

A Publication of
COMMUNITY MEDICAL CENTER

SUMMER 2019

healthy *together*

**CARDIAC AND
CONCUSSION
SCREENINGS
FOR KIDS**

**TOP SUMMER
HEALTH RISKS**

**WEIGHT-LOSS
SURGERY:
ONE PATIENT'S
EXPERIENCE**

**FITNESS TIPS
FROM BASEBALL PROS**



Celebrating a Good Year

Time really does fly. Already, a year has passed since we first announced our partnership with Rutgers University, one of the nation's leading public educators, to create a new state of health in New Jersey. We're thrilled by how much already has been accomplished and how our partnership is benefiting patients and communities across the state. And we're energized by our plans for the future.

Our medical group includes hundreds of primary care and specialty physicians with over 200 locations across the state. Our partnership with Rutgers gives each of these physicians seamless access to the strength of our combined, state-of-the-science medical expertise, services and treatments.

One of the most exciting things to come out of our partnership with Rutgers so far is the recently announced creation of a dedicated cancer hospital, to be built in New Brunswick on the Robert Wood Johnson University Hospital campus. This new cancer center of excellence will take on the most complex cases, enabling more cancer patients to stay in New Jersey close to family and friends for treatment.

The J. Phillip Citta Regional Cancer Center at Community Medical Center offers a full continuum of preventive, diagnostic, therapeutic and support services. Recognizing that each patient is unique, the Center takes a holistic approach to cancer care and offers patient navigators to help patients and their families overcome obstacles to receiving the best possible treatment and care. Our skilled medical, surgical and radiation oncologists, along with our specially trained nurses and support staff, help patients fight their disease and provide local access to national clinical trials. The Center has maintained Commission on Cancer accreditation since 1986 and is also accredited by the National Accreditation Program of Breast Centers.

We look forward to bringing you many more benefits as we continue to hardwire Rutgers across the RWJBarnabas Health system.

Yours in good health,

BARRY H. OSTROWSKY
PRESIDENT AND CHIEF EXECUTIVE OFFICER
RWJBARNABAS HEALTH



PATRICK AHEARN
CHIEF EXECUTIVE OFFICER
COMMUNITY MEDICAL CENTER



HEALTH NEWS

An "A" for Patient Safety

Community Medical Center (CMC) has once again received an "A" for achieving the highest national standards in patient safety from The Leapfrog Group, a national nonprofit organization committed to improving healthcare quality and safety. Known as the Hospital Safety Grade, this rating reflects the commitment to patient safety from CMC's medical staff, employees and volunteers. "Through the efforts of our entire team, patients and families are receiving the highest quality care at Community Medical Center," said Patrick Ahearn, Chief Executive Officer. "I'm extremely proud of all the work they have done to achieve this milestone. It validates our commitment to become a High Reliability Organization."

CMC ON THE RADIO

Every Friday this summer, CMC guests will join 92.7 WOBN FM's Ocean County Breakfast Show as they broadcast live from CMC's Seaside Park Boardwalk Studio. The show will discuss CMC programs, services and upcoming events.

COMPREHENSIVE REHABILITATION SERVICES

CMC's Rehabilitation Services Department offers outpatient therapy in a comfortable, caring and nurturing environment. The team of experts includes licensed physical therapists; registered occupational therapists; hand specialists; lymphedema specialists certified in Complete Decongestive Therapy, the gold standard for lymphedema treatment; and certified speech and language pathologists. To learn more about CMC's rehab services, call 732.557.8046.

Community Medical Center | **RWJBarnabas HEALTH**

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- @CommunityMedical
- RWJBarnabas Health

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From left: Dawn Caswell, RN; Sarah Stetsko; and Megan Martinson, RN, are confident that they and their babies will receive high-quality care at CMC.



‘I KNOW I WILL BE IN GOOD HANDS’

WHY THREE CMC STAFF MEMBERS CHOSE TO HAVE THEIR BABIES WHERE THEY WORK.

Deciding where to have a baby is a major decision for most expectant parents. But for employees of Community Medical Center (CMC), the choice is easy. “I see firsthand the quality of care that we provide daily,” says Sarah Stetsko, a 32-year-old executive assistant who lives in Toms River and is having her second child at CMC. “I know I will be in good hands.”

Gerardo Lopez, MD, Chair of the Department of Obstetrics and

Gynecology, is proud that so many staff members choose CMC for their deliveries. But he isn’t surprised, given the many outstanding features of the maternity unit: round-the-clock, board-certified obstetricians, neonatologists and anesthesiologists; nurses who specialize in maternal and neonatal care; a Level II special care nursery for infants who need extra care; labor, delivery and recovery rooms with Jacuzzis; private mother-baby units; classes on childbirth, infant

care and breastfeeding; and lactation consultants. “We have physicians, midwives and healthcare professionals who are skilled and compassionate,” says Dr. Lopez. “Our nurses and staff members know this and have so much



GERARDO LOPEZ, MD

confidence in the high-quality care we provide that they would not have their babies anywhere else.”

Here, three staff members share why they chose to deliver at CMC.

To learn more about maternity services at Community Medical Center, call **732.557.8034** or visit www.rwjbh.org/cmcmaternity.



DAWN CASWELL, RN

LOGISTICS MANAGER

AGE: 41 HOMETOWN: Toms River

DUE DATE: June

OBSTETRICIAN: Aliona Maxwell, MD

WHY CMC? I've worked at the hospital for 21 years, including 10 as an Emergency Department (ED) nurse. I have confidence in the physicians and nurses because I've seen them in action for so long. I know what the hospital's expectations are for them—and they exceed them. I trust them with my life and my baby's life.

FIRST DELIVERY EXPERIENCE

I felt well cared for. The nurses were meticulous in doing their assessments; they were attuned to the smallest changes in vital signs.

BENEFITS OF A CMC DELIVERY

I liked that my husband could stay with me overnight during the induction process. Knowing I had his support was reassuring. Also, I felt good about the fact that the system monitoring my contractions and the baby's heart rate was at the nursing station. Someone was always watching out for me—even if he or she wasn't in the same room.

WHAT FRIENDS SAY

One of my best friends delivered her twins here, and she had to leave them in the special care nursery and go home because they were too small. She felt they were well cared for and had confidence in the staff. That made me realize that if my son had to be sent back to the nursery, he would be fine, too.

DELIVERY JITTERS

Just because I'm a nurse doesn't mean I don't feel apprehensive about delivery. The epidural always makes me nervous, but I know my colleagues will help me every step of the way.



SARAH STETSKO

EXECUTIVE ASSISTANT

AGE: 32 HOMETOWN: Toms River

DUE DATE: June

OBSTETRICIAN: Adam Repole, MD. Sarah is seeing Dr. Repole and two other physicians at Ocean Gynecological & Obstetrical Associates (Eric Lehnes, MD, and Kenneth Cahill, DO).

WHY CMC? When it came to choosing the hospital for my second delivery, there was no question I would return to CMC. I have full confidence in delivering here. During my first delivery, my son was facing the wrong direction, and I needed an emergency C-section. The doctors and nurses were very calm and put me at ease.

