

FEATURING "IN GOOD HEALTH" FROM MONMOUTH MEDICAL CENTER

Monmouth

HEALTH & LIFE

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2021: A NEW YOU

**52 WAYS TO BETTER
HEALTH AND HAPPINESS**

**FIERY FASHIONS
FOR THE SEASON**

**KEEP IT OUTSIDE
5 FRESH-AIR ACTIVITIES**



PHILANTHROPISTS ROCK THE NEW JERSEY HEALTHCARE WORLD

An extraordinary gift will increase access to Monmouth Medical Center's high-quality programs and services.

Driven by an enduring bond to their childhood hometown and an understanding of the depth and breadth of human flourishing that good health provides, Anne and Sheldon Vogel know that there is no better investment than in the healthcare of the people in our communities. Their staggering, transformational \$50 million gift to Monmouth Medical Center in Long Branch, the first of its magnitude to a healthcare institution in the state, is a reflection of their trust and confidence in the organization's vision for quality care and leadership to make it happen.

Both Anne and Sheldon were born at Monmouth, then called Monmouth Memorial Hospital. As a child, Sheldon was dependable and trustworthy, and his mother had a hunch he would be good with finance. "I'd get a bit of an allowance from my mom. It was a quarter for me and a quarter for my older brother. But I'd get the whole 50 cents and was responsible for doling it out for both of us—three cents for the bus, five for the movies," he says, reflecting back nearly 80 years. His mother was right. A lifetime of business acumen and leadership has made him remarkably successful.

Following two years in Germany serving the U.S. Army, Sheldon started working as a controller in his family's business, Vogels Department Store in Long Branch. There, he learned not only the value of fiscal responsibility but the fulfillment that comes from being part of a community. Importantly, he also met Anne, the local police chief's teenage daughter, who worked in the store's business office. She would become both the love of his life and his philanthropic partner.



To learn about giving opportunities at Monmouth Medical Center, visit monmouthgiving.org.

"My father was a frequent customer at Vogels. One day, Sheldon's uncle asked Dad if there was anything he could do for him," Anne says. "And my dad said, 'Well, I've got a daughter who needs a job!'" But Anne's father wasn't just a matchmaker; he was a pillar of the Long Branch community and lived his life devoted to service and the betterment of the community, a virtue that has been passed onto Anne.

After years working in retail, Sheldon was introduced to Ahmet Ertegun, co-founder of the famed Atlantic Records, whose company needed a new controller. Uneasy about his lack of experience in the industry, Sheldon candidly reported, "I don't know much about music." The response came in the form of a question: "What do you have to know; can you add columns and subtract and multiply?"

With that, he entered the music world in what would become one of the industry's most iconic periods. It was a magical age for music and Atlantic's roster included giants such as Ray Charles, Bobby Darin, Aretha Franklin, Bette Midler, Led Zeppelin, AC/DC and The Rolling Stones. Sheldon was often on the road for business travel. Never wanting to be apart, Anne frequently accompanied him. Atlantic went on to acquire other labels and more artists. While many in management were at the clubs, assessing talent until the wee hours of the morning, Sheldon was busy managing the numbers, keeping costs under control and making sure the company prospered.

His paychecks were a far cry from those 25 cent allowances of his childhood. "I was lucky to make all that money," Sheldon says. "When I graduated college in 1953, all of us thought that if we made \$12,000 a year then, wow! That would really be it." As time passed, he recognized that he had enough. "The money was building up. We had no use for it but to count it. In order to do good in the world, we started getting involved with charities."

Committed to sharing their wealth, Anne and Sheldon have championed causes they believe in, such as the arts, animal welfare and of course, health care. Anne, in particular, felt strongly that the couple give back to their hometown and neighbors by investing in healthcare, which, in turn, benefits the Long Branch community and beyond.

The Vogels have long been involved with Monmouth Medical Center's Foundation, attending events and supporting its life-changing programs and services. "We spent years working with the Monmouth Medical Center Foundation and got to know and love them," says Anne.

Tara Kelly, Vice President of the Monmouth Medical Center Foundation, remembers those early years working with Anne. She was immediately struck by the couple's strong commitment and selfless approach to philanthropy. "Anne and Sheldon's desire to leave a profound impact is an outstanding representation of our community," she says.

