

THE GOOD LIVING MAGAZINE from MONMOUTH MEDICAL CENTER

MONMOUTH

health & life

September 2008
\$3.95

Fit at any age!

A PLAN FOR EVERY DECADE OF LIFE

DREAM, ACHIEVED
A sailor's Little Silver home

Where to find

- the best of the 'wurst
- Keyport lore galore
- olive oils on tap

Plus
Tuscan
treats in
Rumson

Health link

- a brighter future for kids with cystic fibrosis
- knife-free cancer surgery—can it be?
- better, safer treatments for prostate cancer

Welcome LETTER

Honoring doctors who educate

MONMOUTH MEDICAL CENTER—one of New Jersey's largest community teaching hospitals—was recently honored with a host of prestigious teaching awards bestowed by its teaching affiliate, Drexel University College of Medicine in Philadelphia. Faculty and residents at any of the 12 clinical affiliates of Drexel University College of Medicine are eligible for nomination, making these awards extremely competitive. Monmouth faculty took an unprecedented three out of the seven major awards for excellence in clinical teaching presented by Drexel this year.

Teaching hospitals are responsible for educating and training new generations of physicians, while also offering access to advanced medical technologies and procedures. On page 40, we spotlight the awards for outstanding clinical teaching recently presented to Allan Tunkel, M.D., chair of the Department of Medicine, and Margaret C. Fisher, M.D., chair of Pediatrics and medical director of The Children's Hospital at Monmouth Medical Center. Margaret Eng, M.D., assistant program director for the Department of Medicine and director of Monmouth's HIV Clinic, was honored with the community outreach award.

Additionally, Dr. Fisher was honored by the Student Government Association of Drexel University College of Medicine with the Golden Apple award for excellence in teaching. Jessica Israel, M.D., chief of Pain and Palliative Care Medicine, plastic surgeon Gregory Greco, M.D., and three members of Monmouth's resident staff were also recognized.

Educating physicians is a major component of our hospital mission, especially since a large number of our graduates become members of our staff. As a former surgical resident who trained and practiced at this hospital for nearly 30 years, I know that our graduate education programs help ensure continuity of well-trained doctors who practice in the area. Such recognition of our teaching faculty highlights Monmouth's dedication to the very best medical education and the highest quality for our community.



Sincerely,

A handwritten signature in black ink that reads "Frank J. Vozos".

FRANK J. VOZOS, M.D., FACS
Executive Director
Monmouth Medical Center

Beating prostate cancer —safely

TODAY, BOTH SURGERY AND RADIATION CAN OFTEN AVOID SERIOUS SIDE EFFECTS. BUT MAKE SURE YOU GET THE BEST CARE

TRADITIONALLY, PROSTATE CANCER treatments—like the disease itself—have caused two serious problems for many men: impotence and incontinence. Now, however, therapies are more often able to spare patients these dreaded side effects. And better screening enables many cancers to be spotted earlier, when treatment is more effective.

“Twenty years ago we diagnosed a lot of advanced prostate cancer,” says Arnold M. Grebler, M.D., chairman of urology at Monmouth Medical Center. “Today we’re identifying the disease much earlier, when it’s organ-confined, so patients have better treatment alternatives, better outcomes, greater longevity and a better quality of life.”



Arnold M. Grebler, M.D.

Which therapy is right for you? There are no hard-and-fast rules, but recommendations will take into account your age and general health and the cancer’s stage (degree of advance) and grade (speed of growth). “If you’re relatively young—say, 50—and have organ-confined disease, it may be appropriate to have surgery to remove the prostate,” says Dr. Grebler. But if you’re 70 or older or don’t want major surgery, you may be more likely to seek radiation treatment. For those over 70 who have other serious medical conditions and a slow-growing cancer, watchful waiting may be the right approach.

It also makes a difference *where* you receive treatment. “At Monmouth, we’re a cancer referral center, and



we offer almost every form of therapy,” says Dr. Grebler. In treating prostate cancer, Monmouth doctors go the extra mile (in ways that other places sometimes don’t) to preserve a man’s continence and sexual potency.

Here are two key therapies—and some treatment advantages you’ll find only at a top hospital like Monmouth Medical Center:

1 **Surgery: ROBOTIC PROSTATECTOMY**

Today, the prostate gland is removed in a minimally invasive procedure that uses a tiny incision. This approach makes hospital stays shorter and allows a quicker, less painful recovery than the open surgeries of

