

THE GOOD LIVING MAGAZINE from MONMOUTH MEDICAL CENTER

MONMOUTH

health & life

November 2007 \$3.95

Fall fashion: 3 top trends

Carve up a
pumpkin feast

Where
to find

- rock stars in the making
- indie flicks galore
- Turkish treats & belly dancers

Plus
Creating
your own
GAME
ROOM

health
link

- Oh, baby! A local family welcomes quadruplets
- Cutting-edge care for brain tumors
- A healthy Thanksgiving: dietitian tips





Let's take care of your financial and personal health.

HEALTH SAVINGS ACCOUNTS

We are pleased to offer Health Savings Accounts for individuals and businesses who want to take control and make the most of their healthcare benefit dollars.

Are you enrolled in a High Deductible Health Plan (HDHP), or thinking about changing to a plan that can take advantage of an HSA?

Learn how we, as a real community bank, can make a healthy difference.

Easy application process

Interest bearing account

Free Debit Card and Checks

Unused money in the account rolls over each year



You deserve a real community bank.

www.TwoRiverBank.com
email: HSA@TwoRiverBank.com
1.877.706.9009

MEMBER Equal Opportunity Lender
FDIC Equal Housing Lender

New tools to fight cancer

Forty years ago, Monmouth Medical Center took the first step in establishing what would become the renowned Institute for Advanced Radiation Oncology. It was in 1967 that the hospital acquired a high-energy, 6 million volt linear accelerator for the treatment of cancer—the 30th machine of its kind in the world and the first in New Jersey.

This November marks the Institute for Advanced Radiation Oncology's much-anticipated launch of TomoTherapy—a revolutionary treatment system that will elevate Monmouth to the next level of 3-D imaging guidance technology, giving even more treatment options to patients with cancers of organs near vital areas of the body.

For prostate cancer in particular, the introduction of TomoTherapy, coupled with the debut of the next generation of minimally invasive surgery—the da Vinci robotic surgical system—will enable Monmouth to offer men the two most advanced interventions to treat prostate cancer. The robotic system has already transformed the field of prostate surgery by enabling urological surgeons to perform a wide array of urologic procedures, most specifically a prostatectomy, with a minimally invasive approach.

And in another advance for cancer patients, Monmouth this fall will dedicate the David S. Zocchi Brain Tumor Center—one of three facilities in the state offering a multidisciplinary approach for leading-edge treatment of primary and metastatic tumors of the central nervous system. On the horizon, the center also will offer Gamma Knife technology—an important component that will complete the neuro-oncology program and enable it to become among the most advanced neuroscience centers in the country.

As executive director of Monmouth Medical Center, I am proud to see our commitment to meet the changing medical needs of our community grow stronger with every new service that is introduced, expanded or refined. This growth is vital to our future and is integral to our mission to provide all the people in our community with exceptional health care services.

Sincerely,

FRANK J. VOZOS, M.D., FACS

Executive Director
Monmouth Medical Center



HEALTH Link

WHAT'S NEW IN MEDICINE AND HOW YOU CAN STAY WELL

VITAL WOMAN

High risk, high hopes

Advances in prenatal care ensure more happy birth days



Members of the now-enlarged Cappadona family enjoy a moment of relative calm. Top row: Anthony and Salina; center: Anthony Jr.; bottom row, from left: Alyxa, Ayva, Adryanna and Alyssa. The family dog, Indiana, takes things in stride.

Four years, four lost pregnancies—Salina Cappadona and her husband, Anthony, were devastated but not willing to give up hope. So the couple turned to a procedure called preimplantation genetic diagnosis, which screens out abnormal embryos prior to in vitro fertilization (IVF), increasing the chances of a successful pregnancy.

And it worked. The Holmdel residents were overjoyed to learn that their 4-year-old son, Anthony Jr., would be joined by triplets. Four weeks later, they were in for a bigger surprise when one of the embryos split into identical twins. Cappadona was

now expecting quadruplets—but not everyone considered that good news.

“It was a very scary time,” she says. “The doctor wasn’t like, ‘Congratulations! You’re pregnant with quads!’ Instead it was more, ‘What are we going to do about this?’”

