point of entry into the healthcare system,” says Dr. Askander. “It’s important to have go-to health professionals, including nurses, in your corner who can assess and treat a broad variety of conditions.”

Dr. Askander and colleague Iniobong Ukonne, MD, also a primary care



KEROLLOS ASKANDER, MD



INIOBONG UKONNE, MD

physician at Aldrich Primary Care and a member of RWJBarnabas Health Medical Group, say regularly seeing a primary care doctor can improve your health for reasons like these:



1 You'll be better off if you get

ill. After just one meeting, your primary care physician will know at least some of your medical history and possibly baseline results from a number of routine screening tests. "When something goes wrong, your doctor will know what 'normal' looks like for you, which will help in addressing both your acute and chronic medical problems more effectively," Dr. Ukonne says.



2 Medications will be managed more effectively.

People who use prescription drugs often take more than one, sometimes prescribed by different doctors. Many take vitamins and supplements as well. A primary care physician can monitor and track all your medications, helping to protect you from drug interactions. Your primary care doctor can also keep records of any changes in dosages that might cause unwanted side effects and speak with your other doctors to help fine-tune your regimen.



3 You'll receive disease-prevention advice.

Seeking out a primary care physician regularly even when you're feeling fine can help prevent serious illness at a later time. From your health profile, your doctor will be able to recommend tests that can assess your chances of developing heart disease, diabetes, cancer and other serious-but-common problems. If your medical history and tests indicate that you're prone to specific illnesses, your primary care

physician can suggest healthy lifestyle changes and regular screenings to reduce your risks.



4 Remote consults may be readily available.

Baseline health information your primary care physician collects may allow your doctor to treat certain problems over the phone, knowing you can schedule an in-person follow-up visit if your symptoms don't improve. Without a primary care doctor, you're likelier to need a trip to a medical office.



5 You'll have an easier time finding specialists.

When you need the care of an expert in a specialty, your primary care physician can help you find the right person—not only someone with the proper qualifications, but a provider who will mesh well with your personality and care preferences. If you prefer aggressive treatments, for instance, you can communicate this to your primary care physician, who can recommend specialists who align with your approach.



6 You'll get help navigating the ER.

Wondering if you should head to the emergency department? If you have a relationship with a primary care physician, you can touch base with the practice office and get guidance from your doctor, potentially sparing you a trip. If you do need to seek emergency care, your doctor may be able to call ahead and provide pertinent medical details that could shorten your wait time when appropriate.



PRIMARY CARE CLOSE TO HOME

For people who live in and around Howell, it's easy to find a primary care physician at Aldrich Primary Care. This practice, with a full range of primary care services, is located at 4013 Route 9 North in Howell. Next door, patients will find the Jacqueline M. Wilentz Comprehensive Breast Center at Howell, which offers mammography, bone density testing services, genetic counseling and general X-rays. Women who have a primary care visit and need a mammogram can walk across the hall to the Center—no appointment is needed.



7 You'll receive better care overall.

People with primary care physicians tend to receive significantly more high-value healthcare such as flu shots, COVID-19 vaccinations or boosters and cancer screenings. They often have better patient experiences and overall access to healthcare as well.



8 You might live longer.

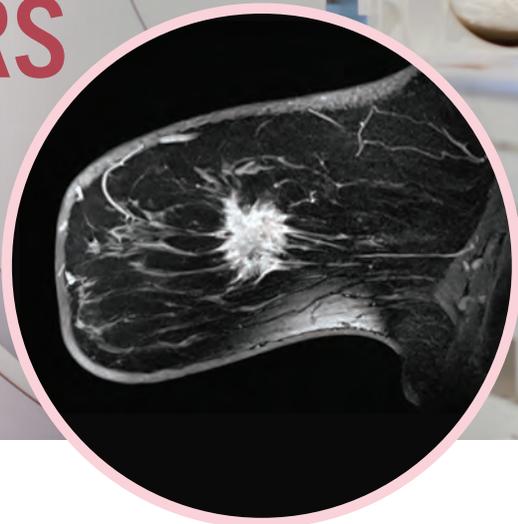
Research suggests that people who live in areas where primary care physicians are readily available on average have longer life spans. But benefiting from their services depends on actually going to your primary care doctor.

For more information on Aldrich Primary Care, call **732.835.7914** or visit www.rwjbh.org/medicalgroup.



PROVIDING CANCER ANSWERS

HOW MINIMALLY INVASIVE MRI BREAST TESTS YIELD VITAL INFORMATION



Your doctor says you should have a breast MRI and/or an MRI-guided breast biopsy. Both involve MRI, or magnetic resonance imaging, a technology that uses a magnetic field and pulses of radio wave energy to make detailed, high-quality images.

How are these procedures different and how can they help? Amanda Feibusch, MD, a radiologist at the Jacqueline M. Wilentz Comprehensive Breast Center at Monmouth Medical Center Southern Campus, explains.

What is a breast MRI?



AMANDA FEIBUSCH, MD

A breast MRI is a test performed most commonly as a high-risk screening in addition to an annual mammogram. The breast MRI helps with problem-

solving following diagnostic imaging or with evaluating the extent of disease following a cancer diagnosis.

Intravenous contrast is required for a breast MRI. This entails administering a special dye that makes it easier for healthcare providers to see differences or abnormalities in the body. If an abnormality is detected on a breast MRI, the radiologist analyzing the images will recommend an MRI-guided biopsy. This will determine if the abnormality is benign (non-cancerous) or malignant (cancerous).

What is an MRI-guided breast biopsy?

An MRI-guided breast biopsy is a minimally invasive procedure performed to take a sample of the tissue in question. This sample can be used to evaluate a suspicious finding seen on a breast MRI and potentially diagnose cancer. The procedure usually takes about an hour.

What happens during the biopsy?

We take a series of images, and the radiologist locates the area in question. We inject a local anesthetic for comfort, make a very small nick in the skin and take a few samples of tissue. The actual tissue sampling only takes a few minutes. Tissue samples are sent to the pathology lab for analysis. A tiny marker is then placed in the sampled area to provide a reference point if surgical intervention is required following the tissue diagnosis, which is obtained within a couple of days.

Following the procedure, a sterile dressing covers the incision to assist with healing and help keep the area clean. The area will need to remain dry for 24 hours, and we provide ice that you apply to the area on and off for the remainder of the day. You should avoid any strenuous activity such as heavy lifting and exercising for 48 hours.

We are here every step of the way to make a biopsy a good experience for our patients. Our team works together to ensure you're safe and comfortable.

What's the biggest benefit?

Early detection saves lives. MRI-guided breast biopsy provides a minimally invasive way to sample suspicious tissue in the breast. It allows pathologic diagnosis that will provide important information for a surgeon if surgical management is subsequently recommended.