And when it came time for their own personal health, the couple trusted Monmouth Medical Center, forming deeply personal ties as well. "The care and caring we received from medical center staff—the doctors, nurses and those leading the day-to-day charge—were so positively significant to our experience," says Anne.

In 2017, they generously established the Anne Vogel Geriatrics Emergency Medicine Unit.

Shortly thereafter, the Monmouth Medical Center Foundation began working on a new project, a medical campus in nearby Tinton Falls that would help redesign and enhance patient care and delivery. Because

of their previous philanthropy, Robin Lowy Embrey, Director of Donor Relations, asked the couple if they knew of any donors interested in supporting the new medical campus. The next day, Sheldon called and shared that he had found someone. "Me!" he said.

Sheldon has brought the same precision and thoroughness that made him extraordinary in business management to Monmouth Medical Center. "When we met with Sheldon at his office in Manhattan to discuss his philanthropic intent, Sheldon shared a piece of classic, hand-written ledger paper, the likes of which I hadn't seen in 20 years, and walked us line by line through his calculations of how he and Anne would be investing in us," remembers Tara. "It was an embodiment of how hard he worked his entire career and how carefully and conservatively he invested; he was offering us the chance to transform health care for our community. It was humbling."

"Transforming healthcare for the future is, in large part, rooted in the development of new technology," explains Bill Arnold, President of RWJBarnabas Health's Southern Region. "It is not unlike the changes that occurred during Sheldon's tenure at Atlantic Records."

"I saw firsthand how the digitization of music transformed the industry," says Sheldon. "In music, technology was the catalyst. We went from the 45 rpm to the LP to the audio tape and the cassette and now, it's all streaming."

"Conceptually, it is the same in healthcare," says Bill. "What used to be considered major surgery can now be done as a simple outpatient procedure."

Applying those business principles to the healthcare field came easily to Sheldon. At Atlantic, he worked painstakingly to grow the company. Its expansion was a process, requiring constant dedication, years of focused, strategic planning and a vetting of partners. "I was known as 'Dr. No,'" Sheldon remarks wryly. "When people would bring in new proposals and initiatives, I had to choose. You have to be in it for the long-term and be able to look beyond the present."

"We are pioneering the future of healthcare," says Bill. "Advanced technologies, expansive diagnostic services and innovative research are the hallmarks of today's smart, future-ready healthcare model. Our ultimate goal is to deliver an unparalleled patient experience."

Retiring from Atlantic Records in 1998, Sheldon turned to skillfully managing his investment portfolio. Now 88, he plans to continue working as long as he can. Ever humble, he's never been about preserving his name or acquiring more for

himself. "When we're gone, our name won't mean anything—and that doesn't bother me, I expect that—but the good we do will endure," he says. When people ask him why he still works, his answer is simple: "I want to earn every dollar I can so there's more to give away."

"Philanthropy is critical to advancing the healthcare industry," explains Eric Carney, President and CEO of Monmouth Medical Center. "The Vogels' investment will grow our footprint to Tinton Falls and expand critical access to healthcare for the community." The state-of-the-art and environmentally-friendly Vogel Medical Campus is being designed alongside Monmouth's expert clinicians, extending the trusted, high-quality healthcare programs and services that Monmouth Medical Center in Long Branch is known for to more Monmouth County patients. It will leverage the very latest advances in medical space planning and technology, and serve the Monmouth County community for generations to come.



Opposite page: Robin Lowy Embrey, Anne Vogel, Tara Kelly, Sheldon Vogel and Bill Arnold at the Vogels' family home. The couple attends a philanthropic event at Monmouth Medical Center. Sheldon celebrates a historic moment with rock legends AC/DC. Anne and Sheldon chat with renowned singer-songwriter Bette Midler. This page: A staple of the Long Branch community, Vogels Department Store was one of the town's largest employers.

{ IN GOOD HEALTH }

INNOVATIVE, LESS INVASIVE

Monmouth is first in state to offer patients a cutting-edge alternative to staging breast cancer.