PROSTATE CANCER: the threat—and how to guard against it

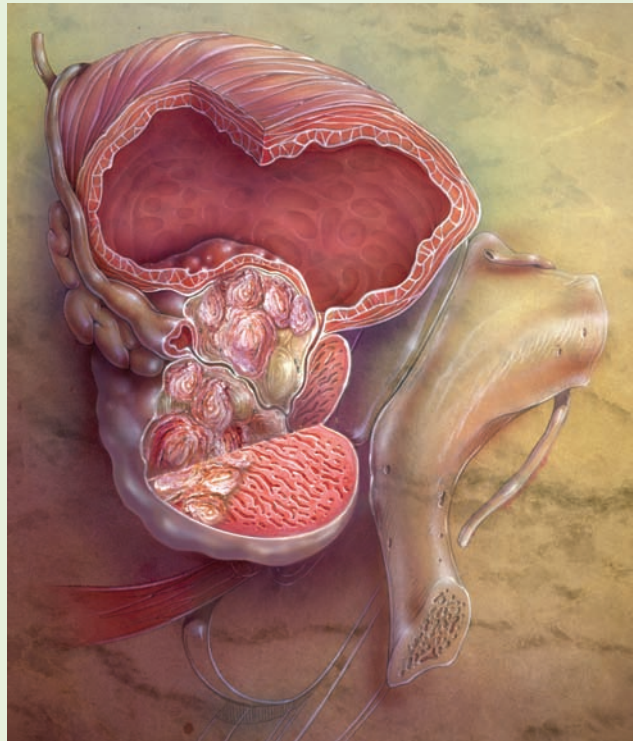
The prostate is a walnut-sized organ at the base of a man's bladder that secretes a fluid that helps to form semen. Cancer of the prostate is expected to claim the lives of 28,660 American men this year; after lung cancer, it's the biggest cause of cancer deaths among men. But 186,320 cases will be diagnosed this year, and in most cases prostate cancer isn't lethal; many more men die with this disease than from it.

Prostate cancer becomes more common with age. Authorities agree that by age 50 (40 if you're African-American or have family members who've had the disease) these two tests should be performed each year:

- **DIGITAL RECTAL EXAM.** Your doctor inserts a lubricated gloved finger into your rectum to feel the back wall of the prostate for nodules or hard spots.

- **PSA BLOOD TEST.** A sample of your blood is analyzed for prostate-specific antigen (PSA), a protein produced by prostate tissue. Your PSA count is measured in nanograms per milliliter (ng/mL), and it tends to increase with age whether you have cancer or not. A normal PSA range for a man in his 40s is from 0 to 2.5 ng/mL, and the upper limit of normal rises by 1 ng/mL with each subsequent decade through the 70s. But it's important to discuss your result with your doctor. Besides your PSA score itself, two other factors are important: (1) how fast your score is rising—a rapid recent increase in the score may be of concern even if the score itself isn't too high; and (2) the percentage of "free" PSA—PSA that is not bound to what is called a carrier protein. If this percentage is 25 or higher, benign prostatic hyperplasia, or simple enlarged prostate, is usually the culprit, while if it's 10 or less, a malignancy may be suspected.

The PSA test is imperfect—other conditions such as an enlarged prostate can cause elevated PSA counts, and some men with prostate cancer have normal PSA counts. You should refrain from sexual activity for 24 hours before



A cutaway view of the prostate gland.

your test, and tell your doctor about any medications you're taking—especially finasteride (marketed for hair loss as Propecia and for enlarged prostate as Proscar), which can distort the result.

Diagnosis of prostate cancer is usually made following a biopsy of prostate tissue, which is extracted with a small needle inserted through the perineum, the area between the anus and the scrotum. Analysis of the tissue yields what is called a Gleason score (see opposite page). Based on this and other information, a treatment course will be recommended—but it will be up to you to decide.

the past. The operation is done with a robot that's remotely controlled by the surgeon and smooths out the tiny tremor that's present in even the coolest surgeon's hand.



Vincent J. Lanteri, M.D.

If you choose this operation, one of your first questions for the surgeon should be, "How many have you done?" For urologists Vincent J. Lanteri, M.D., Michael P. Esposito, M.D., Mutahar Ahmed, M.D., and Gregory Lovallo, M.D., of New Jersey Center for Prostate Cancer and Urology, who offer the surgery at Monmouth, the

answer is "more than 1,400." They literally wrote the book on this relatively new operation—a textbook called *Urologic Robotic Surgery*.

"Put yourself in the hands of someone who has tremendous experience," says Dr. Esposito. "It can make a difference in how quickly you get normal urination back and how good your sexual function is."

THE 'EXTRA MILE': The Monmouth surgeons take meticulous care not to damage the sphincter muscle that controls urination. In a process called anterior urethropexy, Dr. Esposito explains, they suture the urethral tube upward, positioning it to aid urinary control. They

use a noncautery athermal approach that spares the nerves that control erections.

“A nerve has blood vessels next to it, and when it’s separated from the prostate these vessels often bleed,” adds Dr. Lanteri. “When surgeons see bleeding from a vessel, they have a tendency to cauterize it—burn it. We don’t—and that’s better for preserving erectile capability. But not all surgeons can do this technique.”

In their practice, of the men who’ve gone into the surgery with good preoperative potency, 70.2 percent have been able to achieve erections in three months, and 93.2 percent by the one-year mark.

2 Radiation: BRACHYTHERAPY and TOMOTHERAPY

Brachytherapy—from the Greek *brachy* meaning “short”—is radiation delivery in which the source is placed inside or beside the tissue to be treated. Monmouth offers two kinds: In I-125 seed brachytherapy, named for the iodine isotope it uses, small radioactive seeds the size of a grain of rice are permanently implanted in the prostate. In high-dose radiation (HDR) brachytherapy, doctors insert a canula—a small tube—into the prostate for about 33 hours. Brachytherapy is often combined with traditional external-beam radiation and sometimes with hormone treatments as well.

THE ‘EXTRA MILE’: “We use what’s called ‘after-loading,’ as opposed to the ‘preloading’ favored at many institutions,” says Dr. Grebler. “That means that right while the patient is lying there, we employ ultrasoundography and stereotactic [three-dimensional pinpointing] technology to create a hologram of the prostate and quantify the cancer present. Then we calculate precisely the amount of radiation needed—right then, not on an earlier occasion. So it stands to reason that we’re treating the disease more effectively, with fewer side effects and easier follow-up.”