QUALITY CARE As an employee, I know the nurses are required to take continuing education and training classes so they are up to date on the latest clinical practices. Also, CMC recently embarked on a "Safety Together" initiative, meaning we are committed to zero incidents of preventable harm for our patients, families, visitors and each other. That's reassuring.

THE APPEAL OF THE MATERNITY UNIT The rooms are private, spacious and updated, which is great for visitors.



MEGAN MARTINSON, RN

ADMINISTRATIVE DIRECTOR OF EMERGENCY SERVICES

AGE: 33 HOMETOWN: Forked River

DUE DATE: first child born in April

OBSTETRICIAN: Aliona Maxwell, MD

WHY CMC? Quality of care was key. As an Emergency Department nurse, I know what this means. When it came to delivering my own child, I wouldn't settle for anything less than CMC.

FEELING "CLINICALLY SAFE" We have an excellent clinical team. All of our staff members have gone through safety training, so everyone is focused on patient safety. We recently received another "A" safety grade from Leapfrog, a national nonprofit organization focused on healthcare quality and safety. There are also a lot of resources available to us through the RWJBarnabas Health system, which would allow for continued care across the spectrum in case of a problem. In April, neonatologists from Rutgers Robert Wood Johnson Medical School started caring for newborns at CMC.

THE APPEAL OF THE MATERNITY UNIT There are newly renovated, beautiful private rooms. The hospital provides couplet care, meaning the mother and baby have the same nurse. The baby rooms with the mother and spends only a small amount of time in the nursery (unless there are medical concerns). As a new mom, I wanted to have the baby with me so I could learn how to care for him or her before I went home.

UNCOVERING INJURY AND SERIOUS CONDITIONS

The Matthew J. Morahan III Health Assessment Center for Athletes (MJM) program travels throughout New Jersey. Screenings take place at more than 30 locations, including community and recreational centers, schools and medical centers. Concussion screenings are offered to children ages 5 and older, and cardiac screenings are open to children 6 to 18.

Concussions are caused by a blow to the head, face, jaw or neck that disrupts the normal functioning of the brain and causes the brain to move within the skull. “They’re especially dangerous because kids and their parents may not realize that they have one,” says Diana Toto, MS, program director. As a result, the injury can be left undiagnosed and untreated, which can lead to long-term damage.

Concussion screenings involve a noninvasive, 25- to 30-minute exam known as ImPACT. Before the sports season starts, the child or teen takes a baseline test to establish his or her brain function. If he or she experiences a head injury, then a post-injury test is taken—either through MJM or a pediatrician’s office. The result is compared to the original score to help determine if the child experienced a concussion. “The goal is to get young athletes active again—as soon as 48 to 72 hours after a brain injury,” says Toto. “Research shows that when activity is introduced under clinical supervision earlier during the healing process, kids recover faster.”

KEEPING YOUNG ATHLETES SAFE



THANKS TO A FREE SCREENING, ONE TEEN WAS DIAGNOSED WITH A SERIOUS CARDIAC CONDITION.

One Saturday last summer, Ashley Singer of Beachwood received a call from a friend, who told her that the local community center was holding free cardiac and concussion screenings for young athletes. She decided to take her three children since her oldest child, Jesse, 13 at the time, played baseball and basketball. When they arrived, the line for concussion screening was so long they decided to duck into the cardiac check instead.

It was fortuitous that they did. The exam included an electrocardiogram (EKG), a test that records the heart's electrical activity. Two days later, Ashley received a call from a physician, who told her that Jesse should see a cardiologist right away. "The EKG was very abnormal," says Loyda I. Rivera, MD, a pediatric cardiologist at Community Medical Center. "He had a classic case of Wolff-Parkinson-White syndrome (WPW)." In this condition, an extra electrical pathway in the heart leads to a rapid heart rate, known as tachycardia. While some people don't experience any symptoms, the condition can cause dizziness, heart palpitations, shortness of breath and fainting. Most people with WPW have a good prognosis, but sudden death can occur in 1 to 3 percent of people with the condition, says Dr. Rivera.

FINDING A "NEEDLE IN A HAYSTACK"

Jesse is among 30,000 children who have been screened by the Matthew J. Morahan III Health Assessment Center for Athletes, a statewide RWJBarnabas Health program that offers free and low-cost cardiac screenings and concussion



LOYDA I. RIVERA, MD

testing for young athletes throughout New Jersey. According to the American Heart Association, 90 percent of cardiac deaths in young athletes occur during

sporting events. Although every child who participates in school sports is required by the state to have a physical exam, EKGs aren't yet a state requirement. "Our screening program provides an extra layer of security for parents, since an EKG can pick up things like heart rate abnormalities that might not be detected during an annual exam," says Diana Toto, MS, program director.

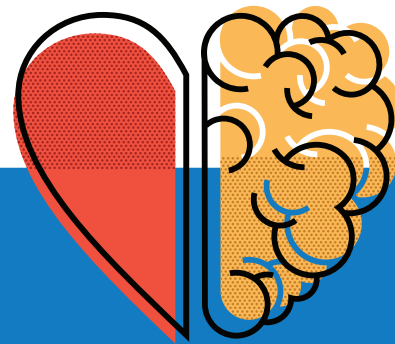
The day Jesse was screened, about a dozen other kids were checked. The fact that the screening was able to detect WPW, which affects 1 to 3 in 1,000 people worldwide, "was like finding a needle in a haystack," says Ashley. "Looking back, there were signs of the condition: I'd wonder, for example, why Jesse sometimes would get out of breath quickly. But I never would have thought to ask his pediatrician for an EKG on my own."

To confirm the diagnosis, Jesse had to wear a 24-hour heart monitor. "I was shocked to learn that there were times when his heart rate sped up to 260 beats per minute when he was sitting down," recalls Ashley. "His cardiologist explained that when your heart beats that fast, a person can have a stroke."

AVOIDING OVEREXERTION

Today, Jesse, who is in eighth grade, lives the life of a typical teen. He still plays sports and participates in activities like biking and swimming, but he builds in breaks to avoid overexerting himself. Ashley or her husband keep an eye on him when he's active to make sure he doesn't overdo it. "Jesse's cardiologist says he can never swim or bike alone, because there's a chance he can pass out," she explains.

Fortunately, Jesse is cautious: If he notices he's having trouble catching his breath, he slows down or even stops what he's doing to slow his heart rate. He also sees his cardiologist once a year. If the condition worsens, he'll require a procedure called cardiac ablation, in which the electrical pathway causing the fast heart rate is destroyed. "I'm so relieved Jesse had the cardiac screening," says Ashley. "If he hadn't, he probably would not have been diagnosed."



GET SCREENED THIS SUMMER!

Don't miss the next free cardiac and concussion screening, which is open to all active children, including cheerleaders, athletes and dancers.

DATE: Thursday, August 15

TIME: 4:30 p.m. to 8:30 p.m.

LOCATION: Ocean County College, Health Sciences Building (Building 102, Rooms 104 and 105)

CARDIAC SCREENING:

open to the first 80 children (ages 6 to 18)

CONCUSSION SCREENING:

open to the first 120 children (ages 5 to 18)

Screenings are recommended to be repeated every two years.

REGISTRATION IS REQUIRED.

To register and schedule an appointment, please email teamlink@rwjbh.org.



GET IT CHECKED!