Innovative technology introduced first in New Jersey by Monmouth Medical Center (MMC) allows breast cancer patients to avoid unnecessary surgery traditionally performed to stage the cancer.

Manpreet K. Kohli, M.D., FACS, Director of Breast Surgery for Monmouth Medical Center and the first surgeon in New Jersey

thought that this type of breast surgery would disrupt the lymphatic drainage to make lymph node biopsy after mastectomy prohibitive," she says. "For patients with DCIS alone, this unnecessary procedure can now potentially be avoided using Magtrace lymphatic tracer."

In an SLNB procedure, surgeons remove the sentinel lymph node (or nodes) where the cancer is most

likely to have spread first, and they are then checked for cancer cells. If the cancer has spread, the patient may have additional lymph nodes removed by surgery. Both procedures carry potential risks of nerve injury, seroma (fluid build-up) and lymphedema. Offering a non-invasive alternative, Magtrace is a tracer made of iron oxide, sugar, salt and water that follows the same journey a cancer cell would make through the body to mark sentinel lymph nodes, without requiring their removal at the time of this initial procedure.

"By performing dSLNB using this advanced technology, we are able to

wait for the pathology report and determine if we need to go back for that additional procedure, which in the vast majority of women, we do not need to do," Dr. Kohli explains. "Nearly 80 percent of patients with DCIS are not found to have invasive disease upon completion of surgery, and by using Magtrace, we are able to avoid lymph node surgery altogether, helping to avoid any complications or additional stress. The tracer is retained in the sentinel node(s) for several weeks in case a delayed lymph node biopsy is required, if not, it transfers to the patient's natural iron stores."

Dr. Kohli notes that of 65,000 women in the U.S. diagnosed with DCIS annually, 77 percent had their sentinel lymph node removed. Therefore, each year nearly 40,000 women nationally undergo an unnecessary surgical procedure to stage a cancer that was non-invasive.

"This is important because surgery to the lymph nodes does carry risks such as lymphedema, a swelling in limbs caused by damage to the lymph nodes," she says. "We are so proud to be pioneering this innovative technology that maintains a great survival rate and great prognosis for our patients, and also allows us to be cognizant of the quality of their life."

The introduction of this innovative technology comes on the heels of MMC's introduction of the Magseed® system, imaging technology used to guide a small pellet into the tumor. The hospital also was the first in New Jersey to offer this advanced option to patients requiring breast surgery, which marks the lesion so it can be detected by a metal-detector-like magnetic wand that enables the surgeon to precisely locate and remove the tumor during a lumpectomy.

MMC offers advanced breast surgery led by a team of board-certified surgeons who specialize in breast surgery. More than 20 years ago, Monmouth-affiliated breast surgeons were the first in the region to introduce protocol-tested sentinel lymph node biopsy—which at that time provided an alternative to major surgery in determining whether a woman's breast cancer had spread to her lymph nodes.

"Surgery is usually the first line of attack against breast cancer, and Monmouth's team of breast

surgeons, radiation oncologists and medical oncologists feel that combining meticulous surgical technique, state-of-the-art radiation therapy and appropriate chemotherapy contributes to our extremely low local recurrence rates," Dr. Kohli says.

