WHEN YOUR FEET NEED SPECIAL CARE

THE DOCTOR EVERYONE MUST SEE

YOU NEED SURGERY: NOW WHAT?

PROTECT YOUR HEART THIS WINTER
MESSAGES FROM LEADERSHIP

“At RWJBarnabas Health, we enter the new year with renewed strength. We’ve taken the challenges of the pandemic and used them to find ways to better serve our communities, patients and staff. Additionally, we are expanding telehealth, offering advanced genomic testing for infants and pushing toward breakthroughs in pediatric cancer research, with a focus and dedication to creating a healthier 2022 for all.”

BARRY H. OSTROWSKY
PRESIDENT AND CHIEF EXECUTIVE OFFICER, RWJBARNABAS HEALTH

“Monmouth Medical Center Southern Campus is proud that despite the challenges of delivering care during the COVID-19 pandemic, we were able to achieve Emergency Department patient satisfaction scores ranking in the top 15 percent nationwide and a recent certification as an Advanced Primary Stroke Center. We welcome the new year with a renewed commitment to providing our community with the highest-quality care for your emergent health needs, as well as innovative community health programs to help everyone live healthier, more fulfilling lives.”

ERIC CARNEY
PRESIDENT AND CHIEF EXECUTIVE OFFICER
MONMOUTH MEDICAL CENTER SOUTHERN CAMPUS AND MONMOUTH MEDICAL CENTER

Monmouth Medical Center Southern Campus

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Healthy Together | Winter 2022

HEALTH NEWS

AWARDED FOR INSTRUCTING POLICE ON MENTAL HEALTH

During the October 8 Ocean County Police Academy Basic Class #110 graduation ceremony hosted by the Ocean County Sheriff’s Department, Monmouth Medical Center Southern Campus (MM CSC) Psychiatric Emergency Screening Services (PESS) Assistant Vice President Joe Cuffari, LPC, and Mental Health Clinician James Romer, MA, were recognized as Outstanding Instructors.

Joe and Jim have been teaching police recruits for many years in areas of mental health, screening law, situational awareness and the mental health system, as explained in an MM CSC video at www.rwjbh.org/mmcscess.

The partnership and training with the Police Academy is crucial for both new recruits and established officers to be trained on techniques to keep people in crisis and officers safe. PESS provides screening and treatment for people in need of emergency psychiatric assistance and partners with local police departments to provide screeners who accompany officers when responding to incidents in the community and help to de-escalate highly emotional situations.

CERTIFICATE OF DISTINCTION GIVEN FOR STROKE CARE

Monmouth Medical Center Southern Campus is proud of its recent Certificate of Distinction for Advanced Certification as a Primary Stroke Center from the Joint Commission. The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of healthcare and other services provided in certified organizations, and confers the certification based on a review of compliance with national standards, clinical guidelines and outcomes of care.
2. WELCOME LETTER. A community update from our CEOs.

4. YOU NEED SURGERY: NOW WHAT? Top tips for finding the right surgeon and having a successful procedure.

6. WHEN YOUR FEET NEED SPECIAL CARE. These steps can help ward off wounds due to diabetes.

8. WHERE SHOPPING MEETS SUPPORT. Find bargains and raise funds for MMCSC programs and services at a new thrift store.

9. FAST ANSWERS FOR VERY SICK BABIES. Advanced genomic testing is here.

10. HOW COVID-19 IS RESHAPING HEALTHCARE. Innovation and resilience in the face of a crisis.

11. BREAST SURGERY: WHAT WOMEN SHOULD KNOW. Knowledge is power in the fight against breast cancer.

12. CHILDHOOD CANCER: FINDING THE BEST CARE. World-class pediatric hematology/oncology services, close to home.

13. HEADING OFF WINTER HEART ATTACKS. Read this before you shovel snow.

14. SPECIAL NEEDS, SPECIAL TREATMENT. Children’s Specialized Hospital expands access to care.

15. CONNECTED TO THE COMMUNITY. Partnerships help improve the well-being of MMCSC neighbors.

16. 8 REASONS TO SEE A PRIMARY CARE PHYSICIAN. Regular visits can help keep you healthier.

17. TEAMING UP AGAINST BLOOD DISORDERS. A new hematologist/oncologist provides expertise in cancerous and noncancerous blood problems.
Learning you need surgery can feel daunting. But millions of people undergo successful procedures every year, and you can improve your odds of doing the same if you follow steps linked to better results, or outcomes.

“The first step is to choose the right surgeon,” says Jarrod P. Kaufman, MD, Chair of Surgery at Monmouth Medical Center Southern Campus (MMCSC). In part, that means finding a doctor who makes you feel comfortable, answers your questions and treats you with compassion and respect. “But it’s also important to choose a surgeon with experience and training in the procedure you’re having,” Dr. Kaufman says. “Surgeons who do the same procedure regularly tend to have superior outcomes, which include better quality of life, less pain and fewer complications such as infections or readmission to the hospital within 30 days.”

Here’s how to find a skilled and experienced surgeon for whatever procedure you might face.

- **Get professional opinions.** Start by asking your primary care physician or other doctors for a recommendation. If they give a general answer like “Everyone in that practice is good,” ask what they think distinguishes different surgeons—and who they would choose if they had to undergo the procedure you have in mind.

