

A Publication of
**ROBERT WOOD JOHNSON
UNIVERSITY HOSPITAL**

Summer 2021

healthy *together*

**OBESITY AND
YOUR IMMUNE
SYSTEM**

**20 YEARS OF
WORLD-CLASS
CARE FOR
CHILDREN**

**A BETTER
BRAIN
SURGERY**

**TRANSPLANTS
THAT
TRANSFORM
LIVES**



Stronger Every Day

COVID-19 brought with it a prolonged period of uncertainty and fear, as well as the continual need to find new ways to cope.

These days, however, we're experiencing another, more welcome, feeling: optimism.

Thanks to the effectiveness of the COVID-19 vaccines and the massive effort we and others have made to administer them, we're seeing real progress in containing the pandemic.

At RWJBH, we always strive to be proactive, positive and energetic in our response to issues and events. We acknowledge that disparities in healthcare for Black and brown communities exist, and we're making every possible effort to address this issue throughout our entire organization. We've developed a far-reaching initiative, Ending Racism Together, to ensure that our organization is anti-racist in everything we do.

At Robert Wood Johnson University Hospital (RWJUH), our Community Hospital Promotions Program has formed a Latino Advisory Council made up of a broad range of stakeholders that will serve as our advisers and partners for promoting equitable health and the economic well-being of the greater New Brunswick area. In addition, recognizing that our Latinx and Black communities were severely impacted by the COVID-19 pandemic, RWJUH worked closely with community partners to provide COVID-19 vaccination clinics both at the hospital and in the community. These clinics offered special hours to accommodate work schedules and expand access to the vaccine.

In the end, it's the resilience and strength of our healthcare providers, staff and patients that continues to inspire us. If you've been avoiding medical appointments or treatments because of the pandemic, please don't put off getting care any longer. We're here to help you stay healthy for all the good days to come.

Yours in good health,

BARRY H. OSTROWSKY
PRESIDENT AND CHIEF EXECUTIVE OFFICER
RWJBARNABAS HEALTH



BILL ARNOLD
PRESIDENT AND CHIEF EXECUTIVE OFFICER
ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL



HEALTH NEWS



JOINT COMMISSION RECOGNIZES RWJUH JOINT REPLACEMENT PROGRAMS

Robert Wood Johnson University Hospital (RWJUH) New Brunswick has earned The Joint Commission's Gold Seal of Approval® for its Hip and Knee Joint Replacement Programs. The certification award recognizes RWJUH's dedication to continuous compliance with The Joint Commission's state-of-the-art standards.

PARTNERING TO OPEN COMMUNITY FUTSAL FIELDS

RWJBarnabas Health is proud to sponsor the newest soccer field at Kossuth Park in New Brunswick, named Robert Wood Johnson University Hospital (RWJUH) Community Field. Established through a partnership among RWJBarnabas Health, RWJUH, the Players Development Academy and the City of New Brunswick, the soccer field provides a year-round opportunity for players of all ages and abilities to sharpen their skills and stay active and healthy.

LIBERTY HARLEY OWNERS GROUP DONATES \$20,000 TO THE BRISTOL- MYERS SQUIBB CHILDREN'S HOSPITAL

The Liberty HOG (Harley Owners Group) Chapter recently donated \$20,000 to support The Bristol-Myers Squibb Children's Hospital (BMSCH) at Robert Wood Johnson University Hospital's Child Life Program.

The Annual Liberty HOG Motorcycle Holiday Toy Run is one of the great traditions at BMSCH. The group marked its 21st annual Toy Run in 2019. The event paused in 2020 due to the pandemic but is expected to return to BMSCH this year. The Liberty HOGs have donated thousands of toys to BMSCH and have raised funds to purchase many items on the Child Life Department's wish list each year. The donation was made in memory of longtime member Jack Seals, who passed away in 2020. Each year, Jack and his wife, Jean, led riders down Somerset Street to BMSCH as Santa and Mrs. Claus.

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healthy *together* contents

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



Skye Cotler's seizures have not recurred since she underwent an advanced procedure that uses a laser to treat lesions in the brain.

A BETTER BRAIN SURGERY

A MINIMALLY INVASIVE PROCEDURE BRINGS ONE YOUNG WOMAN RELIEF FROM A RARE SEIZURE DISORDER.

One summer day in August 2015, Skye Cotler was looking forward to a fun night at a Maroon 5 concert in Atlantic City. As her family and friends in the minivan were enjoying singing along to music, Skye, just 19 at the time, grew increasingly uncomfortable in the back seat.

“My leg was stiffening, and I just had no control over it,” says Skye, now 25 and a graduate student at Georgian Court University in Lakewood, studying to become a school psychologist. “It was freaking me out and I screamed, ‘I think I’m having a seizure or something.’ I started crying hysterically and then I just remember everything going black and waking up with an ambulance there on the side of the road.”

Doctors later determined that Skye did in fact suffer a seizure—along with a brain bleed. The cause was a cavernoma, an abnormal cluster in the brain of blood vessels that have small, blood-filled bubbles, or caverns, that make the malformation look like a berry. Because the walls of the blood vessels are weak, they can leak blood. Cavernomas also can occur in the spinal cord.

A FRIGHTENING PROSPECT

Without treatment, Skye faced the threat of more brain bleeding, seizures or other symptoms, including weakness, numbness, unsteadiness, difficulty speaking, vision changes and headaches. But the standard surgery for brain cavernomas involves a craniotomy—in which the skull is



SHABBAR DANISH, MD

cut open so the abnormality can be surgically removed—and that terrified her. She wasn’t sure she could go through with it.

Skye was thankful when

she heard about a newer laser ablation treatment at Robert Wood Johnson University Hospital (RWJUH) that’s minimally invasive, only requiring one three-millimeter hole in the head. “It felt more comfortable and like the right thing to do at that point,” Skye says. “So I went ahead with it in January 2016. I was still terrified, but afterward I was walking that next day. I didn’t have to get my head cut open. It was a great experience.”

The procedure, technically known as MRI-guided laser interstitial thermal therapy (LITT), successfully obliterated the cavernoma, says her neurosurgeon, Shabbar Danish, MD, Professor, Department of Neurosurgery, Rutgers Robert Wood Johnson Medical School, and Director, Stereotactic and Functional Neurosurgery. “We were able to get her a cure for her seizure disorder with this therapy,” he says. “It’s a fantastic advancement for patients.” And not just patients with cavernomas, but also some with brain tumors and epilepsy, says Dr. Danish, who treats about 30 to 40 patients a year this way.

In the procedure, the surgeon makes a small hole in the skull to allow a flexible laser catheter to enter the brain. Using MRI guidance with real-time feedback, the surgeon directs the catheter to the abnormality and then delivers heat that burns it in place while sparing normal tissue. LITT can make it easier for surgeons to treat lesions deep in the brain that would be hard to reach through traditional craniotomy.

The whole procedure can take three to four hours from setup to finish, although the laser treatment itself takes only about 10 minutes. Because the therapy is minimally invasive, it can reduce post-operative pain and shorten recovery time. Patients like Skye usually

go home the next day.

Dr. Danish still sees Skye every couple of years for a checkup. While it’s unlikely the cavernoma will return because it was burned in place, he orders an MRI to make sure everything is OK.

TELLTALE SIGNS

Looking back, Skye says, there were some warning signs that summer of 2015 before the fateful trip to the concert, but she hadn’t thought much of them. She had experienced some symptoms that she believed were related to routine soreness from rigorous cheerleading practices at Rutgers University.

“I first started feeling just a little off with some headaches and being tired when at cheer camp in August,” she remembers. “Then my right leg began bothering me. It was a little painful to walk and it felt a little numb and kind of heavy. I just kept attributing it to cheerleading and pushing it off.” On the morning of the concert, she wasn’t feeling entirely well but decided to go anyway because she didn’t want to miss it.

After Skye was diagnosed with the cavernoma, she was prescribed anti-seizure medication and continued to have some leg symptoms until she underwent the procedure. She also had developed persistent anxiety from all the worry about her condition.

But today, Skye feels great and hardly ever thinks about what happened that summer day six years ago. She hasn’t had any more seizures but still feels that her right leg is a little weaker than her left, though nothing like before.

“I’m healthy and I’m grateful I had the procedure,” she says. “It couldn’t have gone better.”

Learn more about minimally invasive neurosurgery for complex conditions at www.rwjuh.org.



OBESITY AND YOUR IMMUNE SYSTEM



RAGUI SADEK, MD, FACS

STRAIGHT TALK ABOUT HOW REDUCING YOUR BODY MASS INDEX CAN SAVE YOUR LIFE.

Although physicians and scientists are still collecting and analyzing data about people who suffered most severely from COVID-19 infections, a clear correlation between high body mass index (BMI) and grave illness from the virus emerged early in the pandemic.

Often referred to as an epidemic in the U.S., obesity is known to exacerbate serious health issues like heart disease, cancer and diabetes.

Ragui Sadek, MD, FACS, Director of the Metabolic and Bariatric Surgery Center of Excellence at Robert Wood Johnson University Hospital (RWJUH) and Clinical Assistant Professor of Surgery at Rutgers Robert Wood Johnson Medical School, explains how excess weight affects infection risks.

Why is obesity connected with serious illness from infection?

