

A Publication of
JERSEY CITY MEDICAL CENTER

Spring 2021

1 healthy together

**NIP ALLERGIES
IN THE BUD**

**WHY YOU NEED A
CARDIAC
CHECKUP**

**STRAIGHT
TALK ABOUT
OBESITY**

**SAVE LIVES
CHOOSE
VACCINATION**



Let's Beat COVID-19

The development of COVID-19 vaccines is one of the greatest achievements in medical science. At RWJBarnabas Health, we're proud to be a key part of the effort to get the vaccine into the arms of all eligible people in New Jersey.

We also remain committed to fighting the spread of the disease. That's why we join with the Centers for Disease Control and Prevention in urging everyone, whether vaccinated or not, to continue with the simple precautions we know are effective in preventing the spread of the coronavirus:

- Wear a mask.
- Stay at least six feet apart from people who don't live with you and avoid crowds.
- Wash your hands thoroughly and often; use a hand sanitizer if soap and water aren't available.

The reason for this continued caution: In some cases, COVID-19 vaccines may protect against severe infection, but may not necessarily prevent mild or asymptomatic infection. If this is the case, an infected person could still spread the virus.

Jersey City Medical Center, in partnership with RWJBarnabas Health Medical Group, offers swab-free COVID-19 testing with a primary care appointment at three convenient Hudson County locations. In accordance with New Jersey's phased approach to vaccine distribution, we have also expanded access to COVID-19 vaccination for community members at our main hospital campus, at the RWJBarnabas Health at Bayonne satellite Emergency Department, and at our Greenville primary care office.

It will take all of us working together as a community to minimize the ongoing effects of COVID-19. Together, we can protect friends, family and neighbors and end this pandemic.

Yours in good health,



BARRY H. OSTROWSKY
PRESIDENT AND CHIEF EXECUTIVE OFFICER
RWJBARNABAS HEALTH




MICHAEL PRILUTSKY
PRESIDENT AND CHIEF EXECUTIVE OFFICER
JERSEY CITY MEDICAL CENTER



HEALTH NEWS



SOPHISTICATED CANCER DIAGNOSIS TECHNOLOGY NOW AVAILABLE

Jersey City Medical Center (JCMC) now offers a PET-CT scanner as part of its ongoing efforts to enhance cancer treatment at the hospital. A PET-CT scanner combines two types of images—positron emission tomography and computed tomography—for precise diagnoses of tumors, including lung, colorectal and breast cancer, as well as lymphomas and melanomas.





"The PET-CT scan is a key part of expanding our clinical capabilities in Hudson County," says Carla Hollis, Chief Operating Officer at JCMC. "This sophisticated imaging now available to our patients is also a part of our Oncology Service and is in addition to our medical oncology, radiation oncology, surgical oncology specialists and our beautiful new infusion center, scheduled to open in May."

In partnership with Rutgers Cancer Institute of New Jersey, the state's only National Cancer Institute-Designated Comprehensive Cancer Center, JCMC provides close-to-home access to the latest treatments and clinical trials. To learn more, visit www.rwjbh.org/beatcancer.

Jersey City Medical Center | **RWJBarnabas HEALTH**

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VACCINATING NEW JERSEY

AS AVAILABILITY INCREASES, EXPERTS HAVE ONE STRONG MESSAGE FOR THE PUBLIC: GET THE SHOT.

“At the outset, we knew we would be helping with the COVID-19 vaccination effort,” says John Bonamo, MD, MS, Executive Vice President and Chief Medical and Quality Officer at RWJBarnabas Health (RWJBH). “But we weren’t aware just how much the state would be relying on healthcare systems to make this happen.”

Just as they did when the pandemic first hit, the experts at RWJBH rose to the challenge. “We opened our first vaccine clinic the week the vaccine came out in December,” he recounts. “Then we opened clinics at each of our 11 acute care hospitals.”

RWJBH is also administering the vaccine at the Middlesex County megasite in Edison, which it runs; the former Sears in the Livingston Mall; RWJBarnabas Health Arena in Toms River; Brookdale Community College in Monmouth

County; and smaller clinics, including in Bayonne and in the Greenville section of Jersey City.

“We’re also assisting municipal efforts in four counties—Ocean, Somerset, Essex

and Monmouth—by providing some or all vaccinators for their clinics,” Dr. Bonamo says, “and we’re partnering with the state, the National Guard and others. In addition, we’ve applied for more vaccination sites for physician offices.”

As of mid-March, RWJBH had already vaccinated approximately 150,500 people and was vaccinating more at the rate of 2,000 a day at its hospitals and 4,000 a day at the Edison megasite. However, Dr. Bonamo says that number will increase significantly as vaccine availability does. “We’re ramping up,” he says. “We’re in this to get it done.”

By summer, Dr. Bonamo says, vaccine supplies will make it available to all who want it. The challenge will shift to making sure everyone who’s eligible chooses to be vaccinated.

DISPELLING FEARS

“Many people started out with ‘vaccine hesitancy’—they wanted to see how other people did with the vaccine first,” says Dr. Bonamo. “As they saw others feeling good about having had the vaccine, they became more open to it.” That led to the

clamor for vaccination appointments the state saw in the winter.

Vaccine hesitancy persists, however. “There’s understandable mistrust, especially in the black community, born of all the social inequity and healthcare injustice that has happened over the years,” he says. “We’re working hard to dispel that with all kinds of outreach and town halls being done by healthcare professionals of color.”

Older adults should prioritize getting the vaccine, Dr. Bonamo says. “The years they have are precious, and many seniors who got COVID-19 did not do well,” he says. “Often, that’s because they have at least one other comorbidity—diabetes, hypertension, heart disease, kidney disease, lung disease or obesity—that contributes to their risk.”

Dr. Bonamo emphasizes that his message isn’t just for certain groups, but for everybody who’s eligible for the vaccine. “Get vaccinated,” he says. “That’s it. It’s safe, it’s smart, it’s advanced science and it’s the right thing to do to protect yourself and your family.”



JOHN BONAMO, MD

To learn more or to make a vaccination appointment, visit www.rwjbh.org/covid19.



4 REASONS TO CONSIDER CHOOSING A MIDWIFE



CERTIFIED NURSE-MIDWIVES PROVIDE A WIDE RANGE OF SUPPORT.

What does a midwife do, and why might you consider one for your pregnancy and delivery? Anne Lawson, MSN-CNM, BSN, RN, Director of Midwifery at Jersey City Medical Center, explains.

1 You prefer a holistic approach. “Midwives focus on the pregnancy from a more holistic point of view,” Lawson says. “We talk about how nutrition, sleep, stress, relationships, jobs and mental health can influence a pregnancy.” The relationship can be long-term: Beyond pregnancy, Certified Nurse-Midwives can offer the full scope of gynecological care over a woman’s lifetime, including contraception, pre-conception counseling, annual exams and postpartum and postmenopausal care.

2 You anticipate a low-risk pregnancy. “When a woman comes in for her initial visit, we take her history and make sure she doesn’t have any underlying medical conditions or history that would indicate risk,” Lawson says. “If we do identify something, we arrange for the patient’s next

appointment to be with a physician.” A woman who is pregnant with multiples, has diabetes requiring insulin or has high blood pressure that is not well controlled is likely to be referred to an OB/GYN for prenatal care.

3 You are interested in a low-intervention birth. “Most women have an idea of what they would like their birth experience to look like, and we believe that women should be active participants in their birth plan,” Lawson explains. “We reserve interventions such as pitocin or breaking the water for only when necessary, not just to speed up the labor for our convenience. We support women to have the birth that they desire, provided that mom and baby are healthy.”

4 You strongly prefer a vaginal birth. “Statistically, midwives have better outcomes with vaginal births than OB/GYNs do,” Lawson says. In a recent U.S. study of 23,000 deliveries, healthy women with low-risk pregnancies who gave birth in a hospital and whose births were handled by midwives had an up to

MIDWIFERY AT JCMC: WHAT TO KNOW

- All midwives at JCMC are Certified Nurse-Midwives (CNMs), which means they are Registered Nurses who have pursued advanced education and certification in gynecological health and prenatal and postnatal care.
- CNMs see patients at the Women’s Health Center at Grove Street at 116 Newark Avenue, Jersey City.
- A CNM is available on the Labor and Delivery floor 24/7.
- At birth, in addition to the CNM, two Registered Nurses are available—one for the mother and one for the baby.
- If a complication arises during delivery, an OB/GYN is always available on the Labor and Delivery unit.