- **Survey your social network.** Ask people you trust for suggestions. Check if friends or relatives have had the procedure you need—or ask if they know anyone who did. Ask those who underwent your surgery what led them to their surgeon and if they would use that doctor again. Find out what they liked (or didn’t like) about the doctor, the surgical team and the practice. Have them share what surprised them or what they learned about preparing for the procedure and recovery.

- **Ask your surgeon for numbers.** During your initial appointment, ask how often a candidate surgeon has performed the operation to treat your particular problem. No set numbers generally define a high volume of procedures, but the discussion should shed light on the doctor’s experience.

- **Check your surgeon’s credentials.** In addition to getting background on aspects of a surgeon’s training such as where the surgeon went to medical school and did his or her residency, find out whether the surgeon completed a fellowship—
additional training in a specialized area such as joint replacement or thoracic (chest) surgery. Also learn whether the surgeon is board-certified. This indicates that a surgeon is an expert who has completed additional education and passed a rigorous test in their particular medical specialty or subspecialty.

- **Get a second opinion.** Consider speaking with another surgeon to get thoughts on your case, especially if you’re having a new or complicated procedure. They may have different opinions on specific approaches to your surgery or even whether you need it.

  “Once you’ve done your research, think about what you’ve learned, and then choose the surgeon you trust the most to do the procedure you need,” Dr. Kaufman says.

**6 STEPS FOR SAFER SURGERY**

1. Eat healthy foods in the weeks before your operation.
2. If you smoke, quit. Smoking increases risks for post-op problems such as breathing difficulties, infection and heart attack.
3. If you have diabetes, get blood sugar under control, which will help you heal and reduce the risk of infection.
4. Make sure your doctor knows all the medications you take, including over-the-counter drugs, supplements and herbal remedies.
5. Talk with your surgeon about strategies to control pain after surgery, which may entail multiple approaches.
6. Be as fit and active as possible before surgery. The better you function before surgery, the more likely you are to retain a higher level of function after—a concept known as prehabilitation.

**SOURCE:** American College of Surgeons

To find a surgeon at MMCSC, call **888.724.7123** or visit **www.rwjbh.org/doctors**.
A mputation is a serious risk for people with diabetes. In fact, the chance of facing this traumatic complication is 28 times higher in people who have the condition—marked by high or poorly controlled blood sugar—than it is in people who don’t.

“My patients we see have a diabetic foot ulcer,” says Glenn M. Aufseeser, DPM, a podiatrist at Monmouth Medical Center Southern Campus (MMCSC). “This type of nonhealing wound is the leading cause of hospitalization and amputation in people with diabetes.”

Wounds such as diabetic foot ulcers occur because high blood sugar can impair immunity and cause circulation problems that often reduce blood flow to the legs and feet. Diminished immunity and circulation both can hinder healing, trigger infections and cause damage to underlying structures and bones. In some cases, damage can become so severe that it’s necessary to amputate a toe, foot or leg.

Stanley Lefland of Lakewood can attest to that. “My diabetes progressed to the point that two of my toes needed to be amputated,” says the volunteer EMT with Jackson Township EMS. He received surgery and treatment at MMCSC’s Wound Care Center, including hyperbaric oxygen therapy. This therapy administers pure oxygen under high pressure to help blood carry more oxygen to tissues and promote healing. “My care was, in one word, excellent,” Stanley says.

**FOOT CARE MEASURES LIKE THESE CAN BE CRITICAL IF YOU HAVE DIABETES.**

**REDUCING RISKS**

But you may be able to curb the risk of needing drastic or specialized treatment. “It’s much easier to treat a minor foot problem before it becomes serious,” says Dr. Aufseeser.
Key measures to prevent or minimize complications of diabetes include controlling your blood sugar, exercising daily and taking your medications as directed. It’s also critical to take good care of your feet, especially while at home during cold winter months when people often become less active. Steps like these can help foster healthier feet.

- **Inspect your feet:** Check feet daily for sores, redness, blisters, calluses, ingrown toenails, numbness, open sores or any temperature changes or hair loss. If you can’t see the bottom of your feet easily, use a mirror to get a better view.

- **Wash your feet:** Use a mild soap and warm (not hot) water. Dry your feet well, especially between your toes. Apply a nonalcoholic lotion to keep skin soft and prevent cracks that can allow bacteria to penetrate skin and potentially trigger an infection. Don’t put lotion between toes as it can cause blisters, and don’t go barefoot even at home.

- **Trim toenails with care:** Cut toenails straight across with straight clippers, and file down sharp edges. If desired, dust feet with a foot powder such as talcum or cornstarch.

- **Wear socks:** Choose soft, seamless, padded socks to avoid sores and blisters. Make sure they don’t pinch or rub. Socks should be loose enough around the top that they don’t cut off circulation. Choose white socks made of fabrics that pull sweat away from your skin such as cotton or special acrylic. Avoid nylon.

- **Do you have nerve damage?**

  Not being able to feel pain sounds like a good thing. But lack of pain due to nerve damage from diabetes makes it hard to detect foot sores, wounds or injuries. About half of people with diabetes develop some form of nerve damage, which can occur in any part of the body but most often affects feet and other extremities. Be especially alert to nerve damage if you:

  - Have hard-to-manage blood sugar levels
  - Have had diabetes a long time, especially if blood sugar levels often soar beyond your target
  - Are older than 40
  - Have high blood pressure
  - Have high cholesterol

  Source: Centers for Disease Control and Prevention

When to Call the Wound Care Center

Preventing foot problems and catching them early can go a long way toward helping you avoid amputation, but it’s also important to know when to seek medical care. Contact your doctor if you develop any of these potential signs of trouble:

- Ingrown toenails
- Blisters
- Plantar warts on the soles of your feet (flesh-colored bumps with dark specks)
- Athlete’s foot
- Swelling
- Redness
- Discolored skin
- Warmth in one area
- Pain
- Foul odor
- An ulcer or sore that doesn’t heal

To learn more about treatment at MMCSC’s Wound Care Center or to make an appointment, call 732.886.4100.
WHERE SHOPPING MEETS SUPPORT

NEWLY OPENED VOLUNTEER-RUN THRIFT STORE RAISES FUNDS FOR MMCSC.