Your heart doesn't beat just for you. Get it checked. To schedule an appointment with a Community Medical Center cardiac specialist, call **888.724.7123** or visit www.rwjbh.org/heart. To learn more about pediatric athletic screenings, visit www.rwjbh.org/morahan.



CMC's new "telestroke" program enables stroke patients to be evaluated by a neurologist through a two-way video screen.

STOPPING A STROKE IN ITS TRACKS

PATIENTS ARE EVALUATED AND TREATED QUICKLY WITH THE HELP OF TECHNOLOGY.

Every year, more than 795,000 people have a stroke, in which a blood vessel that delivers oxygen to the brain is blocked by a clot or ruptures, causing bleeding. As a result, brain cells die or are damaged. In 2018, Community Medical Center (CMC) treated about 700 stroke patients.



GERALD J. FERENCZ, MD

CMC is a Primary Stroke Center, an advanced certification given by The Joint Commission, a not-for-profit organization that accredits and certifies

healthcare organizations. The designation indicates that the hospital complies with clinical practice guidelines and performance measures for stroke care.

Time is of the essence when it comes to treatment. For an acute ischemic stroke, in which a blood clot blocks an artery, a clot-dissolving drug called tissue plasminogen activator (tPA) must be given to patients within three hours (for certain patients, up to 4.5 hours) from the time symptoms begin. In some cases, this type of stroke is treated with a device inserted into a blocked artery to break up a blood clot; this can be done up to 24 hours after symptoms start. A hemorrhagic stroke, in which a clot ruptures, can be treated with minimally invasive surgery.

A VIDEO EXAM

In April, Community Medical Center launched a "telestroke" program, in which a neurologist in another location evaluates patients in the Emergency Department (ED) through a video screen. After the EMS team notifies the ED that a patient with signs of stroke is on the way to the hospital, a nurse activates the telestroke program. A neurologist appears on the video screen and evaluates the patient in 10 minutes. The screen magnifies the patient's face, including his or her eye movements, pupil size, tongue movements and ability to speak. Imaging tests are taken, such as magnetic resonance imaging (MRI) or CT scan. With the two-way screen, the neurologist can check the results of imaging tests. "The system is working well," says Gerald J. Ferencz, MD, Medical Director of the Primary Stroke Center. "It helps us to create a care plan, which improves patient outcomes."

DELIVERING THE BEST CARE

Stroke care at CMC begins when a patient calls 911. "The patient is evaluated over the phone and fast-tracked when he or she arrives at the hospital," says Lindsey M. Smith, BSN, RN, SCRNP, Stroke Program Coordinator. "The local emergency medical services (EMS) team notifies us that a stroke patient is on his or her way. After the patient arrives, the EMS and Stroke Team take him or her for an immediate CT scan. Then the patient is brought to the cardiac trauma area in the Emergency Department (ED), and an assessment takes place."

At CMC, continuing education and training enable healthcare professionals to deliver the best care. The hospital provides neuroscience seminars for nurses four times per year, and nurses in training learn how to assess stroke patients. Since stroke care begins in the field, CMC also educates its EMS partners. The EMS teams receive stroke education twice a year. This is important because treatment guidelines change (in fact, they were updated just last year).

To learn more about the Primary Stroke Center at Community Medical Center, visit www.rwjbh.org/community.



CRANIAL TUMORS: HELP FOR HARD CASES

**HOW TOP NEUROSURGEONS AT RWJBARNABAS HEALTH
TACKLE THE TOUGHEST TUMORS.**

Cranial tumors are never easy to treat, but some are especially challenging. Those cases are often sent to Anil Nanda, MD, MPH, and the team of expert neurosurgeons affiliated with RWJBarnabas Health (RWJBH).

Recently, for example, there were the cases of an 8-year-old girl with an arteriovenous malformation, a bird's nest-like tangle of blood vessels at the top of her spine that paralyzed her, and a 21-year-old woman with a hemorrhaged brain stem cavernoma. Both patients were referred to Dr. Nanda and the enhanced neurosurgical program he is creating with colleagues throughout RWJBH. The lesions were successfully removed.

"People should know that we can take care of very complicated neurosurgical issues with good

outcomes right here in New Jersey," says Dr. Nanda, who has been recognized as a global leader in neurosurgery.

But Dr. Nanda is not just building a practice that specializes in cranial tumors in his roles as Senior Vice President of Neurosurgical Services for RWJBH and Professor and Joint Chair of the Department of Neurosurgery at both Rutgers Robert Wood Johnson Medical School and Rutgers New Jersey Medical School. Dr. Nanda is creating a world-class center of neurosurgery at RWJBH. In addition to providing state-of-the-art training for medical residents, the effort is attracting top talent to New Jersey from all over the world.

GRATIFYING RESULTS

Neurosurgery services at RWJBH cover many areas, including spinal disease, stroke, aneurysms, brain trauma and more.

Dr. Nanda's specialty is surgery of the skull base, an area formed by bones at the bottom of the skull that is crisscrossed by nerves and blood vessels carrying messages and oxygen to the brain.

Last fall, an especially challenging patient was referred: a 38-year-old woman whose personality had been slowly deteriorating over the previous five years. She had become hostile to family and friends, and her memory and cognition were impaired.

Finally, an MRI of the woman's brain found the cause of her problems: a 9-centimeter (approximately 3.5-inch) meningioma, a benign, slow-growing tumor that forms on membranes covering the brain.

"The tumor's pressure on her frontal lobe—which handles cognitive functions such as planning, memory and emotional expression—was so great that it had been compacted and barely showed on the MRI," says Dr. Nanda.

During surgery, Dr. Nanda first stopped the tumor's blood supply, then began the removal process. "After a difficult operation, the growth was entirely removed, and with the pressure gone, the frontal lobe expanded to its normal size," he says.

Three days later, the woman was sitting up and talking and her former upbeat personality had begun to return.

"It was really gratifying for our team to be able to effect such a dramatic change," says Dr. Nanda.

"Symptoms like this woman's are often chalked up to depression or schizophrenia or, in the case of an older person, dementia," he explains. "In such cases, it's important to investigate possible causes in detail, sooner rather than later."

For residents of New Jersey and the region, the good news is that excellent care for such conditions is available close to home. Says Dr. Nanda, "RWJBarnabas Health is building a team of top neurosurgeons and other experts in neuroscience that is among the best in the world."



ANIL NANDA, MD

To learn more about New Jersey's most comprehensive neurosurgery program, call **833.656.3876** or visit www.rwjbh.org/neurosurgery.



PEAK PERFORMANCE:

SECRETS OF BASEBALL PROS

A HEALTHY LIFESTYLE IS NO MINOR MATTER FOR THESE OUTSTANDING LOCAL PLAYERS.

When they unleash a blazing pitch or knock one out of the park, star baseball players can seem like superheroes. Granted, they *are* gifted. But to perform at that level, standouts from minor league baseball teams abide by healthy principles that weekend warriors and young athletes can share.

RWJBarnabas Health (RWJBH) partners with four top minor league baseball teams in the state: The Lakewood BlueClaws, New Jersey Jackals, Somerset Patriots and Trenton Thunder. What RWJBH and the

To learn more about RWJBarnabas Health corporate partnerships, visit www.rwjbh.org/corporatepartners.