40 percent lower rate of cesarean section.

“The whole focus of a midwife’s training is vaginal birth,” Lawson explains. “That means we learn techniques that help prevent vaginal lacerations, help babies rotate into proper position and make the labor and pushing process easier.”

Maternity services work best when Certified Nurse-Midwives and OB/GYNs work together, Lawson says, with midwives leading the way on low-risk vaginal births and OB/GYNs focusing on high-risk pregnancy and surgery.

“We want to encourage women to feel empowered to make choices over their body, especially over giving birth,” Lawson says. “Our philosophy is to provide women with the information, education and support they need to have the birth experience they desire while also staying healthy and safe.”

To make an appointment with a Certified Nurse-Midwife at Jersey City Medical Center (JCMC), call the Women’s Health Center at Grove Street at **201.984.1270**. For more information about giving birth at JCMC, visit **www.rwjbh.org/maternity**.



HOW TO NIP SPRING ALLERGIES IN THE BUD

SIX PREVENTIVE STRATEGIES, PLUS TREATMENTS THAT HELP



WHEN TO CALL THE DOCTOR

If preventive steps and over-the-counter medications don't ease your symptoms, it's time to seek medical help. Allergies can lead to sinus infections or can be accompanied by other, possibly related medical conditions, like asthma, eczema or seasonal dermatitis (hives, also known as urticaria).

Left untreated, symptoms like chronic rhinosinusitis—infamed and clogged sinuses—can lead to nasal polyps. “At that point, people may need to see a surgical specialist like an ear, nose and throat doctor to have the polyps removed,” says pulmonologist Jyoti Matta, MD.

Doctors can prescribe more powerful antihistamines than the ones that are available over the counter. In addition, new biologic therapies can help people with very severe, persistent symptoms. These new drugs are approved for most adults over 18, and some also have pediatric indications for children as young as age 6.

“These are prescription medications given as injectables,” says Dr. Matta. “Depending on the drug, the injections may be given every two weeks or once a month.”

For people with seasonal allergies, the arrival of spring is a mixed blessing. “The classic symptoms of seasonal allergies are nasal congestion, postnasal drip, sore throat and dry cough,” says Jyoti Matta, MD, a pulmonologist at Jersey City Medical Center. When nasal congestion isn't controlled, sinus headaches can result. Red, itchy, teary eyes, otherwise known as “allergic conjunctivitis,” are another common symptom.

The allergens that most commonly cause spring allergy symptoms are grass and tree pollen. Seasonal allergies can begin in childhood or arise in adulthood, but treatments and symptoms are the same. For mild to moderate allergies, over-the-counter antihistamines and eye drops can help.

To prevent or minimize symptoms, Dr. Matta recommends these steps:



JYOTI MATTA, MD

1 Shower as soon as you come in from being outdoors. “Whether you are an adult who's been out for a run or a child who was playing outside, pollen can stay in the hair and cause symptoms,” Dr. Matta says. Soap up and rinse off, wash your hair and change your clothes when you come indoors to minimize continuing contact with pollen.

2 Rinse your sinuses. “This is an important one,” says Dr. Matta. “When you breathe during exercise outdoors, pollen gets into your nostrils and sinuses. It's very simple to take a nasal saline rinse—available in the pharmacy in little squeeze bottles—and squirt it into the nostrils.”

3 Keep car windows closed and keep the air conditioning on.

4 Don't dry laundry outside. “As clothes and sheets hang outside, pollen settles on them,” says Dr. Matta.

5 Consider using an air purifier. Air purifiers with HEPA filters, which force air through a fine mesh to trap particles, can remove airborne pollen and other allergens (such as dust or mold) from your home or office.

6 Wear a mask outdoors. “The masks that people have been wearing to prevent COVID-19 are also helpful at screening out allergens,” Dr. Matta explains. “However, allergens will stay on the mask, so wash it or dispose of it afterward.”

To find a doctor at Jersey City Medical Center, call **888.724.7123** or visit **www.rwjbh.org/jerseycity**.

'EVERY TOOL IN THE CANCER CARE TOOLBOX'

A PERSONALIZED, MULTIDISCIPLINARY APPROACH TO
CANCER CARE SERVES PATIENTS IN HUDSON COUNTY.



When a doctor suspects a patient has cancer, a chain of events begins: lab tests, imaging tests, referrals, consultations, second opinions and—if cancer is diagnosed—a discussion of treatment options, and then the treatment itself.

In that situation, timely action and coordination matter—a lot. “Extraordinary cancer care requires an alignment among all the key stakeholders who touch the patient’s healthcare,” says Michael Loftus, MD, Chief Medical Officer at Jersey City Medical Center (JCMC). “You want a clinically integrated network of providers, starting with primary care providers and including a variety of specialists, all with access to the patient’s records and the ability to communicate efficiently. That’s how you get from A to B to C to D in cancer treatment, and that’s what we have invested in at Jersey City Medical Center.”

“We practice multidisciplinary cancer care here,” says JCMC thoracic surgeon Adam Lackey, MD, a member of RWJBarnabas Health Medical Group. “We don’t insist on a sequential, step-by-step process where the patient goes from one provider to the next specialist, then the next, and has to wait until there’s an opening in each schedule. We’re flexible and we communicate all the time so that we can get what the patient needs in an expedited fashion.”

POWER OF PROXIMITY

Conveniently, many of the specialists a patient may need to see—



ADAM LACKEY, MD



MICHAEL LOFTUS, MD

pulmonologist, pathologist, radiologist, thoracic surgeon, medical oncologist and more—have offices at the JCMC medical building located at 377 Jersey Avenue. “Our team knows each other well, and it’s easy to pick up a phone and discuss a patient’s needs,” Dr. Lackey says.

The culture of care includes a sense of urgency when an appointment is needed. “We strive to get the most appropriate care to patients as quickly as we can,” says Dr. Lackey. “We’re on call nights and weekends and we are willing to squeeze a patient into the schedule last-minute, or see someone on a day we don’t usually have clinic.”

Strong relationships with doctors throughout Hudson County are also a key part of JCMC’s approach. “Our patients’ journey starts with a relationship with a primary care provider who knows them, understands them and identifies that they may have a need for a higher level of care,” explains Dr. Loftus. “And once that need is identified, Jersey City Medical Center is here and has the breadth of service, the quality of care and the specialist capability to deliver it.”

For Hudson County residents, the ability to have world-class care in their own area is a tremendous advantage. “You don’t have to travel, to New York or anywhere else, to get the most advanced cancer care,” says Dr. Loftus. “It’s right here at Jersey City Medical Center.”

INVESTMENT IN ONCOLOGY

The kind of care provided speaks to JCMC’s investment in cancer care for all of Hudson County. “We’ve done an extensive review of what the healthcare needs in Hudson County will be in five years, in 10 years,” explains Dr. Loftus. “A high level of oncology care is an

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important piece of that.”

Accordingly, JCMC has recruited top specialists with specific skill sets and has hired an oncology nurse navigator to coordinate each patient’s care

from diagnosis through survivorship. JCMC continues to invest in state-of-the-art technology, such as the recently acquired PET-CT scanner that makes precise diagnoses of tumors.

The medical center has also expanded treatment options and built new facilities, such as the Radiation Oncology Practice at 355 Grand Street that opened more than a year ago and the new Infusion Center opening this spring at Colony Plaza. And in the not-too-distant future, a freestanding cancer center that serves all of Hudson County will open on the JCMC campus.

This expansion is combined with JCMC’s partnership with Rutgers Cancer Institute of New Jersey, the state’s only NCI-Designated Comprehensive Cancer Center, which affords patients access to advanced treatment options, including clinical trials, immunotherapy, precision medicine, complex surgical procedures and sophisticated radiation therapy techniques.

Weekly tumor board meetings bring a variety of cancer specialists together to evaluate the best course of treatment for each case. As a result, each patient is provided with an individualized plan of care based on the input of many top medical minds. In addition, any patient at JCMC has access to treatment options available throughout the RWJBarnabas Health system as well as at Rutgers Cancer Institute.