There's a significant link between fatty tissue and immune cells, with overweight people being prone to experience an increase in the body's inflammatory response. A certain amount of inflammation helps the body heal injuries and fight infections. But too much inflammation or inflammation that continues for extended periods can lead to numerous health

problems—and being overweight or obese is a hyperinflammatory state.

Hormonal changes associated with obesity can affect important immune system components such as infection-fighting t-cells. Deregulation of certain hormones due to obesity weakens the immune system and makes the body more susceptible to infection.

Why are overweight people more likely to get seriously ill from a viral infection?

When obese people experience a major respiratory infection, for example, they may lack cardiopulmonary strength in the heart and lungs to battle it. COVID-19 is a perfect example in that overweight people are not as able to fight it off as well as non-overweight people.

But other types of infection pose greater risks to the overweight as well. For example, when overweight people have diabetes or prediabetes, any infection can be significantly worse. Bacterial skin

infections in the extremities can occur from something as simple as a pinprick or scratch.

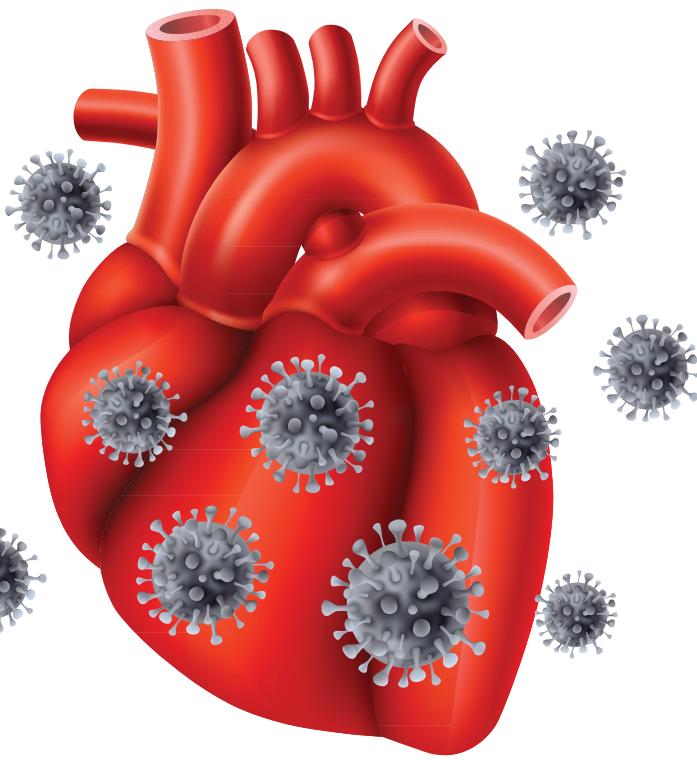
How can a bariatrics program and weight loss surgery help?

Losing weight improves overall health and helps the body fight infection. Bariatric surgery changes the digestive system in ways that foster weight loss and can lower blood sugar, improve or even cure diabetes and boost cardiopulmonary function.

The RWJUH Metabolic and Bariatric Surgery program is one of six centers of excellence across the country accredited in the management of obesity and obesity-related problems, making it one of the most successful and safest programs nationwide.



To learn more about bariatric surgery at Robert Wood Johnson University Hospital, call 732.640.5316.



MAJOR HEART-RELATED COVID COMPLICATIONS

- Myocarditis, an inflammatory condition, can trigger abnormal heart rhythms or compromise the heart's pumping.
- Plaque built up in coronary arteries can rupture, contributing to blood clots that can cause a heart attack.
- Heart failure, or a decrease in the heart's ability to pump normally, can compromise blood flow to organs and potentially lead to organ failure.

THE COVID-CARDIAC CONNECTION

CARING FOR YOUR HEART POST-INFECTION.

It quickly became clear that COVID-19 is more than a lung disease. Although the virus is called severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), doctors and researchers noticed as early as December 2019 that COVID-19 can harm the cardiovascular system.

That didn't surprise Anthony Altobelli III, MD, Chief of Clinical Cardiology at Robert Wood Johnson University Hospital (RWJUH) and



ANTHONY ALTOBELLI, III, MD

an attending cardiologist with RWJBarnabas Health Medical Group. "We know that viruses in general, including influenza and other coronaviruses, can affect the

heart," Dr. Altobelli says. "When people become severely ill with pulmonary complications, as they often do with COVID-19, related cardiac complications may not be far behind."

As the pandemic evolved, the COVID-heart connection became clearer. Older people, African Americans and people in lower socioeconomic groups often do worse, possibly because risk skews higher in people with other health problems, or comorbidities. Having more comorbidities increases the likelihood of a poor outcome from COVID-19. "Those comorbidities include cardiovascular disease, high blood pressure, diabetes and kidney disease," Dr. Altobelli says.

EXPLORING CAUSES

The exact ways COVID-19 harms the heart are not well established, Dr. Altobelli says. The virus may directly invade heart muscle

cells. But most cases seem due to indirect injury from virus-triggered inflammation. "Overwhelming inflammatory responses can lead to significant oxygen deprivation," Dr. Altobelli says. "That can cause lung damage and, as a result, create more demands on the heart, which in turn can lead to heart injury."

People with existing heart disease are more likely to face COVID-related heart damage. "But this pandemic is a wake-up call to all of us in that people who are healthier fare better than those who are not as healthy," Dr. Altobelli says. It's important to control risks, he adds. "If you're hypertensive, get blood pressure down; if you have diabetes, lower blood sugar; if you're obese, lose weight; if you're sedentary, become more active, regardless of your age," Dr. Altobelli says.

Consult a cardiologist if you've had both heart disease and COVID, even if symptoms were mild. If you have persistent cardiac-related COVID symptoms for 12 weeks or more post diagnosis, you should also see a cardiologist. "We offer comprehensive cardiovascular care that includes advanced cardiac imaging and a sport cardiology program for athletes affected by COVID-19," Dr. Altobelli says. "All the advanced services you need are right here."

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





George Lerner was treated with monoclonal antibodies to fight COVID-19 after both he and his wife, Jane, tested positive for the virus.

ARE YOU ELIGIBLE FOR MONOCLONAL ANTIBODY TREATMENT?

You may qualify if you meet the following criteria:

- Age 65 or older, have a positive PCR test and your symptoms began within the last 10 days
- Age 55 or older and have heart disease, hypertension or a chronic respiratory disease, such as COPD
- Age 18 or older and have a compromised immune system, diabetes or kidney failure or are morbidly obese

A LIFESAVING TREATMENT

MONOCLONAL ANTIBODIES MAY REDUCE THE RISKS OF DEATH AND HOSPITALIZATION IN SOME COVID-19 PATIENTS.

Jane Lerner, 77, of Marlboro took a COVID-19 test just before her upcoming colonoscopy and was shocked to learn it was positive. She had not experienced any symptoms. Her husband, George, 79, was also tested and received a positive result. He had a low-grade fever, mild stomach cramps and a minor loss of taste and smell.

Since George had battled pneumonia a few years earlier, his pulmonologist recommended that he go to the Emergency Department at Robert Wood Johnson University Hospital (RWJUH).

George received an infusion of monoclonal antibodies, a treatment that neutralizes the virus by blocking the coronavirus's ability to enter cells. In November 2020, the U.S. Food and Drug Administration issued an Emergency Use Authorization so that monoclonal antibodies could be used to treat COVID-19 patients 12 and older who are at risk for experiencing severe symptoms or requiring hospitalization. (See "Are You Eligible for Monoclonal Antibody Treatment?" for more information.)

RWJUH began administering the hour-long infusions last November, says Jodie Skayhan, Director of Pharmacy at RWJUH. "The patients who are eligible aren't sick enough to be admitted to the hospital," she says. "We've learned that if patients are treated early, we can prevent them from becoming sicker." RWJUH has administered more than 500 doses of the monoclonal antibodies, says Skayhan.

The hospital is currently collecting data to determine what percentage of patients are readmitted after receiving the infusion. So far, the numbers appear to be very low, says Skayhan. "This treatment has provided hope for patients," she says.

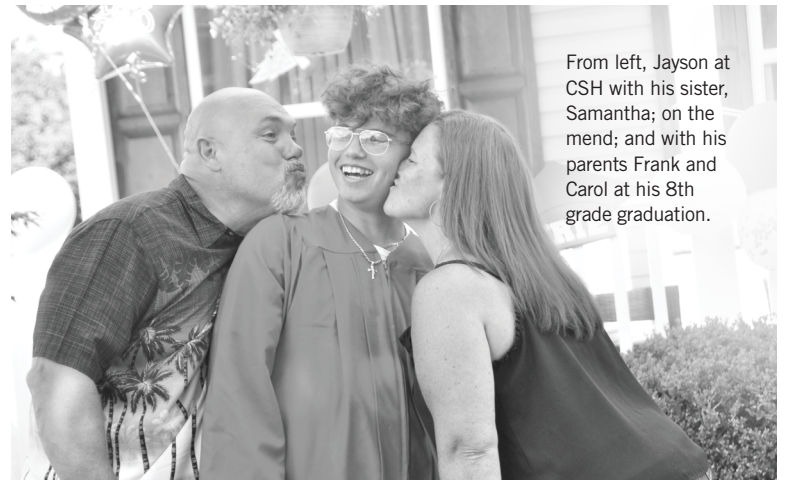
THE ROAD TO RECOVERY

After a patient has the infusion at RWJUH, he or she is given a pulse oximeter to monitor his or her oxygen level and receives follow-up care from a primary care physician. George consulted Douglas Ashinsky, MD, an internist at RWJBarnabas Health Medical Group. George continued to have a fever, so Dr. Ashinsky sent him back to RWJUH, where he was treated for bacterial pneumonia.