A PARTNERSHIP WITH IMPACT: At left, RWJBarnabas Health and the Lakewood BlueClaws teamed up to deliver much-needed baseball gear to the children of Puerto Rico after Hurricane Maria. RWJBH also delivered medical supplies to the island as part of its social impact and global health initiatives.

HEALTHY FAMILY FUN: Below, the Somerset Patriots play at the 6,100-seat TD Bank Ballpark in Bridgewater.



ALFREDO RODRIGUEZ

INFIELDER | SOMERSET PATRIOTS
HEIGHT: 6'0" | WEIGHT: 175

STRETCH FOR SUCCESS: "Warm-ups used to be static, but now we have dynamic warm-ups, which do a better job of getting your body ready for whatever you want it to do. That means moving while stretching, like walking or pulling a knee to the chest."



JACK PERKINS

PITCHER | LAKEWOOD BLUECLAWS
HEIGHT: 6'4" | WEIGHT: 200

GET A LEG UP: "If you're a pitcher for your school or local team, the best thing to do is get your legs as strong as possible with squats, running and sprints. Legs are the strong foundation that's going to take you deep into games and give you more velocity."



MICHAEL DILL PHOTOGRAPHY

GARRETT WHITLOCK

PITCHER | TRENTON THUNDER
HEIGHT: 6'5" | WEIGHT: 190

CORE PRINCIPLES: "A good strong core is important for anybody to keep a healthy balance. I do planks and also 'dead bugs'—exercises where you lie pressed flat on the floor and extend your arms and legs."



CONRAD GREGOR

INFIELDer/OUTFIELD | NEW JERSEY JACKALS
HEIGHT: 6'3" | WEIGHT: 220

CONSISTENCY IS KEY: "If you don't have time to get to a gym, do body-weight exercises that don't require equipment—pushups, squats, squat thrusts and similar exercises. That's what I do in my hotel room when we're on the road."

ball teams have in common is their community- and health-oriented focus. "Minor league baseball has a strong grassroots spirit that you don't necessarily see in professional sports," says Michael Knecht, Senior Vice President, Strategic Marketing and Communications for RWJBH. "These are organizations that are embedded in the communities we serve, and that have similar missions and values." Any given season might feature a celebration of patients, social outreach or healthy lifestyle education for fans.

In that spirit, top players, at right, reveal their fitness tips for peak performance.

NEW CANCER TREATMENT, NEW HOPE

HOW CAR T-CELL THERAPY HELPED A PATIENT WHEN CHEMOTHERAPY COULD NOT.

Dave Rodney, 62, didn't have time to be sick. A professional concert and travel promoter, and an avid musician and cook, he had too much living to do.

But in August 2017, while working out, Dave felt a slight discomfort in his lower abdomen. He assumed he'd pulled a muscle. However, at a routine physical shortly afterward, his doctor advised him to go to the Emergency Department at Saint Barnabas Medical Center (SBMC) in Livingston.

There, a scan revealed an abdominal mass. Dave was admitted for further tests. The eventual diagnosis: diffuse large B-cell lymphoma (DLBCL). This aggressive blood cancer, a form of non-Hodgkin lymphoma, usually starts as a fast-growing mass in a lymph node.

From September 2017 through January 2018, Dave was treated with chemotherapy under the care of Andrew Brown, MD, a medical oncologist with The Cancer Center at SBMC. Unfortunately, a first round was unsuccessful, as was a second round with a different medication.

The next step would typically be to assess whether a stem cell transplant might work. But now, there is also a new treatment called CAR T-cell therapy. "It was very important that I get him to a specialty center that handles complex cases," says Dr. Brown. "Because of our health system's partnership, I sent him down to Rutgers Cancer Institute of New Jersey and Robert Wood Johnson University Hospital in New Brunswick."

NEW POSSIBILITIES

In the fall of 2017, the Food and Drug Administration made a big announcement: It had approved CAR T-cell therapy for adults with DLBCL and for children and young adults with acute lymphoblastic leukemia.

In this therapy, T cells (a type of immune system cell) are taken from a patient's blood. In a laboratory, a chimeric antigen receptor (CAR), which binds to a certain protein on the patient's cancer cells, is added to each cell. These CAR T cells are then added back to the patient's blood to attack cancer cells.

The treatment is given only to patients whose cancer has proven resistant to chemotherapy and who may not be good candidates for stem cell transplants. Further, it can be offered only at centers that have clinicians, nurses and other healthcare

professionals who are FACT (Foundation for the Accreditation of Cellular Therapy)-certified.

The teams at Robert Wood Johnson University Hospital (RWJUH) and Rutgers Cancer Institute fit the bill. Dave Rodney would be their first patient for CAR T-cell therapy.

"This is a transformative therapy," says Dennis Cooper, MD, Chief, Blood and Marrow Transplantation at Rutgers Cancer Institute. "In the past, if a patient with this type of lymphoma wasn't responsive to chemotherapy, apart from experimental treatments we were essentially out of luck. Now we have a new option that's potentially curative."

MOVING AHEAD

Dave met with Dr. Cooper in March of 2018. At that and subsequent visits, he learned more about the procedure and its potential benefits and risks.

"They were very honest and open," Dave says. "Yes, I'd be the first. But on the plus side, many eyes and ears would be watching me to make sure everything went well. What they said made perfect sense, so I was sold."

"I can't think of a time in my career where the staff spent so much time, collectively, preparing to treat a patient," says Dr. Cooper. "There are strict criteria for care when a patient is getting CAR T cells, encompassing everything from the electronic record to drugs that can cause a reaction, and more."

"Everyone in the hospital was very committed. The people who work in the blood and marrow transplant unit, the ICU nurses, the nurse practitioners, the rapid response teams, the neurology attendings and literally every medical resident went

through training before we treated our first CAR T-cell patient."


After thorough preparations, Dave's T cells were collected and sent to a laboratory



ANDREW BROWN, MD



DENNIS COOPER, MD



Dave Rodney, the first CAR T-cell therapy patient at Rutgers Cancer Institute of New Jersey and Robert Wood Johnson University Hospital, is back to doing the things he loves.

PHOTO CREDIT: JOHN O'BOYLE.



RWJBarnabas Health and The Cancer Center at Saint Barnabas Medical Center, 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 latest treatment, including clinical trials. Visit www.rwjbh.org/beatcancer.

in California to be re-engineered, a process that takes several weeks.

In November, Dave received a mild pre-treatment chemotherapy to clear his blood of lymphocytes that could compete with CAR T cells. Then he was admitted to RWJUH to receive brand-new CAR T cells via infusion. He stayed in the hospital for two weeks as his body adjusted.

"It's impossible to describe the high level of care I had—the professionalism, expertise, warmth and caring," Dave says. "These are the best people on the planet!"

AN EXCITING FUTURE

CAR T-cell therapy is currently under consideration to treat some forms of myeloma, a cancer of plasma cells. "CAR T cells are also being modified in the hope they can work on solid tumors—brain tumors, abdominal tumors," says Dr. Cooper. "People are realizing that you can redirect CAR T cells to almost any target you want, as long as it's on a tumor cell and not a normal cell."