Two other advantages: The hospital allows a much lower maximum radiation dosage to the urethra than do most facilities, suggesting better protection for urination. And it’s the only hospital in central or southern New Jersey to offer HDR.

“Most places combine seed therapy with traditional external-beam radiation,” says Mitchell Weiss,

Prostate cancer accounts for 25 percent of all male cancers but only 10 percent of cancer deaths in men.

What Gleason scores tell about prostate cancer cells

If you’ve been diagnosed with prostate cancer, you’ll probably get a Gleason score, a measure of how aggressively your cancer is likely to grow and spread. Named for Donald Gleason, M.D., the pathologist who developed it in 1966, the Gleason score ranges from 2 to 10. The lower your number, the better.

To obtain the score, a tissue biopsy taken from the prostate is examined under a microscope. Each of the two most prominent patterns of cancer cells is graded from 1 to 5—1 for small, uniform and highly differentiated cancer cells that are almost like normal cells, and 5 for very irregular cell masses. Good Gleason scoring depends on the pathologist’s ability and experience.



M.D., Monmouth’s chairman of radiation oncology. “We can combine external-beam treatments with HDR instead, which I feel lets us control delivery of the dose more precisely. We reserve seeds mostly for low-risk patients and use HDR for intermediate- and high-risk individuals—those with a Gleason score of 7 or higher.” (See “What Gleason Scores Tell About Prostate Cancer Cells,” above.)

When it comes to delivering radiation beams externally, Monmouth has another advantage. It offers TomoTherapy, a nearly 360-degree computed tomography (CT) scanner system that takes images of the



Mitchell Weiss, M.D.

anatomy and shoots tiny beamlets of radiation in varying directions and intensities to conform precisely to the tumor’s shape and location, sparing healthy tissue. (See “‘Cutting’ Out Cancer Without a Knife” on page 36.)

Says Dr. Weiss: “With our radiation treatments, the risk of urinary incontinence has become very small—it’s about 1 percent. Some 30 percent of men do experience erectile difficulties after treatment, but about 70 percent of these can be helped with medications.” ■

To find out more about prostate cancer treatment at Monmouth Medical Center, please call 1-888-724-7123.

'CUTTING' OUT CANCER *without a knife*

STEREOTACTIC RADIOSURGERY WITH
TOMOTHERAPY MAKES RADIATION
MORE POTENT—AND PRECISE

Mitchell Weiss, M.D., with the
hospital's TomoTherapy machine.

CANCER IS A DEADLY ENEMY—particularly when it has spread from one organ to another. In these cases, where previously doctors often had no good treatment options, a technology called stereotactic body radiosurgery now offers new hope for keeping that enemy at bay.

“Stereotactic” means the system localizes a tumor in three dimensions, and “radiosurgery” hints at its power. “Where traditional radiation uses a low daily dose for five to seven weeks, this approach applies a high dose in very few treatments, trying to completely ablate—or destroy—the tumor,” explains

Mitchell Weiss, M.D., chairman of radiation oncology at Monmouth Medical Center and a former chief resident at Memorial Sloan-Kettering Cancer Center in New York. “That’s why the term radiosurgery was coined. It essentially means doing surgery with a radiation beam rather than with a scalpel. And it

can get to remote places in the body that would be very difficult for a surgeon to reach.”

At Monmouth’s Institute for Advanced Radiation Oncology, stereotactic radiosurgery is now performed using a system called TomoTherapy, which employs a large donut-shaped computed tomography (CT) scanner through which the patient passes.

“TomoTherapy is a marriage of a CT unit and a linear accelerator, a device that creates high-energy X-ray beams,” explains Rita Saible, chief therapist in the radiation oncology unit. It takes fresh images of the anatomy that allows doctors to see the location of the tumor immediately before treatment to make any necessary adjustments. Then it delivers radiation beams in a helical 360-degree pattern into the patient’s body in different computer-chosen directions and intensities to kill cancer cells and leave healthy tissue intact. Although the TomoTherapy system can administer traditional radiation doses as well and stereotactic body radiosurgery can also be applied using other systems, the technique and

**TomoTherapy
creates a CT image
just seconds before
delivering highly
concentrated doses
of radiation.**

the technology are an ideal match. The hospital has the only TomoTherapy unit in Monmouth or Ocean counties.

“To destroy tumors with these high doses of radiation, we have to be able to immobilize the patient and localize the tumor very well,” says Dr. Weiss. The patient is kept stationary in a custom-made mold so that his or her position can be consistent throughout treatment. “TomoTherapy provides an added verification that we’re accurately targeting the tumor and adequately sparing the normal structures.”

Stereotactic radiosurgery for the body and brain using TomoTherapy is significantly improving the delivery of radiation in many parts of the body. For example:

THE LIVER

“The liver is an ideal application for TomoTherapy because it moves a lot as the patient breathes, so the system’s real-time imaging becomes a big advantage,” says Dr. Weiss. While tumors originating in the liver still usually require surgery, he explains, cancers that have spread to the liver from other parts of the body can often be treated with the virtual “knife” of radiosurgery.

Belmar resident and business executive Diana Conforth, 54, recently underwent treatment for breast cancer, which, years after her initial treatment, had spread to her liver. “The procedure wasn’t painful at all and had no side effects and I felt less claustrophobic than getting an MRI [magnetic resonance image],” she says. “And it’s much less invasive than going under the knife.”