BEAT CANCER

RWJBarnabas Health and Monmouth Medical Center Southern Campus, together with Rutgers Cancer Institute of New Jersey—the state's only NCI-Designated Comprehensive Cancer Center—provide close-to-home access to the latest treatment options. For more information, call **844.CANCERNJ** or visit www.rwjbh.org/beatcancer.



HELP AND HOPE FOR THOSE AT RISK FOR SUICIDE



Contact the RWJBarnabas Health Behavioral Health Access Center at 800.300.0628 for information about services or a referral to a mental health specialist.

SUICIDE WARNING SIGNS

According to the National Institute of Mental Health, signs that a person may be thinking about suicide include:

Talking about:

- Wanting to die
- Great guilt or shame
- Being a burden to others

Feeling:

- Empty, hopeless, trapped or having no reason to live
- Extremely sad, anxious, agitated or full of rage
- Unbearable emotional or physical pain

Changing behavior:

- Making a plan or researching ways to die
- Withdrawing from friends, saying goodbye, giving away important items or making a will
- Taking dangerous risks such as driving extremely fast
- Displaying extreme mood swings
- Eating or sleeping more or less
- Using drugs or alcohol more often

A RETIRED U.S. ARMY MAJOR GENERAL AND HIS STAFF HELP PREVENT SUICIDE—ONE CALL AT A TIME.

Suicide. It's a scary word. According to the Centers for Disease Control and Prevention (CDC), close to 48,000 people in the U.S. died by suicide in 2020—that's one person approximately every 11 minutes. You may have a family member or friend who is contemplating, or who has attempted, suicide—and chances are you don't even realize it.

- There are several reasons for that.
- The warning signs are not always clear—and not every person exhibits them.
- The associated stigma is so widespread that many people in crisis are afraid or ashamed to reach out for help.
- There's often a very brief period



MAJ. GEN. (RETIRED) MARK A. GRAHAM

between thought and action. Studies have shown that nearly half of those who've attempted suicide did so within 10 minutes of first thinking about attempting.

Nobody knows this better than

Mark A. Graham, a retired U.S. Army Major General who serves as Executive Director, Rutgers University Behavioral Health Care (UBHC) and RWJBH Behavioral Health and Addictions Services, National Call Center and Vets4Warriors, which includes the New Jersey Suicide Prevention Hopeline (NJ Hopeline). One of his sons died by suicide in 2003 and since then, Maj. Gen. Graham and his wife, Carol, have been tireless champions of efforts to promote suicide-prevention awareness.

One in five adults in the U.S. (nearly 53 million people) lives with a mental illness. Yet, it still is not widely acknowledged as "real" sickness. "We've made some progress in changing that perception," says Maj. Gen. Graham, "but we're going to have the stigma until we make mental healthcare part of healthcare. Mental health is health."

One of the goals of the NJ Hopeline, which launched a decade ago, is to make it easier for people contemplating suicide to seek help without fear of judgment. All NJ Hopeline employees have extensive training and are well

prepared to help callers. "During a crisis, quick access to support and care can prevent death by suicide," says NJ Hopeline Program Director William Zimmerman. "We listen, support and assess people for needs. There's no time limit for a call, and we're available 24/7. If we can keep that person engaged and supported, the suicidal action may never happen," he says. Maj. Gen. Graham agrees. "The last thing we want to do is make a person regret that they called," he says. "We want people to feel better, to know that there's hope and help and that they're not alone."

If you or someone you know is experiencing warning signs of suicide, get help immediately. Call 988 or NJ Hopeline at 855.654.6735. For more information, visit rwjbh.org/behavioralhealth.





THE GREAT DEBATE:

CARDIO VS. STRENGTH TRAINING

FIND OUT WHICH ONE IS BEST FOR YOUR HEART HEALTH.

Everyone knows that exercise is good for the heart. But what kind of exercise is most beneficial for optimum heart health—cardio or strength training? Anthony Altobelli III, MD, Clinical Chief of Cardiology, Robert Wood Johnson University Hospital (RWJUH) and RWJBarnabas Health (RWJBH) Medical Group, sheds some light on this decades-old debate.

When it comes to cardio vs. strength training for heart health, is one more beneficial than the other?

The scientific evidence is still building around which form of exercise is best to prevent chronic disease. Historically, aerobic (or cardio) exercise was always recommended for heart and lung health with little attention paid to strength (or resistance) training. What's clear now, however, is that strength training is as



ANTHONY ALTABELLI III, MD

important to heart health as aerobic exercise and that a combination of both yields the best heart outcomes with regard to blood pressure, body composition,

fitness, strength and metabolism. In turn, beneficial change in a person's physiology yields a lower risk of diabetes, hyperlipidemia (high cholesterol), heart attack and stroke.

What's the best way to combine these exercises?

Physical Activity Guidelines for Americans, a 2018 report from the Department of Health and Human Services, recommends that each week, adults aged 18 to 64 do at least 150 to 300 minutes of moderate-intensity aerobic activity, 75 to 150 minutes of vigorous-intensity aerobic activity or an equivalent combination of both. Strength training should be performed at least twice a week on nonconsecutive days to allow a period of rest for the muscle groups being stressed.

How does age affect the type of exercise(s) a person should do?

As we age, safety becomes an issue. The aging adult should do both forms of exercise, but participation should take into account chronic medical conditions,

such as musculoskeletal disorders, that may place the individual at risk for injury. For people at risk for falls or with balance issues, resistance exercises, such as chair squats, heel lifts, rowing, resistance bands, bicep curls and shoulder presses, may be effectively and safely performed. Research continues to support strength/resistance training for older individuals.

What advice do you have for the average person who wants to start an exercise regimen to improve their heart health?

Recommendations are based on age and whether the individual is new to an exercise program. First, choose exercise that you may find enjoyable. Second, set realistic expectations for how often and how long you'll exercise. Third, choose exercises that you can safely perform. Fourth, consider partnering with others for motivation and socialization. Fifth, communicate with your physicians.

Whoever your heart beats for, our hearts beat for you. To connect with a top cardiovascular specialist at RWJBarnabas Health, call 888.724.7123 or visit www.rwjbh.org/heart.

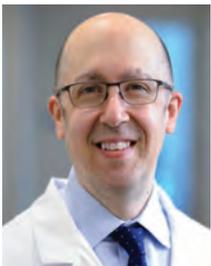


WORLD-CLASS CARE FOR BLOOD CANCERS CLOSE TO HOME

RENOWNED CANCER DOCTORS ARE HELPING TO ENHANCE AND EXPAND THE HEMATOLOGIC MALIGNANCIES PROGRAM AT RUTGERS CANCER INSTITUTE OF NEW JERSEY AND RWJBARNABAS HEALTH.