Carrying multiples made the pregnancy high-risk, and the concern was even greater because of the identical twins—two babies sharing one placenta can sometimes cause a strain. But luckily for Cappadona, on hand to guide her and her family through this delicate time were the maternal-fetal medicine special-



Specialized care for moms-to-be

It's a fact of life: Pregnant women sometimes have complex conditions that require close monitoring—for example, those who are expecting multiple births or have diabetes, high blood pressure or blood disorders. And knowing that care is close to home can bring peace of mind. In Monmouth and Ocean counties, women with high-risk pregnancies can now be seen at the Women's and Children's Specialty Center in Lakewood, which features a dedicated ultrasound center.

"If necessary, we can refer patients to a wide range of subspecialists at Monmouth Medical Center," says David Gonzalez, M.D., one of the center's five maternal-fetal medicine specialists.

"If there's a heart problem, for instance, we work with a cardiologist. If there's a respiratory problem, we'll call upon a pulmonologist. We have to take care of two patients: the baby and the mother."

To learn more about the Women's and Children's Specialty Center or to schedule an appointment there, call 732-901-0211 or log onto www.womenchildrencenter.com. For more information about the care of high-risk pregnancies at Monmouth Medical Center, please call 1-888-SBHS-123.

ists at Monmouth Medical Center, who take care of mothers with complicated pregnancies on a regular basis.

It's a situation that's becoming more common, with high-risk pregnancies on the rise in the United States, says David Gonzalez, M.D., a member of the group. There are several reasons: Fertility treatments, such as IVE, have boosted the number of multiple births. In addition, women are having babies later in life. As Dr. Gonzalez points out, "That's a time when they're at greater risk for not only fetal chromosomal problems but maternal medical problems as well." And even among young women, obesity is now epidemic—along with its complications, such as diabetes and high blood pressure.

The advent of high-tech prenatal diagnostic and therapeutic techniques in the hands of highly trained perinatologists has reshaped expectations for high-risk births. And while outcomes aren't always ideal, a substantial number of pregnancies that would have been considered untenable even 20 years ago are now being brought to term.

For Cappadona, that watchful eye came into play early in her pregnancy: At nine weeks' gestation, she began seeing Monmouth perinatologist David M. Wallace, M.D. That care was complemented by imaging and bimonthly monitoring by maternal-fetal medicine specialists.

About 16 weeks into her pregnancy, Cappadona was put on bed rest, and by 20 weeks she was given a home uterine monitor. When her contractions became too frequent or intense, she was sent to Monmouth Medical Center. "They'd have five people in the room and five monitors on me, one reading my contractions and one monitoring each heartbeat, over 12 to 20 hours," she recalls. "All the nurses and the doctors there took really good care of me."

At 22 weeks' gestation, her cervix began to shorten, a development that placed Cappadona at increased risk for delivering early. She required placement of a cerclage, a nylon suture around the cervix

to keep it from shortening further and opening.

"In patients with triplets and quadruplets we monitor the cervix every two weeks in the second trimester to make sure it is not shortening under the weight of the pregnancy," Dr. Gonzalez explains. "Mrs. Cappadona's cervix began to show significant shortening; that's why we placed the cerclage."

After that, Cappadona says she found herself at Monmouth Medical Center "about once a week—every time I had contractions. Sometimes I had to go over in the wee hours or late at night." The doctors would administer a shot of Brethine, a drug also known as terbutaline, which is commonly used to stop preterm labor.

Ultimately, the state-of-the-art care she received paid off. Cappadona maintained her pregnancy for 35 weeks, which is practically unheard of with quadruplets.

On February 12, 2007, she arrived at Monmouth Medical Center for a scheduled cesarean section. Within minutes after the surgery started, she delivered four healthy daughters: Alyexa, Adryanna, Ayva and Alyssa.

"They took awesome care of me and my babies," says Cappadona, "and we all went home four days after that."

Months later, she still finds it difficult to believe her good fortune. "I was afraid that my babies wouldn't survive or that if they did they were going to be sick," Cappadona says. "But they're smart! They rolled over at four months, they laugh, they grab their feet. They're tall, they're chubby and they're beautiful. It's amazing!" ■

CONQUERING CANCER

Targeting tumors

Cutting-edge care for brain cancer comes close to home

Each year, more than 200,000 Americans are told they have a brain tumor. Many of these growths are cancerous—brain tumors are, for example, the leading cause of cancer death in men ages 20 to 29. But whether or not a malignancy is involved, brain tumor treatment demands the most advanced clinical skills and the latest medical knowledge.

Fortunately, the field has taken giant strides in the past few years. And it marked a milestone in our area in October with the formal opening of the David S. Zocchi Brain Tumor Center at Monmouth Medical Center, one of only two such facilities in the state.