“With this partnership and our ongoing expansion of cancer care,” says Dr. Lackey, “we have the option to leverage every possible tool in the cancer care toolbox.”



A HEART FOR HELPING

A CANCER SURVIVOR SUPPORTS A NEW, STATE-OF-THE-ART INFUSION CENTER.

People call her a warrior, a force of nature. Madeline LoRe calls herself “a champion in the war against cancer.”

A three-time cancer survivor who lost her brother to the disease, Madeline is determined to do all she can to make sure other people don't go through what she has experienced. After years of fundraising for local health facilities, she founded the Bayonne-based Madeline Fiadini LoRe Foundation for Cancer Prevention in 2008. It has since paid for thousands of screenings for Hudson County residents who don't have health insurance or the means to pay for screenings.

“Prevention means going for tests,” she says. “We cover the people who fall through the cracks of coverage.”

Should cancer be diagnosed, Madeline wants to be sure that Hudson County residents don't have to travel far to get treatment they need. Her foundation's pledge of \$1 million to Jersey City Medical Center (JCMC)

has in part made possible a brand-new facility, the Madeline Fiadini LoRe Foundation Infusion Center, opening this spring.

The new space combines clinical excellence with a comforting, elegant environment. The center offers multidisciplinary care, allowing patients to see a world-class team of specialists and get support services under one roof.

“People will also have their own spaces to get their infusions, for privacy if they feel sick, if they need to sleep or if they have a family member with them,” Madeline explains.

FUNDING A VISION

“Madeline has been a longtime and important partner to Jersey City Medical Center,” says Nicole Kagan, Vice President of the Jersey City Medical Center Foundation. “Her foundation's generous gift supports the significant expansion of our cancer services in Hudson County, which will ultimately include a freestanding cancer

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Carol Trojan, Executive Director of the Madeline Fiadini LoRe Foundation, at left, and Madeline LoRe at a tour of the new infusion center. Above, a rendering of the lobby.

center on our campus.”

Madeline's foundation also made a substantial donation to support the 2010 opening of JCMC's Women's Health Center at Grove Street, which provides comprehensive women's health services.

During Madeline's first bout with cancer as a 32-year-old mother of young children, a nurse who was caring for her gave her some advice. “She told me that I could become a casualty of this disease or a survivor who would do something about it,” Madeline recalls. “I followed her advice and used my experience and energy to try to make a difference. For me, it's all about providing screenings and prevention.”

Screenings covered by the Madeline Fiadini LoRe Foundation include mammography, breast ultrasound, oral and skin cancer exams, PSA tests for prostate cancer, anoscopy colonoscopy and colposcopy.

“I have a board that works as hard as I do,” Madeline says, “and I've never had a problem asking for donations. You just have to reach out and believe in what you're raising funds for.”

Still, she admits, the opening of the new infusion center is a high point. “The building is beautiful, and the fact that Jersey City Medical Center has a partnership with Rutgers Cancer Institute of New Jersey is very exciting,” Madeline says. “My brother had been treated there, and he was very impressed. This is going to be my legacy.”

To learn more about giving opportunities at Jersey City Medical Center, call **201.377.6057** or visit **www.rwjbh.org/jcmcgivenow**.



HEART RACING? IT COULD BE YOUR MEDICATION

BRIEF PERIODS OF INCREASED HEART RATE ARE COMMON AND HAVE A VARIETY OF CAUSES.

Everyone experiences an increased heart rate at some point. You exercise, and your heart rate increases. You become frightened or stressed, and your heart beats faster. You might experience the increased heart rate as a skipped beat, a flutter or a pounding in your chest.

“A temporary increase in heart rate has many causes,” says David Dobesh, MD, Chief of Cardiac Electrophysiology at Jersey City Medical Center and a member of RWJBarnabas Health Medical Group with offices in Jersey City and West Orange. “Emotional stress, physical stress, psychological stress, even things like caffeine, nicotine, too much alcohol or fever. Your body is performing a complex balancing act with your pulse.”



DAVID DOBESH, MD

A lesser-known but common source of increased heart rate is medication, including some kinds of over-the-counter medicines and certain prescriptions. “People should be aware that some medicines do


briefly increase your heart rate,” says Dr. Dobesh, “and usually those episodes are not something you should be concerned about.”

POSSIBLE CAUSES

Common medications that may increase heart rate for a short period of time include:

- Decongestants, specifically those that contain pseudoephedrine, a stimulant. “If the decongestant has a capital ‘D’ at the end of its name, it contains this ingredient,” says Dr. Dobesh.
 - Some inhalers for asthma, emphysema or COPD (chronic obstructive pulmonary disease).
 - Theophylline, an oral asthma medication.
 - Medications for ADHD (attention deficit hyperactivity disorder).
 - Diuretic medications (used to help prevent fluid retention) could result in dehydration, says Dr. Dobesh.
 - Some blood pressure medications may inadvertently lower blood pressure too much.
- “If your pressure is very low from either dehydration or overmedication, the body will respond by increasing the heart rate to compensate,” he explains.

WHAT IS TACHYCARDIA?



For most people, a heart rate between 60 and 100 beats per minute (bpm) is normal. When your heart beats more than 100 bpm for reasons unrelated to physiological stress, that’s known as tachycardia, from the Greek words for “swift” and “heart.”

If increased heart rate is a concern, basic testing, such as an electrocardiogram or blood work, can be done to determine whether you should be referred to an electrophysiologist—a cardiologist who specializes in heart rhythms. The electrophysiologist will look for possible types of tachycardia that are caused by an abnormality of the heart itself and can affect how well the heart pumps blood.

Examples include atrial fibrillation (AFib), atrial flutter and supraventricular tachycardia (SVT). A wide range of treatments may be considered, including lifestyle changes, medications and medical and surgical procedures.

“Some medications carry warning labels about increased heart rate but in practice this side effect is unusual,” Dr. Dobesh says. “These include certain antidepressants and also thyroid medications, which will not usually increase heart rate if they’re taken at the recommended dose.”

Similarly, herbal supplements such as ginseng, valerian root and orange bitters should not increase heart rate when taken in normal doses, he says.

While a short-term increase in heart rate from medication or emotional or physical stress is normal, increased heart rate that lasts for a long time is not. “If you’re repeatedly feeling symptoms of a racing heartbeat that make you uncomfortable, tell your doctor,” advises Dr. Dobesh. “Further testing may be appropriate.”

Whoever your heart beats for, our hearts beat for you. To connect with one of NJ’s top cardiovascular specialists, call 888.724.7123 or visit www.rwjbh.org/heart.



EXPECT OUTSTANDING CANCER CARE

THE NCI COMPREHENSIVE CANCER CENTER DESIGNATION CARRIES
A WORLD OF MEANING FOR PATIENTS AND FAMILIES.

The National Cancer Institute (NCI) Comprehensive Cancer Center designation is the highest credential a U.S. cancer center can attain. But what does it mean for a patient?

“For a cancer patient, the question of where to be treated can be terribly confusing. The NCI designation tells a layperson that the institution is among the top centers in the country for delivering cancer care and performing research,” says Steven K. Libutti, MD, Senior Vice President, Oncology Services, for RWJBarnabas Health (RWJBH) and Director, Rutgers Cancer Institute of New Jersey—the state’s only NCI-Designated Comprehensive Cancer Center.



STEVEN K. LIBUTTI, MD

Though Rutgers Cancer Institute is located in New Brunswick, the beneficial effects of its research, clinical trials and advanced treatments are felt throughout New Jersey thanks to its

unique partnership with RWJBH.

“The beauty of our partnership is that Rutgers Cancer Institute is fully integrated with each of the healthcare system’s 11 hospitals,” Dr. Libutti explains. “When a patient is being treated at any RWJBarnabas facility, he or she has an entryway to an NCI-Designated Comprehensive Cancer Center and will get the same level of care and access to advanced treatments and clinical trials.”

PERSONALIZED CARE

For all their mastery of technology and treatments, the healthcare providers at RWJBH and Rutgers Cancer Institute never lose sight of the human element. “Our whole goal is to provide personalized care not only for the type of cancer you have, but for you as a

patient,” says Dr. Libutti.