The Hematologic Malignancies Program at Rutgers Cancer Institute of New Jersey and RWJBarnabas Health is known in New Jersey and beyond for its world-class multidisciplinary team of cancer experts and for its coveted place at the forefront of cancer research. As the state's only National Cancer Institute-Designated Comprehensive Cancer Center, it offers patients access to the most advanced treatment options for blood cancers, including blood and marrow transplantation, CAR T-cell therapy, immunotherapies and innovative clinical trials, many not available elsewhere.

Now, the highly regarded program



MATTHEW MATASAR, MD, MS



IRA BRAUNSCHWEIG, MD

has extended its reach—and its potential—with the addition of two nationally recognized leaders in the field of hematologic malignancies to lead and complement the already outstanding team in place.

As the new Chief of Blood Disorders, Matthew Matasar, MD, MS, brings extensive expertise to the program and is among the nation's most experienced clinicians and researchers in routine, rare and complex hematologic malignancies, with extensive expertise in treating these types of cancers with clinical trials, immunotherapy and other cellular therapies. Dr. Matasar will lead the enhancement of multidisciplinary clinical services, including programmatic growth of the bone marrow transplant and cellular therapy programs across the health system.

“My goal is to grow what already is an amazing program with extraordinary physicians,” says Dr. Matasar. “My vision is to continue to develop the health system's ability to give best-in-class care; to deliver the most promising novel

therapies in the context of ongoing and new clinical trials; to educate our patients, their families and the community; and to train physicians how best to take care of these patients.”

Ira Braunschweig, MD, Chief of Transplant and Cell Therapy, is an expert at treating blood cancers with blood and marrow transplantation as well as with CAR T-cell therapy, in which, he says, “We take the cells of a patient's own immune system and reengineer them to become super-powerful cancer-fighting cells.” Dr. Braunschweig was one of the physician-scientists leading the pivotal study in late 2015 that established CAR T-cell therapy as a standard for relapsed and refractory aggressive lymphoma.

“The Rutgers Cancer Institute/RWJBarnabas Health program has a strong foundation,” he says. “I want to take it to the next level by expanding it and ensuring that more patients have these therapies available to them close to home, and by further enhancing the availability of cutting-edge therapies.”

To learn more about the Hematologic Malignancies Program at Rutgers Cancer Institute of New Jersey/RWJBarnabas Health, please visit www.rwjbh.org/beatcancer.





BETTER WOMEN'S HEALTH AT EVERY AGE

**WHAT WOMEN NEED TO KNOW TO STAY WELL—
FROM ADOLESCENCE TO AGELESS.**

Throughout a woman's life, her body and her healthcare needs evolve. From adolescence through menopause and beyond, women experience many changes. Staying healthy through all those changes can be daunting—but it doesn't have to be. We asked doctors at RWJBarnabas Health to share some of their best advice on how women can maintain optimal

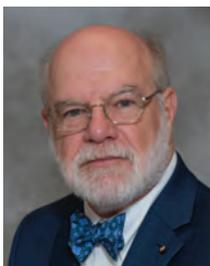
health at every age and stage.

PREVENTIVE AND GENERAL HEALTHCARE

Being proactive about preventing illness and injury should start early in a woman's life. "Adolescent women should be encouraged to establish healthy eating and sleeping habits, exercise regularly and avoid excessive screen time," says

Robert A. Graebe, MD, Chair and Program Director of the Department of Obstetrics and Gynecology at Monmouth Medical Center. Preventive care, he says, can include taking seemingly simple but important measures such as consistently using sunblock and always wearing a seat belt.

Dr. Graebe also stresses the importance of caring for mental health and says that adolescent and young women should be encouraged to seek support for feelings of anxiety and depression or other mental health problems. In addition, women should schedule an annual well-woman visit. "During this visit, the care you receive will focus on you, your body and your reproductive health," says Dr. Graebe. "A well-woman visit also provides a time



ROBERT A. GRAEBE, MD



LENA L. MERJANIAN, MD



JULIE MASTER, DO, FACC



NICOLE M. MONTERO LOPEZ, MD

to discuss fertility questions and family planning options and to get screened for sexually transmitted diseases.”

GYNECOLOGIC AND REPRODUCTIVE HEALTH

• First OB/GYN Visits

“The American College of Obstetricians and Gynecologists recommends that a girl establish care with a gynecologist between the ages of 13 and 15,” says Lena L. Merjanian, MD, an obstetrician and gynecologist at Rutgers Health. “This visit is an opportunity for her to establish a trusting rapport with her physician. It’s a confidential visit to discuss reproductive health concerns, contraception, relationships, adolescent sexuality and avoiding risky behaviors.”

According to Dr. Graebe, the first OB/GYN visit is also an opportunity to establish the diagnosis of common problems such as polycystic ovarian syndrome, hypothyroidism, eating disorders, etc. “The majority of bone formation occurs during the early years, so discussion concerning proper bone health is vital to prevent future osteoporosis,” says Dr. Graebe. A first gynecologic visit usually doesn’t include a pelvic exam or Pap smear.

• Reproductive Years

During a woman’s reproductive years, maintaining optimal health can increase her chances of a healthy pregnancy and birth if she chooses to start or grow a family. Folic acid supplementation is important, especially when planning a pregnancy. In addition, women should be proactive with age-appropriate screenings, such as Pap and HPV (human papillomavirus) tests. They should use condoms with new sexual partners to prevent sexually transmitted diseases, such as chlamydia and gonorrhea, which can negatively impact fertility. And, says Dr. Graebe, they should be aware that “a woman’s peak fertile years are from about age 27 to 29, with a steady decline starting in the mid-30s.”

Some women, including those receiving cancer therapies and those wishing to postpone pregnancy until beyond their mid-30s, may want to consider egg freezing and subsequent

HEALTH EQUITY

The importance of women’s health equity cannot be understated. According to Meika Neblett, MD, MS, Chief Medical Officer at Community Medical Center,



MEIKA NEBLETT, MD, MS

“Women’s health equity requires an integrated approach that recognizes the need for progress in understanding the social determinants of health, diversity and inclusion, and their intersectionality.

“RWJBarnabas Health has made equity a priority in women’s health,” says Dr. Neblett, “and it has taken steps toward removing barriers to preventive screenings that lead to earlier diagnosis and treatment of certain types of cancers as well as improving access to family planning services.”



in-vitro fertilization, says Dr. Graebe.

• Breast Health

Breast self-awareness should start at about age 20, when women should focus on knowing what’s normal for their breasts. If changes are noticed, women should talk to their primary care provider or OB/GYN. Regular breast screening can help detect cancer at an early and more treatable stage. For women at average risk for breast cancer, a clinical breast exam is recommended every one to three years between the ages of 25 and 39, and a mammogram is recommended every one to two years beginning at age 40. “It’s important for women to be aware of their family history,” says Dr. Graebe. “Women at increased risk, such as those with a family history of breast cancer and other hereditary cancer syndromes, may benefit from seeing a genetic counselor.”