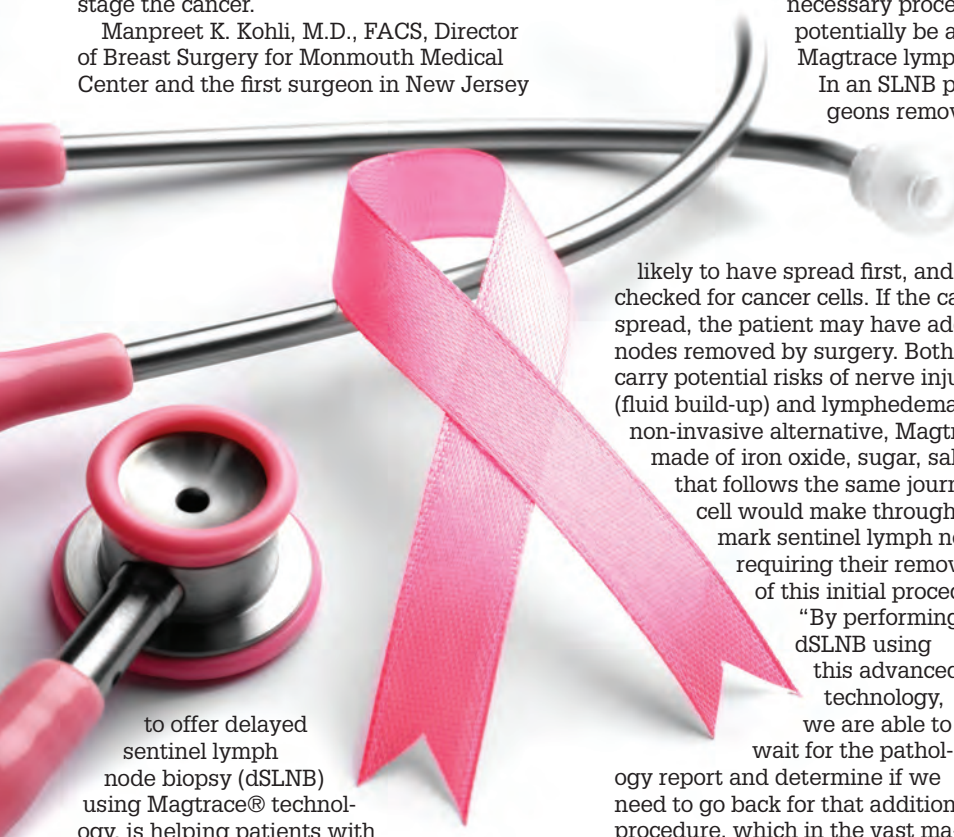


Manpreet K. Kohli, M.D., FACS, director of breast surgery for Monmouth Medical Center

to offer delayed sentinel lymph node biopsy (dSLNB) using Magtrace® technology, is helping patients with ductal carcinoma in situ (DCIS)—the earliest form of breast cancer—avoid unnecessary invasive procedures and testing.

According to Dr. Kohli, it is very rare for DCIS, or Stage 0 breast cancer, to spread to other parts of the body. For these women, the risk of complications from staging may not be worth it given the low risk of the cancer spreading.

"Many surgeons traditionally perform a sentinel lymph node biopsy (SLNB), at the time of mastectomy, to determine whether cancer cells have spread beyond the breast because it was



To learn more about breast surgery and available breast cancer clinical trials at Monmouth Medical Center, visit mmccancer.com.

IN A GOOD POSITION

MMC offers advanced breast cancer treatment that minimizes radiation to the heart and lungs.

When 72-year-old Dorothy Brown was diagnosed with stage 1 ductal carcinoma in situ (DCIS) breast cancer in December 2019, her initial reaction was fear. The cancer was on the left side of her chest wall, and she considers herself very lucky that it was even caught. In fact, “lucky” is a word that Dorothy used a lot when talking about her breast cancer journey.

“It’s such a terrible word, cancer. It’s a scary feeling, but I was very lucky,” says Dorothy, a Howell resident. “I was very lucky that the technician even caught the cancer, and I was very lucky that I was able to begin my treatment so quickly at Monmouth Medical Center (MMC).”

Dorothy had her lumpectomy in January 2020 and was on track to start her radiation therapy treatment by February. As a retired dental hygienist, Dorothy was well-aware and concerned with the side effects of radiation exposure to surrounding organs and tissue. However, after doing some research on her radiation therapy options, coupled with a helpful conversation with her doctor, radiation oncologist Sang Sim, M.D., she felt much more at ease about her course of treatment. Dorothy would receive prone breast radiotherapy.

For women undergoing radiation treatment for breast cancer, studies have shown that receiving radiation to the breast while lying in the prone, or face down, position offers many benefits while delivering the same quality outcomes as the traditional supine position, where women lay flat on their back for radiation treatment.