Nurse navigators “reduce the burden of diagnosis,” he explains, by working with the patient throughout treatment, coordinating appointments and ensuring that specialists involved have the information they need. “We wrap the patient in a plan of care created just for him or her,” Dr. Libutti says.

Patients who want to know more about their treatment options through RWJBH and Rutgers Cancer Institute can call the Oncology Access Center at 844.CANCERNJ (844.226.2376), where oncology specialists stand ready to help determine the next steps. “That number is our ‘Easy Button,’ our way to put you on the first step to a successful outcome,” says Dr. Libutti. “We’re only a phone call away.”



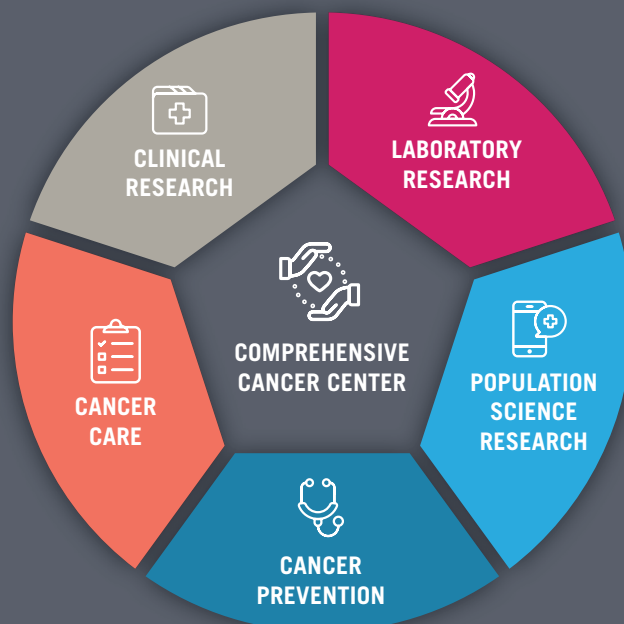
A Cancer Center Designated by the
National Cancer Institute

BADGE OF HONOR

A Comprehensive Cancer Center designation from the National Cancer Institute places an organization among the top tier of cancer institutions in the country. Rutgers Cancer Institute, together with RWJBarnabas Health, is the only Comprehensive Cancer Center in the state of New Jersey.

ELEMENTS OF A COMPREHENSIVE CANCER CENTER

The designation requires the highest level of achievement in five areas:



THE DESIGNATION MADE A DIFFERENCE

These survivors are among many who have had the benefit of cutting-edge research, clinical trials and care through the RWJBarnabas Health and Rutgers Cancer Institute partnership.



A RARE T-CELL LYMPHOMA

Ling Jin needed treatment for a rare and aggressive form of T-cell lymphoma, requiring high-dose chemotherapy and radiation treatments in preparation for an allogeneic stem cell transplantation, sometimes referred to as a bone marrow transplant. As she underwent chemotherapy, a lymphoma was discovered behind her eye, which was resolved through brief and highly targeted proton beam therapy.

After an extensive database search, an appropriate donor for bone marrow cells was found, and last June, Ling had a successful stem cell transplant at Rutgers Cancer Institute.



BREAST CANCER WHILE PREGNANT

Breast cancer survivor Liz Tague found out she was pregnant—and soon after, learned that her breast cancer had recurred. After consulting with an oncologist in New York, Liz opted to have her treatment closer to home, guided by Rutgers Cancer Institute and RWJBarnabas Health.

Following a lumpectomy and chemotherapy, Liz gave birth to a healthy son. Now it was time to consider radiation therapy to prevent further recurrence. Her doctors proposed proton beam therapy, which can be precisely targeted to spare previously irradiated tissues. Three years later, Liz is back to work as a teacher and enjoying family time with her toddler.



STAGE 4 KIDNEY CANCER

Jim Gritschke was fit and active, but weight loss and sharp pains in his right leg led him to an orthopedic surgeon. The diagnosis: a large tumor on his kidney from metastatic renal cell carcinoma, which had spread to his pelvis.

Jim required major robotic surgery to remove the kidney and tumor, followed by radiation and systemic therapy. He had the benefit of the latest technology and a multi-specialty team at a high-volume center, as well as the opportunity to participate in a clinical trial for immunotherapy. Jim has now returned to his favorite activities.

“THE BEAUTY OF OUR PARTNERSHIP IS THAT RUTGERS CANCER INSTITUTE IS FULLY INTEGRATED WITH EACH OF THE HEALTHCARE SYSTEM’S 11 HOSPITALS.” —Steven K. Libutti, MD

THE PATH TO A PRESTIGIOUS DESIGNATION

This year marks the 50th anniversary of the National Cancer Act, which established the NCI Cancer Centers program. Out of the thousands of U.S. facilities that have cancer programs, just 51 are NCI-Designated Comprehensive Cancer Centers. The NCI designation is a grant that brings significant dollars to the Rutgers Cancer Institute and has a positive economic impact on the state of New Jersey.



Submission of a written application between 1,200 and 1,500 pages long

1



A site visit from a variety of national cancer experts, who examine infrastructure, basic research, clinical care, clinical trials and more

2



Scoring to determine rankings

3



After five years, institutions must reapply for the designation.

4



A PARTNERSHIP FOR PATIENTS

RWJBarnabas Health, in partnership with Rutgers Cancer Institute of New Jersey—the state’s only NCI-Designated Comprehensive Cancer Center—provides close-to-home access to the latest treatment options. To learn more, call **844.CANCERNJ** or visit www.rwjbh.org/beatcancer.



BRAIN ANEURYSMS: WHAT TO KNOW

**BEING AWARE OF
THE SYMPTOMS
CAN KEEP YOU OR A
LOVED ONE SAFE.**

About one in 50 people in the U.S. has a brain aneurysm—a “balloon” of blood protruding from an artery. The majority of these will never burst or even require treatment.

For those whose aneurysms do burst, however—approximately 30,000 people each year—the consequences can be devastating, leading to brain damage, stroke or death.



ANIL NANDA, MD

“We want to raise awareness about aneurysms because some studies have shown that almost a quarter of people who have a ruptured aneurysm die because

of misdiagnosis,” says neurosurgeon Anil Nanda, MD, MPH, Senior Vice President of Neurological Services for RWJBarnabas Health and Chairman, Department of Neurosurgery, for Rutgers-New Jersey Medical School and Robert Wood Johnson Medical School.

“We have seen an increase in ruptured aneurysms during the COVID-19 pandemic. This may be because people have been less active during this period, perhaps gaining weight or not controlling high blood pressure,” he says.

People who may have warning signs of an aneurysm often neglect them, assuming they’ll simply go away, he says. In addition, many people have avoided seeking care because of fear of going to a hospital during the pandemic.

“The classic symptom is a severe

headache—one that feels like the worst headache of your life,” Dr. Nanda explains. “Not every headache is an aneurysm, of course, and most of the time it’s not anything serious. But if you have this terrible headache along with neck stiffness, and bright light bothers you, you should go to the Emergency Department to have it investigated.”

ADVANCED TREATMENTS

Aneurysms can be diagnosed by a CT (computed tomography) scan, which uses X-rays to determine whether blood has leaked into the brain. Doctors may also order an MRI (magnetic resonance imaging), which uses computer-generated radio waves to create detailed images of the brain.

Other diagnostic tests include

a cerebral angiography, which is performed by passing a catheter (a long, flexible tube) from the groin artery to inject a small amount of contrast dye into the neck and brain arteries, and a cerebrospinal fluid analysis, which measures chemicals that indicate bleeding in the brain.

"If we do determine there is an aneurysm, whether it's ruptured or in danger of bursting, we look at the risk factors and determine the appropriate course of action. If surgery is indicated, we'll get our team together and perform it within 12 to 24 hours," says Dr. Nanda.

"For years, a procedure called clipping was the only way to fix an aneurysm," he explains. In this procedure, a craniotomy is performed to create an opening in the skull and then a small metal clip is placed on the aneurysm to stop the blood flow.

"Clipping is still the best solution for some cases," Dr. Nanda says. "Today, however, the mainstay of treatment is coiling. We can thread the catheter through a groin artery to place a coil on the aneurysm, and there is no need to open the skull."



WHAT IS A BRAIN ANEURYSM?