Unlike in chemotherapy, which kills both healthy and cancer cells, the CAR T cells remain in the patient's body for months and continue fighting the cancer. "There's a lot of work happening on ways to make CAR T cells stay in action even longer," says Dr. Cooper.

Dave continues to return for scans to check on his progress. Meanwhile, his return to normal activity is encouraging.

"I'm as busy as ever," Dave says, "feeling better and doing all the things I love doing."

A version of this article first appeared in the Rutgers Cancer Institute of New Jersey publication Cancer Connection.

To learn more about CAR T-cell therapy at Rutgers Cancer Institute of New Jersey, visit www.cinj.org/car-tcelltherapy or call **844.CANCERNJ**.



From left, Gail Knight, MD, Senior Vice President and Chief Medical Officer, Rady Children's Hospital; Michael Dribbon, PhD, Vice President of Business Development and Chief Innovation and Research Officer, CSH; Patrick Frias, MD, President and CEO at Rady Children's Hospital; Warren E. Moore, FACHE, President and CEO of CSH; and Katherine Bentley, MD, Director of the Chronic Pain Management Program at CSH.

PARTNERING TO FIGHT PAIN

ONE BOY'S ORDEAL LED TO HELP FOR OTHER SOUTHERN CALIFORNIA CHILDREN WHO SUFFER FROM CHRONIC PAIN.



Children's Specialized Hospital®

An RWJBarnabas Health facility

at
Rady Children's Hospital

A simple heel fracture from running on a California beach led to excruciating pain for 14-year-old Jasper Neale. The fracture took a long time to heal. Worse, the pain grew and radiated throughout his body. "I wasn't able to wear clothes. I couldn't shower. I couldn't walk. If a wind blew on me, I would be screaming," he says.

Eventually, Jasper was diagnosed with Complex Regional Pain Syndrome (CRPS)—a chronic condition that is believed to be caused by damage to the nervous system—at Rady Children's Hospital in San Diego. And although he underwent weeks of outpatient therapy, the pain only got worse.

Jasper's physical therapist showed him and his parents an online video she'd found. It told the story of a girl who had suffered

similar symptoms, but managed to get them under control through an intensive course of therapy at another children's hospital. "My husband and I decided we must find a program like this for Jasper," says his mother, Lori Neale. After some research, they selected the inpatient Chronic Pain Management Program at Children's Specialized Hospital (CSH) in New Brunswick.

Less than three weeks later, Jasper and his father were on a flight to New Jersey and CSH. That decision would change his life—and, ultimately, make life better for other San Diego, Southern California and southwestern U.S. children living in pain.

MASTERING THE PAIN

At CSH, the innovative Chronic Pain Management Program treats children with this condition through intensive physical, occupational and psychological therapy. Patients learn coping techniques to desensitize themselves to pain and mitigate it—without the use of opioids or other medications.

"One of the goals of the program is to improve the pain, but the main goal is to improve function and get our patients back to their lives," explains Katherine Bentley, MD, Director of the Chronic Pain Management Program.

After seven weeks, Jasper graduated from the program and was able to return to his California home, and to his life as a teenager.

But Jasper's recovery was not the only positive outcome of his experience. Aware of the need for a multidisciplinary approach to pain management for area patients, Rady Children's Hospital and CSH created a partnership. In April, the all-new Children's Specialized Hospital Chronic Pain Management Program at Rady Children's Hospital-San Diego opened for business.

"This joint endeavor provides us the great opportunity to treat the needs of patients and families in the Southern California region," says Warren E. Moore, FACHE, President and CEO at CSH, "and for that I could not be more grateful."

Jasper would agree. "Now," he says, "I can do anything I want to do."

For more information about Children's Specialized Hospital, call **888.244.5373** or visit **www.childrens-specialized.org**.

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. Our locations in Bayonne, Clifton, East Brunswick, Egg Harbor Township, Hamilton, Jersey City, Mountainside, New Brunswick, Newark, Toms River and Warren treat everything from chronic illnesses and complex physical disabilities like brain and spinal cord injuries, to developmental and behavioral issues like autism and mental health.



HEART HEALTH: KNOW YOUR NUMBERS

KEEP ON TOP OF THESE SIMPLE TESTS TO STAY HEALTHY.

When it comes to protection against heart disease, the evidence is simple and clear: Preventive strategies work.

“People can have a significant effect on their heart health through the lifestyle choices they make,” says Sergio Waxman, MD, MBA, an interventional cardiologist and Chief of the Division of Cardiology at Newark Beth Israel Medical Center, an RWJBarnabas Health facility. “There are not many diseases where that is so clearly documented.”

A key part of self-care is understanding the following about your heart health. Your primary care provider can check these numbers at your yearly physical, and you can track some of them between visits.



SERGIO WAXMAN, MD



BLOOD PRESSURE: The force of blood rushing through your vessels. High blood pressure, which can damage or weaken blood vessels, is defined as a reading

of 130/80. “A lot of patients get nervous in a doctor’s office, which may elevate their blood pressure, so it’s important to check it outside the office as well,” says Dr. Waxman. You can buy a manual or digital blood pressure monitor at the drugstore, or use a public device available at some pharmacies.



HEART RATE (PULSE): The

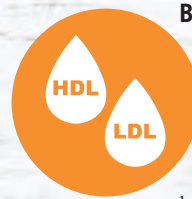
number of times your heart beats per minute. “This is helpful if you’re exercising and want to see if your training is significantly affecting your heart rate,” says Dr. Waxman. The American Heart Association recommends at least 150 minutes of moderate-intensity exercise per week. The more fit you are, the

sooner your heart rate returns to normal after exercise.



BLOOD SUGAR: High glucose (blood sugar) levels are strongly correlated with cardiovascular disease because over time they damage blood vessels and nerves. “An annual blood

test after overnight fasting is all that’s needed, unless your levels are elevated,” says Dr. Waxman. “If they are, the other number you should know is your Hemoglobin A1C, which is a measure of your average glucose levels over the past three months.”



BLOOD CHOLESTEROL:

A waxy substance produced by the liver. Cholesterol is transported to and from cells by lipoproteins. Low-density lipoprotein (LDL, known as the “bad” kind) deposits cholesterol on artery walls; high-density lipoprotein (HDL) removes it. Both levels are determined by a simple blood test.

Your doctor also might suggest your blood be tested for C-reactive protein. “Some investigators think this may be as important as the LDL number for assessing cardiac risk,” says Dr. Waxman.



BODY MASS INDEX (BMI):

This is a measure of body fat based on height and weight. The higher your BMI, the greater your risk for cardiac and other diseases. You can calculate your BMI with the help of online calculators and charts from the National Institutes of Health or the Centers for Disease Control and Prevention.

While most people know they should take better care of their health, they often feel that work and family demands prevent it, says Dr. Waxman. “Try to give yourself one hour every day to devote to taking care of yourself, whether it’s exercising, preparing healthy meals, checking your blood pressure, taking a nap or a combination of things,” he advises. “It’s like what they say about oxygen on airplanes: Put your mask on first or you won’t be able to help someone else.”

Your heart doesn’t beat just for you. Get it checked. To make an appointment with one of New Jersey’s top cardiac specialists, visit www.rwjbh.org/heart or call **888.724.7123**.