“At Monmouth Medical Center, our skilled radiation oncologists, physicists and therapists are



Dorothy Brown

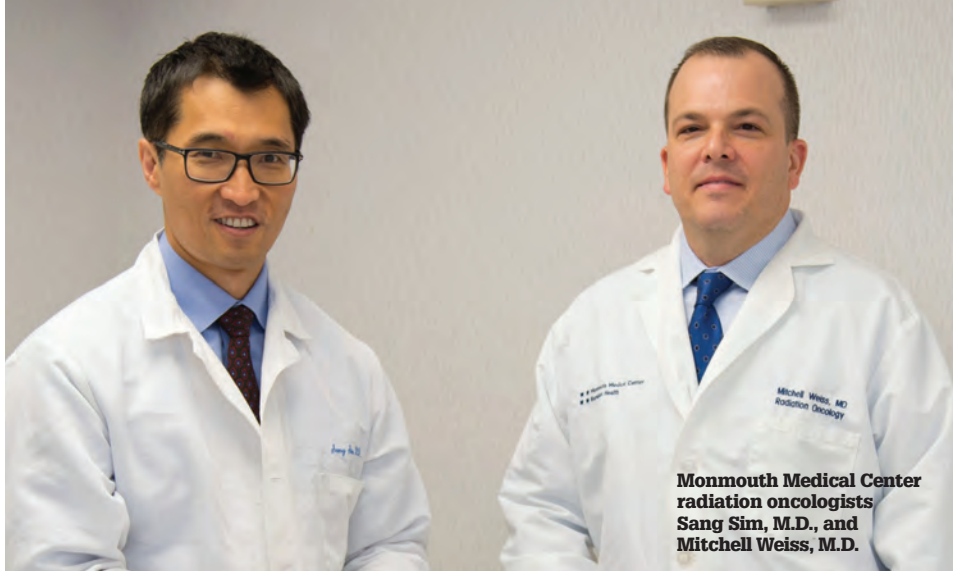
trained in this innovative technique to continue our tradition of offering patients in our community the full range of the most advanced cancer care treatment options,” Dr. Sim says. “This unique approach to treating breast cancer has the patient

lying comfortably on her stomach atop a specially designed breast board. This allows gravity to work in our favor with the breast moved away from the heart and lung. With concerns of long-term consequences from radiation treatments, we eliminate heart and lung risks to patients utilizing this technique.”

Additionally, Dr. Sim points to a second innovative technology—deep inspiration breath hold (DIBH)—that allows MMC radiation oncologists to ensure that radiation is only delivered when the patient is in the planned position. As the name implies, patients take a deep breath and hold it.

Mitchell Weiss, M.D., chairman of the Department of Radiation Oncology, explains, “When the lungs fill with air, the heart naturally moves away from the chest, and this technology allows the radiation to avoid the heart and its vessels completely with goals of reducing risks of cardiac disease down the road. This technology uses three camera units to monitor thousands of points on the skin, which can detect any motion, as the patient holds their breath, with sub-millimeter accuracy.”

DIBH is useful in situations such as breast cancer treatment, where radiation therapy is delivered to organs that may move with breathing, he adds. Other organs where this may be useful include lung, liver, stomach and pancreas.



**Monmouth Medical Center
radiation oncologists
Sang Sim, M.D., and
Mitchell Weiss, M.D.**

“Using this breath hold technique allows the patient to be tracked in real time, and the radiation stopped, if they are out of position,” says Dr. Weiss.

Dorothy completed her four-week radiation treatment in March 2020 and is doing well. She tolerated radiation therapy quite well and she credits her experience and recovery to not only the treatment she received at MMC but also to the emotional support she received from her friends, loved ones and hospital staff.

“I felt comfortable and well taken care of every step of the way,” said Dorothy. “I’m so thankful for Dr. Sim’s care and the team of dedicated radiation oncologists at Monmouth Medical Center, who can provide these new technologies to offer women like me better options for breast cancer treatment, with less risk of side effects.”

The Leon Hess Cancer Center at Monmouth Medical Center continues to break barriers in cancer care through its state-of-the-art Institute for Advanced Radiation Oncology, which has earned accreditation from the American College of Radiology for the quality, safety and appropriateness of its radiation therapy. The hospital’s team of radiation oncologists offer a full spectrum of highly advanced technology in the delivery of high-precision radiotherapy that is dramatically helping cancer patients recover faster and with fewer side effects.