“Previously our option might have been to remove the affected portion of her liver,” says Dr. Weiss of Conforth’s treatment. “But that would have required a long recovery period, which would have delayed her chemotherapy for months. This way we were able to do the treatment in a week and get her back to chemo.”

THE SPINE

Another patient recently treated with TomoTherapy at Monmouth had cancer near the spinal cord. “This individual had no more surgical options left and had already been treated with radiation,” says Dr. Weiss. “Because of the precision of stereotactic radiosurgery, we were able to re-treat, possibly sparing that patient from ending up paralyzed in a wheelchair.”

THE LUNGS

At press time, Monmouth hadn’t yet treated a lung-

cancer patient with the new short-course, high-dose approach, according to Dr. Weiss. But it had used TomoTherapy on a person who received lower radiation doses thanks to a key benefit of the system: Given the way lungs are constantly in motion, verification of the tumor’s location immediately before treatment allowed doctors to spare more normal tissue.

Still, says Dr. Weiss, “I think the big advantage of TomoTherapy for lung cancer patients will be in allowing us to go to dose levels higher than we were able to use before—hopefully improving outcomes.”

THE BRAIN

Patients with brain tumors will benefit from TomoTherapy’s precise targeting of high radiation doses—potentially as much as 10 times as high as those traditionally employed. And for treating metastatic brain cancers, those that have spread to the brain from elsewhere, the system offers a procedural advantage.

“It lets us target the tumor with very high doses—doses that in the past would have required the neurosurgeon to attach a surgical frame to the head to hold it in position, necessitating injections to numb the scalp,” says Dr. Weiss. “Also, if there are two or three or four lesions in the brain, with TomoTherapy we can treat all of those lesions at once without having to treat the whole brain—and without that surgical frame. Treatment time for three lesions might have taken an hour and a half the old way, after the long preparation. Now the patient is on the table for five to 10 minutes.”

THE HEAD AND NECK

A big leap forward in treating cancers of the head and neck with radiation came a few years ago with the introduction of intensity-modulated radiation therapy (IMRT), which uses computer-controlled X-ray accelerators and allows doses to conform to a tumor’s shape, says Dr. Weiss. Stereotactic radiosurgery with the TomoTherapy equipment is actually a form of IMRT.

“TomoTherapy will be even better at helping patients retain the function of their salivary glands and the health of their mouth and throat,” says Dr. Weiss. ■

For more information about TomoTherapy or other services at the Institute of Advanced Radiation Oncology at Monmouth Medical Center, or for a referral to a cancer specialist, please call 1-888-724-7123 or visit www.mmccancer.com.

Good news about cystic fibrosis

A DOCTOR EXPLAINS HOW THE OUTLOOK IS IMPROVING FOR PEOPLE WITH THIS SERIOUS CONGENITAL DISEASE

THIRTY THOUSAND AMERICANS have cystic fibrosis (CF), an illness of the mucous glands that complicates breathing and makes it hard for the body to absorb enough nutrition, often shortening life. It affects 2,500 babies born in the U.S. each year.

Fortunately, prospects for patients are improving rapidly, as doctors take a proactive approach in managing CF. *Monmouth Health & Life* learned that—and more—when we spoke with Robert L. Zanni, M.D., a pediatric pulmonologist and medical director of the Cystic Fibrosis Center at Monmouth Medical Center:

MH&L: *When we wrote about cystic fibrosis five years ago, patients' median life span was 33.4 years. What is it now?*

Dr. Zanni: It's a little below 38, so it's moving up quickly.

MH&L: *How has treatment changed in recent years?*

Dr. Z: Today we focus on preventing problems rather than just reacting to them. One big change has been compulsory screening of newborns, which is now the law in 43 states. New Jersey was the fifth state to adopt this requirement, which took effect in 2001. Children fare better when their cystic fibrosis is identified at birth than they do when they are diagnosed based on symptoms.

MH&L: *What can be done to help kids with CF early on?*

Dr. Z: Eighty to 85 percent of babies with CF have a pancreatic insufficiency that keeps them from getting enough nutrition. We give them a pancreatic enzyme replacement and high-calorie baby formula to be sure they get proper nutrition from the start. If you're malnourished, you can't fight off infections well. By keeping kids well-nourished, we can maintain a better pulmonary system as well.

MH&L: *What can you do specifically for the lungs?*

Dr. Z: We administer aerosol treatments such as bronchodilators like albuterol to mobilize secretions from the airways to keep the lungs clear. A drug called Pulmozyme



also breaks up the thick mucus. And we also use chest physiotherapy, using a special valve called the Flutter to loosen mucus in the chest or an electronic vest worn by the patient that loosens mucus through electronic pulses.

MH&L: *How else have doctors improved CF treatment?*

Dr. Z: By learning from one another. When people at the Cystic Fibrosis Foundation studied data from the 115 CF centers across the country in 2004, they found a lot of variance. Our center, for example, had above-average data on nutrition, but the average lung function for our 113 patients was 83 percent, below the national average of 90 percent. We were trained to survey our patients, and in fall 2006 we found that many weren't doing what they needed to do to keep their airways clear. We instituted a program called REACT (Re-Education of Airway Clearance Techniques), to retrain patients about lung pathophysiology and upkeep. By the second quarter of 2007, we were at 87 percent, and by fall, 94 percent. Now we're at 97 percent.