You can shop for bargains and support Monmouth Medical Center Southern Campus (MMCSC) at the same time at the newly opened Hidden Treasures Thrift Shop. The shop is run exclusively by volunteers, and all donations raise funds that directly support programs and services at MMCSC. The MMCSC Foundation recently celebrated a grand opening ribbon-cutting ceremony at Hidden Treasures, which is located at the Tri-City Plaza, 2360 Route 9, Toms River.

“We welcomed Toms River officials today, including Mayor Maurice Hill and Sandra Lazzaro, Ocean County Business Development and Tourism, to commemorate this wonderful store,” said Eric Carney, President and CEO of MMCSC and Monmouth Medical Center, at the grand opening. “Our new thrift shop allows residents of Toms River and the surrounding community to purchase new and gently used items, not only benefiting our hospital programs and services, but providing much-needed goods to our community at an affordable price. We are so thankful to all of our volunteers who donate their time to staff the shop and the community members who donate their items to benefit our patients.”

Hidden Treasures Thrift Shop is open 10 a.m. to 4 p.m. Monday through Saturday and one Sunday per month. Volunteers are always needed. For more information, call the MMCSC Foundation at 732.886.4438 or visit www.monmouthsouthgiving.org.

To support the Monmouth Medical Center Southern Campus Foundation, visit www.monmouthsouthgiving.org.

WOMEN EXPRESS GRATITUDE FOR CANCER CARE

“Grateful” is defined as “feeling or showing an appreciation of kindness, being thankful for benefits received, expressing gratitude.” Speaking to the theme of “Grateful,” four cancer survivors now share their experiences and stories on a special website. Their accounts highlight how exceptional, trusted cancer care begins at Monmouth Medical Center Southern Campus (MMCSC) in partnership with Rutgers Cancer Institute of New Jersey, the state’s only National Cancer Institute-Designated Comprehensive Cancer Center.

MMCSC brings a whole team to fight alongside you, providing close-to-home access to cutting-edge cancer treatment options and exceptional cancer specialists. What sets us apart? Each patient is treated like family at MMCSC. Visit www.rwjbh.org/grateful for more information and to watch the moving stories of grateful cancer survivors. Become a part of our family by supporting these essential programs and services that MMCSC provides to the community each and every day.
Baby girl Frankie was born early—at 35 weeks—but all seemed well, except for some minor health complications that kept her in the Neonatal Intensive Care Unit (NICU) at Cooperman Barnabas Medical Center (CBMC).

However, within a few days of birth, Frankie had developed severe blisters on her feet and was losing skin. Even routine screenings now posed a risk, and the baby was vulnerable to life-threating bacteria entering her body. Her family was afraid to hold her. A diagnosis was needed, right away.

Not long ago, genetic testing for infants could test just a few genes at a time, and results took weeks or months to come back. But thanks to a collaboration between Rady Children's Institute for Genomic Medicine and RWJBarnabas Health (RWJBH), Level III and Level IV NICUs in the RWJBH system can offer rapid Whole Genome Sequencing (rWGS). For medically urgent cases, preliminary diagnoses are available in three to five days.

Using a blood sample, rWGS can scan a child's entire genetic makeup for thousands of anomalies. The test results provide vital information that leads to individualized care and fewer costly, invasive procedures.

“Rapid genome sequencing is a game changer,” says Kamtorn Vangvanichyakorn, MD, Director of Neonatology at CBMC. “It allows us to provide critical answers and targeted treatment at a time when the therapeutic window is often narrow.”

“A SENSE OF RELIEF”

The testing revealed that Frankie has a type of epidermolysis bullosa (EB), a rare group of diseases that are most often caused by a genetic mutation. Frankie's mother, Jeri Berinato, knew that her own mother lived with a severe form of EB, leading to constant blistering and pain, difficulty swallowing, loss of her fingernails and dental problems.

“As soon as we received the results, I felt a huge sense of relief,” Jeri says. “Not knowing what was wrong with my beautiful newborn baby was the worst feeling I've ever had. Now I know that, with proper care from the beginning, Frankie will have a much better quality of life than my mom has.”

In addition to CBMC, rWGS is available to critically ill infants at Bristol-Myers Squibb Children's Hospital at Robert Wood Johnson University Hospital; the Unterberg Children's Hospital at Monmouth Medical Center; Children's Hospital of New Jersey at Newark Beth Israel Medical Center; and Jersey City Medical Center.

The use of rWGS at RWJBH came about through a long-standing partnership between Rady Children's Hospital in San Diego, the parent organization of Rady Children's Institute for Genomic Medicine, and Children's Specialized Hospital, an RWJBH facility. “We’re proud to be the only health system in New Jersey to partner with Rady Children’s to offer rapid genetic testing,” says William Faverzani, Senior Vice President of Children’s Services at RWJBH. “With this test, our physicians have access to cutting-edge technology, enabling them to intervene quickly to improve the lives of our tiniest patients and their loved ones.”