A cerebral (brain) aneurysm is a weak spot on a brain artery that balloons or bulges out and fills with blood. If it bursts, it spills blood into the surrounding tissue, an event that's called a hemorrhage. Brain cells, deprived of oxygen, begin to die, and the patient may have a stroke.

TEAM OF EXPERTS

Decisions about treatment are made on a case-by-case basis. "We have a multidisciplinary team at RWJBarnabas Health and Rutgers," says Dr. Nanda. "We have neurologists, neurosurgeons, a neuropsychologist, a neuroradiology team and endovascular specialists, all providing input about what will be most effective for the patient. We're like a special forces team, able to come together quickly. The patient gets 10 experts for a problem immediately, which is a huge advantage." Nurse

practitioners, neurology nurses and neurophysiology technologists round out the care team.

"Another benefit of being part of a large system is that we have the advantage of research, clinical trials and education," Dr. Nanda says. "We can do what we call translational research, meaning we take basic research that's being done on stroke and translate it into the clinical realm. It's a bench-to-bedside approach where we can really improve the condition of patients."



RISK FACTORS

- Uncontrolled blood pressure.
- Smoking.
- Family history of aneurysms.
- Older age.
- Head injury.
- Substance abuse, particularly cocaine.
- Heavy alcohol consumption.
- Conditions present at birth, including polycystic kidney disease and cerebral arteriovenous malformation, an abnormal connection between arteries and vessels in the brain.



POSSIBLE SIGNS OF A RUPTURED ANEURYSM

If you experience these symptoms, call 911:

- Sudden, severe headache.
- Double vision.
- Nausea and vomiting.
- Stiff neck.
- Sensitivity to light.
- Seizures.
- Loss of consciousness, even if brief.
- Cardiac arrest.



POSSIBLE SIGNS OF AN UNRUPTURED ANEURYSM

If you experience any of the following, consult your doctor right away:

- Drooping eyelid.
- Dilated pupil in one eye.
- Pain above and behind the eye.
- Changes in vision or double vision.
- Confusion.
- Weakness and/or numbness on one side of the body.

For more information about neurosurgical services available at RWJBarnabas Health, visit www.rwjbh.org/neurosurgery.





WHY CHILDHOOD VACCINATIONS CAN'T WAIT

DON'T DELAY ROUTINE VACCINATIONS THAT WILL KEEP YOUR CHILD SAFE FROM PREVENTABLE DISEASES.

The rate of routine childhood vaccinations—for diseases like measles, mumps, pertussis and more—has declined significantly during the COVID-19 pandemic, and pediatricians are worried.

“This decrease in vaccinations is a huge concern to us,” says Uzma Hasan, MD, Division Chief of Pediatric Infectious Diseases at Saint Barnabas Medical Center and a member of RWJBarnabas Health Medical Group.



UZMA HASAN, MD



PATRICIA WHITLEY-WILLIAMS, MD

“We don’t want to experience a resurgence of vaccine-preventable illnesses that we have previously had very good control over. We don’t want to see our patients develop life-threatening issues like encephalitis from measles or meningitis from *Haemophilus influenzae* type B, which are prevented by safe, routine childhood vaccinations.”

“Parents have been hesitant to bring their children to doctors’ offices or clinics for fear of exposing them to COVID-19,” explains Patricia Whitley-Williams, MD, a pediatric infectious disease specialist at the Bristol-Myers Squibb Children’s Hospital at Robert Wood Johnson University Hospital and Division Chief of Allergy, Immunology and Infectious Diseases at Rutgers-Robert Wood Johnson Medical School.

“However, these offices are following all the recommended guidelines from

the Centers for Disease Control and Prevention,” Dr. Whitley-Williams says. “Offices are sanitized in between patient appointments, plastic barriers are up, patients and visitors are checked for fever and masks are worn.” (For children, wearing a mask is recommended over the age of two years.)

“Pediatricians’ offices have protocols in place to keep well children and sick children apart,” adds Dr. Hasan. “Some set aside special time periods just for vaccinations. Many places require that people check in over the phone and wait outside in their cars. Patients and families then are brought straight into the office, so there’s no exposure to other people in a waiting room.”

Parents who have safety concerns should contact their pediatrician’s office to ensure that proper safety measures are in place, the doctors advise.

FOLLOW THE SCHEDULE

Timing is important when it comes to childhood vaccinations, Dr. Hasan says. “Please don’t put off having your child vaccinated because you think it’s better to space the shots out,” she says. “The schedule of vaccines has been carefully determined to minimize risk and get the best response for each age.” The recommended schedule for routine childhood vaccinations can be found at www.cdc.gov/vaccines.

Expectant mothers should get the Tdap vaccine to protect the baby against pertussis, sometime between the 27th and 36th weeks of pregnancy, the CDC recommends. “That vaccine has been a game changer for protecting vulnerable newborns,” Dr. Hasan says.

One vaccine many parents are eager to explore for their children is the one for COVID-19, Dr. Hasan says. “I can’t tell you how many calls we get about that,” she says. “We’re eagerly awaiting the results of trials so we have safety data for the younger age groups, particularly for vulnerable populations such as those with kidney, heart or lung disease.”

In the meantime, routine childhood vaccinations should proceed as advised by your pediatrician. “Parents and guardians should be assured that these vaccines have been proven to be safe and effective,” says Dr. Whitley-Williams, “and they save lives.”



To find a pediatrician at RWJBarnabas Health, call **888.724.7123** or visit www.rwjbh.org/doctors.



Hard work at the Inpatient Chronic Pain Management Program enabled Olivia to compete in triathlons again.

A RACE AGAINST PAIN

**A COMPETITIVE ATHLETE
ACHIEVES HER DREAMS THANKS
TO AN INNOVATIVE PAIN
MANAGEMENT PROGRAM.**



Olivia Christmann, 19, had been in pain for months when she came to Children's Specialized Hospital (CSH) in New Brunswick.

A competitive athlete, Olivia had been training for the Age Group Triathlon World Championships in August 2015 when she crashed her bike while riding at 27 miles per hour. The impact of the crash left Olivia suffering from a broken nose, a torn gluteus maximus and several strains in her legs.

Though her injuries healed with time, her pain continued and got progressively worse. Finally, Olivia was diagnosed with Complex Regional Pain Syndrome (CRPS), a form of chronic pain that develops after an injury but gets worse over time. While CRPS is not well understood, it's thought that high levels of nerve impulses are sent to the affected site.

Olivia tried several outpatient therapies, but her pain persisted, leaving

her unable to do most social or physical activities. Even walking to the car after a therapy session was an ordeal.

After researching other avenues for treatment, Olivia learned about the four-week Inpatient Chronic Pain Management Program at CSH.

"I was searching for a way to get my life back to normal," says Olivia. "During the initial evaluation, they asked me what my goals for the program were, and the first thing that I said was that I wanted to race again." She entered the program in January 2016.

WILL TO WIN

During her time at CSH, Olivia learned techniques for moving in a way that would help her manage the pain. Her natural competitiveness came out during timed activities like learning how to step in and out of a tub, or going for a walk

outside. "I always strived to beat my time from the day before," she recalls. Swimming, aquatic therapy and group and individual psychotherapy helped her learn to desensitize herself to pain and function normally.

After four weeks, Olivia was feeling more in control of her CRPS—and ready to get back to her senior year of high school. By the end of that year, she had been accepted into a prestigious university and was back to competitive sports.

In 2019, nearly four years after her accident, Olivia competed in the Age Group Triathlon World Championships, the same competition she'd been training for when she crashed her bike.

Olivia recalls the moments before the competition began: "I remember thinking, 'I can't believe I'm actually here!' And that's when it all hit me: There's no way I would have been able to do it if it weren't for my time at Children's Specialized Hospital. The treatment I got there gave me the chance to live out my dreams."

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.



THERE'S NOTHING MINOR ABOUT THE PARTNERSHIP BETWEEN RWJBARNABAS HEALTH AND THE SOMERSET PATRIOTS.

When two powerhouse organizations combine forces, the result is a big win for the community. Fans and friends of the Somerset Patriots not only get to see great baseball—the team was recently selected as a Double-A affiliate for the 27-time world champion New York Yankees—they also learn new ways to stay healthy.