Today, George is in good health. He and Jane are pleased with George's care. "Dr. Ashinsky called us every single day until George recovered," says Jane. "I was blown away by how organized his care was."

To learn more about RWJBarnabas Health Medical Group, visit www.rwjbh.org/medicalgroup.





From left, Jayson at CSH with his sister, Samantha; on the mend; and with his parents Frank and Carol at his 8th grade graduation.

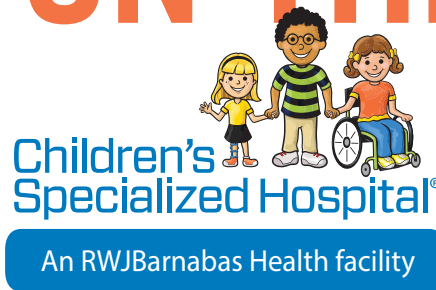
'FOCUS ON THE GOOD'

A DETERMINED YOUNG ATHLETE BATTLES BACK FROM PARTIAL PARALYSIS.

In May 2019, Carol Backle of Toms River noticed drooping on the left side of her son Jayson's face. After evaluation by a doctor, the athletic, high-energy 13-year-old was diagnosed with Bell's palsy, a weakness in facial muscles that's usually temporary.

One day, however, Jayson experienced sudden weakness in his left leg and hand. At the local emergency department, tests revealed the reason: a tumor in his brain that was causing hemiparesis, a partial paralysis on the left side of his body. In July, Jayson had surgery to remove the tumor.

The family's insurance carrier, unsure of how significant the teen's recovery would be, strongly recommended that he be admitted to a long-term care facility. "I was not OK with that," Carol says. She immediately began to research other options and soon decided that an inpatient rehabilitation program at Children's Specialized Hospital (CSH) in New



Brunswick offered the type of care Jayson would need.

UP FOR THE TASK

"Hemiparesis can be very frustrating, especially for someone of Jayson's age and high activity level," says Zack Gubitosi, DPT, CSCS, a pediatric physical therapist at CSH. "I could tell this was a scary experience for him and his family, and I wanted them to be as comfortable as possible from day one."

Gubitosi incorporated elements of the sports and games Jayson loves into their sessions. "He would have me balance on one leg while we played Uno. We would play catch," says Jayson. "It was awesome!"

"Jayson was always so motivated to get better," Gubitosi says. "There were understandably some difficult days, and those were the days I would challenge him to fight harder. He was always up

for the task."

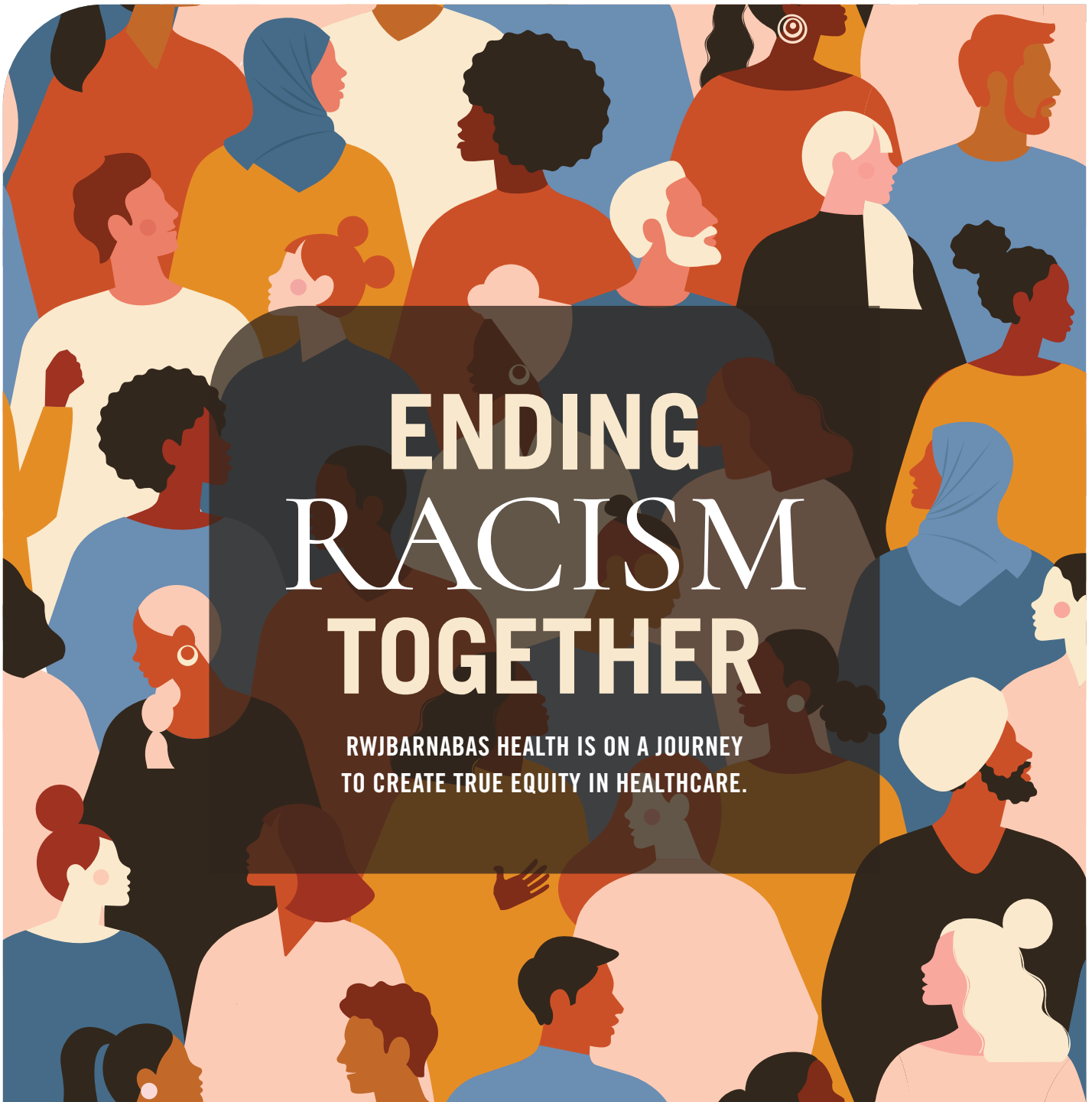
After seven weeks of inpatient care, Jayson was able to go home. He continues to receive occupational therapy as an outpatient at the CSH Toms River location, working on fine motor skills. He's able to enjoy his former activities, such as going to the gym, playing video games and hanging out with friends. He's also involved in the Youth Advisory Council at CSH, which meets once a month to discuss ways to create the best possible experience for patients.

"We're just so grateful for the care that Jayson was given," Carol says. "We know this whole experience could have been so much worse if we had not chosen to go where we did."

With the wisdom of experience, Jayson offers advice for anyone who is on their own recovery path. "Don't dwell on any of your bad thoughts," he says. "Think about all the good that is happening, even the littlest progression in recovery. Focus on that!"

For more information about Children's Specialized Hospital, call **888.244.5373** or visit **www.rwjbh.org/childrensspecialized**.

At Children's Specialized Hospital, we provide world-class care for children and young adults who face special health challenges across the state of New Jersey and beyond. We treat everything from chronic illnesses and complex physical disabilities, like brain and spinal cord injuries, to a full scope of developmental, behavioral and mental health concerns. We have convenient locations throughout the state: Bayonne, Clifton, East Brunswick, Egg Harbor Township, Hamilton, Jersey City, Mountainside, New Brunswick, Newark, Somerset, Toms River and Warren.



ENDING RACISM TOGETHER

RWJBARNABAS HEALTH IS ON A JOURNEY
TO CREATE TRUE EQUITY IN HEALTHCARE.

RWJBarnabas Health (RWJBH), the largest academic healthcare system in New Jersey, is addressing equity and systemic racism and promoting an anti-racist culture throughout the organization and the communities it serves.

Here, Barry Ostrowsky, President and Chief Executive Officer of RWJBH, and DeAnna Minus-Vincent, Chief Social Integration and Health Equity Strategist, explain what the system's Ending Racism Together initiative entails.

Racism has been described as a public health crisis. What does that mean?

[BARRY OSTROWSKY] We start with the proposition that there is structural racism in our society. The data show that whether you're talking about food insecurity, housing, education, employment or financial and economic development, the majority of people who aren't doing well are people of color, particularly Black people. When it comes

to healthcare, disparities of outcome for people of color, and particularly Black people, are deeply harmful. That is not a political statement. It is a data-driven statement.

[DEANNA MINUS-VINCENT]

Research shows that 80 to 90 percent of health outcomes are a result of social determinants of health—the conditions in which a person lives, works and plays. That's important, because race itself has

been found to be a social determinant. When we look at the data, even when all other things are equal, people of color, in particular Black people, still have poor health outcomes.