To learn more about rapid Whole Genome Sequencing at RWJBarnabas Health, visit www.rwjbh.org/pediatricgenetictesting.
A crisis has led to some big changes for the better.

COVID-19 created challenges that healthcare providers had never experienced in their careers. But the pandemic, while taking a toll on providers and patients alike, has also enabled the discovery of deep reserves of resilience and innovation. “Many of the changes we’re seeing in healthcare,” says John Bonamo, MD, Chief Medical and Quality Officer at RWJBarnabas Health, “are good things that came out of a terrible situation.” Here are six examples:

1. **The rise of telehealth.** The technology for video healthcare visits has existed for decades, but providers as well as patients resisted virtual care—until the onset of COVID-19 and social distancing. “Before the pandemic, we were doing some virtual urgent care visits, but not routinely doing scheduled visits,” says Andy Anderson, MD, President and CEO, Combined Medical Group of RWJBarnabas Health and Rutgers Health. “However, at the peak of the pandemic we were doing 10,000 scheduled visits weekly, and even today we continue to do thousands each week.” The increased
2 Increased awareness of preventing the spread of disease. In response to the pandemic, healthcare providers have redoubled their efforts to sanitize spaces and even filter the air, and the use of hand sanitizer and disinfectant wipes has become commonplace. “We’ve always been committed to infection control through our system-wide journey to become a high reliability organization,” says Dr. Bonamo. “We amplified those principles to keep our facilities even safer, such as using new ventilation techniques, employing UV-C lights to clean rooms, paying continued attention to visitation policies and more.”

3 Enhanced teamwork. “At the peak of the pandemic, the needs were so great that our people began working together much more collaboratively,” says Dr. Bonamo. “Instead of staying in their own lane and handing off a patient or a procedure to a specialist, providers worked together—respiratory therapists teamed with nurses, primary care doctors worked in intensive care units at the elbow of intensivists, and so on. We learned how professionals can be ‘skilled up’ and trained to help in a crisis, and that has broken down levels of hierarchy and increased esprit de corps.”

4 An emphasis on mental well-being. “Mental health has become a bigger issue due to the pandemic. People are afraid of becoming ill, they may have greater financial burdens and they’re missing social interaction,” says Dr. Anderson. “Our behavioral health providers have been very busy.” All kinds of healthcare providers are tuning in to their patients’ state of mind. “As doctors, we realize the importance of reaching out to people and asking them how they’ve been doing during the pandemic,” he says. “Everybody has a story, and it’s important for us to take the time to listen and, if necessary, become an advocate or a resource for the patient.” That kind of outreach is equally important for people who work in healthcare, Dr. Anderson says: “In the RWJ Barnabas Health Medical Group, we set aside time each week to text or call people we work with to see if they’re doing OK, and provide help or a note of encouragement as needed.”

5 A brighter spotlight on healthcare disparities. “At RWJ Barnabas Health, we’ve had an ongoing and important system-wide effort in regard to social justice and anti-racism,” says Dr. Bonamo. “However, the disparity in the rates of COVID-19 sickness and death among people of color was so blatant that it brought many things to the surface and made us, as well as the healthcare industry as a whole, take a closer look. We’ve realized that saying ‘we treat everybody the same’ isn’t enough because some populations have many more resources than others.” To learn more about RWJ Barnabas Health’s Ending Racism Together initiative, visit www.rwjbh.org/endingracism.

6 A new flexibility. “Healthcare is intensely regulated, and because of that we have a tendency to be very prescriptive about what we can do and how we do it,” says Dr. Bonamo. “The COVID-19 need was so intense that we had to learn to be more flexible. For example, medical-surgical floors were turned into ICUs and we learned, OK, it may not be the ICU we would have built, but we can make this work. A lot of the old regulations were lifted during COVID-19, which enabled us to be flexible, but some of what we had been doing was just a result of old habits. Now we’ve expanded our horizons and have become much more nimble.”

For resources and information about COVID-19, visit www.rwjbh.org/covid19.
“Cancer doesn’t travel well—especially cancer in children,” says Peter Cole, MD, Chief of the Division of Pediatric Hematology/Oncology at Rutgers Cancer Institute, the state’s only National Cancer Institute-Designated Comprehensive Cancer Center. “New Jersey families dealing with a diagnosis as significant as cancer shouldn’t have to leave their neighborhood and support systems to travel to another state for treatment.”

The Pediatric Cancer Center at Rutgers Cancer Institute partners with RWJBarnabas Health (RWJBH) facilities throughout the state to provide the most advanced treatments for children with cancer and blood disorders.

“I tell my friends and family and anyone who asks that whenever you get an unexpected diagnosis, it’s always good to get a second opinion,” Dr. Cole says.
The $10 million in state funding was championed by Grace Eline, a 12-year-old survivor of brain cancer and a childhood cancer awareness advocate, and her mother, Aubrey Eline, in collaboration with the American Childhood Cancer Organization. Grace was treated at Rutgers Cancer Institute and Children’s Hospital of New Jersey at Newark Beth Israel Medical Center.

“But when you have the option to get cutting-edge care close to home, where you have access to your support system, you should do it. At Rutgers Cancer Institute and RWJBarnabas Health, your child will get the highest level of expertise and treatment, right here in New Jersey.”