THE KEY TO QUITTING SMOKING OR VAPING

RWJBARNABAS HEALTH OFFERS FREE AND PROVEN SUPPORT FOR PEOPLE WHO STRUGGLE WITH TOBACCO OR NICOTINE DEPENDENCE.

Nicotine addiction is a powerful foe. The drug triggers a brief surge of endorphins—the feel-good hormones—each time it’s inhaled through a cigarette or an electronic nicotine delivery system (ENDS), such as an e-cigarette or vaping device. That pleasure dissipates quickly, leading to the urge for another inhalation.

A pack-a-day smoker, for example, goes through this cycle about 250 times daily, creating an addictive reward system in both brain and body that causes dependence on nicotine. When the person tries to stop, withdrawal



CONNIE GREENE

symptoms—irritability, attention difficulties, sleep disturbances and more—lead him or her to light up again, and the cycle continues.

Most people who are still smoking today have already tried and failed to quit five to seven times, according to Connie Greene, Vice President, RWJBarnabas Health (RWJBH) Institute for Prevention and Recovery.

“They may even feel a lot of shame and guilt because of that,” she says. “But the truth is, if people who are dependent on nicotine could quit on their own, they would have done so already.”

Greene and her colleagues want these people to know that it’s not their fault. “They’re in the grip of a very insidious addiction, which may have a genetic component,” she says. “But there is hope, and there is recovery.”

“The more times you’ve tried and the more you’ve been unsuccessful, the greater chance you have for success with our Nicotine and Tobacco Dependence Treatment Program.”

A NEW APPROACH

“We look at quitting as a process,” says Michael Litterer, Director of Prevention and Recovery at RWJBH. “It’s not as simple as making a decision and going cold turkey. In our program, we develop an individualized plan for each person who comes to us.”

When a smoker contacts the Nicotine and Tobacco Dependence Treatment Program by phone or email, a certified tobacco treatment specialist will be there to help. “You don’t have to quit right away,” Litterer says. Instead, next steps can include:

- Individualized nicotine dependence assessment, focusing on triggers and stressors
- Ongoing support in both individual or group settings
- Access to a medical director on staff to assist with primary care coordination and prescription medications
- Free nicotine replacement therapy (nicotine patches, gum and lozenges)
- Recommendations and navigation for appropriate prescription nicotine dependence medications
- Assistance in understanding the real impact of ENDS devices and cigarettes
- Behavioral modification and assistance in managing or eliminating nicotine withdrawal symptoms

“Most importantly, we will support people through the entire process of ending their nicotine or tobacco addiction. Relapsing and using nicotine during the quit attempt is sometimes part of the journey. We understand this,” Litterer says.

The program, which is funded by the New Jersey Department of Health Office of Tobacco Free, Nutrition and Fitness, does not charge participants.

The most important thing for people to know, Greene says, is that they don’t have to try to quit alone. “Call the QuitCenter number, or send us an email,” she says. “We’ll take it from there.”

To learn more about reaching recovery from nicotine or tobacco dependence, call the QuitCenter line at **732.837.9416**, or email quitcenter@rwjbh.org for a free confidential assessment. For more information, visit www.rwjbh.org/nicotinerecovery.





After surgery, patient Noelle Carino doesn't have to put up with heavy periods or PMS anymore.

EXCELLENCE IN ROBOTIC SURGERY

Community Medical Center (CMC) is one of only three facilities in New Jersey to be accredited as a Center of Excellence in Robotic Surgery by Surgical Review Corporation. This program was developed to recognize surgeons and facilities worldwide who perform robotic procedures and achieve certain standards for patient safety and quality of care. CMC's robotic surgery program, which uses the newest technology, was the first of its kind in the region and is staffed by highly skilled surgeons with more than a decade of experience in robotic-assisted surgery. In addition to gynecologic procedures, the technology is used for oncology, urologic, general and colorectal surgeries.

'I GOT MY LIFE BACK'

THANKS TO A ROBOTIC-ASSISTED GYNECOLOGIC PROCEDURE, ONE PATIENT WAS ABLE TO ELIMINATE BOTHERSOME SYMPTOMS.

For years, Noelle Carino, an education professional in Toms River, suffered from a variety of gynecologic problems: ovarian cysts and uterine polyps, to name a few. By the time she was in her late 30s, she was experiencing heavy periods for three weeks every month. As an active mom of young twin boys, the problem began to wreak havoc on her life. Her Community Medical Center gynecologist, Robert Pessa, MD, gave her a few treatment options:



ROBERT PESSO, MD

an endometrial ablation, which destroys the lining of the uterus to reduce or stop bleeding; hormone therapy; or a hysterectomy, in which he would remove the uterus

and cervix but leave the ovaries in place. Noelle chose the hysterectomy. "I was ready," says Noelle, now 41. "I wanted my life back."

A MINIMALLY INVASIVE PROCEDURE

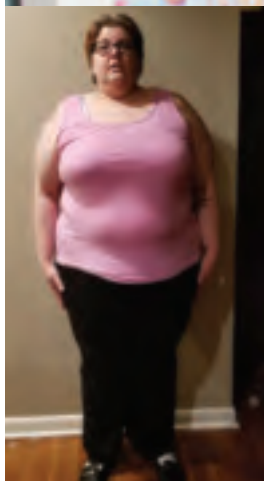
Dr. Pessa told Noelle he could perform the hysterectomy in a minimally invasive way—with the assistance of a robot. He performs the majority of hysterectomies in this manner. (Robotic technology can also be used to remove fibroids, endometriosis and ovarian cysts.) Dr. Pessa sits at a console and guides the robotic arms to perform the procedure. The technology enables him to make small incisions and remove the uterus

and cervix with the robotic instruments, which move like human hands but with a greater range of motion. The surgical system also allows Dr. Pessa to view the patient's anatomy in three dimensions.

Noelle had the procedure in May 2016—just eight weeks before she got married to her partner of eight years. "I went into surgery with my period and woke up without it," she says. "And I had no pain afterward." She spent one night in the hospital and left the next morning. "I worked at home on my laptop the rest of the week," she recalls. "I took it easy, but I felt great."

Three years later, Noelle still hasn't experienced any bleeding. "All of my symptoms went away, including PMS," she says. "I'm so glad I had the procedure. I got my life back."

For a referral to a surgeon who performs robotic-assisted surgery at Community Medical Center, please call **888.724.7123**.



BEFORE

AFTER
Amanda Lukacs, walking on the Point Pleasant boardwalk, is more active and better rested after reducing her weight by more than half.

HAPPIER AND HEALTHIER

**HOW WEIGHT-LOSS SURGERY TRANSFORMED
ONE PATIENT'S LIFESTYLE.**



SLEEVE GASTRECTOMY HAS BECOME THE MOST POPULAR FORM OF BARIATRIC SURGERY IN THE WORLD BECAUSE IT'S EFFECTIVE—MOST PATIENTS LOSE 60 TO 75 PERCENT OF EXCESS BODY WEIGHT.

Amanda Lukacs, 39, struggled with her weight since childhood. “Name a fad diet, and I tried it,” she says. Any pounds she shed always returned, so Amanda, of Point Pleasant Borough, lived with the trials of being overweight—from the challenge of finding clothes to fit her frame to feeling judged when she ventured out in public.