HEART HEALTH

“It’s important for a woman to know her risk factors for heart disease, including her cholesterol numbers, blood pressure, family history and smoking status,” says Julie Master, DO, FACC, Director of Noninvasive Cardiac Services at Monmouth Medical Center. “There are also novel risk factors such as pregnancy complications that can put a woman at

higher risk of heart disease in the future. A history of cancer treatment may also increase her risk. Having a yearly physical and not ignoring symptoms are of the utmost importance.”

BONE HEALTH

Most women don’t think about their bones until there’s a problem with them, but bones need care to stay healthy just like the rest of the body.

Bone density testing is one way to measure bone health. This is especially important for women because, according to Nicole M. Montero Lopez, MD, an orthopedist at Clara Maass Medical Center, hormonal changes during menopause can directly affect bone density. Women 65 and older and women under 65 with risk factors, such as a family history of the disease or fracture, should have a bone density test. Frequency of testing depends on age, results of prior tests and individual risk of fracture. The goal in osteoporosis prevention is to slow down the loss of bone mass to reduce the risk of fractures. You can strengthen your bones with certain exercises and lifestyle changes. Weight-bearing exercise is the most important type of exercise for preventing osteoporosis, and a diet rich in calcium and vitamin D is good for bone health.

To learn more about women’s health services at RWJBarnabas Health, visit www.rwjbh.org/treatment-care/womens-health.



CHILDREN'S CARE CLOSE TO HOME

WHERE TO TURN FOR SPECIALIZED OUTPATIENT SERVICES THROUGHOUT NEW JERSEY

As a leading provider of inpatient and outpatient care for children who face special health challenges from birth to age 21, Children's Specialized Hospital, part of the RWJBarnabas Health Children's Health Network of hospitals, partners with families to treat a wide range of developmental, physical, mental and behavioral concerns. You'll find outpatient services close to home at these New Jersey locations.



Children's Specialized Hospital®

An RWJBarnabas Health facility



Outpatient services include facilities and equipment specially designed to meet children's needs.

BAYONNE

- Developmental and behavioral pediatrics
- Occupational therapy
- Physical therapy
- Speech and language therapy

CLIFTON

- Developmental and behavioral pediatrics
- Neurology
- Occupational therapy
- Orthopedics
- Physical therapy
- Psychology
- Speech and language therapy

EAST BRUNSWICK

- Occupational therapy specializing in upper extremity and hand therapy
- Physical therapy specializing in orthopedic and sports medicine

EATONTOWN

- Audiology
- Developmental and behavioral pediatrics
- Neurology
- Occupational therapy
- Physiatry
- Physical therapy
- Psychology
- Speech and language therapy

EGG HARBOR TOWNSHIP

- Developmental and behavioral pediatrics
- Occupational therapy
- Physiatry
- Physical therapy
- Psychiatry
- Psychology
- Speech and language therapy

HAMILTON

- Audiology
- Developmental and behavioral pediatrics
- Neurology
- Occupational therapy
- Physiatry
- Physical therapy
- Psychiatry
- Psychology
- Special needs primary care
- Speech and language therapy

NEWARK

- Developmental and behavioral pediatrics
- Occupational therapy
- Physical therapy
- Speech and language therapy

NEW BRUNSWICK—PLUM STREET

- Developmental and behavioral pediatrics
- Neurology
- Neuropsychology
- Occupational therapy
- Physiatry
- Physical therapy
- Psychiatry
- Psychology
- Speech and language therapy

TOMS RIVER—LAKEHURST ROAD AND STEVENS ROAD

- Audiology
- Developmental and behavioral pediatrics
- Neurology
- Nutrition
- Occupational therapy
- Physiatry
- Physical therapy
- Psychiatry
- Psychology
- Rehabilitation technology
- Speech and language therapy

UNION

- Audiology
- Developmental and behavioral pediatrics
- Neurology
- Neurorehabilitation
- Occupational therapy
- Orthopedics
- Physiatry
- Physical therapy
- Psychiatry
- Psychology
- Special needs primary care
- Speech and language therapy

SOMERSET

- CSH RUCARES Severe Behavioral Program
- Intensive Feeding Disorders Program

WEST ORANGE

- Occupational therapy
- Physical therapy
- Speech and language therapy

To learn more about outpatient programs and services or to schedule an appointment, call **888.244.5373** or visit **www.rwjbh.org/cshoutpatient**.

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, Eatontown, Egg Harbor Township, Hamilton, Newark, New Brunswick, Somerset, Toms River, Union and West Orange.



BEYOND BED-WETTING

A TOP PEDIATRIC UROLOGIST SHARES THE LATEST TREATMENTS FOR URINARY TRACT PROBLEMS IN CHILDREN.

Joseph Barone, MD, a nationally recognized expert in the field of pediatric urology, was recently appointed Medical Director of Pediatric Urology for the Children's Health Network of RWJBarnabas Health (RWJBH). Dr. Barone is also Chief of the Division of Urology and Professor of Surgery at Rutgers Robert Wood Johnson Medical School. Here, Dr. Barone talks about children's urologic conditions as well as what's new in the field.

How has the RWJBH pediatric urology program changed recently?



JOSEPH BARONE, MD

We're now a system-based program with all pediatric urologists in all RWJBH children's hospitals working as one group. This allows us to take advantage of

synergistic opportunities for clinical access, safety, quality and diversity. With integration, patients will receive the same pediatric urology care no matter where they are in the system.

How are children's urologic issues different from those of adults?

Children mostly have congenital problems and adults deal with problems that develop during life. Because of this, the practice of pediatric urology now has its own board certification by the American Urological Association.

What are some common urologic issues in children?

The most common is bed-wetting, affecting 10 million children in the United States each year. Other

common conditions include urinary tract infections (UTIs) and daytime accidents. There are also some common surgical conditions, such as undescended testes and hernia.

What are some serious pediatric urologic conditions that you treat?

Some children born with neurological diseases, such as spina bifida, lack the nerves that control the bladder. As a result, they're incontinent. To restore continence, we use the small intestine to make a new bladder with a procedure called bladder augmentation. Twisting, or torsion, of the testes—when a boy's testicle twists spontaneously and cuts off its blood supply—is another serious issue that not many people know about. Sudden, severe testis pain is an emergency and parents should take their child to the emergency department if this happens.

What robotic surgical techniques are used for children?

We offer minimally invasive robotic surgery for nearly all pediatric urology conditions that historically would require an incision. The robot is controlled by the surgeon, and three or four laparoscopic ports are placed into the child's abdomen. Robotic surgery speeds recovery and results in less pain. For older children, we offer single-port robotics. There are only a handful of centers that offer this robotic procedure.