What are some examples of how racism plays out in healthcare?

[DEANNA MINUS-VINCENT]

Statistics show that even Black women with more education and more income tend to lose their babies more often than white women who have less income and less education. This is due to the chronic stressors of being Black in America and what chronic stress does to our bodies. It creates a fight-or-flight syndrome at all times. Therefore, we're more susceptible to losing our babies and to chronic diseases.

Countless research studies show that pain levels expressed by Black people are not believed, and so prescription pain medicines are not given in the same amount. Even Black children with fractures aren't given the same level of medication as white children. When a Black person goes into an emergency department, people assume we are substance abusers. I remember going to an ED with an asthma attack and the nurse saying, "Do you have any clean veins?" I work in healthcare and so I was able to navigate the system and march upstairs and talk to the CEO. But I shouldn't have to do that, and neither should anyone else.

What is the role of a healthcare system in combating racism?

[BARRY OSTROWSKY] We realize that when we construct healthcare delivery mechanisms, we have to consider the ability of everybody to access them. It's not equitable to simply say, "Anyone can walk into our clinic between the hours of 9 a.m. and 4 p.m." Many people, particularly Black people in urban communities, can't take time off for a healthcare visit during those hours.



BARRY OSTROWSKY



DEANNA MINUS-VINCENT

From an operational standpoint, we're reviewing key policies and procedures such as the refusal of care policy. We've conducted Listening Tours to afford employees at all levels of the organization the opportunity to provide input, and we held focus groups in April and May so that employees could have a say in the strategic planning process.

[DEANNA MINUS-VINCENT] We hold monthly educational sessions for employees, called "Equitable Encounters: Real Talk About Race," where issues of racism are discussed. Training is forthcoming for all employees.

We're also thinking about how to serve people in the way they want to be served. For example, historically, if someone has a need, we send an outreach worker to their house. But if you work two jobs and only have a few hours with your kids, maybe you don't want outreach workers coming to the house. Maybe you'd prefer email or phone-based support. If you do need an outreach worker for complex problems, how do we coordinate services with our community partners so you can have just one outreach worker, instead of several?

In addition to the practices you mention, how will a patient at an RWJBH facility become aware of the anti-racism initiative?

[BARRY OSTROWSKY] When patients come to our facilities, they'll see posters and messages on video screens, and will experience an environment of respect. When we admit patients, we'll make the point that we're an anti-racist organization and if they have any experience that's inconsistent with that, please tell us.

The journey to end racism requires everybody's effort and commitment. We know that we can't send out a memo saying, "We're anti-racist, and by the end of the year there'll be no racism." We invite patients and all our employees to speak up and engage as we make more progress toward becoming an anti-racist organization.

WHAT IS A MICROAGGRESSION?

As part of Ending Racism Together, RWJBarnabas Health conducts regular trainings and other educational events for its employees. A recent session focused on the topic of microaggressions.

What is a microaggression?

Microaggressions are the everyday verbal and nonverbal slights and indignities that members of marginalized groups experience in their day-to-day interactions. Often, individuals who engage in microaggressions are unaware that they have said something offensive or demeaning. The accumulated experience of receiving microaggressions can lead to depression, anxiety and effects on physical health.

What are some examples?

Mispronouncing a person's name even after he or she has corrected you. Asking an Asian American where she's "really" from. Clutching your purse or wallet when a Black or Latino man approaches. Assuming a person of color is a service worker.

How can a person avoid committing a microaggression?

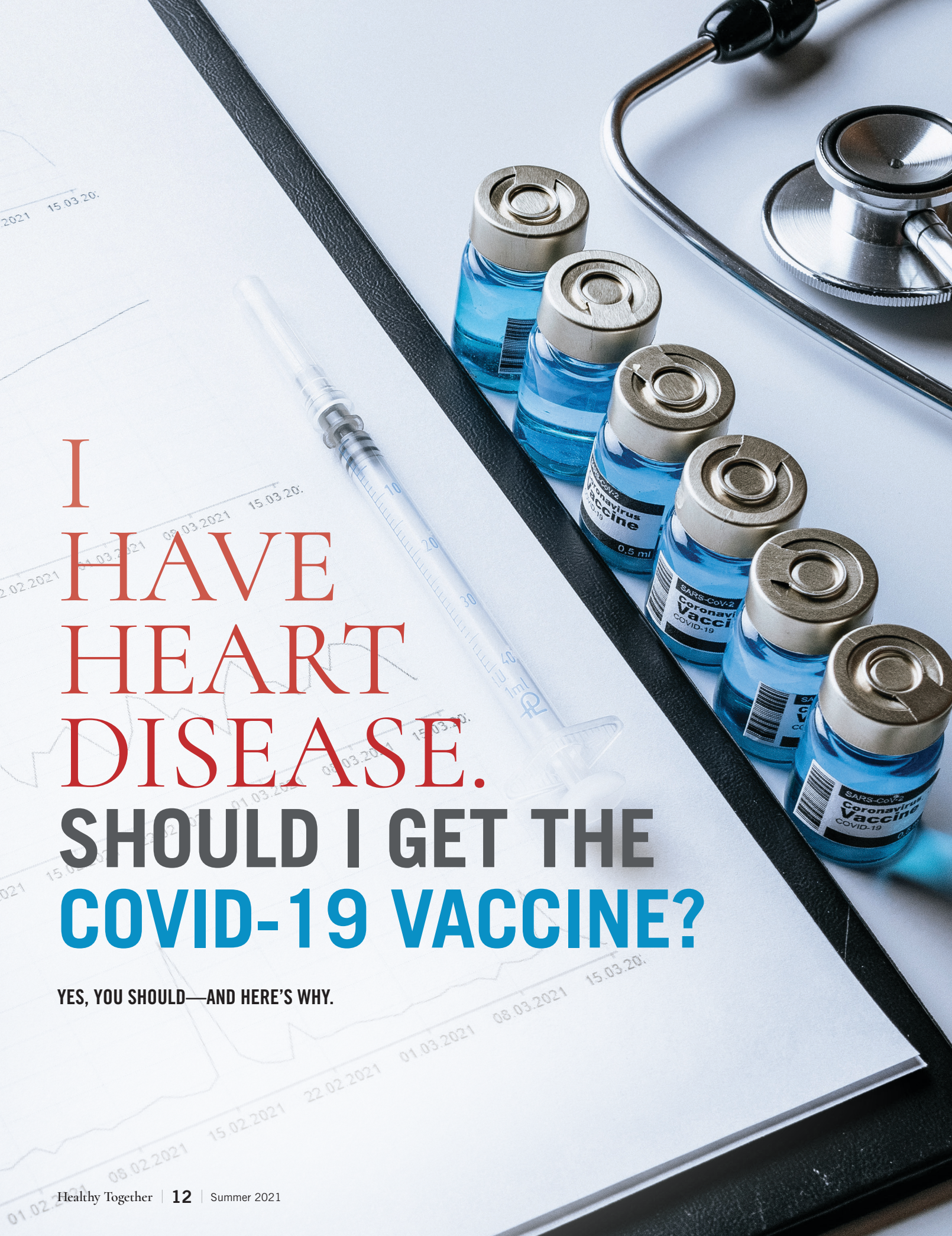
Think before you speak. Reflect on whether your brain is "stuck" on the racial or other differences between you and another person. If confronted on a microaggression, try not to be defensive and to understand the other person's point of view.

REFUSAL OF CARE POLICY

RWJBarnabas Health will not accommodate requests for or refusal by a patient for the services of RWJBH workforce members based on a personal characteristic, such as race or ethnicity, except in the limited situation where the patient (or other individual on the patient's behalf) requests that an accommodation based on gender only is necessary to protect a patient's religious or cultural beliefs.

To learn more about RWJBarnabas Health's commitment to racial equity, visit www.rwjbh.org/endingracism.





I
HAVE
HEART
DISEASE.
SHOULD I GET THE
COVID-19 VACCINE?

YES, YOU SHOULD—AND HERE'S WHY.

Not only is it safe for cardiovascular patients to get any of the approved COVID-19 vaccines—it's especially important that they do so, according to Partho Sengupta, MD, MBBS, FAAC, the newly appointed Chief of Cardiology at Robert Wood Johnson University Hospital and at Rutgers Robert Wood Johnson Medical School.

Why is it so important for cardiovascular patients to get the vaccine?

“People with cardiovascular disease are more vulnerable to the effects of COVID-19,” Dr. Sengupta explains. “That’s because it causes a state of inflammation to the inner lining of blood vessels, leading to a greater likelihood of abnormal heart rhythm, blood clots and heart attacks. Clinical studies have shown that COVID-19 patients with cardiac conditions have a higher risk of needing to be put on a ventilator. Vaccination protects people from these severe effects.”

What kind of side effects can be expected?

“Normally, people may or may not get a tiny bruise and short-term pain at the site of the shot,” Dr. Sengupta says. “If you’re on a blood thinner, you may get a bigger bruise. Normal side effects, especially after a second dose, may include tiredness, headache, muscle pain, chills, fever or nausea. Some people have had allergic reactions to the vaccine, but those are extremely rare.”