“Baseball players work at their craft every day to be the best that they can be. Their exercise routines and nutritional habits are rooted in the principles of living healthy. Like our community, they rely on experts to help guide them along the way. That’s why our partnership with RWJBarnabas Health is so important and works so well,” says Steve Kalafer, Somerset Patriots Chairman Emeritus and RWJBarnabas Health (RWJBH) trustee.

Over the 22-year history of the partnership, RWJBH has hosted regular health fairs, blood drives and food drives, and has provided information on how

community members can get access to key health services and screenings. Somerset Patriots players have benefited, too: RWJBH provides sports medicine services to keep players on the field of play.

For kids, the Somerset Patriots, in partnership with the health system, created the Hit a Home Run Program. Featuring former pitcher Nate Roe, the education program for schools (delivered virtually this school year) is designed to teach young children how to eat healthier, make smarter lifestyle choices, be a good teammate and friend and understand the importance of exercise.

FRIENDS IN NEED

The Somerset Patriots team has been a stalwart supporter of RWJBH. Last summer, the organization raised more than \$16,000 for the RWJBarnabas Health Emergency Response Fund to help support healthcare professionals as they served communities during the COVID-19 pandemic. The money was



At left, the Somerset Patriots and RWJBarnabas Health have recently enhanced their longtime partnership. Above, former pitcher Nate Roe delivers health information for area students (photo taken pre-pandemic).

raised in a variety of ways, including online auctions, merchandise sales of T-shirts and face masks, a pop-up shopping event and drive-in movies at TD Bank Ballpark.

“We are so grateful to the Somerset Patriots for their continued support of our hospital and our community throughout the COVID-19 pandemic, from donations of food for our staff to hosting blood drives and holding events to benefit our Emergency Response Fund,” says Tony Cava, President and CEO of Robert Wood Johnson University Hospital Somerset, a pillar of healthcare throughout Central New Jersey. “Their ongoing support helps ensure that our community has access to the comprehensive healthcare services they need.”

A SOURCE OF PRIDE

RWJBH employees, many of whom live locally, take great pride in the partnership, attending games and participating in group events. Players feel that spirit as well.

“We pride ourselves on being active in our community to help make a difference,” says Somerset Patriots President and General Manager Patrick McVerry. “Our fans are always there for us at the ballpark and for all of our efforts. We know that through our partnership with RWJBarnabas Health, we are able to make sure our fans and community are always in good hands where their health is concerned.”

To learn more about the Somerset Patriots and the RWJBH partnership, visit www.milb.com/somerset and www.rwjbh.org/partnerships. To donate to the RWJBH Emergency Response Fund, visit www.rwjbh.org/giving.



STAND UP FOR YOUR HEALTH



7 SIMPLE WAYS TO MOVE MORE

1. Set a timer or alarm to remind you to stand at least once every hour.
2. Stretch daily, especially your hamstrings (muscles in the back of the thigh) to improve blood flow and keep muscles flexible and strong.
3. March in place while watching commercials on TV.
4. Stand and walk around while you're on the phone.
5. Take stairs instead of elevators or escalators.
6. Do active chores: Sweep floors, vacuum, wipe counters, take out the garbage.
7. Walk briskly for 30 minutes daily; if that's not possible, take at least three five-minute walks a day.

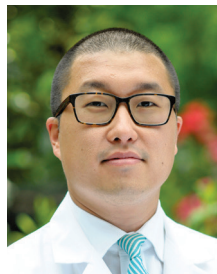
HOW GETTING UP ON YOUR FEET CAN MAKE YOU FEEL MUCH BETTER

One in four U.S. adults (age 50 and over) is not physically active, according to the Centers for Disease Control and Prevention—and that statistic is from *before* the pandemic kept many people homebound.

The phrase “sedentary lifestyle” refers to the habit of sitting too much and not moving enough. Research has linked a sedentary lifestyle to an increased risk of many health issues, including weight gain, Type 2 diabetes, high blood pressure, cardiovascular disease, certain cancers and even early death.

Richard Yoon, MD, Director of Orthopedic Research at Jersey City Medical Center and a member of RWJBarnabas Health Medical Group, explains how to break the sedentary cycle.

What are the physical effects of too little activity?



RICHARD YOON, MD

Aches, pains—especially back pain—and weight gain. Some of my patients are less active and visiting the fridge more often because of the loss of their old

routes. In addition, streaming services make it easy to binge-watch TV shows and stay inactive for long periods of time.

Once you get into a routine of not doing much, you can start feeling the effects right away. Muscle breakdown can start in as little as 24 hours.

Why are people experiencing more back pain?

Back pain is directly linked to sedentary behavior. The less you activate your core, abdominal and axial muscles (muscles of the trunk and head), the higher the possibility of back pain.

When you stand up, your core is activated to keep your body upright. Standing and being more active definitely helps with chronic back pain—I see this often with my patients.

What can people do to become more active, especially when they're staying at home more?

Maintain some semblance of a schedule, even in a quarantine situation. This is true regardless of whether you are currently employed.

Get adequate sleep, get out of bed at a fixed time each morning and build time into your schedule for regular exercise.

It's also important to have a schedule for meals, rather than falling into a habit of snacking throughout the day and evening. If you do need a snack, consider healthier foods like fruits and nuts.

What exercises can people do from home to reduce back pain?

One of the best exercises for reducing back pain is a plank. You get in a forearm plank position with your elbows on the floor, your back straight, your quads and core muscles engaged, and your toes tucked under. Even doing this for just a few minutes in the morning can help.

Yoga, Pilates, and Barre workouts are also great for activating your core and managing back pain. There's a variety of free exercise channels on YouTube, and many fitness instructors and companies are also offering subscription programs and personalized virtual classes. One important note: If you haven't been active, check with your doctor before beginning an exercise program.

Jersey City Medical Center offers orthopedic services at the Medical Office Building at 377 Jersey Avenue and in Newport at 100 Town Square Place. To learn more about orthopedic services, call **844.63.ORTHO** or visit www.rwjbh.org/ortho.

STRAIGHT TALK ABOUT OBESITY

DON'T LET COMMON MYTHS KEEP YOU FROM THE PATH TO BETTER HEALTH.

Obesity is widespread: One in four New Jerseyans is obese.

Obesity is a serious health problem: It leads to many conditions, including Type 2 diabetes, hypertension, heart disease, joint issues, sleep apnea and even certain cancers. Moreover, it increases the risk of severe illness from the COVID-19 virus.

But obesity is also a tough subject for healthcare providers and patients to discuss. “The bias and stigma associated with obesity make it challenging to address,” says Preeti Saran, MD, MPH, a primary care provider at RWJBarnabas Health at Bayonne and a member of RWJBarnabas Health Medical Group. “Patients are often reluctant to talk, or so frustrated by their efforts to manage their weight that they avoid discussion about it. We need a lot of education, both on the healthcare provider side and on the patient side, so that we can have an open discussion and treat obesity as we do any other disease.”

Education, she says, begins with addressing widespread myths about obesity that prevent positive action.

MYTH #1: “OBESITY COMES FROM LACK OF SELF-CONTROL.”



PREETI SARAN, MD

“People tend to blame themselves for their weight, but many factors contribute to obesity,” says Dr. Saran. “Unhealthy eating and lifestyle choices do contribute to weight gain, but

so do genetics, medications, medical conditions, lack of access to fresh fruits and vegetables, and more.

“Obesity is a complex and relapsing condition—and it is a disease, according to the American Medical Association,” she continues. “Placing blame is not necessary and does not help.”

MYTH #2: “GAINING OR LOSING WEIGHT IS ALL ABOUT CALORIES TAKEN IN AND CALORIES BURNED.”

“Gaining weight is not just about the amounts we eat, because every calorie is not equal,” explains Dr. Saran. “Certain foods can provide nutrition and fill us up faster, and other foods make it more difficult to lose weight. Patients should consult with their physician or a dietitian to understand which foods can help weight management and which can hinder it.”

MYTH #3: “OBESE PEOPLE NEED TO GET DOWN TO THEIR IDEAL BODY WEIGHT TO IMPROVE THEIR HEALTH.”

“Studies have shown that even a modest weight loss of five to 10 percent of total body weight can lead to improvement in several conditions, including Type 2 diabetes, high blood pressure and high cholesterol,” says Dr. Saran.