MH&L: *What's on the horizon for cystic fibrosis care?*

Dr. Z: There are new medications in the pipeline. Two therapies, Vertex and Denufosal, are in clinical trials—we're participating in the Denufosal trials. These will open up the channels through which the body processes chloride so that many CF symptoms can be prevented early on. Denufosal is in the last Phase III trial required before it's submitted to the FDA. ■

To find out more about the Cystic Fibrosis Center at The Children's Hospital at Monmouth Medical Center, please call 1-888-724-7123.

Improving thyroid surgery

TODAY, OPERATIONS INVOLVING THIS GLAND—AND THE PARATHYROIDS NEAR IT—ARE SAFER AND MORE EFFECTIVE

RECENT ADVANCES HAVE dramatically enhanced surgery on the thyroid and parathyroid glands, helping patients recover more quickly and avoid potential complications, according to Darsit Shah, M.D., and Vin Prabhat, M.D., board-certified and fellowship-trained head and neck surgeons at Monmouth Medical Center.

The thyroid is a butterfly-shaped gland in the middle of the lower neck on either side of the windpipe. “It releases hormones that influence the growth and maturation of tissues during development and oversees all of the body’s metabolic functions,” says Dr. Shah. Occasionally the thyroid produces too much of these hormones (hyperthyroidism) or too little (hypothyroidism), resulting in a variety of problems in energy level, heart rate, temperature tolerance, mood, weight or hair and skin quality.

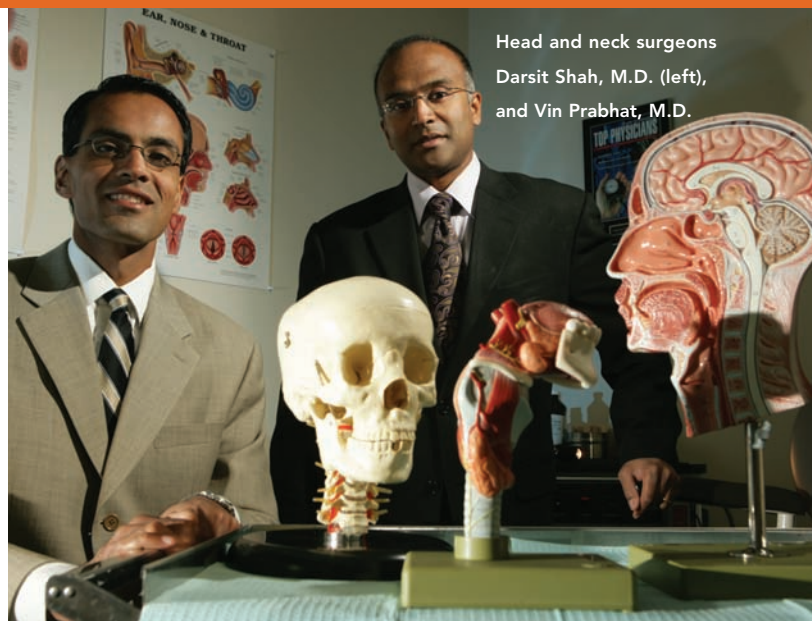
The parathyroids are four glands the size of small peas that flank the thyroid. They release hormones that regulate levels of calcium, which helps nerves and muscles function in tandem and affects bone mass. Parathyroid disorders can cause kidney stones, bone disease (including osteoporosis) with pain, stomach ulcers and depression. “At Monmouth, parathyroid surgery is more accurate today because of a technique called intraoperative parathyroid hormone assay, which helps to assure that the offending gland has been removed,” says Dr. Prabhat.

Thyroid surgery is usually done for three conditions:

- 1. A nodule or growth.** “Smaller nodules are often found when a patient has a scan for a different reason,” says Dr. Shah. Because of such incidental findings, the volume of thyroid surgery has sharply increased. Cancerous growths more than 1 centimeter across usually require total thyroidectomy, while smaller cancers and benign growths may be treated by removing only a portion of the gland.

- 2. An enlarged thyroid.** Sometimes the gland becomes progressively enlarged, causing difficulties in breathing or swallowing. Here either all or part of the

To learn more about thyroid surgery at Monmouth Medical Center, please call 1-888-724-7123.



Head and neck surgeons Darsit Shah, M.D. (left), and Vin Prabhat, M.D.

gland may be removed, depending on its size.

- 3. An overactive thyroid.** Some thyroid glands produce hormones in excessive amounts. This can be life-threatening, causing heart palpitations or arrhythmias. For such patients, doctors often recommend a subtotal thyroidectomy—removing a large portion of the thyroid, but leaving enough tissue to release adequate hormones.

The surgeons say three advances have helped to make this surgery at Monmouth safer and more effective:

- 1. Nerve monitoring.** The recurrent laryngeal nerve, which controls vocal cord function, runs underneath the thyroid. In all thyroid operations today at the medical center, small electrodes are placed adjacent to the vocal cords to track the location of this nerve, helping the surgeon avoid damaging it and causing long-term hoarseness.

- 2. The Harmonic scalpel.** This is a surgical tool that uses ultrasound waves to cut tissue and seal blood vessels at the same, reducing bleeding and enabling the procedure to be completed more quickly. Recently a new handpiece was introduced that is specifically designed for the delicate technique required for thyroid surgery.