After a person is fully vaccinated, can he or she resume normal activities?

“Clinical trials have shown 90 to 95



PARTHO SENGUPTA, MD

percent protection, but there’s a possibility that some people may develop COVID-19 even after being vaccinated; the infection runs a milder course,” Dr. Sengupta says.



RWJBARNABAS HEALTH: YOUR HEART-HEALTH DESTINATION

Whether you’re in need of care for high blood pressure, require heart surgery or are interested in ways to help keep your heart healthy, RWJBarnabas Health’s heart, vascular and thoracic care programs are here for you.

We offer:

- One of the top 15 largest heart transplant programs in the nation, with locations in Newark and New Brunswick.
- One of New Jersey’s highest-performing transcatheter aortic valve replacement (TAVR) programs.
- Two of the only care destinations in the state offering FFR-CT (fractional flow reserve computed tomography), located in Lakewood and in Newark.
- Leading cardiac specialists and surgeons who are at the forefront of innovation in critical care and the treatment of coronary artery and valvular diseases, heart rhythm disturbances and vascular and thoracic disorders.
- A network of cardiac rehabilitation programs and hundreds of preventive and wellness programs designed to strengthen and protect hearts.
- Access to many of the latest and most advanced clinical trials.
- More than 100 cardiologists across 30 practices with offices conveniently located throughout our communities.

“The CDC [Centers for Disease Control and Prevention] guidelines on masking are evolving. However, patients may still choose to be additionally cautious and wear a mask and practice social distancing, as we wait to see the impact and evolution of the most recent CDC guidelines.”

What else should cardiovascular patients do to protect themselves?

“Get outdoors and exercise—walk, bike, experience nature,” says Dr. Sengupta. “The pandemic has made a lot of people very fearful of any outdoor experience. At least 50 percent of my patients have given up any form of activity. The result is that they gain weight, become deconditioned, and conditions like hypertension and blood pressure become uncontrolled.

“I advise patients to avoid crowds and clusters of people, but not to avoid being physically active. Try to get at least 30

minutes of moderate-intensity exercise on most days. All of this will help you feel better and build your resilience.”

If you’ve been skipping physician visits, as many have during the pandemic, be sure to get back in a regular routine as soon as you can, Dr. Sengupta advises. “People have put off procedures and elective interventions and even allowed their symptoms to worsen for fear of going out during the pandemic,” he says. “This is your chance to resume your relationship with your doctor and get back on track.

“In fact, you may find that you can do many routine checkups remotely, thanks to all the progress taking place with telehealth and remote monitoring devices,” he says. “The pandemic has sparked a lot of innovation, which is allowing people to get care while still in their homes, and that trend is going to continue.”

For more information or to connect with one of NJ’s top cardiovascular specialists, call **888.724.7123** or visit **www.rwjbh.org/heart**.



THE LIFE-CHANGING IMPACT OF A **KIDNEY TRANSPLANT**

POST-TRANSPLANT, PEOPLE WITH KIDNEY FAILURE FIND THEIR WORLD TRANSFORMED.

RWJBarnabas Health offers the region's most experienced kidney and pancreas transplantation programs. A wide range of treatment options for both adult and pediatric patients is available at Robert Wood Johnson University Hospital in New Brunswick, at Saint Barnabas Medical Center in Livingston and at satellite locations throughout New Jersey. Here are just two examples of patients whose lives have been transformed through our world-class care and the generosity of organ donors.

BACK IN ACTION AFTER A DOUBLE TRANSPLANT



Dillon Devlin, 29, had Type 1 diabetes, but that didn't stop him from traveling the country with a friend between 2014 and 2018. They hit 38 states, ending up in California for a while before coming home to New Jersey.

Along the way, Dillon went to pharmacies to get his insulin prescription refilled, but his increasingly high blood pressure was never addressed. By the time he got back to his home state and

met with an endocrinologist and a nephrologist, he was shocked to learn that he was in stage 4 kidney failure and would need both a kidney transplant and a pancreas transplant.

"Kidney failure alone is an older person's disease. A kidney and pancreas transplant is more typically needed in a younger person who has Type 1 diabetes," explains Ronald Pelletier, MD, Director of Transplantation at Robert Wood Johnson University Hospital in New Brunswick. "That's because the pancreas is not making enough insulin, a hormone that controls the blood sugar level in the body."

THE WAIT BEGINS

Dillon went from working at an auto salvage business, hoisting



RONALD PELLETIER, MD

transmissions onto pallets, to needing three-times-weekly dialysis. For eight months, he awaited a suitable kidney and pancreas for

transplant. Six different possibilities fell through, one as he was actually being prepared for surgery. Finally, in November 2020, Dr. Pelletier successfully transplanted a new kidney and pancreas.

"All of a sudden I was waking up from surgery and my mom was saying, 'You did it!'" he recalls. "I was standing up within six hours and out of the hospital in six days." A subsequent period of rest and recovery synced up well with the pandemic-related lockdown.

Now he's back to lifting weights and going for hikes, and is actively seeking to get back into the workforce. "It's so strange to wrap my head around not having to take insulin," he says. "Modern medicine is a complete marvel."

"What I really love about kidney and pancreas transplantation is that you get to transform someone's life," Dr. Pelletier says. "Not only do they not need dialysis afterward, they're no longer diabetic! That's fantastic."

Dillon's advice to others awaiting transplant: "Don't let hopelessness consume you. It can happen anytime. The seventh time I got a call, it was a miracle match."



LOVING LIFE WITH A NEW KIDNEY

Timothy Collins, 60, of Westfield, was diagnosed in 1996 with polycystic kidney disease (PKD), which causes kidneys to enlarge and lose function over time. “PKD is hereditary,” he explains. “My father had it, my grandmother had it and my brother has it.”

In 1998, Timothy got a kidney transplant from his younger sister. The kidney functioned well for almost 18 years, but in 2016 an infection caused his body to become severely dehydrated. Timothy needed to be on hemodialysis—in which blood is pumped out of the body, filtered through an artificial kidney machine and returned—three days a week for two months. After that, he had a catheter placed in his stomach so he could do at-home peritoneal dialysis, which uses the lining inside the belly as a natural filter. He did this nightly for 16 months.

“Even though you’re on dialysis, it’s not like having a kidney,” Timothy says. “There’s still poison in your body and you have a yellow look. I gained weight and my creatinine levels [a measure of kidney function] were way too high.”

MEDICAL ADVANCES

“We’re so fortunate that in kidney failure, there’s the option of dialysis,” says Francis Weng, MD, Chief of the Renal and Pancreas Transplant Division at Saint Barnabas Medical Center (SBMC). “It keeps people alive. However, dialysis doesn’t replace the full function of the kidney. For most patients, the better option is a kidney transplant.”

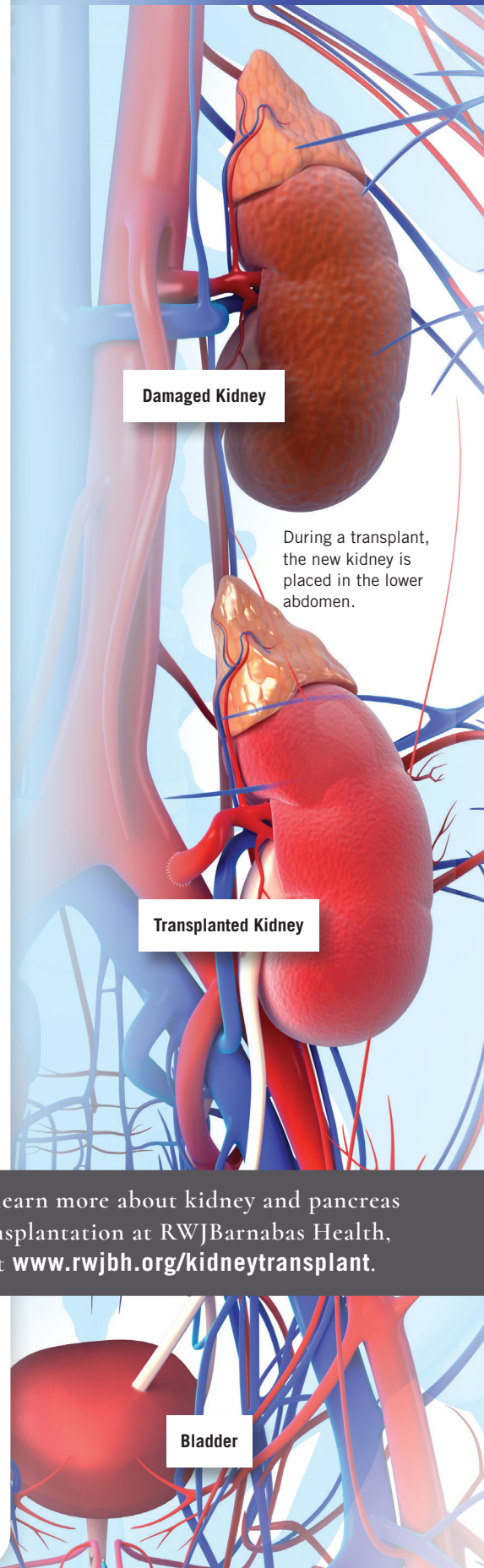
Timothy’s niece, who was 21 at the time, offered to donate a kidney to him. At Timothy’s insistence, they waited until she graduated from business school and law school, which she was attending simultaneously, in May 2018. Though her kidney wasn’t a match for Timothy, she became part of the kidney transplant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

“Living donor programs like the one Timothy was in are one of the significant advances in kidney transplantation that we’ve seen over the past 15 years,” says Dr. Weng. “We also have many more choices in the kind of medications we use to prevent rejection of the transplant and minimize side effects. The vast majority of patients do quite well after transplantation.”