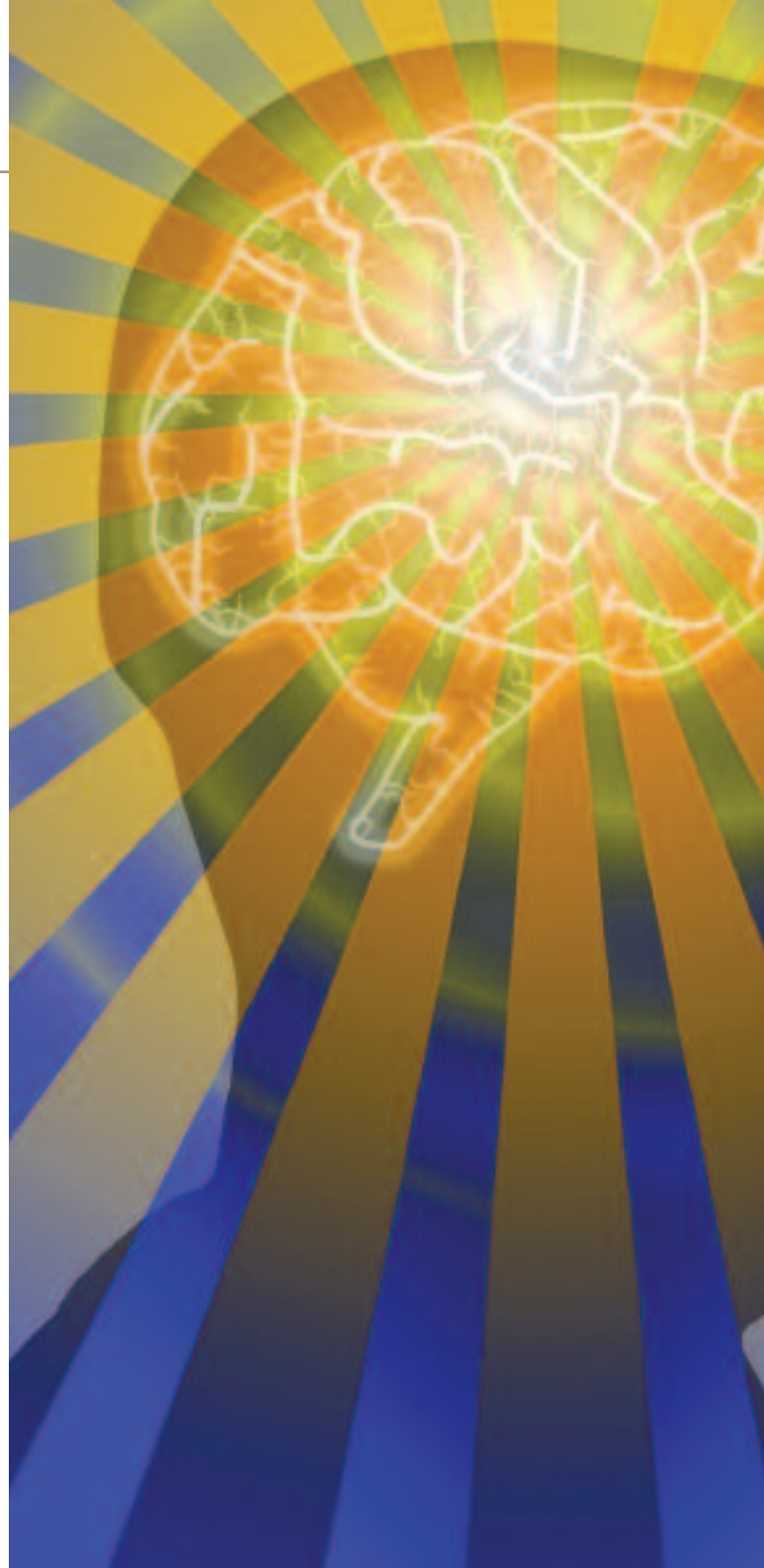
“The new center provides central New Jersey with top-level, comprehensive, coordinated care for patients with brain and spinal tumors, using the latest technology, informed by cutting-edge experimental research and bringing together surgery, chemotherapy and radiation oncology,” says Shirley Hwang, Monmouth’s administrative director for cancer and neuroscience services.

The center also has psychiatric social workers and specially trained nurse-practitioners, who help patients and their families meet the challenges of living with a brain tumor, and a brain tumor library for those interested in doing research on the topic. Where once central New Jerseyans had to trek to major academic centers in New York or Philadelphia for the latest treatments, the Zocchi Center brings such care close to home.