Are there any exciting new developments in this area?

We're working on developing a new electrical surgical tool designed for pediatric surgery. We currently use similar tools designed for adults and when working in a very tiny space, they can be cumbersome. We've designed the pediatric surgical tool and are in the process of making a 3D model.

To find a pediatric urologist or for more information on children's urologic issues, visit www.rwjbh.org/childrenshealth.





BANKING ON LIFE

WHERE AND HOW TO DONATE BLOOD THIS WINTER

It's estimated that someone in the United States needs blood every two seconds, and, since January is National Blood Donor Month, there couldn't be a better time to donate. Blood doesn't have a long shelf life—between five and 35 days, depending on the component—so there's rarely, if ever, a surplus. This is especially true in winter, when donations typically slow down because of bad weather, winter holidays and seasonal illnesses like colds and flu.

"Simply put, there's no substitute for blood," says Sally Wells, Business Development Liaison, Robert Wood Johnson University Hospital Blood Services. "Blood cannot be manufactured. We always say that 'it's the blood on the shelf' that makes it possible to treat traumatic injuries, perform surgeries, support premature babies and treat patients who are going through advanced cancer therapies, to name a few of its uses."

While all RWJBarnabas Health facilities run blood drives several times

a year, Wells says that multiple blood drives will occur in January, noting that donor centers in New Brunswick and Somerset will be open daily. "Our message for National Blood Donor Month is 'Donate 3 in 2023,'" she says, referring to three pints of blood.

The ripple effect of the pandemic is still being felt in many areas, including blood donation. "People aren't donating as often as before the pandemic, so we're still experiencing periodic shortages," says Wells. "We haven't been able to build up a reserve, so certain blood types and products are always in high demand."

The blood type that is most in demand is type O-negative (O-). "This is the universal blood type because it can be used in an emergency to transfuse anyone until the person's blood type can be verified," says Wells.

If you don't know your type, don't worry. When you donate, you'll be issued a blood-donor card that will list your blood type.



HOW TO DONATE

The four basic steps to donating blood are:

1. Registration (to gather demographic information)
2. Medical interview and mini physical (to determine if the donor is suitable)
3. Phlebotomy (the actual donation, drawing blood)
4. Rest and refreshments (after blood is donated)



REQUIREMENTS FOR DONORS

To donate blood, you must:

- Be in overall good health
- Be at least 17 years old (16 with parental consent)
- Weigh at least 110 pounds (120 pounds if 16 years old)
- Present a valid photo identification with signature

For more information or to schedule an appointment to donate blood, visit www.rwjbh.org/treatment-care/blood-donation or www.rwjhdonorclub.org, or call 732.235.8100 ext. 221 (New Brunswick) or 908.685.2926 (Somerset).

NATIONAL
**BLOOD
DONOR**
MONTH



HONORING COMMUNITY SUPPORTERS

LOCAL LEADERS CONTRIBUTE TO HIGH-QUALITY CARE CLOSE TO HOME.



Gathering in the newly named Pine Belt Family Infusion Center are (from left) Robert Sickel, President, Pine Belt Enterprises, and Chairman of the MMCSC Foundation Board, as well as a member of the MMC/MMCSC Board of Trustees; Mike Trebino, President of Pine Belt Automotive; Philip Passes, DO, Chief Administrative Officer, MMC and MMCSC; and Eric Carney, President and CEO, MMC and MMCSC.

Multiple recent events have reflected the high level of support that Monmouth Medical Center Southern Campus (MMCSC) receives from local community leaders.

In November, MMCSC announced the naming of the Pine Belt Family Infusion Center in honor of longtime philanthropists and hospital supporters.

For more than three decades, the Pine Belt family of car dealerships has provided unwavering support to MMCSC and surrounding communities. The Sickel family, together with the Trebino family, led by Mike Trebino, President of Pine Belt Automotive, have donated \$750,000 toward the naming of the outpatient infusion unit, where patients are treated for cancer and receive other lifesaving infusions on a daily basis.

“Our families are proud advocates for Monmouth Medical Center Southern Campus and the RWJBarnabas Health system,” says Robert Sickel, President, Pine Belt Enterprises, and Chairman of the MMCSC Foundation Board, as well as a member of the Monmouth Medical Center (MMC)/MMCSC Board of Trustees. “The hospital is a vital part of the Lakewood community, and the compassionate care and excellence shown by the team in the Pine Belt Family Infusion Center mirror our commitment to the community we all serve.”

“We are very thankful for such a generous donation from the Pine Belt families,” says Eric Carney, President and Chief Executive Officer of MMC and MMCSC. “Their steadfast commitment to our hospital and the wider community is truly admirable.”

HONORING SUPPORTERS AT A GALA EVENT

A highlight of a Monmouth Medical Center Southern Campus (MMCSC) Gala event held in October was the recognition of three key hospital supporters. The honorees are known for their long-standing leadership and dedication to both the hospital and community.

The honorees were:

- Avinash Gupta, MD, Chief of Cardiology at MMCSC. With his wife, Geeta, who practices internal medicine, Dr. Gupta has made numerous contributions to healthcare, including initiatives both in the local area and in India to promote vaccinations against COVID-19.
- Pine Belt Enterprises. In addition to providing funds for MMCSC’s Outpatient Infusion Unit, the Sickel family has supported a variety of events that benefit the hospital, provided leadership on MMCSC boards and made numerous gifts.
- Alan Krupnick. Generosity from the Krupnick family has helped MMCSC ensure that people in the Ocean County area have access to high-quality clinical care. Alan Krupnick has made numerous gifts commemorating the legacy of his mother, Charlotte, and has served on the MMCSC Foundation Board of Trustees.



Attending a recent MMCSC Gala are (from left) Eric Carney, President and CEO, MMC and MMCSC; Robert Sickel, Pine Belt Enterprises; Denice Gaffney, Vice President, MMCSC Development; Avinash Gupta, MD; Alan Krupnick; and Caitlin Olson, Regional Vice President of Development, MMC and MMCSC.

To support the Monmouth Medical Center Southern Campus Foundation, visit www.monmouthsouthgiving.org.



‘IT TAKES A VILLAGE’

A COMMUNITY OF COLLEAGUES SAVES A MAN WHO HAD A HEART ATTACK IN THE HOSPITAL.

Mark Freiwald was just finishing his shift as Security Supervisor at Monmouth Medical Center Southern Campus (MMCSC) in April 2022 when he began to feel uncomfortable. “It was around 3 p.m., and I was getting ready to leave about 3:30,” says Mark, 54. “I felt a little warm, so I opened the window to my office, but that didn’t seem to help.”