Additionally, through its partnership with Rutgers Cancer Institute of New Jersey, the state’s only National Cancer Institute-designated Comprehensive Cancer Center, Monmouth Medical Center provides access to advanced treatment options including immunotherapy, precision medicine and clinical trials not available elsewhere.

YOUR SAFETY COMES FIRST—DON’T DELAY ANY LONGER!

You live a healthy lifestyle. You just had an annual physical. You have no family history of breast cancer. You still need a mammogram.

Monmouth Medical Center offers the latest in comprehensive breast health services, including mammograms, 3D mammograms, genetic testing, breast surgery and clinical trials. Remember, early detection is crucial for breast cancer and improves a woman’s overall prognosis. Additional safeguards have been put in place to protect our patients and staff from the coronavirus and to provide a safe environment for this potentially life-saving cancer screening. We’ve taken every precaution to keep you safe. So, if you have put off your mammogram due to COVID-19, please don’t delay it any longer. Your breast health is too important to wait—visit rwjbh.org/mammo to schedule your mammogram today.

To reach the Department of Radiation Oncology at Monmouth Medical Center, call 732.923.6890.

To learn more or to make an appointment with a breast cancer specialist at Monmouth Medical Center, call 844.CANCERNJ.

{ IN GOOD HEALTH }

SPECIAL CARE FOR WOMEN AT SPECIAL RISK

A Monmouth Medical Center program targets early treatment for women at higher risk for breast cancer.

Statistics reveal that about one in eight, or 12 percent, of all women will develop breast cancer. That's the average risk—but many have factors that put them at higher risk of developing the disease. Women whose chances of breast cancer are 20 percent or higher are considered high risk, and each of them are eligible to take advantage of Monmouth Medical Center's High Risk Cancer Assessment Program.

There are a number of factors that put women at higher risk, including:

- personal or family history of breast or ovarian cancer
- family history of pancreatic, prostate, thyroid and other cancers
- Ashkenazi Jewish ancestry
- family history of a known genetic mutation, such as BRCA1 and 2

"If we know that women have a higher than average risk for developing breast cancer, it is a missed opportunity to not offer management strategies beyond what is offered to women at average risk," says nurse practitioner Melanie Ramp, MSN, APRN, AG-C.

Women are usually identified as high risk through a quick, user-friendly evaluation tool called a High-Risk Assessment (HRA). Once identified, they are referred to Ramp.

"During the initial high-risk visit, we discuss the contributing factors elevating their risk for breast cancer as well as things they can do to de-escalate their risk," she says. "We then discuss different management options and together devise a plan."

Depending on the risk factors, that plan can include imaging surveillance. The Jacqueline M. Wilentz Comprehensive Breast Center locations have the most up-to-date imaging equipment and a breast-designated radiologist. "For this reason, there is a very high detection rate and lower false positive rate as compared to facilities that do not use breast-specific radiologists," Ramp says. "This is important because it can prevent unnecessary follow-up imaging or biopsies, which can be anxiety-provoking for a patient."

Other high-risk patients are started on preventive treatments, which may include medication or preventive mastectomy. Because

breast cancer can be caused by a genetic mutation, Ramp also discusses the use of genetic testing. Genetic counselor Kacie Baker, M.S., LCGC, says that lab testing can now identify up to 40 different genes associated with breast and other cancers. Baker acknowledges that some women (and men, who can get breast cancer too) are afraid to know if they carry genetic mutations, but this information can direct proven prevention strategies. "When we can identify gene mutations and family members follow management guidelines, cancers can be caught at their earliest stages and in some cases, the likelihood of cancer significantly declines," she says.

The High Risk Program is "intended to support women and safeguard their healthy years ahead," Ramp says. "Learning that you are high risk for breast cancer can be daunting. However, this comprehensive, streamlined program is designed to alleviate some of the stress and angst that comes with being high risk, and it is intended to put the patient back in the driver seat where they can control their own breast health."



Melanie Ramp,
MSN, APRN, AG-C



Kacie Baker,
M.S., LCGC



For additional information, to make a referral or to schedule an appointment with Monmouth Medical Center's High Risk Cancer Assessment Program, call 732.923.6513.