



# MULTI-SPECIALTY CARE

Miracle Babies

*Kellie and David Cramer of Pennington, are all smiles when they introduce their infant twins - Austin John and David Scott.*

*Shown from left: David and Kellie Cramer, at home in Pennington, with twin boys Austin (left) and David (right). The twins were born via in-vitro fertilization in April after Kellie endured two years of procedures and treatments for endometriosis.*

"These are our miracle babies," Kellie says. Her grin exudes pure joy. There's no sign of the pain and stress the couple experienced during their two-year rollercoaster ride, which included fertility challenges that could have dashed their dream of becoming parents.

In summer 2010, after months of unsuccessfully trying to conceive, constant pelvic pain and worrisome symptoms, Kellie saw a fertility specialist. An ultrasound revealed a large cyst on her ovary and blood tests detected elevated levels of cancer antigens. "I was told I could have ovarian cancer," she recalls. "I was beside myself. You think there is nothing really wrong, so to hear this was devastating."

Given their proximity to several area hospitals and the sensitivity of their situation, finding the best possible care was very important to Kellie and David. They sought out Robert Wood Johnson University Hospital (RWJ) and The Cancer Institute of New Jersey (CINJ) where they met Darlene Gibbon, MD, Chief of Gynecologic Oncology at CINJ and Assistant Professor of Obstetrics, Gynecology and Reproductive Sciences at UMDNJ-Robert Wood Johnson Medical School (RWJMS). Dr. Gibbon began by ordering additional tests and discovered a mass that almost completely blocked Kellie's colon. She quickly consulted with Nell Maloney Patel, MD, an Assistant Professor of Surgery at UMDNJ-RWJMS and a colon and rectal surgery specialist at RWJ, and they decided to surgically remove the mass.

Before summer's end, Dr. Maloney Patel

performed the minimally invasive, laparoscopic-assisted partial colectomy, removing approximately a foot of Kellie's colon. During the procedure, she and Dr. Gibbon got a closer look at Kellie's abdomen. They found no evidence of cancer; in fact, Kellie actually had endometriosis which is the growth of endometrial cells or tissue outside of her uterus.

"Normally, all of the structures in the abdomen are separate," Dr. Gibbon explains. "Endometriosis caused Kellie's colon to get stuck to the back of her uterus causing the mass in her colon. There also was extensive scar tissue."

For Kellie, surgery and treatment weren't solely about managing or taking care of this disease. "The best treatment is to remove the ovaries, but Kellie really wanted to have children," explains Dr. Maloney Patel. Drs. Gibbon and Maloney Patel consulted infertility specialist Michael Bohrer, MD, Clinical Associate Professor at RWJMS and physician with Reproductive Medicine Associates of New Jersey who had met with the Cramers before surgery to discuss their options to preserve Kellie's fertility if she had cancer.

"Endometriosis wreaked havoc on Kellie's ability to conceive naturally," Dr. Bohrer explains. "Despite its severity, Kellie's odds of getting pregnant were pretty good given her age and general good health. We decided to try in vitro fertilization (IVF)."

Before starting IVF, Dr. Gibbon treated Kellie for eight months, at CINJ with an injectable

*Kellie Cramer's Robert Wood Johnson University Hospital team of physicians (left to right): Michael Bohrer, MD, with Reproductive Medicine Associates of New Jersey, John L. Lundberg, MD, with RWJ OBGYN Associates, Darlene Gibbon, MD, Chief of Gynecologic Oncology at The Cancer Institute of New Jersey, Nell Maloney Patel, MD, Assistant Professor of Surgery at UMDNJ-Robert Wood Johnson Medical School and Joshua Segal, MD, with RWJ OBGYN Associates.*



medication that caused a medical menopause, enabling estrogen levels in her body to drop and the endometriosis to subside.

In August 2011, following her second round of IVF, the Cramers received exciting news they had longed to hear: Kellie was pregnant, with twins.

The pregnancy wasn't uneventful and was monitored by a team of highly skilled physicians with Kellie experiencing pre-term labor twice. Nearly halfway through, obstetricians John L. Lundberg, MD, and Joshua Segal, MD, of RWJ OBGYN Associates spotted a new mass growing behind her uterus. After a thorough discussion with the couple, and additional consultation with Drs. Gibbon and Maloney Patel, they all agreed to continuously

monitor the situation and take no action until after delivery.

On April 12, 2012, Kellie's entire medical team was present in the operating room for her scheduled caesarean section delivery at RWJ and there were no complications. The mass shrank, and Kellie needed no additional intervention.

"This time last year, I never thought I would be here. We have our babies!" Kellie exclaims. "This wouldn't have happened without the wonderful team effort. Everyone was so good to us and so caring. At RWJ, I never felt like I was one of many patients; I felt like I was the only patient. We would return to RWJ in a heartbeat."

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