He went to the men’s room and splashed some water on his face. When he came back to his office, he felt some chest discomfort but didn’t make much of it. Coworkers, however, noticed something seemed off.

“One person was like, ‘Hey, are you OK?’” Mark says. He

Numerous hospital colleagues jumped into action when Mark Freiwald (**third from left**) had a heart attack on the job and later underwent cardiac rehabilitation, including (**from left**) Jennifer Garcia, RN; Chelsea Kau, BSN; and Arturo Jimenez, MD, from the Emergency Department; Anil Gupta, MD, Chief Medical Officer and cardiologist, who closely tracked Mark's progress; and Diane Carpino, RN, who, with Hazelle Meneses, RN (not pictured), guided rehab.



Whoever your heart beats for, our hearts beat for you. To connect with a top cardiovascular specialist at Monmouth Medical Center Southern Campus, call 888.724.7123 or visit www.rwjbh.org/heart.

told his colleagues how he was feeling and said it wasn't a problem. They danced around the topic:

"Are you sure you're all right? Maybe you should go downstairs to the Emergency Department [ED] and get checked out."

"No, no, I'm fine."

Within a few minutes, Mark was breathing more heavily, and the pain was getting more intense. That's when coworkers who were keeping a watchful eye on him initiated a chain of care that got him the help he needed.

"They said, 'We have to get you to the ED,'" Mark says. "So they called a rapid response." A nurse and hospitalist physician dashed to Mark's side, and he was rushed to MMCSC's ED, where doctors determined he was having a heart attack.

LIFESAVING CARE

"He had a classic presentation of a heart attack," says Arturo Jimenez, MD, an emergency medicine physician at MMCSC—"new onset of progressive chest discomfort, profuse sweating and heavy breathing that persisted beyond 30 minutes." EKG readings and a rapid assessment to rule out other conditions confirmed the diagnosis.

Mark was quickly given medications to thin his blood, prevent or dissolve clots, lower cholesterol, stave off abnormal heart rhythms and dilate blood vessels to restore his blood flow and achieve what clinicians call coronary artery reperfusion.

Once he was stabilized, Mark was transported to Robert Wood Johnson University Hospital (RWJUH) in New Brunswick, where he underwent a cardiac catheterization procedure in which doctors cleared a blocked heart artery and inserted two stents to keep it open.

"Our ED team accomplished all the goals of therapy within the proper door-to-reperfusion time, and there was prompt coordination of care with an interventional cardiology team at RWJUH," Dr. Jimenez says. "It takes a village to recognize a heart attack, treat it immediately and take measures to address the underlying causes."

Mark's artery had been 100 percent blocked, severely reducing blood flow to his heart and potentially threatening his life.

"I was very fortunate," he says of having his heart attack inside the hospital. "Had it been 20 minutes later, I would have been driving home."

STRENGTH THROUGH REHAB

MMCSC continued to play a critical role in Mark's heart health. After discharge from a weeklong stay at RWJUH, he recovered at home for a few weeks before returning to work at MMCSC. Shortly after that, he began cardiac rehabilitation twice a week at MMCSC and finished 18 sessions over the summer.

At the Cardiac Rehabilitation Program, he worked out with the treadmill, arm bike, leg press and elliptical machine to get his heart back in shape.

"The entire time, my blood pressure was good, my heart rhythm was good," he says. "Everything went extremely well. And the staff in cardiac rehab was amazing. They were helpful, friendly, attentive. They were all very supportive."

Specialists at the program not only help heart attack patients recover but also work with patients who have conditions such as congestive heart failure and stable angina or have undergone heart transplants or heart valve replacements, says Diane Carpino, RN, a cardiac rehabilitation nurse.

Patients typically come to the center two or three times a week to strengthen the heart and establish a fitness routine that they can do on their own when their rehabilitation ends.

"The goal with cardiac rehab is to increase cardiovascular fitness as tolerated," says Hazelle Meneses, RN, a cardiac rehabilitation nurse. "It's a process. We start slowly with patients, then build them up while monitoring their hearts."

Mark improved his strength and endurance during rehab and soon looked forward to working out on his own again at his gym. "I love going to the gym," he says. "I'm feeling pretty good these days."

A GRATEFUL HEART

In addition to maintaining his health with exercise, Mark is eating "a little cleaner," he says, more closely following a reduced-fat, heart-healthy diet. He also takes a cholesterol-lowering medication along with a pill to control hypertension.

He feels grateful for the proverbial village of people who helped with his treatment and recovery, many of whom he works with every day at MMCSC.

"Everybody was great," Mark says. "All the people who responded from the floors and in the ED were fantastic." He later spoke with a nurse who took care of him. "I told her it made me feel better to see that she and other people I'm familiar with were there," he says. "It was comforting. So even though it was a horrible situation and I was in extreme pain, it was nice that those were the people surrounding me."

MAKING A DIFFERENCE IN THE COMMUNITY

RECENT EVENTS ALLOW MMCSC TEAMS TO BRING HEALTH INFORMATION AND MORE TO LOCAL RESIDENTS.

Healthcare providers and members of the Community Health and Social Impact and Community Investment team at Monmouth Medical Center Southern Campus (MMCSC) brought knowledge, equipment and sheer fun to members of the community in a variety of activities throughout the fall.

Among activities that helped educate area residents in order to foster improvements in community health were these events.



Joseph Giberson, Supervisor, RWJBH Mobile Health, interacts with members of the community.

TRUNK OR TREAT FOR LAKEWOOD CHILDREN

Halloween isn't just about scares—it's also about helping children avoid them. That was part of the thinking behind a Trunk or Treat event hosted by the Lakewood Education Association at Lakewood High School and attended by members of teams representing MMCSC Community Health Education and RWJBarnabas Health (RWJBH) Mobile Health.

Dedicated teachers and support staff of the Lakewood public school district put together the event, which featured a variety of displays accessible to members of the community in a parking-lot setting. The outing provided a festive, wholesome and safe holiday gathering for students.

Community Health Education and Mobile Health teams distributed treats, bicycle safety lights (provided by Safe Kids Monmouth/Ocean, which is led by MMCSC) and glow bracelets to more than 500 event participants.

For more information on Better Health and other health-related calendar events, call the Community Health and Social Impact and Community Investment team at **732.597.6075**.