Amanda also feared that her weight increased her risk for heart disease, type 2 diabetes and other health problems. As the years passed, the numbers on the scale began to climb. One day in 2017, when she hit 370 pounds, Amanda decided it was time to take action. She had been pondering weight-loss surgery, also called bariatric surgery, so she scheduled a consultation at the Center for Bariatrics at Community Medical Center (CMC) and met with board-certified surgeon Gurdeep S. Matharoo, MD, FACS, FASMBS. The Center takes a comprehensive approach to helping patients with weight loss; skilled bariatric surgeons, nurses, dietitians and psychologists work with patients before and after surgery to ensure success. After Amanda and Dr. Matharoo discussed the various types of surgery, Amanda elected to undergo a procedure called sleeve gastrectomy.

THE ADVANTAGES OF SLEEVE GASTRECTOMY

Sleeve gastrectomy has become the most popular form of bariatric surgery in the world because it's effective—most patients

lose 60 to 75 percent of excess body weight. In addition, the operation has important advantages over other weight-loss procedures, says Dr. Matharoo. Most sleeve

gastrectomy procedures can be performed laparoscopically, meaning the surgeon makes a small incision in the patient's abdomen and inserts a slender instrument with a video camera on the tip that projects images of structures inside the body onto a monitor. The surgeon makes several more incisions, through which fine surgical instruments are used to reduce the patient's stomach “from about the size of a football to that of a banana,” says Dr. Matharoo.

Bariatric surgery promotes weight loss in two ways. Shrinking the stomach makes people feel full quickly when they eat a meal, so they consume fewer calories. In addition, removing a portion of the stomach alters levels of appetite hormones, which reduce food cravings, says Dr. Matharoo. It also corrects metabolic problems that raise blood sugar levels. As a result, most people with type 2 diabetes who undergo bariatric surgery no longer need medication for the disease by the time they leave the hospital.

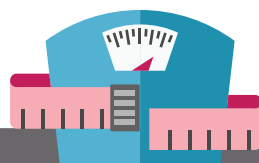
A HEALTHIER LIFESTYLE

In preparation for surgery, Amanda was required to meet with a bariatric dietitian, Anne VanMeerbeke, RDN, LDN, every four weeks over a six-month period. During these sessions, she learned how to make healthier food choices and adopt a new way of eating—lots of protein and light on carbohydrates. Amanda was also encouraged to begin exercising. Making these changes in advance means a patient is ready to “hit the ground running” after surgery, says Dr. Matharoo.

Amanda confesses she felt nervous on the day of her operation: March 22, 2018. Not only was she having surgery, but she was saying goodbye to the old Amanda forever. “That was the last day of my old life and the first day of my new life,” she says. Amanda's mother, Jane, accompanied her to the hospital, holding Amanda's hand until it was time for the procedure.



GURDEEP S. MATHAROO, MD



HOW CMC CAN HELP

It's not about losing weight overnight. It's about staying healthy over time. We offer education sessions and support groups, which are held the first Monday of each month in the Community Medical Center auditorium. Call **888.724.7123** to register. To learn more about bariatric surgery at the Center for Bariatrics at CMC, call **732.557.8966** or visit www.rwjhh.org/weightloss.

The operation went as planned. Amanda was discharged two days later and in the months that followed, her new life revealed itself. The numbers on the scale steadily dropped. When her weight loss slowed a few times, clinical nurse Denise Fitzgerald assured Amanda the pounds would continue to drop, and they did: She reduced her weight by more than half and now weighs 170 pounds.

Amanda's chronic back and knee pain disappeared, along with her sleep apnea, which means she wakes up feeling more rested and ready to go—a major change. “I used to just sit around and be depressed,” she says. “Now I can't sit still.” Amanda works out at a fitness center five days a week. “I've turned myself into a little gym rat,” she says. Her new life has required some adjustments, like skipping the noodles in favor of extra vegetables when she dines out at her favorite Japanese restaurant. But she's learning to treasure simple pleasures, like shopping for clothes at any store she likes and no longer feeling self-conscious in public. “From head to toe, inside and out, I feel like a different person,” says Amanda. “And I like it.”



TOP WARM WEATHER HEALTH RISKS IN THE U.S.

- **SUNBURN** People who visit the ED annually: more than **33,000**
- **HEATSTROKE** People who visit the ED annually: about **4,100**
- **DROWNING** People who die: about **10** every day

STAY SAFE THIS SUMMER

FIVE TIPS TO HELP YOU ENJOY HOT, SUNNY DAYS.

When temperatures spike, so do visits to Emergency Departments. To make the most of carefree summer days, William Dalsey, MD, Chair of the Department of Emergency Medicine, recommends taking the following precautions:

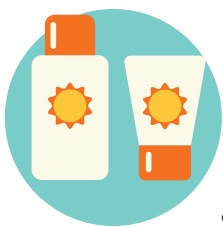


2 FILL UP ON FLUIDS. To avoid becoming dehydrated on a sweltering day, women should drink about 2.7 liters (91 ounces) of water (from beverages and foods) each day, according to the Institute of Medicine.

Men should drink about 3.7 liters (125 ounces) of water daily. You can also try sports drinks, which can help replenish electrolytes, minerals that are lost due to sweating, says Dr. Dalsey. Avoid alcoholic beverages and drinks with caffeine, such as coffee, tea and colas.



WILLIAM DALSEY, MD



1 CHOOSE THE BEST SUNSCREEN. Apply a water-resistant sunscreen with an SPF (Sun Protection Factor) of 30 or higher. “The higher the SPF, the better,” says Dr.

Dalsey. “Make sure the product is broad spectrum, meaning it blocks both UVA and UVB rays.” Be sure to use enough of it—about one ounce (the amount that would fill a shot glass)—and reapply every two hours or after swimming or sweating.

3 BEWARE OF HOT VEHICLES.

Don't leave children, pets or elderly people alone in a hot car. Even when temperatures outside are relatively cool, a car can heat up quickly. For instance, when the temperature outside is 73 degrees Fahrenheit, the car's interior will reach 100 degrees Fahrenheit after just 25 minutes, according to the National Weather Service.



4 WATCH OUT FOR RIP CURRENTS.

Every year, more than 100 people die from rip currents, powerful currents of water moving away from the beach, according to the U.S. Lifesaving Association. Rip currents account for more than 80 percent of rescues performed by lifeguards. To stay safe, swim near a lifeguard. If you find yourself in a rip current and are struggling, yell or wave to get someone's attention. Also, swim parallel to the shore until you're out of the current.



5 FIND A SWIM BUDDY.

About one-third of drowning deaths occur when a person is swimming alone, according to the Lifesaving Society. If you're struggling in the water, a buddy can get help and potentially save your life.



To learn more about summer safety, visit www.rwjbh.org/community.



DETECTING LUNG CANCER EARLY

**IF YOU'RE A CURRENT OR FORMER SMOKER,
SCREENING COULD SAVE YOUR LIFE.**

Lung cancer is the leading cancer killer in men and women, yet only 16 percent of cases are found at an early stage, according to the American Lung Association. The chances of being diagnosed early, however, can improve with screening. The J. Phillip Citta Regional Cancer Center at Community Medical Center (CMC) offers low-dose computed tomography (CT) scan screening, which can detect cancer at its earliest stages—when treatment may be most effective. “For those who are at high risk for lung cancer, it’s important to have this test because



PHILIP MURILLO, MD

it can save lives,” says Philip Murillo, MD, a radiologist at CMC. The National Lung Screening Trial, which CMC’s partner, Rutgers Cancer Institute of New Jersey, participated in, found that there were 20 percent fewer lung cancer deaths among people who received CT scan screening compared to those who had X-rays.