The pediatric hematologic/oncology team takes a multidisciplinary approach to providing the most advanced treatments for pediatric cancer and blood disorders, such as complex surgical techniques, precision medicine, immunotherapy and innovative radiation therapy procedures, including the state’s only hospital-based proton therapy center. In addition, as New Jersey’s only NCI-Designated Comprehensive Cancer Center, Rutgers Cancer Institute offers access to cutting-edge clinical trials and cellular therapies that may not be available at other programs.

A HOLISTIC APPROACH

The specialists at Rutgers Cancer Institute and RWJBH know that, in addition to treating the body, it’s important to pay close attention to the emotional and social challenges of the patient and family. “A diagnosis of cancer turns a family’s life upside down, so we have a robust psychosocial support team to address the needs not just of the patient, but of parents and siblings as well,” says Dr. Cole. That team includes psychiatrists, psychologists, counselors, social workers, nutritionists and educators.

“We’re committed to keeping kids on top of their studies,” says Dr. Cole. “At Rutgers Cancer Institute, we have a full-time teacher on staff in the building on school days. I’ll often sit with our patients and do math problems with them, though I suspect I may enjoy that much more than they do,” he says with a laugh.

He recalls a teenage patient who had acute lymphoblastic leukemia, the most common cancer in children but also one of the most curable. “He had to spend the first month of treatment in the hospital, away from his support network of friends and coaches,” says Dr. Cole. “Some of the side effects of his treatment, such as vomiting, were miserable, and he was embarrassed to lose his hair. He was depressed, but he received the support he needed from our psychosocial team.

“I’m happy to report that he’s doing much better now. He’s back in school on a modified schedule and if he needs any continued support from our team as he fully reenters his routine, we’ll be there for him.”

AN INFUSION OF FUNDS FOR RESEARCH

Survival rates for children with cancer have improved significantly in the past 50 years, but pediatric cancer remains the leading cause of death from disease among children. It is among the least funded areas of cancer research.

Advocates cheered when a $10 million appropriation to support pediatric cancer research at Rutgers Cancer Institute was included in the New Jersey 2022 state budget.

“The funding allows us to expand our ongoing efforts. One of our areas of focus is research in children that will help reduce acute side effects of treatment and the risk of it resulting in long-term organ damage,” explains Peter Cole, MD, Chief of the Division of Pediatric Hematology/Oncology and Embrace Kids Foundation Endowed Chair at Rutgers Cancer Institute, who is also Director, Pediatric Hematology, Oncology and Cellular Therapies at Bristol-Myers Squibb Children’s Hospital and Professor of Pediatrics at Rutgers Robert Wood Johnson Medical School. Dr. Cole’s laboratory is also supported by the Hugs for Brady Foundation.

“Another area of focus is bringing innovative treatment modalities to children with cancer and blood disorders,” Dr. Cole says, “including cellular therapies like CAR T-cell therapy, blood and marrow transplants and immunotherapies, which use the patient’s own immune cells to fight cancer.”

CENTERS FOR EXCEPTIONAL CARE

RWJBarnabas Health and Rutgers Cancer Institute of New Jersey partner to provide world-class care to New Jersey cancer patients. Specialists from the Pediatric Cancer Center at Rutgers Cancer Institute work with experts to provide care at the following RWJBarnabas Health facilities.

• Bristol-Myers Squibb Children’s Hospital at Robert Wood Johnson University Hospital, New Brunswick, under the direction of Peter Cole, MD, Chief, Division of Pediatric Hematology/Oncology

• The Valerie Fund Children’s Center for Cancer and Blood Disorders at Children’s Hospital of New Jersey at Newark Beth Israel Medical Center, under the direction of Teena Bhatla, MD, Director, Pediatric Hematology/Oncology

• The Valerie Fund Children’s Center for Cancer and Blood Disorders at the Unterberg Children’s Hospital at Monmouth Medical Center, Long Branch, under the direction of Richard Drachman, MD, Section Chief, Clinical Pediatric Hematology/Oncology

Children with cancer or blood disorders are also seen for consultations at Cooperman Barnabas Medical Center in Livingston.
Winter is prime time for heart attacks, as research studies show and doctors know all too well. “It’s expected in the hospital community that we’ll see a bump in the number of heart attacks coming in during the winter season, especially around the holidays and during the first couple of months of the year,” says Isaac Tawfik, MD, Chief of Cardiology at Monmouth Medical Center and a member of RWJBarnabas Health Medical Group.

“It’s been theorized that if your core temperature is lower because you’re outside and not really bundled up, the body’s natural response is for arteries to vasoconstrict, or to narrow,” Dr. Tawfik explains. “If somebody already has a narrowing or blockage in the artery, it’s going to interfere with normal blood flow, and that’s the definition of a heart attack.”

Ruptured plaque is another main culprit for heart attacks in cold weather, he says. “Any exertional work that’s heavy and not gradual, like...
shoveling snow, puts stress on coronary arteries. If those arteries have plaque, it may crack or rupture, which can lead to a whole cascade of platelet aggregation and other inflammatory mediators that eventually lead to a heart attack.”

In winter, middle-aged patients—people in their 40s, 50s, 60s—may be more prone to heart attacks than seniors. “They feel that they’re healthy enough for shoveling snow and other types of outdoor exertion, so they don’t warm up first and may not wear warm enough clothing,” Dr. Tawfik says.