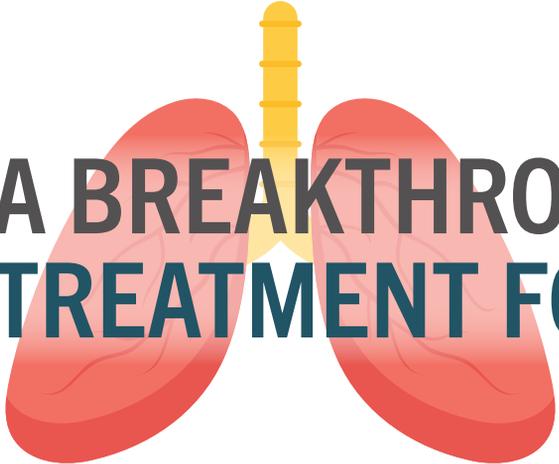
THINKING PINK FOR BREAST CANCER AWARENESS

Better Health members were treated to a healthy luncheon and an informative session on the importance of getting yearly mammograms at an event hosted at the Jon Bon Jovi Soul Kitchen in Toms River.

Team members from Community Health and Social Impact and Community Investment as well as the Jacqueline M. Wilentz Breast Center and Cancer Services were on hand to speak with participants about breast health and the role of screening in early detection of breast cancer.



TOP: Helping to inform members of the community are breast health advocates (from left) Laura Gallo, Regional Program Director, Oncology Outreach and Education; Claire Verruni, RN, CHPN, Community Health and Social Impact and Community Investment; Dee Yard, Assistant Director, MMCSC Breast Center; Victoria Rivas, RN, BSN, Oncology Nurse Navigator; and Kelly DeLeon, MS, Manager, Community Health and Social Impact and Community Investment.



A BREAKTHROUGH TREATMENT FOR COPD

PATIENTS WITH SEVERE BREATHING DIFFICULTIES HAVE A NEW TREATMENT OPTION.

There's new hope for people with emphysema, a progressive, life-threatening lung condition and a severe form of chronic obstructive pulmonary disease (COPD). Emphysema has no cure, and patients live with severe shortness of breath that makes daily activities like walking or showering difficult.

Now Monmouth Medical Center (MMC) is the first hospital in the region to offer Zephyr Valves, a new lung valve treatment. Zephyr Valves received breakthrough device designation and were approved by the Food and Drug Administration in 2018 to help patients with severe COPD and emphysema breathe easier without many of the risks associated with major surgery.

"Breathlessness is the most troubling symptom of severe emphysema—it can lead to depression, social isolation and a poor quality of life," says Awani Kumar, MD, an internal medicine and pulmonary disease specialist at Monmouth Medical Center Southern Campus (MMCSC). "Patients with severe COPD and emphysema often struggle

with each breath despite medication and oxygen therapy. Finally having a minimally invasive procedure available in our region to help these patients is very exciting."

RELIEVING PRESSURE

Emphysema triggers extreme shortness of breath as air becomes trapped in parts of the lung damaged by the disease. Air-filled damaged areas become larger—a condition called hyperinflation that puts pressure on the diaphragm and makes breathing difficult.

With treatment using Zephyr Valves, a physician places an average of four valves to occlude airways leading to the targeted, hyperinflated part of the lung in a procedure that usually takes under an hour. The valves allow excess air to escape while blocking airflow into the treated area. Healthier parts of the lungs expand, relieving pressure, decreasing shortness of breath and allowing better breathing. Benefits have been shown to last at least one year after valve implantation.

"Prior to the introduction of this technology, the only treatment options for patients who failed nonsurgical options such as pulmonary rehab were highly invasive treatments including lung



BREATHING EASIER THROUGH THE HEALTHY LIVES PROGRAM

If you have severe COPD/emphysema, help is available through the Healthy Lives Program at Monmouth Medical Center (MMC). The program is the newest addition to a full spectrum of cardiopulmonary services that bring together a multidisciplinary team of medical experts to monitor and manage conditions such as COPD, heart failure and pneumonia.

The patient-centered program is designed to prevent the need for emergency care or hospital readmissions. As part of the program, a nurse practitioner provides an initial assessment early in the disease process and continues working with patients and families to enhance their understanding of the condition and provide tools to manage it.

Elements of the Healthy Lives Program include cardiopulmonary rehabilitation; management of symptoms and risk factors such as high cholesterol or blood pressure; help complying with medication prescriptions; and access to services such as clinical nutrition, social services, ancillary tests and clinical trials.

Participation can begin when you're an inpatient before hospital discharge, or you can be referred on an outpatient basis.

reduction and lung transplant surgeries," says Richard Lazzaro, MD, Southern Region Chief of Thoracic Surgery, who treats patients at MMC and MMCSC and is teaming with MMC on the Zephyr program. "This breakthrough treatment is going to help us restore quality of life to so many residents in our region who struggle with breathing due to severe emphysema."



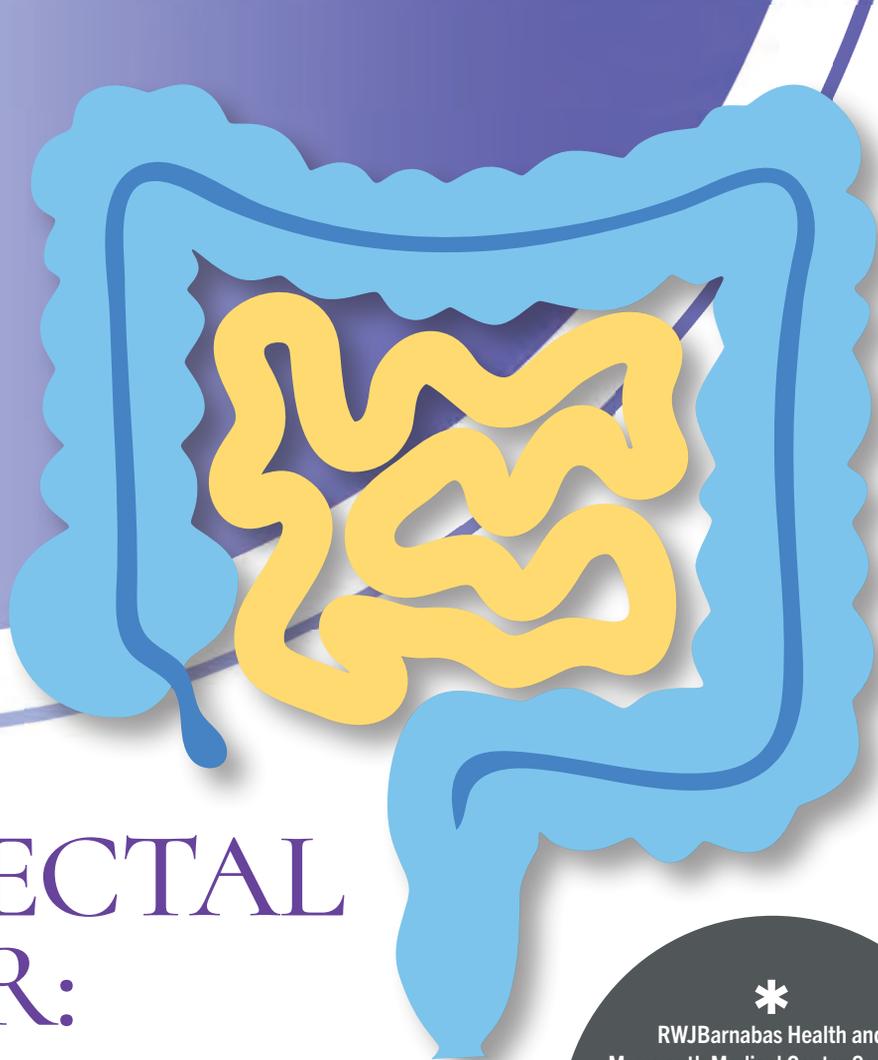
AWANI KUMAR, MD



RICHARD LAZZARO, MD

To learn more about whether you're a candidate for Zephyr Valves, call 732.923.6702 or visit www.rwjbh.org/monmouth.