“It’s a wonderful thing,” says Timothy. “I have so much more energy now, and I have so much more time to myself since I don’t have to plan my days around getting to a machine at a certain time. I’ve been able to be the project manager on several commercial renovation projects, and that was the best therapy ever. I love life, and I’ve been very blessed.”



FRANCIS WENG, MD



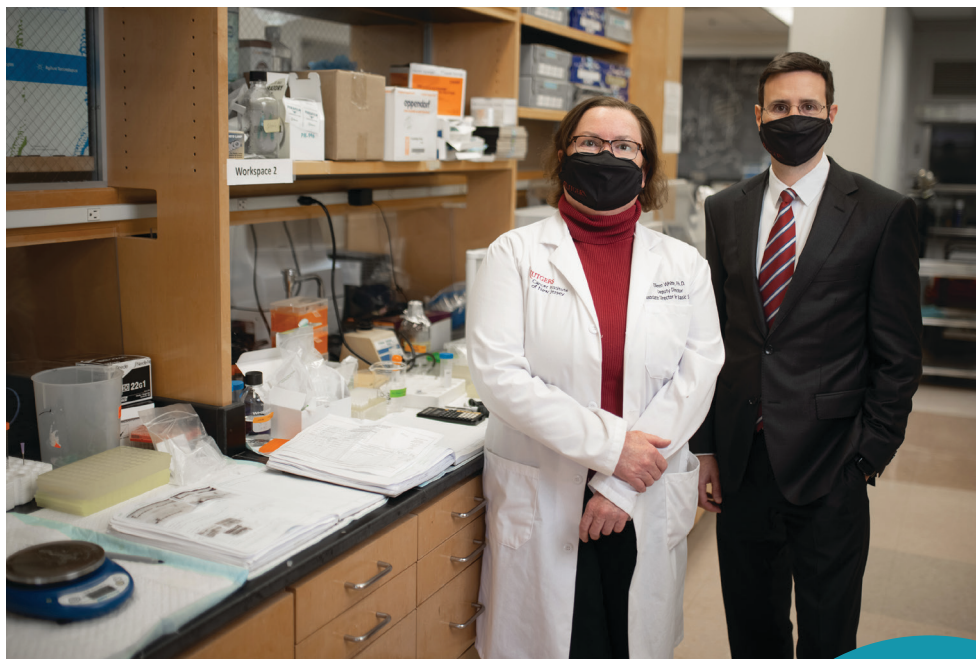
Damaged Kidney

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

Transplanted Kidney

Bladder

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



Eileen White, PhD (left), and Christian Hinrichs, MD, Co-directors of the Cancer Immunology and Metabolism Center of Excellence, a groundbreaking collaboration with a mission to develop new immunotherapies

MISSION POSSIBLE

**RUTGERS CANCER INSTITUTE OF NEW JERSEY
LAUNCHES A NEW CENTER OF EXCELLENCE TO
HARNESS THE POWER OF IMMUNOTHERAPY.**

For decades, the cornerstones of cancer treatment were surgery, chemotherapy and radiation. In recent years, immunotherapy has risen to the forefront.

“What’s remarkable about immunotherapy is the way it uses the immune system to specifically target cancer cells and not healthy cells,” explains Christian Hinrichs, MD, Chief of the Section of Cancer Immunotherapy and Co-director of the Cancer Immunology and Metabolism Center of Excellence at Rutgers Cancer Institute of New Jersey. Dr. Hinrichs, a world-class expert in cancer immunology and immunotherapy, was recruited from the National Institutes of Health to co-direct the center with Eileen White, PhD, Deputy Director and Chief Scientific Officer at Rutgers Cancer

Institute.

“Immunotherapy has been a real game-changer for systemic cancer therapy for two reasons,” Dr. Hinrichs says. “First, it creates a very strong attack against cancer. Second, it has remarkably few negative side effects.”

However, some cancers respond well to immunotherapies, but others don’t respond at all. Why?

To answer that question, Rutgers Cancer Institute of New Jersey established the new Center of Excellence. The \$50 million effort, fueled by an anonymous gift of \$25 million, is poised to lead the immunotherapy revolution and transform cancer treatment.

“We are putting into place key expertise and facilities for ‘first in human’ clinical trials in immunotherapy and cell therapy,” Dr. Hinrichs explains.

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

The program is also serving a large and diverse patient population in New Jersey, Dr. Hinrichs notes. “That’s so important in cancer research,” he says.

NEW CONNECTIONS

The Center of Excellence takes a novel approach by uniting its strengths in cancer immunology and metabolism under one umbrella. “Few, if any, institutions have this capability,” says Dr. White, Co-director of the center.

Dr. White is a globally recognized expert in the study of metabolism—the way cells grow by using energy and nutrients for sustenance—and how it contributes to cancer. “By focusing our efforts on determining how tumor metabolism drives growth and suppresses the immune response, we can begin to develop new immunotherapies and make existing immunotherapies more effective,” she says.

The center is also focusing on the development of new cellular therapies for common types of cancer, a particular area of expertise for Dr. Hinrichs. “We are focused on the discovery and development of new T cell [immune system cell] therapies, particularly gene-engineering approaches that allow T cells to specifically and powerfully target tumors,” he says.

These new therapies are made in a Good Manufacturing Practices (GMP) facility, which follows stringent FDA regulations to ensure the quality of the manufactured therapies. “A GMP facility is absolutely critical for what we do,” says Dr. Hinrichs. “It enables us to produce personalized cell therapy products for each patient right here. We can actually discover and develop new cancer therapies at Rutgers Cancer Institute that no one can do anywhere else.” Many of these new therapies will be available to patients at Rutgers Cancer Institute and throughout the RWJBarnabas Health system.

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



Left: Supporting nurses became a priority for (standing from left) Lisa Kaplan, Jason Kaplan, Amy Kaplan-Schafer, (seated) Helen Kaplan and Michael Kaplan. **Above:** Jason and Michael Kaplan are, respectively, President and Owner of Kaplan Companies.

A QUIET SPACE

THANKS TO A GENEROUS FAMILY, NURSES WILL SOON HAVE A ROOM TO RETREAT.

The COVID-19 pandemic hit New Jersey hard and fast. At the peak of the first surge in spring 2020, staff at Robert Wood Johnson University Hospital (RWJUH) cared for approximately 300 COVID-19 inpatients each day. As a result, RWJUH saw many more deaths than normal. The heart-wrenching volume took a particular toll on nurses, who were the caregivers spending the most time at the bedside.

When case numbers started to decline, RWJUH sought to assess and assuage staff fatigue, anxiety and trauma. Through a multidisciplinary committee called Resilient Together came a proposal for an accessible, quiet space where nurses or other staff members could retreat to decompress. Called respite rooms, such spaces are designed to feel relaxing, elevating and completely different from other hospital environments. They've also

been shown to boost quality measures of patient care.

PERSONAL APPEAL

Supporting construction of RWJUH's respite room greatly appealed to the Kaplan family, whose business, Kaplan Companies, is one of the largest regional builders in the state. When Michael Kaplan, the patriarch and owner of Kaplan Companies, became ill last fall, nurses at RWJUH not only helped him recover but comforted his wife, Helen.

"Our family felt we needed to show our appreciation," says the couple's daughter, Amy Kaplan-Schafer, who also has nurse friends that experienced the COVID-19 onslaught firsthand. Kaplan Companies has a long-standing

commitment to promoting good in the community. The entire family, including Lisa Kaplan and Jason Kaplan, joined in supporting frontline workers whose care made a difference to so many people.

The respite room will be more than a break room. Its design emphasizes a soothing color palette, features that evoke the natural world, relaxing furniture and high-quality finishes to convey a sense that a user has left the hospital behind. The Kaplan family wants the nurses to have "a quiet, safe haven of their own." They felt it was important for nurses to be able to take a moment for themselves so they can go on providing the best care possible, even in the most challenging situations. The space's quality also signals that a person inside is valued and appreciated.

"We're thrilled that we at Kaplan Companies can do our part to help these wonderful people who risk their lives every day," says Jason Kaplan, President of Kaplan Companies. "Our recognition of nurses shouldn't go away after the COVID-19 pandemic ends. We should be clapping for nurses and doctors every day."

To support the RWJ University Hospital Foundation, visit www.rwjuhgiving.org.





BMSCH TURNS 20

NEW JERSEY'S PREMIER CHILDREN'S HOSPITAL CELEBRATES TWO DECADES OF WORLD-CLASS CARE FOR CHILDREN.

The 20th anniversary of The Bristol-Myers Squibb Children's Hospital (BMSCH) at Robert Wood Johnson University Hospital is measured not only in years but also in young lives improved and saved.