- 3. Minimally invasive endoscope-assisted surgery.** In some cases, surgeons employ an endoscope—a narrow fiber-optic tube—that allows them to use a smaller incision, with less scarring and quicker recovery. Drs. Prabhat and Shah were trained in this procedure by its top world practitioner, Paolo Miccoli, M.D., of Italy.

“We’ve performed more than 1,000 thyroid and parathyroid operations and our rate of the main complications—hoarseness or calcium deficiency—is far below the national averages,” says Dr. Prabhat. “This shows the high quality of this surgery being done at Monmouth.” ■

Healers who teach

HONORS GO TO MONMOUTH MEDICAL CENTER DOCTORS WITH A DOUBLE GIFT

EACH YEAR DREXEL UNIVERSITY College of Medicine gives Physician Awards to eight doctors at its 19 affiliated hospitals, and this year staffers at Monmouth Medical Center took home three. “That was quite an accomplishment,” says Barbara A. Schindler, M.D., Drexel’s vice dean for educational and academic affairs.

To be considered, doctors must be educators as well, training medical students and residents with lectures in the classroom and practical instruction at their hospital. Clinical faculty physicians are nominated by their colleagues and supervisors, and winners are selected by the seven-person College of Medicine Associate Dean’s Committee at Drexel.

“Such a prize is an acknowledgment of outstanding work on the part of these dedicated clinicians,” says Frank J. Vozos, M.D., Monmouth’s executive director.

The winning trio:

ALLAN TUNKEL, M.D.

The Elias Abrutyn Mentoring Award

Dr. Tunkel met Elias Abrutyn, M.D., during his residency at the Hospital of the Medical College of Pennsylvania.

When Dr. Abrutyn died two years ago, Drexel’s College of Medicine created this award in his name. It’s given each year to a faculty member who has demonstrated excellence in mentoring colleagues, residents or students.

“Receiving it was a great honor—especially since Eli was my role model,” says Dr. Tunkel. “Throughout my career I’ve had the privilege of advising many medical students and watching them go on to successful careers.”

Dr. Tunkel is chairman of Monmouth’s Department of Medicine.

MARGARET C. FISHER, M.D.

The Oksana Korzeniowski Patient Care Award

A pediatric infectious disease specialist of national renown, Dr. Fisher well recalls the late Oksana Korzeniowski, M.D., for whom her award is named. “Oksana and I both worked



Margaret C. Fisher, M.D., Margaret Eng, M.D., and Allan Tunkel, M.D., received awards from Drexel University College of Medicine at the annual Faculty Day celebration on June 6.

in Philadelphia for some time, and we were passionate about the same issues, such as education and advancing women’s roles in medicine,” says Dr. Fisher.

This award is given to a faculty member who has demonstrated outstanding skills and commitment in clinical care and through teaching has improved the skills and knowledge of residents, students and medical colleagues.

“I make time to teach because it’s an important way to ensure that the next generation of physicians will have the same knowledge and values,” says Dr. Fisher.

Dr. Fisher is chairman of Pediatrics and the medical director of The Children’s Hospital at Monmouth.

MARGARET ENG, M.D.

The Vincent Zarro Community Outreach Award

As assistant program director of the Department of Medicine at Monmouth, Dr. Eng works with students and residents to provide health care to uninsured patients admitted to the hospital. In 2001 she also established Monmouth’s HIV Clinic, where she now serves as director.

“I want to provide health care to people regardless of insurance status and am now able to do that,” says Dr. Eng.

Dr. Eng’s award is named for Vincent Zarro, M.D., a health care advocate in Philadelphia. It’s presented to a faculty member who demonstrates exemplary commitment to the care of medically underserved communities. ■

Teachers honored by students

When it’s faculty award time at Drexel University College of Medicine, students have their say too, choosing winners of Golden Apple awards for attending physicians and Golden Stethoscope awards for residents. This year, there were three Monmouth staffers in each group:

ATTENDING PHYSICIANS WINNING ‘GOLDEN APPLES’

- Gregory Greco, M.D., surgery
- Margaret C. Fisher, M.D., pediatrics
- Jessica Israel, M.D., geriatrics/palliative care

RESIDENTS WINNING ‘GOLDEN STETHOSCOPES’

- Carlos Barrionuevo, M.D., obstetrics/gynecology
- Brian Hunt, M.D., obstetrics/gynecology
- John Vaclavik, M.D., obstetrics/gynecology

Three doctors, three dreams

NEW TO MONMOUTH MEDICAL CENTER THIS YEAR, THESE PHYSICIANS
SHARE AN OLD-FASHIONED DEDICATION TO PATIENT CARE

GERIATRICIAN

PRIYA ANGI, M.D.

CARING FOR ELDERLY

patients in the hospital brings special challenges, says Priya Angi, M.D., 40, a geriatrician who joined Monmouth Medical Center's staff this summer.

In a phenomenon called "sundowning," says Dr. Angi, the unfamiliar hospital environment can make even normally alert seniors become disoriented late in the day, refusing medications and pulling out IV lines. So a geriatrician schedules key tests in the morning, monitors prescriptions closely to guard against overmedication, briefs family members and assesses age-related risks such as dementia, osteoporosis and falls.

"Our aim for all patients is to minimize medications and maximize functional capacity for as long as possible," says Dr. Angi.

A 1998 graduate of Andhra Medical College in her native India, Dr. Angi began practicing there in obstetrics and gynecology. When her software engineer husband's career brought her to America a few years ago, she took new training—including an internal medicine residency at Monmouth—to prepare for the more people-intensive work she does today.