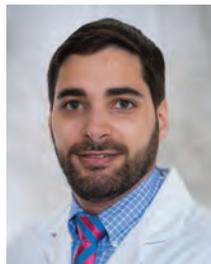
COLORECTAL CANCER: WHAT YOU NEED TO KNOW

**SCREENING CAN PREVENT CANCER OR DETECT
IT AT HIGHLY TREATABLE EARLY STAGES.**

Colorectal cancer is among the most common cancers in both men and women, according to the American Cancer Society. In recent decades, the overall rate at which people



SARAH EASAW, MD



VICTOR GALL, MD

are diagnosed with this potentially deadly disease has dropped due partly to increased screening. Yet colorectal cancer is also becoming more common among younger adults.

“Knowledge can be your first line of defense against colorectal cancer,” says Victor Gall, MD, a surgical oncologist at Monmouth Medical Center Southern Campus (MMCSC) and a member of RWJBarnabas Health Medical Group. “Understanding colorectal cancer risks and how to reduce them can save lives.”

Dr. Gall highlights key points everyone should know.

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.

What is colorectal cancer?

It’s a cancer that starts anywhere along the colon—that is, the large intestine—or rectum, both of which are in the lower portion of the digestive system. These cancers often start as precancerous abnormal growths called polyps that over time can turn into colorectal cancer.

Why is detecting colorectal cancer early so significant?

If you’re diagnosed with colorectal cancer in its early stages, you have a high chance of being cured. Colonoscopy

COMBATING COLORECTAL CANCER

The hope is that colonoscopy screening will prevent colorectal cancer. But in some cases, a colonoscopy and other measures such as a biopsy may result in a cancer diagnosis. “Advanced treatments for colorectal cancer offer a good chance of significantly prolonging life,” says Sarah Easaw, MD, a medical oncologist at Monmouth Medical Center Southern Campus (MMCSC) and a member of RWJBarnabas Health Medical Group. “Treatment is individualized for each patient’s unique cancer.”

Treatment options may include:

- **SURGERY:** Surgical removal of cancerous growths is usually performed using minimally invasive techniques like laparoscopy or robotic-assisted surgery and is one of the most effective treatments for colorectal cancer.
- **CHEMOTHERAPY:** A variety of chemotherapy drugs can be administered to kill or shrink cancer at varying points during treatment depending on a patient’s disease, often in coordination with other therapies.
- **RADIATION THERAPY:** High-energy beams such as X-rays are used to destroy cancer cells. The timing, method, dosage and type of energy can be calibrated to achieve the greatest effect for a patient’s particular cancer.
- **IMMUNOTHERAPY:** Advanced therapies target specific functions of the immune response in ways that improve the body’s ability to recognize and attack cancer cells.
- **PRECISION MEDICINE:** Profiling a cancer’s specific makeup of genes and proteins can guide doctors to the most effective therapies.

screening can not only detect polyps but also remove them during the same procedure and prevent them from becoming cancer in the future. So screening improves your odds of surviving cancer or avoiding it altogether.

At what age should people start colorectal screening?

Men and women at average risk should begin colorectal screening at age 45. Earlier testing may be appropriate for patients who have a family member with colorectal cancer or who have other risk factors such as inflammatory bowel disease.

What are options for screening?

The standard screening test for

colorectal cancer is colonoscopy, in which a flexible, lighted tube is used to view the colon and rectum. It requires a laxative preparation and is performed under sedation. Results are about 95 percent accurate. Screening colonoscopy is usually repeated every 10 years.

Alternatives to colonoscopy include minimally invasive CT colonography, sometimes called virtual colonoscopy, and stool-based exams in which you obtain a stool sample at home and mail it to a lab. Home-based tests aren’t as accurate as colonoscopy and must be performed once a year or every few years. If any of these tests suggest colorectal cancer, you’ll still need a colonoscopy, which is the gold standard.

If colonoscopy detects cancer, a wide range of treatment options are available.



THE BENEFITS OF CLINICAL TRIALS

If you’re diagnosed with cancer, participating in a cancer clinical trial may offer a number of advantages in addition to standard treatment. Through Monmouth Medical Center Southern Campus’s partnership with Rutgers Cancer Institute of New Jersey, the state’s only National Cancer Institute-Designated Comprehensive Cancer Center, patients have access to the latest clinical trials. Potential benefits include:

- Working with top specialists who conduct research and are highly knowledgeable about the latest treatments.
- An opportunity to receive cutting-edge treatments not yet available to the general population that may help you live longer or improve quality of life.
- Playing a meaningful role in a study that could help future patients.

KEY SIGNS OF COLORECTAL CANCER

Check with your doctor if you notice:

- A change in bowel habits such as diarrhea, constipation or narrowing of the stool that lasts more than a few days
- A sense of urgency or bowel fullness that isn’t relieved by a bowel movement
- Rectal bleeding
- Blood in the stool or dark stool
- Persistent abdominal discomfort such as cramps, gas or pain
- Unexplained weight loss
- Weakness or fatigue

**Monmouth
Medical Center
Southern Campus**

**RWJBarnabas
HEALTH**

600 River Ave., Lakewood, NJ 08701

**NON PROFIT
U.S. POSTAGE
PAID
Harrisburg, PA
Permit #324**

Emergencies happen fast. We treat them the same way.

Fast and efficient ER treatment

At Monmouth Medical Center Southern Campus we relieve the pain of waiting. From minor to complex medical and surgical emergencies, to broken arms and more, we're here to care for you quickly and effectively. And with special units dedicated to pediatric and geriatric care, we're equipped to treat all age groups.

Speed, dedication, superior service and access to the entire RWJBarnabas Health network, it all adds up to an Emergency Department that achieves high patient satisfaction rates and great outcomes. For more information, please visit rwjbh.org/monmouthsouth

**Monmouth
Medical Center
Southern Campus**

**RWJBarnabas
HEALTH**

Let's be healthy together.