Since 2001, BMSCH has delivered standard-setting, nationally recognized care to children and families in New Jersey and throughout the region. In partnership with Rutgers Robert Wood Johnson Medical School, the hospital offers leading-edge therapies that are based on the latest clinical research and provided by nationally recognized physicians and nurses.

AMBITIOUS GOALS

Prior to BMSCH's founding, Robert Wood Johnson University Hospital (RWJUH) offered a variety of pediatric health services. Yet these were decentralized, located in various units throughout the institution, says Bill Arnold, President and CEO of RWJUH. At the turn of the millennium, RWJUH leadership had a vision: "We wanted to build a world-class facility to not only capture the services we already had but to continue to grow as a children's hospital for New Jersey and beyond," Arnold says.

A team from RWJUH visited children's hospitals throughout the country,

The Bristol-Myers Squibb Children's Hospital has long served young patients both locally and regionally with leading-edge treatments, therapies and research.

noting best practices to incorporate into BMSCH's design. Frontline staff as well as an advisory council of patients and families were included in the design and decision making. The goal was to create an institution with services so comprehensive that no child would ever need to leave New Jersey for care. In the end, the resulting four-story building (expanded to seven stories in 2004) quickly began drawing patients from both local communities and the broader region, including New York and Pennsylvania.

EXTENSIVE SERVICES

At BMSCH, patients and their parents find "all of the resources for taking care of children," says Sally Radovick, MD, Professor of Pediatrics, Chair of the Department of Pediatrics and Physician-in-Chief. "For example, we have our own pediatric intensive care unit, a pediatric surgery suite and pediatric anesthesia, all staffed by subspecialists who focus only on children. We also have pediatric emergency room doctors, all fellowship-trained, board-certified subspecialists."

BMSCH's services include all specialties and subspecialties that comprise pediatrics today, making the hospital unique in the state. "Not only do we have these disciplines, but we have depth in the number of faculty in each division," Dr. Radovick says. BMSCH also is one of only three Level 2 trauma centers in the state and one of just two hospitals in New Jersey offering pediatric ECMO, a mechanical system that pumps and oxygenates a patient's blood outside the body, which can assist the heart and lungs of a critically ill newborn or child.

BMSCH cares for the psychological well-being of hospitalized patients as well. It has the state's largest child life program, with specialists offering interventions from art therapy to in-person and virtual therapeutic play sessions. Family-centered care is a primary focus. "The goal is to partner with children and families in all our hospital initiatives," says Barbara Romito, MA, CCLS, Director of the Child Life Program at BMSCH. To that end, BMSCH's administration listens carefully to its family and youth advisory councils.

Next door to the hospital is PSE&G Children's Specialized Hospital, a preeminent pediatric rehabilitation facility, says William Faverzani, FACHE, Vice President and Chief Administrative Officer at BMSCH. "They are our partner in taking care of children, especially those with longer-term conditions," he says.

The campus further includes the Rutgers Robert Wood Johnson Medical School's Child Health Institute of New Jersey, a biomedical research center devoted to investigating the mechanisms underpinning pediatric diseases. "No one else in the state has a campus such as we do for children, between the long-term care rehabilitation hospital, the medical school and the research institute, literally all within the same quadrangle," Faverzani says.

RECOGNIZED EXPERTISE

In the course of the COVID-19 pandemic, BMSCH has come to be a world leader in the research and treatment of multisystem inflammatory syndrome in children (MIS-C), a serious condition in which the heart, lungs, brain and other areas of the body can become inflamed due to the coronavirus. "Our experts have published about 16 manuscripts and obtained four research grants, with more coming," Dr. Radovick says. "We're now starting COVID vaccine trials in children less than 11 years old. That's very important, especially as children are starting back to school this fall."

BMSCH will only grow more in the future while continuing to be a major innovator in children's healthcare. "We are continuing to recruit additional pediatric specialists such as pediatric neurosurgeons," says Faverzani. "We are going to increase our capabilities in areas such as neuroscience and, working with the Cancer Institute of New Jersey, building our hematology oncology program."

Other programs will be enhanced in the future. "Each year, we've become better," Faverzani says. "We're quite proud of what we've done and, more importantly, where we're heading."

TWO DECADES OF PROGRESS AND INNOVATION

From the start, The Bristol-Myers Squibb Children's Hospital has been at the forefront of pediatric care.

2001

The Bristol-Myers Squibb Children's Hospital (BMSCH) at Robert Wood Johnson University Hospital opens.

2002

Specially designed pediatric critical care ambulance is added, providing a mobile pediatric intensive care unit to transport the most medically fragile children.

2003

Regional Perinatal Center designation is received, giving BMSCH the capability to provide a continuum of care from infancy to adolescence.

2005

State-of-the-art Neonatal Intensive Care Unit (NICU) opens. The unit combines highly skilled neonatologists, nursing staff and allied healthcare professionals who are experienced in the care of premature newborns.

2006

Bristol Myers Squibb formally announces a \$5 million gift to fund new centers of treatment for AIDS, rheumatic disease and pediatric obesity at BMSCH.

2008

BMSCH earns the Pinnacle Award for Excellence in Patient Satisfaction from Press-Ganey for consistently ranking among the top 1 percent of all children's hospitals nationally in patient satisfaction.

2010

Neurosurgeons from BMSCH and University of Medicine and Dentistry of New Jersey-Robert Wood Johnson Medical School perform the nation's first laser-assisted brain tumor ablation technique for an intracranial ependymoma in a pediatric patient.

2012

Became the first hospital in New Jersey to be verified as a Pediatric Trauma Center by the American College of Surgeons.

2013

The Center for Advanced Pediatric Surgery opens.

2018

Geoffrey the Giraffe arrives.

2019

The newly renovated Pediatric Emergency Department opens. The state-of-the-art, family-friendly facility is separate from the Emergency Department for adults and designed specifically to meet pediatric patients' needs, including the addition of a sensory room.

To learn more about The Bristol-Myers Squibb Children's Hospital at Robert Wood Johnson University Hospital, call **732.828.3000** or visit www.rwjbh.org/bristol-myers-squibb-childrens-hospital-at-rwjuh.



ORTHOPEDIC CARE FOR KIDS

PEDIATRIC PRACTICE OFFERS TOP-NOTCH TREATMENT FOR A VARIETY OF CONDITIONS.

High-level orthopedic expertise helps distinguish The Bristol-Myers Squibb Children's Hospital (BMSCH) at Robert Wood Johnson University Hospital as a premier regional facility for children and adolescents, says J. Andrew Bowe, MD, Chief of Pediatric Orthopedics at BMSCH, Director of Pediatric Orthopedics in the Rutgers Robert Wood Johnson Orthopedic Residency Program and a member of RWJBarnabas Health Medical Group. "There's a difference between pediatric and adult care, and having a full range of pediatric subspecialties, including orthopedics, in one place is incredibly helpful and beneficial to patient care," he says.

Dr. Bowe brings more than 40 years of experience to the Pediatric Orthopedic Program, a service of BMSCH in conjunction with Pediatric Orthopedic Associates, a leading orthopedics practice for children that Dr. Bowe has long been associated with.

He and seven colleagues at the practice are highly trained and experienced



J. ANDREW BOWE, MD



TERRENCE ISHMAEL, MD

world-class specialty care physicians. "We have academic appointments at Rutgers Robert Wood Johnson Medical School, so we're very involved with academic teaching and are very active with clinical research and furthering pediatric orthopedic education both locally and on a national level," Dr. Bowe says.

FULL GAMUT OF CARE

Physicians in the practice often focus on specific problems or treatments within their subspecialty. For example, Dr. Bowe and the practice's newest associate, Terrence Ishmael, MD, a pediatric orthopedic surgeon and a member of RWJBarnabas Health Medical Group, both take special interest in pediatric spinal deformities and spine surgery. The practice anticipates expanding services in this area.

"We see the whole gamut of pediatric orthopedic medicine," Dr. Ishmael says. "A simple fracture might involve a small cast or splint. But cases that address complex spinal deformities may require 6 to 10 hours of surgery."

Correcting orthopedic deformities can have a lasting impact on children's lives. "Congenital deformities, if not corrected, can cause significant disabilities and lifelong problems," Dr. Bowe says. "Untreated congenital spinal deformities such as scoliosis can impede development of the chest and lungs and lead to significant respiratory problems."

Pediatric expertise extends into the

WIDE-RANGING TREATMENTS

The Pediatric Orthopedic Program offers comprehensive treatment for a wide range of conditions, including:

- Scoliosis and other spinal disorders
- Pediatric and adolescent sports medicine
- Congenital anomalies/birth defects
- Growth-related problems
- Hip dysplasia
- Bone tumors/cysts
- Musculoskeletal infections
- Club feet
- Neuromuscular disorders
- Cerebral palsy
- Spina bifida

VARIETY OF EXPERTISE

In addition to J. Andrew Bowe, MD, and Terrence Ishmael, MD, all physicians with Pediatric Orthopedic Associates are fellowship-trained in pediatric orthopedics. They also provide subspecialty care in these areas:

Stephen Adolfsen, MD

Club foot and spine deformities

Deidre Bielicka, MD

Hand and upper extremity deformities

Heather Harnly, MD

Sports medicine

Thomas McPartland, MD

Hip disorders and hip preservation

Philip Therrien, MD

Neuromuscular disorders

David Weisman, MD

Trauma and acute injuries

pediatric operating room. "We have a whole team that includes pediatric anesthesiology and pediatric orthopedic nursing to help facilitate care for all our surgical patients," Dr. Bowe says. "Nobody else in the state offers the breadth and depth of our pediatric orthopedic care."