“It’s almost unique,” says Sumul Raval, M.D., the center’s medical director and one of only two neuro-oncologists—specialists in nonsurgical brain tumor care—in New Jersey. “It’s the kind of place I’ve waited my whole career for.”

“There are many different types of tumors, all of which behave differently, and with today’s multi-modal, state-of-the-art treatment, we can greatly affect the course of the disease in most cases—even if the tumor is incurable,” says Jonathan H. Lustgarten, M.D., director of the neurosurgery program.

In the realm of chemotherapy, Dr. Raval has



helped pioneer the use of a new combination of agents to treat a rapidly growing malignant brain tumor known as a glioblastoma multiforme (GBM). This treatment employs the drug irinotecan, or CPT-11, and the drug bevacizumab (sold under the brand name Avastin), both of which are approved by the Food and Drug Administration for the treatment of other forms of cancer. The new application of these agents represents a tremendous stride in the treatment of brain cancer, says Dr. Raval.



“GBM is a very deadly disease,” he explains. “And right now, no single agent is FDA-approved to treat its progression. This is the first chemotherapy we have seen that works consistently for people with recurrent GBM, and approximately 92 percent of patients respond favorably.” In fact, Dr. Raval’s documented success with this treatment has drawn worldwide attention and has attracted patient referrals from such prestigious institutions as Memorial Sloan-Kettering Cancer Center in Manhattan.

The comprehensive approach to brain tumor care can have dramatic results. For one terminal patient with a rapidly growing GBM, treatment at Monmouth both lengthened life and greatly enhanced its quality. “After extensive surgery, radiation and chemotherapy treatment,” says Dr. Raval, “he went on to run for public office, got elected and had another very productive two years. He even participated in a focus group that helped to create the Zocchi Center. For glioblastoma, that’s a success story.”

Other types of brain tumors can be cured outright. A couple of years ago, Dr. Lustgarten met with a patient whose neurologic decline, which included a noticeable tremor, caused his family to suspect that he had either an incurable neurodegenerative disorder or Parkinson’s disease.

“He was unshaven and unkempt,” the surgeon recalls. “His mental state was in disarray. He owned a store and was losing his business.”

As it turned out, says Dr. Lustgarten, the patient had a massive meningioma—a slow-growing encapsulated tumor—in the frontal lobe of his brain. The team of neurosurgeons at Monmouth removed it, and today he is completely cured. He continues to manage his store and has become an advocate of Monmouth’s neurosurgery program and the new Zocchi Center.

Another key weapon against brain tumors is conformal stereotactic radiosurgery, which uses highly focused beams of radiation to eliminate tumor tissue with pinpoint accuracy. It is particularly helpful when a tumor is too deep within the brain to be excised safely via surgery, but even most surgical patients require subsequent radiation (or chemotherapy) to destroy residual tumor tissue. Radiosurgery speeds the process with precision. “Often it can be delivered in a single outpatient treatment,” Dr. Lustgarten says. “And in some cases, the outcomes are essentially analogous to surgery.”

“And that really puts all of the pieces of the puzzle together,” says Dr. Raval. “Monmouth has been doing excellent brain tumor surgery for a long time. Now, with cutting-edge chemotherapy and radiation oncology, we’ve reached a new level of sophistication in the treatment of brain tumors.”

The opening of the Zocchi Center is a major advance, the doctors agree. It enables Monmouth to provide comprehensive services under one roof.

“It’s an approach that is on par with the way brain tumors are treated in major academic centers,” says Dr. Raval. “And it’s right here.” ■

MEN'S HEALTH

A better outlook for men with prostate cancer

Today's treatments spare many patients from troubling side effects



In robotic surgery, the surgeon sits at a console operating controls while the patient is actually several feet away.

tional procedure is associated with serious side effects, including incontinence and impotence. But today's minimally invasive methods greatly reduce these dangers—as well as lessening blood loss, shortening hospital stays and making recovery faster and less painful. At Monmouth, one option for minimally invasive prostatectomy is the use of the da Vinci S robotic surgical system. The tool extends the surgeon's reach and provides a magnified three-dimensional view of the operative field. During the operation, one surgeon sits at a console a few feet from the patient, watching a three-dimensional image of the surgical area and guiding the robotic arms, while another stands over the patient, suctioning blood and urine.