She and her husband have a 6-year-old daughter and 3-year-old son; the family is settling in Long Branch.



PEDIATRIC RADIOLOGIST

DAVID McDONALD, M.D.

DAVID MCDONALD, M.D., is dedicated to caring for kids. Since starting at Monmouth Medical Center in July, he has employed imaging modalities such as computed tomography (CT) scans and X-rays to help make diagnoses in "everything from the brain to the toes," he says, including infectious diseases and congenital malformations.

"My job is to know about child-specific illnesses and how to identify them via imaging so that the clinicians and surgeons can treat them," explains Dr. McDonald, 30. "The big push now in pediatric radiology is to limit the radiation given to kids as much as possible while still getting the job done."

Originally from Ohio, Dr. McDonald graduated from Northeastern Ohio University's College of Medicine in 2002 and completed his residency at Monmouth Medical Center in 2007. "I had a really good connection with the staff, and now that I've finished my fellowship at The Children's Hospital of Philadelphia, I'm thrilled to be returning to Monmouth as an attending," says Dr. McDonald.

He and his wife, Diana, a registered nurse at Monmouth, live in Manalapan Township.



PEDIATRIC NEUROLOGIST

SHIRLEY B.D. FISCH, M.D.

FOR THIS PHYSICIAN, the roots of medical commitment run deep. Shirley B.D. Fisch, M.D., started working as a counselor at a camp for kids with special needs while still in high school. "From then on, I was drawn to children with special needs and decided that being a doctor was the best route for me," says the 39-year-old Monmouth Medical Center pediatric neurologist.

After graduating medical school at Albert Einstein College of Medicine in the Bronx, Dr. Fisch completed her residency training in pediatrics and child neurology at New York Presbyterian Hospital-Columbia University Medical Center. She joined the staff of the Children's Hospital at Monmouth on February 1, 2008.

Besides directing the educational pediatric neurology program for residents and students, Dr. Fisch diagnoses and treats neurological disorders in children, including epilepsy, headaches, head trauma, congenital and metabolic disorders.

Spending time with her own family—husband Avi, an engineer, and sons Orin, 5, and Eli, 3—is also a top priority for the Monmouth County resident. "We like going to the beach," she says. ■



Big loser

A RESTAURATEUR KEEPS HIS NEW, TRIMMER PHYSIQUE—WHILE SURROUNDED BY FOOD



A shadow of his former self, Steve Bidgood eats well and exercises to maintain his weight loss after having gastric bypass surgery.

SING THE PRAISES OF STEVE BIDGOOD and you'll get no argument on the Jersey Shore. The 51-year-old Eatontown resident, who runs Rumson's Salt Creek Grille as regional partner, is generous to many local causes, including Kidz Kare, a group of teenaged volunteers cofounded by his daughter Shauna, 16, who raise money to buy things to brighten the experience of patients at The Children's Hospital at Monmouth Medical Center. Whenever anyone orders a certain entrée at the eatery, Bidgood donates \$1 to the group. He also sponsors a fundraising dinner and auction, and by year's end expects to have raised close to \$60,000 for Kidz Kare.

But perhaps the greatest testament to Bidgood's character is his silhouette. He tipped the scales at 422 pounds just a few years ago; today he's a healthy 230. His

waist size has shrunk from 56 to 40. He has more energy, his knees don't ache and he's no longer always out of breath. He thanks weight-loss surgery for this transformation—but it also took a firm commitment to a new lifestyle.

"I was always big," Bidgood recalls. "I weighed 225 pounds in high school." But sports kept him fit. After college, though, he began working for a large restaurant chain that took him from his native New Jersey to stops around the country. Everywhere he went, he ate. "I was what's known in the food business as a 'grazer,'" he says. "The chef would bring out samples and I'd taste them all."

Thus began a 25-year period of "yo-yoing"—gaining, losing and then regaining weight. "I lost more than 100 pounds five times," he says. "Each time I put it back on, and more." In 2000, after he regained all of the 120 pounds he had recently lost, he was at his heaviest weight ever. "A friend of mine told me I was going to die," he says. "My family was very worried about me." That's when he heard about the option of gastric bypass surgery.

By then Bidgood had moved back to New Jersey with his wife, Lynn, and daughters Megan (now 18) and Shauna. He consulted Frank Borao, M.D., director of Monmouth's Bariatric Surgery Center and its Center for Minimally Invasive Surgery. At first, Dr. Borao wondered if Bidgood could stick with the strict post-surgery diet patients must follow, because his work surrounded him by food. But he convinced Dr. Borao that he understood the challenge and was ready. The operation took place at Monmouth in April 2004. And Bidgood kept his word.

Changing his eating habits and exercising several times a week, he lost 200 pounds the first year after his surgery. He was so proud that he flew his size-56 pants from the flagpole at his restaurant. "He's been a real success story," says Dr. Borao.

Since then, Bidgood has become something of an ambassador for weight-loss surgery, touting its success while preaching the necessity of hard work and individual responsibility. "I want obese people to understand that while the results are fantastic, it is not easy to adjust your lifestyle," he says. "The surgery is not a cure-all; it's a tool."

Friends who haven't seen Bidgood in years are often shocked at the change in him, so he keeps his old pants in his car. "When they say, 'I thought you were a much *bigger* man,'" he reports, "I run out and get the pants." ■

What's HAPPENING at Monmouth Medical Center

CHILDBIRTH PREPARATION/ PARENTING

Programs are held at Monmouth Medical Center, 300 Second Avenue, Long Branch. To register, call 732-923-6990 unless otherwise noted.