MYTH #4: “OBESITY RUNS IN MY FAMILY, SO I AM FATED TO BE OVERWEIGHT.”

“It’s possible that there’s a genetic predisposition to obesity, but modifications to lifestyle and improving your environment can help anyone have a healthy weight and reduce their risk of

weight-related illnesses,” Dr. Saran says.

MYTH #5: “I’VE TRIED TO LOSE WEIGHT BEFORE AND IT’S JUST TOO HARD.”

“Losing weight and keeping it off is possible. We understand that it is tough, but we can help people,” says Dr. Saran.

“Weight management rests on three pillars: behavior modification, physical activity and nutrition,” she explains. “Your primary care provider can help you with all of these pillars, even if they are challenging for you at first. We can work together to help in those moments when you feel things are not going your way.”

Each person needs a plan that’s based on his or her specific needs. If required, medications and surgery may be part of the plan.

Most important, Dr. Saran says, is for people with obesity to get started—and to get past self-blame. “This is not a disease about the character of a person; it is about chemistry,” she says. “It is not just about numbers on a scale. What we are talking about here is improving the overall health of the person.”



WHAT IS OBESITY?

- Abnormal weight or distribution of fat in the body
- Waist circumference (measured just above hip) of more than 40 inches in men or more than 35 inches in women
- Body mass index (BMI), a ratio of weight to height, of 30 or above. Search for “BMI calculator” online to find a way to get your BMI.

To find a primary care provider at Jersey City Medical Center, call **888.724.7123** or visit www.rwjbh.org/doctors.

NO, YOU DON'T HAVE TO EAT BORING FOOD

“A common misconception when people are trying to manage their weight is that you can only eat plain, uninteresting foods,” says Jordan Kowalczewski, MS, RD, Outpatient Registered Dietitian at Jersey City Medical Center. “Often, focusing on what we can eat more of is the key to weight management. That means more fruits, vegetables and whole grains, all of which have lots of fiber and help fill you up. Many flavorful recipes, like the ones below, can be included in a person’s overall diet while they are losing weight.”



SPINACH ARTICHOKE DIP

Serves 16

INGREDIENTS:

- 1 10-ounce package frozen spinach, thawed
- 1½ cups plain nonfat Greek yogurt
- 1 14-ounce can artichoke hearts, drained and chopped
- 2 cloves garlic, minced
- 1 cup shredded mozzarella
- ½ cup shredded parmesan

DIRECTIONS:

- Preheat oven to 350°F. Lightly spray a 1-quart casserole dish or 8 × 8 glass pan with cooking spray and set aside.
- Remove thawed spinach from bag/box and squeeze between hands or a dish towel until all of the liquid is out. Discard liquid.
- In large bowl, fold together drained spinach, yogurt, chopped artichoke hearts, garlic, ¾ cup of mozzarella and ¼ cup shredded parmesan. Set aside ¼ cup each of parmesan and mozzarella for topping.
- Add mix to prepared baking dish. Sprinkle reserved cheeses evenly across the top of the mixture.
- Bake for 30–35 minutes, until cheese topping is golden. You can also switch the oven to broil for the last 5 minutes to brown the top.
- Serve with whole grain crackers or fresh crunchy veggies like carrots, cucumbers or celery.



ASPARAGUS SNAP PEA ORZO

Serves 4

INGREDIENTS:

- 1 cup dry orzo pasta
- 2 tablespoons olive oil
- 1 shallot, diced
- 3 cloves of garlic, diced
- 1 large bunch of asparagus, 1–2 inches of tough ends removed, and remaining spears cut into 1-inch pieces
- 1 cup sugar snap peas
- ½ teaspoon each salt and pepper
- 1 lemon
- ½ cup fresh dill (if fresh dill is unavailable, use 2 tablespoons dried)
- Crumbled feta (optional)

DIRECTIONS:

- Bring a medium pot of lightly salted water to a boil and cook orzo according to box instructions. Drain the orzo and reserve ¼ cup of the hot pasta water.
- In a large skillet, heat oil over medium heat. Add chopped shallot and garlic and sauté, stirring frequently, until golden and fragrant.
- Once golden, add asparagus and snap peas, sautéing for 5–7 minutes and stirring often. Add salt and pepper and cook until asparagus is bright green and remains a little crisp.
- Zest one lemon into the pan. (Zest the yellow part of peel only; the white part has a bitter flavor.)
- Add the drained orzo and pasta water to the pan with the asparagus and stir lightly. Cut zested lemon in half and squeeze juice into pan, careful to avoid lemon seeds.
- Fold in the dill and sprinkle with feta if desired.
- Serve warm or chilled based on preference. Pair with fish or chicken breast to create a complete, balanced meal.

Note: Consider replacing orzo with a whole grain such as brown rice, farro or quinoa to increase fiber content.

WHEN IS A HEADACHE MORE THAN A HEADACHE?

WATCH FOR ANY OF THESE SEVEN RED FLAGS, WHICH MAY INDICATE BIGGER PROBLEMS.



Almost everyone feels the throb or tightness of a headache from time to time. “Headaches are common,” says Hai Sun, MD, PhD, a neurosurgeon with Jersey City Medical Center. “But they can be complicated and in many instances are a harbinger of something more serious that needs medical attention.”

As painful—even debilitating—as they can be, some of the most common headaches aren’t considered threatening. These include tension headaches caused by temporary challenges such as stress, hunger, fatigue or caffeine withdrawal; migraines attributed to chemical or structural abnormalities in the brain, which are often triggered by changes in a person’s environment; and cluster headaches, a series of short, painful headaches that are centered around one eye and that occur in cycles or patterns.

How can you tell a routine headache from a headache that signifies a bigger problem? “Usually, people have a history of these common headaches and know them well,” Dr. Sun says. “What’s more concerning are headaches that aren’t like any headache you’ve had before.”

Certain red flags, like the ones listed below, may indicate that your headache means something else.

BE ALERT IF ...

1. Severe pain strikes suddenly. If a horrendously bad headache—one that feels like the worst of your life—hits like a thunderclap, consider it an emergency. “Usually this signifies some type of brain bleed caused by an abnormality in the blood vessel system,” Dr. Sun



HAI SUN, MD

says. “Go to the nearest Emergency Department to be evaluated.”

One possible cause is an aneurysm, in which a bulge that formed in a blood vessel has

ruptured. Related possibilities include an arteriovenous malformation (AVM) caused when tangled veins in the brain disrupt blood flow, or an arteriovenous fistula created by abnormal connections between arteries and veins.

2. You also have a fever.

Headache accompanied by elevated body temperature could indicate an infection, such as meningitis. “Both viral and bacterial meningitis can be spontaneous, meaning they can occur without directly exposing the brain to viruses or bacteria, which is a potential risk of brain surgery,” Dr. Sun says. Medications or conditions that suppress the immune system (especially infectious diseases like HIV) can increase your risks for meningitis, as can diabetes. Other symptoms of a brain infection can include stiff neck, sensitivity to light and nausea or vomiting.

3. Pain is worse in the morning.

Waking boosts blood flow to the brain and helps clear carbon dioxide that builds slightly as you sleep. Normally, you don’t notice the minor increase in brain volume that results. But morning headaches may occur if a mass or tumor gives the brain less room to expand and ratchets up pressure inside your skull.

“This can be what’s happening in people who did not have headaches before but then start to experience them daily,” Dr. Sun says. “Often, such pressure headaches get worse with coughing or sneezing.”

4. Other body systems aren’t working quite right. A tumor inside the closed box of your skull can directly compress areas of the brain that govern systems throughout the body.

“If the mass is next to the speech area of the brain, you could have trouble speaking,” Dr. Sun explains. “Symptoms may be as subtle as occasional difficulty finding words.” A tumor next to a brain region governing motor control could cause mild weakness or clumsiness.

A mass near nerves or muscles that involve eye function can lead to vision difficulties, such as blurriness. “These are all reasons to seek medical attention,” Dr. Sun says.

5. You’re very overweight.

Headaches in obese individuals are sometimes due to a condition called *pseudotumor cerebri*, or false brain tumor, in which pressure builds inside the brain as with a brain tumor, but no tumor exists. This condition affects women more often than men, and the cause of it isn’t well understood. However, these headaches can be accompanied by other tumor-like symptoms such as vision problems and dizziness.