Unlike older patients, they may be unaware of their limitations, he notes, and may not understand the possible consequences of existing conditions, such as hypertension, uncontrolled diabetes or tobacco use. The risk of a heart attack increases with every additional risk factor a person has.

“All of this is not to say that shoveling snow is automatically going to give you a heart attack,” says Dr. Tawfik. “What we are saying is that if you have known heart disease, or one or more risk factors for heart disease, you should think carefully before going out to shovel snow.”

SAFEGUARD YOUR HEART
How can people protect themselves against heart attacks in cold weather? “Number one, make sure you speak to your doctor so that any risk factors you have are addressed—if you have hypertension, that your blood pressure is well controlled, if you are diabetic, that your blood sugar is under control, if you are a smoker, that you are working on a cessation plan,” says Dr. Tawfik.

Stay warm when you’re outside and take frequent breaks to go inside and assess how you feel. “If you’re breathing in cold air, it cools your chest a little bit. You don’t necessarily have the burning in the chest that can be a symptom until you go inside,” he says. “Do the work in short intervals so you’re not outside for hours at a time.”

Be aware of anything different in the way you feel. “A heart attack symptom doesn’t have to be chest pain, because not everybody gets that. If you’re nauseous, or if you’re more fatigued or breathless than you expected to be, those can be red flags,” he says.

Dr. Tawfik shows his patients images that illustrate their cardiovascular condition—an X-ray, an ultrasound, a CT scan—as a means of helping them grasp their risks. “If I have a patient who’s 60 years old and I can tell him his risk for heart disease in the next 10 years is X versus someone who didn’t have those risk factors, they tend to be more compliant,” he says.

Dr. Tawfik advises his patients to consult their primary care physician or cardiologist before undertaking any high-effort physical activity in cold weather. “It’s like driving your car and putting a seat belt on,” he says. “It’s always best to err on the side of safety.”

Whoever your heart beats for, our hearts beat for you. To connect with a top cardiovascular specialist at RWJBarnabas Health, call 888.724.7123 or visit www.rwjbh.org/heart.
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, Eatontown, Egg Harbor Township, Hamilton, Jersey City, New Brunswick, Newark, Somerset, Toms River, Union and West Orange.
Working with local partners is a key way that Community Health and Social Impact and Community Investment teams at Monmouth Medical Center Southern Campus (MMCSC) foster stronger, healthier neighborhoods and residents. Recent efforts include initiatives like these.

‘BETTER TOGETHER’
Representatives from MMCSC were on hand as the Greater Bethel Church of God in Christ in Lakewood hosted a ribbon-cutting ceremony to commemorate a new multipurpose center annexed to the church. “This new resource center on church grounds provides a wonderful place to offer programs for the community,” says Jean McKinney, Regional Director, Community Health and Social Impact and Community Investment at MMCSC.

The MMCSC Community Health and Social Impact team has worked closely with Pastor John D. Jones and church leaders to provide health screenings, prevention information, food drives and other critical resources to neighbors in need.

The ceremony highlighted an event called Unity in the Community: We’re Better Together, which also included distribution of backpacks full of school supplies, along with blood pressure education. Backdrops and their contents were provided through an MMCSC donation drive that collected supplies from employees. More than 100 backpacks were given to children at the Unity in the Community event, which was also attended by members of the Lakewood Police and Fire Departments.

TAKING ACTION AGAINST HUNGER
Food insecurity has only become worse with strains imposed by the pandemic and natural disasters such as flooding from remnants of Hurricane Ida. That made supporting local food pantries an even greater priority for Social Impact and Community Investment (SICI) teams at MMCSC and Monmouth Medical Center (MMC) during Hunger Action Month in September.

Partnering with nonprofit food distributor The Common Market, SICI teams donated boxes of fresh produce, eggs, yogurt and bread to food pantries in communities served by RWJBarnabas Health. Pantries receiving donations were St. Brigid’s Food Pantry at St. James Episcopal Church, Long Branch; Ezekiel’s Wheels, West Long Branch; Catholic Charities, Lakewood; and Greater Bethel Church of God in Christ.

On Tuesdays for three weeks, MMCSC and MMC received and distributed a total of 300 boxes packed with food items including fresh produce such as green peppers, zucchini, corn, potatoes, cherry tomatoes and radishes. Food donations were made possible through grants received at the corporate level through SICI, with distribution coordinated at the local level by SICI site leads McKinney and Kelly DeLeon, Manager, Community Health and Social Impact and Community Investment.

For a complete list of Community Health Education programs, visit www.rwjbh.org/monmouthsouth and click on the calendar of events.
KNOWLEDGE IS POWER IN THE FIGHT AGAINST BREAST CANCER.

BREAST SURGERY: WHAT EVERY WOMAN SHOULD KNOW

Some surgeries remove cancer or tissue, while others restore the breast after cancer is taken out. The procedures you get may be determined by factors such as the nature of your cancer and your medical history. “The more you know, the better you’ll be able to talk with your doctor about which choices are right for you,” Dr. Ng says.

Such conversations often begin with questions like these:

**What are the different kinds of breast surgery?**

Breast-conserving surgery (BCS) removes only the part of the breast containing cancer and some normal tissue around it but not the breast itself. (These procedures are also called lumpectomy, quadrantectomy, partial mastectomy, or segmental mastectomy.) How much breast is removed depends on a variety of factors, including the tumor’s size and location.

Mastectomy removes the entire breast containing cancer. Various types of mastectomy may remove other tissue near the breast as well, such as lymph nodes. Some women get a double mastectomy in which the surgeon removes both breasts.