Radiation is another option. Radiation oncologist Mitchell Weiss, M.D., says Monmouth recently has obtained excellent results with temporary high-dose-rate (HDR) seed implants, used to complement intensity-modulated radiation therapy (IMRT), which “paints” a tumor with targeted beams of radiation that spare healthy tissue.

Finally, hormone therapy can also be used to shrink some tumors and make them more sensitive to radiation. And because some prostate cancers are very slow-growing, some patients may not face a real threat within their expected life spans. In these cases, a strategy of watchful waiting is often chosen. ■

Prostate cancer is still a potential killer, but prospects for men with this disease have sharply improved for two reasons: early detection and new treatments.

About the size of a golf ball, the prostate gland sits directly beneath a man's bladder. Cancer of this organ is the second most common malignancy in U.S. males, just behind skin cancer. The American Cancer Society says some 179,300 men will be diagnosed with the disease this year and it will claim about 37,000 lives.

“Years ago, most cases were diagnosed when cancer had already spread to other organs, and treatments were limited,” says Arnold Grebler, M.D., chief of urology at Monmouth Medical Center. “Today, greater awareness has led to widespread screening. So in many cases we spot the disease earlier, when there are many promising treatment options.”

Surgical removal of the prostate, or radical prostatectomy, is one. The tradi-

Your PSA test — and your score

Blood levels of prostate-specific antigen (PSA) are a key indicator of the danger of prostate cancer. But PSA scores can be elevated for reasons besides cancer. For three days before testing, avoid sex or “straddling” activities like horseback riding to make sure you don't get an artificially high count.

And while a high absolute PSA score can be a warning, Arnold Grebler, M.D., chief of urology at Monmouth Medical Center, explains that there are two other things to ask your doctor about as well:

- the *speed* at which your PSA is rising. This can often be a more telling danger sign than the absolute score
- the *percentage of “free” PSA*. This is PSA that isn't bound to what is called a carrier protein. A free PSA level of 25 percent or more usually points to benign prostatic hyperplasia, or enlarged prostate, rather than cancer. A free PSA level of 10 percent or less, on the other hand, is cause for concern about malignancy.



To find out more about treatments for prostate cancer at Monmouth Medical Center, or for a referral to a urologist, please call 1-888-SBHS-123.

Thanksgiving tips for sensible gobbling

*Here's how to keep Turkey Day
from blowing your healthy diet*

You're trying to control your weight and make low-fat, heart-healthy food choices, then along comes a holiday whose whole point is a huge, rich dinner. What to do?

Happily, says Monmouth Medical Center registered dietitian Gabrielle MacDonald, you can keep your Thanksgiving feast from becoming a dietary calamity—without spoiling the fun.

First, don't skip breakfast on Thanksgiving hoping to "save up" calories. "You could end up overcompensating later, consuming more than 2,500 calories and 130 grams of fat in one meal," she says.

To lower your calorie intake at the holiday dinner, the dietitian recommends starting with a salad or broth-based soup. Skip the sausage in the stuffing and instead add dried fruit, nuts or plenty of celery and onions. Use sugar substitutes if you are making your own cranberry sauce, pie fillings or puddings. You can prepare your yams with a glaze made from apple, pineapple or orange juice.

And about those mashed potatoes: Most of us wouldn't want to part with this traditional favorite side dish, so MacDonald suggests substituting low-sodium broth or skim milk for whole milk in making the potatoes and adding garlic or parmesan cheese for flavor instead of using butter or gravy.

For vegetables, forgo heavy sauces; use a light misting of olive

oil or dill. Instead of a green bean casserole, serve a green bean salad. Don't buy a self-basting turkey; cook yours on a rack so fat can drip down into a holding pan. Choose white meat over dark and remove the skin. Serve fresh fruit as a dessert. If you must have pie (and who doesn't?), leave out the bottom crust and make the top using crushed ginger snaps or graham crackers.

To help digest your food and reduce your risk of putting on extra pounds, take a walk after dinner instead of parking yourself on the couch before that football game, the dietitian suggests. (Or if you're a pigskin diehard, take a walk during halftime.)

For more ideas about healthy cooking for the holidays, see the websites of the American Dietetic Association, www.eatright.org, and the American Diabetes Association, www.diabetes.org. ■

Making Halloween a little less scary

Ghosts and goblins may look sinister, but for many parents what's really spooky about Halloween is the thought of having tempting bags of candy around the house for weeks.

"It's OK to relax your standards about junk food for that one night," says Monmouth Medical Center registered dietitian Gabrielle MacDonald. "It only comes once a year, so if you build some moderation into the day, the kids will be fine."