6. You’ve hit your head. “It’s well known that minor traumatic brain injury can lead to headaches,” Dr. Sun says. In fact, headache may be a key sign of concussion, as evidence of a concussion from a fall, sports injury or car accident generally doesn’t show up on a CT (computed tomography) scan.

As you get older, even a small blow can cause gradually worsening headaches due to tears in veins that lead blood to accumulate and create pressure in spaces that have been left by age-related brain shrinkage. “People often think nothing of it when the injury occurs,” Dr. Sun says. “But when we discuss their history, they’ll say, ‘Oh yeah, two months ago I bumped my head on the cabinet’ or ‘I had a minor car accident.’”

7. Headaches won’t go away.

Persistent headaches that you can’t relieve with conventional remedies should be evaluated. “If steps like rest, hydration and taking over-the-counter pain medications such as acetaminophen or ibuprofen don’t help after a week, or your headaches keep getting worse, don’t hesitate to discuss it with your doctor,” Dr. Sun says. “Even though they’re common, headaches are worth investigating if they’re concerning to you.”

For more information about neurosurgical services available at Jersey City Medical Center, visit www.rwjbh.org/neurosurgery.



HEART TESTS FOR EVERY BODY

CARDIAC CHECKUPS CAN BE YOUR KEY TO PROTECTING YOUR HEALTH. HERE'S A GUIDE TO SOME OF THE MOST COMMON TESTS.

Heart disease kills one in four Americans and is the nation's leading cause of death. Fortunately, many heart conditions can be prevented or treated—especially if you catch them or their warning signs early with appropriate tests.

“Start by getting regular checkups with your primary care physician, who can listen to your heart, order screening tests and assess your risks,” says Mary Abed, MD, Chief of Cardiology at Jersey City Medical Center (JCJC) and a member of RWJBarnabas Health Medical Group. If screening tests find reasons for concern, you may be referred to a cardiologist for further testing to investigate underlying conditions and determine next steps.



MARY ABED, MD

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



BLOOD PRESSURE

WHAT IT IS: A measurement of the force that blood exerts on arteries as your heart pumps.

HOW IT'S DONE: A healthcare professional places a cuff around your upper arm, inflates it to compress an artery, then slowly releases it while monitoring your pulse.

WHY IT'S IMPORTANT: High blood pressure triggers no symptoms but greatly increases your risk of heart disease.

WHEN YOU MAY NEED MORE

TESTS: Healthy adults should get blood pressure checked at least once a year, but your doctor may check more often if your reading is higher than 120/80 or you have risk factors.



BLOOD GLUCOSE

WHAT IT IS: A gauge of blood sugar levels that reflect the presence or risk of diabetes.

HOW IT'S DONE: A variety of blood tests assess glucose levels; some require fasting.

WHY IT'S IMPORTANT: Untreated diabetes substantially increases your risk of heart disease, but elevated blood glucose that's caught early can be reversed.

WHEN YOU MAY NEED MORE

TESTS: Your doctor may test blood glucose more frequently if you're overweight or if you have additional cardiac risk factors like high blood pressure or cholesterol.



LIPID PROFILE

WHAT IT IS: A blood test that checks circulating levels of fatty substances such as cholesterol (total, LDL and HDL) and triglycerides.

HOW IT'S DONE: A healthcare professional uses a small needle to draw blood into a vial that's sent to a lab for analysis. Fasting may be required before the test.

WHY IT'S IMPORTANT: High levels of LDL cholesterol and triglycerides boost your risk of heart disease, while HDL is protective.

WHEN YOU MAY NEED MORE

TESTS: Healthy adults should get a lipid profile every five years, but your doctor may order screenings more often if your numbers are worrisome or you have risk factors like a family history of heart disease.



ELECTROCARDIOGRAM (EKG or ECG)

WHAT IT IS: A measurement of electrical activity in the heart as it beats.

HOW IT'S DONE: Electrodes affixed to your chest, arms and legs convey your heart's electrical signals through wires to a computer.

WHY IT'S IMPORTANT: Abnormal electrical activity can indicate conditions such as irregular heartbeat, clogged arteries, heart damage, heart failure or a heart attack.

WHEN YOU MAY NEED MORE

TESTS: Cardiac electrical activity can vary throughout the day, but an EKG only offers a minutes-long snapshot. A portable Holter monitor can record electrical readings over a longer period for a more complete picture.





ECHOCARDIOGRAM

WHAT IT IS: An ultrasound scan that generates measurements as well as still and moving images of the heart's interior, including its chambers, blood vessels, valves and blood flow.

HOW IT'S DONE: An instrument called a transducer creates images as it's moved over the skin of your chest and torso.

WHY IT'S IMPORTANT: Obtaining information about your heart's size, shape, movement, strength and function can reveal problems including faulty valves, structural abnormalities, heart attack damage, inflammation and heart failure.

WHEN YOU MAY NEED MORE TESTS: If a standard echocardiogram doesn't provide enough detail, you may need an invasive transesophageal echocardiogram (TEE), in which you're sedated and a transducer is placed into the esophagus and then behind the heart for a clearer picture.



EXERCISE STRESS TEST

WHAT IT IS: A way for your doctor to know how your heart responds to exertion.

HOW IT'S DONE: You walk on a treadmill or pedal a stationary bike while your heart rate, blood pressure and electrical rhythms are tracked.

WHY IT'S IMPORTANT: The stress test allows a doctor to see if enough blood flows to your heart as you get more active, whether your heart rhythms are normal and more.

WHEN YOU MAY NEED MORE TESTS: More tests may be needed if the test results are unclear or abnormal, if you have other risk factors for heart disease that raise concern, or to confirm results that indicate coronary artery disease.



CHEST X-RAY

WHAT IT IS: A black-and-white, 2D image that shows your bones, lungs and heart.

HOW IT'S DONE: You stand between a machine that generates X-rays and a plate that captures the image.

WHY IT'S IMPORTANT: Chest X-rays can reveal heart-related lung conditions such as fluid resulting from congestive heart failure, problems with blood vessels near the heart and abnormalities in the heart's size and shape.

WHEN YOU MAY NEED MORE TESTS: If needed, your doctor may order further imaging tests that reveal details not visible on an X-ray.



NUCLEAR STRESS TEST

WHAT IT IS: Similar to the exercise stress test, but with images.

HOW IT'S DONE: A small amount of radioactive substance is injected, and then two sets of images are taken with a special camera, one while the patient is at rest and another after exertion.

WHY IT'S IMPORTANT: This test may be recommended if an exercise stress test doesn't pinpoint the cause of symptoms, if an EKG is uninterpretable or if you are unable to walk.

WHEN YOU MAY NEED MORE TESTS: If results indicate blockages or damage, a coronary angiogram, also known as cardiac catheterization, may be done.



CT SCAN

WHAT IT IS: An imaging method called computed tomography (CT) in which X-rays taken from multiple angles produce detailed, 3D images of the heart and its arteries.

HOW IT'S DONE: You lie on a table that slides into a large, tunnel-like machine in which X-ray beams rotate around you.

WHY IT'S IMPORTANT: CT scans can reveal coronary artery plaque buildups that threaten the heart, along with valve problems, inflammation and pumping deficiencies.

WHEN YOU MAY NEED MORE TESTS: If your doctor is concerned about your exposure to X-ray radiation or needs greater accuracy for specific conditions, you may receive a magnetic resonance imaging (MRI) test to take detailed images using magnets and radio waves.



CARDIAC CATHETERIZATION

WHAT IT IS: A diagnostic procedure in which a cardiologist inserts a thin tube called a catheter into a blood vessel (typically in the groin) and threads it to your heart to obtain images or samples.

HOW IT'S DONE: The procedure typically takes place in a hospital catheterization (cath) lab under light sedation. You may be injected with a dye that makes blood vessels more visible.

WHY IT'S IMPORTANT: Cath images can show if blood vessels supplying the heart are narrowed or blocked, and a procedure to open them may be done during the same catheterization.

WHEN YOU MAY NEED MORE TESTS: If you need a procedure, such as open-heart surgery, more tests may be required to prepare for your operation.

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