**How do I know which surgery is best?**

If your cancer is in its early stages, you may be able to choose between...
BCS and mastectomy. BCS allows you to keep most of your breast but often requires treatment with radiation as well. Getting a mastectomy for an early-stage cancer may allow you to skip radiation. Other factors also come into play, including the type of breast cancer, its size and whether you’ve previously been treated with radiation. If you’re a candidate for both BCS or mastectomy after all factors have been considered, it may come down to personal preference, as outcomes for such women tend to be similar with each surgery.

Why remove lymph nodes?
Removing one or more lymph nodes either during surgery to remove breast cancer or as a separate procedure helps doctors determine the cancer’s stage and if the cancer has spread to other parts of the body. In a procedure called sentinel lymph node biopsy, the surgeon removes just one or a few lymph nodes where cancer is most likely to spread first. If no cancer is found, there may be no need to remove more lymph nodes. Keeping lymph node removal to a minimum helps avoid side effects such as arm swelling called lymphedema. If cancer cells are found, more lymph nodes may be removed.

What happens after breast surgery?
Many women can undergo breast reconstruction. After mastectomy, you may be able to have the breast mound rebuilt to restore the breast’s appearance. After breast-sparing surgery, you may be able to have fat grafted onto the breast to minimize any small skin deformations resulting from surgery. Which of multiple reconstructive surgeries you get is determined by your preferences and medical status. Reconstruction may be done at the same time as surgery or later on. Talk to your doctor before surgery about whether to undergo reconstructive surgery and what type of surgery you’d get so the surgical team can plan an optimal course of treatment.

What if surgery won’t help?
If cancer has spread, surgery probably won’t cure your breast cancer. But surgery may still help in certain situations. For instance, surgery may help slow the spread of cancer or help prevent or alleviate certain symptoms. Talk to your doctor about the value of having breast surgery if you have advanced breast cancer. Also, through MMCSC’s partnership with Rutgers Cancer Institute of New Jersey, the state’s only National Cancer Institute-Designated Comprehensive Cancer Center, patients have access to advanced treatment options including clinical trials, many of which are not available elsewhere.

**ARE YOU AT RISK OF BREAST CANCER?**
American women have a 1-in-8 chance of developing breast cancer. Will you be one of them? Factors like these can influence risks.

- **Family history:** Risks are higher if you have a first-degree relative (mother, sister, daughter or a similarly close male relative) or multiple family members on either side who have had breast cancer.
- **Breast makeup:** Dense breasts that contain more connective or glandular tissue than fatty tissue are more likely to develop breast cancer and can make cancer less visible on mammograms.
- **Age:** The older you are, the more likely you are to develop breast cancer, especially after age 40, when most breast cancer diagnoses are made.
- **Ethnic background:** Breast cancer is often more aggressive in African American women, who also have lower screening rates, so cancers are more often detected at relatively advanced stages. Certain inherited genetic mutations related to breast cancer are also more common in African Americans as well as Ashkenazi Jews.
- **Reproductive history:** Having your first menstrual period before 12 or starting menopause after 55 both increase your risk for breast cancer because they increase lifetime exposure to estrogen.

To learn more about breast cancer or make an appointment at the Jacqueline M. Wilentz Breast Center at Monmouth Medical Center Southern Campus, call 732.923.7700.
When was the last time you saw—or even had—a primary care physician? Research suggests the number of Americans who regularly see one is dropping. But going to a primary care doctor has important health benefits, according to Mini Balaji, MD, internal medicine physician at Aldrich Primary Care in Howell and a member of RWJBarnabas Health Medical Group.

“A primary care physician typically specializes in a discipline such as family or internal medicine and provides a first point of entry into the healthcare system,” says Dr. Balaji. “It’s important to have a go-to health professional in your corner who can assess and treat a broad variety of conditions.”

Dr. Balaji and her recently arrived colleagues at Aldrich Primary Care—family medicine physicians and RWJBarnabas Health Medical Group members Kerollos Askander, MD, and Iniobong Ukonne, MD—say regularly seeing a primary care doctor can improve your health for reasons like these:

1. **You’ll be better off if you get ill.**
   After just one meeting, your primary care physician will know at least some of your medical history and possibly baseline results from a number of routine screening tests. When something goes wrong, your doctor will know what “normal” looks like for you, which will help in addressing both your acute and chronic medical problems more effectively.

2. **Medications will be managed more effectively.**
   People who use prescription drugs often take more than one, sometimes prescribed by different doctors. Many take vitamins and supplements as well. A primary care physician can monitor and track all your medications, helping to protect you from drug interactions. Your primary care doctor can also keep records of any changes in dosages that might cause unwanted side effects, and speak with your other doctors to help fine-tune your regimen.
For more information on Aldrich Primary Care, call 732.835.7914 or visit www.rwjbh.org/medicalgroup.
A NEW HEMATOLOGIST/ONCOLOGIST WITH EXPERTISE IN BENIGN AND MALIGNANT BLOOD DISORDERS ENHANCES CARE AT RWJBH SOUTHERN REGION HOSPITALS.

Blood disorders can be complex. Consider blood cancers: Although they may concentrate in sites like the lymph nodes or bone marrow, they affect or develop in cells that can circulate through the body and often involve the immune system. It’s the job of a hematologist/oncologist to understand the intricate nature of blood disorders, find out whether problems are malignant or benign (cancer or noncancer) and treat patients accordingly.