- **One-Day Preparation for Childbirth** August 17, September 21, October 19, 9 a.m.–4:30 p.m. \$179/couple (includes breakfast and lunch).
- **Two-Day Preparation for Childbirth (two-session program)** September 6 and 13, October 4 and 11, 9 a.m.–1 p.m. \$150/couple (includes continental breakfast).
- **Preparation for Childbirth (five-session program)** August 26, September 2, 9, 16 and 23, 7:30–9:30 p.m. \$125/couple.
- **Two-Day Marvelous Multiples** September 28 and October 5, 9 a.m.–1 p.m. For those expecting twins, triplets or more. \$150/couple (includes breakfast).
- **Eisenberg Family Center Tours** August 24, September 14 and 28, October 5, 1:30 p.m. Free. (No children under 14 years old.)
- **Baby Fair** October 16, 7–9 p.m. Free. For parents-to-be and those considering a family, featuring Eisenberg Family Center tours, refreshments and gifts. To register call 1-888-SBHS-123. (No children under 14 years old.)
- **Make Room for Baby** August 16, September 20, October 18, 10–11 a.m. For siblings ages 3 to 5. \$40/family.
- **Becoming a Big Brother/Big Sister** September 27, 10–11:30 a.m. For siblings ages 6 and older. \$40/family.
- **Childbirth Update/VBAC** September 10, 7:30–9:30 p.m. Refresher program including information on vaginal birth after cesarean. \$40/couple.
- **Baby Care Basics (two-session program)** August 16 and 23, noon–2 p.m., September 11 and 18, 7:30–9:30 p.m. \$80/couple.
- **Breastfeeding Today** October 2, 7–9:30 p.m. \$50/couple.
- **Cesarean Birth Education** August 20, October 15, 7:30–9:30 p.m. \$40/couple.
- **Infant Massage** August 16, 10–11:30 a.m. \$40/couple (includes massage book and oil).
- **Parenting Young Children Through S.T.E.P. (five-session program)** September 17, 24, October 1, 8 and 15, 7–9 p.m. Systematic Training for Effective Parenting from infancy to age 6. \$75/person or \$100/couple.
- **Adoptive Parenting** Private, two-session programs conveniently scheduled to accommodate your needs. \$150/couple.
- **Gestational Diabetes Education Program** One-session class for women who develop gestational diabetes during pregnancy. Convenient appointments available; call the Center for Diabetes Education at 732-923-7550. Fee required.

GENERAL HEALTH

- **Monmouth Medical Center Community Health Fair** August 27, October 22, 11 a.m.–1 p.m. At Monmouth Medical Center, ground floor lobby, 300 Second Avenue, Long Branch.
- **Stress-Free Workshop** “Natural Energy Boosters,” September 9; “Keeping Your Mind Sharp,” October 14, 7–9 p.m., Monmouth Medical Center. Call 1-888-SBHS-123. Fee required. “Natural Energy Boosters,” September 11, 7–9 p.m., Tatum Park, Red Hill Activity Center. Call 732-842-4000, ext. 1. Fee required.
- **“To Your Health” Showcase** September 12, October 10, 11 a.m.–1 p.m., Monmouth Mall near the Food Court, Routes 35 and 36, Eatontown.
- **Blood Pressure Screening** September 12, October 10, 11 a.m.–1 p.m., Monmouth Mall near the Food Court, Routes 35 and 36, Eatontown.
- **Getting a Good Night’s Sleep** September 18, 7–9 p.m., Tatum Park, Red Hill Activity Center. Call 732-842-4000, ext. 1. Fee required.
- **Diabetes Self-Management Series** Four-session diabetes education program focusing on diet, nutrition, glucose monitoring, medications, meal plans, dining out, prevention/treatment of complications and exercise. For dates and times, call the Center for Diabetes Education at 732-923-5025. Fee required.

SENIOR HEALTH

- **Aging and Sleep** September 3, 1–3 p.m. Presented by The Sleep Disorders Center at Monmouth Medical Center. SCAN.*
- **Pre-Diabetes: A Warning Signal** September 17, 1–3 p.m. Presented by Sudha Ganne, M.D., endocrinology, and The Center for Diabetes Education at Monmouth Medical Center. SCAN.*
- **Stroke Awareness and Prevention** September 19, 11:30 a.m. Speakers, vendors, health screenings and light lunch. Presented by the Primary Stroke Center at Monmouth Medical Center. Marlboro Recreation Senior Program, 1996 Recreation Way. Registration required; call 732-617-0100.
- **Glaucoma Awareness** September 24, 2 p.m. Presented by Michael Y. Su, M.D., ophthalmology, Monmouth Medical Center. SCAN.*
- **Living With Depression** October 15, 1–2 p.m. Presented by Kenneth J. Rubin, M.D., psychiatry and neurology, Monmouth Medical Center. SCAN.*
- **Managing Multiple Medications** October 29, 1–3 p.m. Presented by Joseph DiCubellis, administrative director, Monmouth Medical Center Pharmacy. SCAN.*

*SCAN Learning Center (Senior Citizens Activities Network, for people age 50 and over) is located at Monmouth Mall, Eatontown. To register for programs, call 732-542-1326. SCAN membership is not required. ■