At CMC, screening is given to people between the ages of 55 and 77 who have a history of heavy smoking (a pack per day for 30 years or two packs per day for 15 years). Current smokers or those who quit less than 15 years ago are eligible. The process is simple: A primary care physician prescribes

RWJBarnabas Health and Community Medical Center, 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 latest treatment and clinical trials. For more information, call 844.CANCERNJ or visit www.rwjbh.org/beatcancer.

the test, and the patient schedules it. The scan takes only three to five minutes. The amount of radiation received through a low-dose CT scan is equivalent to six months of exposure to background radiation—the kind you’d receive from exposure to naturally occurring radiation in the environment.

A SIMPLE PROCESS

Patients usually receive the results within one or two days, says Dr. Murillo. If nothing suspicious is found, they return for another scan in one year. If a nodule (small amount of tissue) is found, a patient often returns for a follow-up scan in six months. Lung nodules can develop as a result of allergies, infection or pollution, so they’re not necessarily cause for concern, says Dr. Murillo. If a large nodule is discovered or if it has suspicious features (such as a star shape instead of a round shape), a biopsy may be taken or a positron emission tomography (PET) scan may be ordered.

Some people are hesitant to get screened because they feel they’re being judged, says Jane Krong, RN, BSN, OCN, clinical lung navigator. “There’s no judgment,” she says. “This is an important thing to do.” Lung cancer screening is endorsed by many organizations, including the Centers for Disease Control and Prevention and American Cancer Society. It’s so widely accepted that Medicare now covers the test, as do some private insurance companies. “Reducing your risk of mortality is worthwhile,” says Dr. Murillo.

For more information about lung cancer screening at CMC, call **732.557.8295** or visit www.rwjbh.org/community.





DARSHANA P. AMIN, DO

A PRESCRIPTION FOR BETTER SLEEP

HOW THE CENTER FOR SLEEP DISORDERS CAN HELP PATIENTS GET THE REST THEY NEED.

About one-third of adults say they're not getting enough sleep, according to the Centers for Disease Control and Prevention. That's unfortunate, because sleep deprivation can lead to motor vehicle accidents, mistakes at work and health problems. The good news is, there are effective treatments for sleep disorders. Darshana P. Amin, DO, a board-certified neurologist and sleep medicine physician at the Center for Sleep Disorders at Community Medical Center, explains how patients are evaluated and treated.

Why is sleep so important for health?

It keeps the heart, immune system and blood sugar levels healthy. It also helps to prevent unhealthy weight gain (sleep deprivation can cause levels of hunger hormones to rise). Sleep is restorative: Research shows that the brain consolidates

the information you learn during the day and stores it so you can recall it. This is why some people with sleep disorders experience memory problems or confusion during the day.

What is an accredited sleep center?

It must meet certain quality standards. For instance, centers that are accredited by the American Academy of Sleep Medicine must have a board-certified sleep medicine physician on staff.

Who should consider making an appointment?

Anyone who is having trouble falling asleep, is waking up frequently during the night or is not getting restful sleep (due to snoring, perhaps) should see a board-certified sleep physician. Obstructive sleep apnea is the most common sleep disorder.

How can the Center for Sleep Disorders help patients?

It's a comprehensive and accredited sleep center. The Center is accredited by the Joint Commission—a nonprofit organization that accredits and certifies healthcare organizations and programs—and the American Academy of Sleep Medicine. A patient can be evaluated by a physician and have a physical examination, sleep testing (if necessary) and follow-up visits. Our staff members are trained to assist patients with technology that allows them to sleep better. For instance, they help patients with obstructive sleep apnea acclimate to their continuous positive airway pressure machines, which keep the airways open. Providing these services in one location is convenient.

What makes the Center unique?

We perform a few different types of sleep studies, including in-home sleep testing. At the Center, we conduct an overnight sleep study called a polysomnogram, in which small electrodes are placed on the scalp, face and legs to monitor your body while you're resting. We also perform daytime testing, which can be used to diagnose conditions such as narcolepsy, in which a person is prone to falling asleep at any time of the day.

To learn more about sleep disorders or schedule a consultation, call **732.557.2798** or visit www.rwjbh.org/cmsleep.



Attorney Peter J. Van Dyke received the Rosanne L. Citta Community Impact Award for his active involvement in CMC and other local organizations.



A COMMITMENT TO THE COMMUNITY

A LOCAL ATTORNEY'S DEDICATION WAS HONORED AT THE RED, WHITE & BREW WINE TASTING EVENT.

In 2004, Rosanne L. Citta, a local realtor and active community member, and her family made a \$1 million gift to Community Medical Center (CMC)—the largest the hospital had ever received. In turn, the hospital's cancer center was named after her brother, Phil (the J. Phillip Citta Regional Cancer Center). Sadly, Rosanne, who had served as chair of CMC's Board of Trustees and Foundation Board, passed away in 2016. To keep her legacy alive, the Foundation created the Rosanne L. Citta Community Impact Award. "We decided to recognize someone every year based on his or her active involvement in the community—a person who embodies Rosanne's generous spirit," says Richard J. Pallamary, Vice President for Development at CMC.

The first award was given to Foundation Board member Nicholas Pagano last year. This year, Rosanne's family chose to honor Peter J. Van Dyke, a lifelong Toms River resident who is chair of the

CMC Foundation Board of Trustees and a trustee on the hospital's Board. "Peter has done so much for CMC and other local organizations," says Pallamary.

FOLLOWING IN HIS FATHER'S FOOTSTEPS

Peter, an attorney and partner at Kelaher, Van Dyke & Moriarty in Toms River, has been a CMC Foundation Board member since 2003 and serves as attorney for the Board of the Toms River Fire Commissioners. His father, who was minister of the Presbyterian Church of Toms River for 46 years, was very active in the community, and Peter is following in his footsteps. He's a past president of the Board of Trustees at the Presbyterian Church, and he serves on the Board of the

Hope Center, a church outreach program that offers emergency housing and a food pantry. He is also a member of the Board of Trustees of Homes for All, Inc., a nonprofit organization that develops low- and moderate-income housing for local families. "My father was instrumental in creating Homes for All and served on the Board of CMC," says Peter. "I want to carry on his mission and legacy in town."

Peter is president of the Board of Trustees of the Toms River Student Loan Fund and is Chairman of the Board of The People's Pantry. "You do things to be good, not to be noticed," says Peter. "But I'm proud of what I've done for the community."

The award was presented to Peter at the CMC Foundation's 14th Annual Red, White & Brew Wine Tasting event. "Peter's willingness to help improve the lives of others is truly a reflection of who he is," says Patrick Ahearn, Chief Executive Officer at CMC. "We are grateful for his leadership, vision and friendship."

To learn more about the CMC Foundation, call **732.557.8131** or visit www.cmcgiving.org.

Kids will be kids. So we will be ready.

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