Providing such expertise is the mission of Hussam Eltoukhy, MD, who recently joined the multidisciplinary team that treats blood cancers and other blood-related disorders at Monmouth Medical Center (MMC), Monmouth Medical Center Southern Campus (MMCSC) and Community Medical Center (CMC). Dr. Eltoukhy also joins the medical staff at Rutgers Cancer Institute of New Jersey, the state’s only National Cancer Institute-Designated Comprehensive Cancer Center.

Dr. Eltoukhy’s expertise is in benign and malignant blood disorders including acute and chronic leukemia, Hodgkin and non-Hodgkin lymphoma, multiple myeloma, myelodysplasia, myeloproliferative diseases and anemia.

“Seeing patients at MMC, MMCSC, CMC and Rutgers Cancer Institute gives me a unique opportunity to provide patients with close-to-home access to the most comprehensive and advanced care,” Dr. Eltoukhy says. The team also includes Seth Cohen, MD, Regional Director of Oncology Services for RWJBarnabas Health’s Southern Region.

ADVANCED TREATMENTS
The three hospitals’ partnership with Rutgers Cancer Institute gives patients access to the full spectrum of therapeutic procedures and advanced treatment options, many of which are not available elsewhere. These include:

• **Precision medicine:** Treatments are tailored to a patient’s specific form of
WHAT IS HEMATOLOGY/ONCOLOGY?

“Hematology” refers to blood. “Oncology” refers to cancer. So hematology/oncology in part refers to cancers of the blood such as leukemia, lymphoma and multiple myeloma. A hematologist/oncologist is a physician who specializes in treating not only these diseases but also a wide range of blood-related problems that are not cancer.

You might be referred to a hematologist/oncologist if a blood test comes back with an abnormality. For example, you may have unusually high or low levels of certain blood components such as infection-fighting white blood cells, oxygen-carrying red blood cells or clot-inducing platelets. You might also have abnormal plasma, which transports nutrients, antibodies, hormones, waste and a variety of other important substances in blood.

The integrated cancer care model at Monmouth Medical Center, Monmouth Medical Center Southern Campus and Community Medical Center, in partnership with Rutgers Cancer Institute of New Jersey—the state’s only NCI-Designated Comprehensive Cancer Center—includes New Jersey’s largest network of cancer specialists, comprising nationally and internationally recognized hematologists/oncologists, radiation oncologists, nurses with expertise in blood cancers, nurse navigators and oncology support professionals.

Seeing a hematologist/oncologist can help you get to the bottom of blood-related problems. Whether an abnormality turns out to be cancer or a different kind of blood disorder, a hematologist/oncologist can help.

TREATING A RANGE OF CONDITIONS

Monmouth Medical Center, Monmouth Medical Center Southern Campus and Community Medical Center, in partnership with Rutgers Cancer Institute of New Jersey—the state’s only NCI-Designated Comprehensive Cancer Center—provide close-to-home access to the most advanced treatment options for benign and malignant blood disorders such as these:

- **Acute and chronic leukemia:** Cancers that affect blood-forming tissues such as lymph nodes.
- **Hodgkin and non-Hodgkin lymphoma:** Cancers that affect different types of white blood cells called lymphocytes.
- **Multiple myeloma:** Cancers that affect blood plasma.
- **Myelodysplasia:** Cancers that affect bone marrow.
- **Myeloproliferative diseases:** Rare cancers involving overproduction of specific blood cells.
- **Other blood disorders:** Wide-ranging disorders including anemia and clotting or bleeding disorders.

**Clinical trials:** Patients have access to cutting-edge therapies that may be available only at an NCI-Designated Comprehensive Cancer Center, where the necessary expertise, resources and equipment allow advanced research.

**Immunotherapy:** Therapies enlist and strengthen the power of a patient’s immune system cells and boost their ability to attack a malignancy.

**CAR T-cell therapy:** Immune system cells called T-cells are taken from a patient’s blood, engineered in the lab to attack a specific cancer-cell protein and infused back into the patient. CAR T-cell therapy is especially effective against certain blood cancers. Other advanced cellular therapies are also available.

**Blood and marrow transplantation:** Procedures replace unhealthy blood or bone marrow (where blood-forming cells are found) with healthier cells from either the patient or a donor.

**Proton beam and other sophisticated radiation therapies:** These therapies direct high-energy radiation such as x-rays against malignant cells. Proton beam therapy can precisely deliver energy to blood-related tissues such as lymph nodes while avoiding damage to healthy cells.

“I am committed to bringing exceptional care to all my patients and strive to provide the most comprehensive and up-to-date, evidence-based care,” Dr. Eltoukhy says. “I strongly believe in close collaboration with other providers and utilizing all available resources to help achieve the most optimum outcomes, all while respecting my patients’ needs and wishes.”
Aging is inevitable. Growing old is not.

We have one-of-a-kind senior services for one-of-a-kind seniors.

The James and Sharon Maida Geriatrics Institute is a one-of-a-kind facility dedicated to providing seniors with comprehensive in-patient and outpatient geriatric services all under one roof. From rehabilitation services to acute medicine, to a full staff of doctors, nurses and social workers who specialize in senior care, there's nothing else like it in New Jersey. And it's all covered by Medicare.

Age well, live better. To learn more, call 732-886-4700 or visit rwjbh.org/monmouthgeriatrics

Monmouth Medical Center Southern Campus

Let’s age better together.