To learn more about pediatric orthopedics at The Bristol-Myers Squibb Children's Hospital at Robert Wood Johnson University Hospital, visit www.rwjbh.org/treatment-care/pediatrics/conditions-treatments/pediatric-orthopedics.



INFUSION OF FUNDS

\$2.5 MILLION GIFT FROM BRISTOL MYERS SQUIBB FOUNDATION TO SUPPORT BIOLOGIC THERAPIES FOR CHILDREN.

The Bristol-Myers Squibb Children's Hospital (BMSCH) at Robert Wood Johnson University Hospital has received a \$2.5 million commitment from the Bristol Myers Squibb Foundation in honor of the hospital's 20th anniversary of caring for the children of New Jersey.

The gift will support a dedicated pediatric infusion center to provide a

child-appropriate site for outpatient biologic drug treatments. Such treatments are becoming the standard of care in gastroenterology, rheumatology, genetics, neurology, nephrology and other specialties.

"The need for a pediatric infusion center will only expand over the coming years, and this generous gift will place us at the forefront in treatment

Adding a dedicated pediatric infusion center for biologic drug treatments will further a 20-year history of providing high-quality care for kids.

modalities," says William Faverzani, Vice President and Chief Administrative Officer at BMSCH. "We are so grateful that the Bristol Myers Squibb Foundation continues to support our mission to improve children's health as we enter our third decade, as they have for the past 20 years."

The addition of a pediatric infusion center will provide family-centered care to children requiring short- or long-term infusion therapy, therapeutic injections, sedation or provocative stimulation testing. Infusion therapy will be administered to infants, children and adolescents who require either one-time or ongoing IV therapy for a variety of acute and chronic illnesses including gastrointestinal, rheumatologic, immune, genetic, neurologic, renal, endocrine and blood disorders. With a dedicated center in close proximity to the Pediatric Intensive Care Unit, patients receiving infusions will have highly skilled and personalized care with the convenience of an outpatient setting.

"We are proud to support the pediatric infusion center as part of our long-term commitment to The Bristol-Myers Squibb Children's Hospital at Robert Wood Johnson University Hospital," says John Damonti, President of the Bristol Myers Squibb Foundation. "In line with our priority to facilitate access to high-quality care for every patient, we recognize the need for a child-appropriate facility and are delighted to help the hospital realize its vision."

"The RWJ University Hospital Foundation's 20-year partnership with the Bristol Myers Squibb Foundation has allowed our facility to provide life-changing services to pediatric patients throughout the region," says Mary Burke, Vice President, RWJ University Hospital Foundation. "We look forward to continuing to work together on improving the experience and providing spaces for our pediatric patients to heal."

To learn more about the comprehensive care provided at The Bristol-Myers Squibb Children's Hospital at RWJUH, please visit www.rwjbh.org/bmsch.



PATHFINDING PROCEDURE

HOW ONE MAN'S THROAT CANCER WAS THE FIRST TREATED WITH A NEW ROBOTIC SYSTEM.



*
RWJBarnabas Health and Robert Wood Johnson University Hospital, in partnership with Rutgers Cancer Institute of New Jersey—the state's only NCI-Designated Comprehensive Cancer Center—provide close-to-home access to the most advanced treatment options. Call 844.CANCERNJ or visit www.rwjh.org/beatcancer.

Bolmar Carrasquilla had a dry cough that wouldn't quit. The 60-year-old now-retired information technology manager didn't think much of the constant tickle in his throat in the first weeks of 2020. "I thought I wasn't drinking enough water," he says. But the cough didn't go away after a round of antibiotics, so he saw an ear, nose and throat (ENT) specialist and got a CAT (computed axial tomography) scan.

"Then COVID-19 hit," Bolmar says. It was July or August before he followed up on his ENT's advice and took his CAT scan to Robert Wood Johnson University Hospital (RWJUH). Bolmar understood from his ENT that his tonsils were inflamed. He didn't yet realize the issue was more serious than that.

CONCERNING GROWTH

Bolmar's first hint he had a worrisome problem came during his nasal endoscopy, in which a small camera was inserted through the nose to obtain views of the throat, tonsils and voice box.

Craig Bollig, MD, a fellowship-trained head and neck surgical oncologist and microvascular reconstructive surgeon, was called in to take a look.

One tonsil was markedly enlarged and inflamed. "It was concerning for potential cancer," Dr. Bollig says. He turned to Bolmar. "Can you come in tomorrow for a biopsy?" he asked.

"I got really scared because of the urgency," Bolmar says.

The biopsy came back negative, but Dr. Bollig wasn't reassured. "We're seeing an epidemic of throat cancers related to human papillomavirus, or HPV, especially in men," Dr. Bollig says. "These viral cancers are often deep, small tumors that don't produce symptoms more alarming than a lump in the neck or tickle in the throat." Surface biopsy samples sometimes don't catch the cancer. "His mass was

concerning enough that it needed to be removed," Dr. Bollig says.

"He explained the whole procedure," Bolmar says. "They would take out the tonsil and examine it, and if cancer was inside, they'd take out lymph nodes nearby to make sure nothing spread."

ADVANCED ROBOTICS

RWJUH had just refitted the surgical suite with the Intuitive daVinci SP robot, which features a single-port robotic surgical system specially designed to handle throat cases like his along with other procedures such as urologic surgeries. Bolmar would be the first to benefit from it for throat cancer.

"The daVinci SP robotic surgical system allows hand motions of a surgeon sitting at a console to be translated to miniaturized robot arms able to fit into spaces where hands would not," says Sammy Elsamra, MD, Director of the Robotic Surgical Program at RWJUH. "It has a camera that provides 3D visualization and 10 times magnification, and it's able to perform more precise separation of tissues as well as reconstruction."

Earlier robotic systems featured multiport access to the body. The new system's single port means surgeons can do minimally invasive procedures deep in the throat through the narrow confines of the mouth. "The traditional approach to the back of the throat may have involved actually breaking the jawbone and could result in a significantly longer hospital stay," Dr. Bollig says. "This system is available only in a few select centers nationally, and we are one of the first institutions in our area to offer it."

Robotic surgery isn't necessarily appropriate for all cases, Dr. Bollig says. "Some people are better treated with radiation or other approaches," he says. "We discuss cases in a multidisciplinary tumor board that includes oncologists, radiologists and surgeons so we can come up with the best treatment plan for each patient."

Dr. Elsamra says the system can



Opposite: Bolmar Carrasquilla can enjoy life in Florida with his wife, Lucrecia, thanks to a minimally invasive robotic system (above) used to remove a tonsil that turned out to be cancerous.

be used for multiple procedures in his specialty, urology, including removing the prostate gland and repairing the tube between the bladder and kidney. It can also be used for a variety of other types of surgery. "Having a dedicated robotic surgery program signifies not only that we have the latest technology and equipment, but we also have the expertise to use it," he says. "Our surgeons are fellowship-trained and have vast experience with robotic surgical systems. Many are active in lecturing on robotic surgery nationally."

NEW CHANCE AT LIFE

During Bolmar's surgery, his tonsil was indeed found to have cancer. Surgeons removed lymph nodes and tissue through an incision in his neck, but later tests showed the cancer fortunately hadn't spread.

Bolmar was amazed how quickly he healed and how little pain medication he needed. He also marveled at how his neck incision was sealed without external stitches and hidden in natural folds of skin. "It was six inches, but you can barely see it," he says. "It was an amazing cut."

In the aftermath of surgery and COVID, he and his wife rethought life. They retired early and moved from Old Bridge to St. Petersburg, FL. "We decided we should enjoy life," he says. "We're lucky enough that we can."



CRAIG BOLLIG, MD



SAMMY ELSAMRA, MD

To learn more about robotic surgery at Robert Wood Johnson University Hospital, visit bit.ly/2PJNAAd.

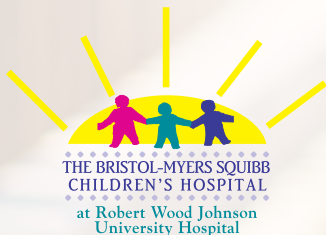


For us,
two decades is a
major milestone.

For Emanta,
it's surviving a collapsed
lung at only 18 months.

After 20 years of caring for children,
we've got a lot of causes to celebrate.

Emanta arrived at The Bristol-Myers Squibb Children's Hospital with a severe case of the flu. When our team saw she had a collapsed lung, she became our first pediatric patient to receive extracorporeal membrane oxygenation (ECMO). This life-saving treatment allowed her lung to rest and heal, and today she's living the active toddler life she deserves. We opened our doors 20 years ago to improve the lives of kids like Emanta, and today we are a nationally recognized pediatric specialty center with a state-designated Pediatric Trauma Center. Together with Rutgers Robert Wood Johnson Medical School, we're training tomorrow's pediatricians and developing tomorrow's treatments. Learn more at rwjbh.org/BMSCH



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HEALTH

Let's be healthy together.