She suggests feeding children a healthy snack before they trick-or-treat so hunger doesn't lead to overindulging. When all the loot is collected, have them portion out two or three special treats to eat right away and save the rest. Then every night for the next week or so, allow your kids one favorite candy or goodie as an after-dinner treat.

Another idea: Throw a Halloween party as an alternative to trick-or-treating, says MacDonald. That way, you can serve healthy snacks, such as popcorn, mini pizzas and fruit. And consider handing out Goldfish crackers, pretzels or 100-calorie packs of cookies when costumed visitors come calling.



For more ideas on healthy eating, during the holidays and throughout the year, consider a nutrition counseling session at Monmouth Medical Center. To make an appointment, call 732-222-5200, ext. 31756.

Careers to make Mom and Dad proud

Reared in countries far apart, these doctors were both motivated by their parents' experiences

MELINDA J. STAIGER, M.D.

DIAGNOSTIC RADIOLOGIST

Studying a mammogram is like delving into a mystery novel, says Melinda J. Staiger, M.D., medical director of the Jacqueline M. Wilentz Comprehensive Breast Center at Monmouth Medical Center.

"Each woman has a different and unique mammogram," explains the pioneering radiologist, who established the breast imaging program at New York University Medical Center in 1984 and was the first director of breast imaging at the Pittsburgh Cancer Institute in 1989. "In reading films, I use certain clues to determine if the tissues are normal for that patient or if a condition such as breast cancer can be seen."

After graduating from the NYU School of Medicine, Dr. Staiger felt compelled to specialize in breast imaging during her diagnostic radiology residency at NYU when her mother's mammogram revealed a suspicious lesion.

"The radiologist thought the breast was filled with cancer, while the breast surgeon told her it was most likely not cancer," she recalls. (Happily, the surgeon turned out to be right.) "My fellow students and I hadn't received any formal education in breast imaging at the time, and

after taking out the only two books on breast imaging in the NYU library, I realized that there weren't too many physicians qualified to read a mammogram."

Dr. Staiger has helped to change that. As chief of breast imaging she has taught the subject to medical students and radiology residents at NYU, the University of Pittsburgh Medical Center and Good Samaritan Hospital Medical Center in West Islip, N.Y. She joined the Monmouth Medical Center staff in 2001. Besides interpreting mammograms, breast ultrasounds and MRIs, she performs ultrasound-guided and stereotactic breast biopsies. She's been involved in clinical research, serving as Monmouth's principal investigator on several major nationwide trials.

Along with actual mystery novels, she likes reading the classics and science fiction. A Holmdel resident, Dr. Staiger enjoys attending productions of the Shakespeare Theatre of New Jersey with husband Charles Licastri, traveling both locally and abroad and spoiling their Persian cat, Roxane.



MUTAHIR ALI ABIDI, M.D.

RHEUMATOLOGIST

Ten years ago, patients with osteoarthritis, rheumatoid arthritis and osteoporosis didn't have many treatment choices or much hope for extended pain relief. Today, Mutahir Ali Abidi, M.D., and other rheumatologists who specialize in joint diseases and soft-tissue disorders can offer them promising new medications that can be taken by mouth, injected into joints or infused into the bloodstream to stop pain or halt the progression of the disease.

Dr. Abidi is medical director of Monmouth's Center for Arthritis and Rheumatological Conditions. What drives him every day, he says, is seeing pain-wracked patients come into Monmouth's center—or his private practice, the Arthritis Institute, with offices in Colts Neck, Brick and Whiting—and then watching them walk out without limping, relieved of pain.

"The difference can be dramatic, and it's very rewarding," he says.

At age 15, Dr. Abidi emigrated from Pakistan with his family and settled in New Jersey. He graduated from Rider University and the Ross University School of Medicine in Dominica in the West Indies.

His father's rheumatoid arthritis prompted him to do a residency in internal medicine and a fellowship in rheumatology at Drexel University College of Medicine. He joined Monmouth Medical Center two years ago, and today he teaches medical students from Drexel and internal medicine residents.

Dr. Abidi, 32, relishes the business end of directing the Center for Arthritis and Rheumatological Conditions and has opened an infusion center there for interventional procedures. He has incorporated the use of ultrasonography into his procedures to increase precision.

When he isn't busy working, Dr. Abidi enjoys playing ping-pong with friends and board games with his wife, Azra, who manages the Arthritis Institute, and their 4-year-old daughter, Zainab, at their home in Manalapan. ■

