ACADEMIC MEDICINE: BEST AND BRIGHTEST

7 REASONS NOT TO SKIP YOUR MAMMOGRAM

WEIGHT LOSS SURGERY: FASTER RECOVERY

CANCER CARE: A NEW VISION
A MESSAGE FROM LEADERSHIP

Investing in the Future

As New Jersey’s most comprehensive academic health system, RWJBarnabas Health serves more than 3 million patients each year. You depend on us for the highest quality of care, and you count on us to keep pace with your evolving needs. That’s why, as indicated by our many national awards, we never stop moving forward, as you’ll see in this issue.

For example, in New Brunswick, we recently broke ground on the state’s first freestanding cancer hospital, which will feature a comprehensive range of patient services as well as advanced research laboratories. Earlier this year, we debuted Braven Advantage, a new Medicare Advantage plan that offers unprecedented choice for New Jersey residents.

And, in keeping with our robust commitment to improve the health of our communities, we’re supporting the creation of soccer fields in urban settings. These fields are transforming neighborhoods and lives as they provide new opportunities for children and adults alike to be healthy and active.

Here in Monmouth County, Monmouth Medical Center and Children’s Specialized Hospital have come together to create RWJBarnabas Health Family Care & Wellness at the Monmouth Mall in Eatontown.

Opening this fall, this new medical office building will provide the region with convenient access to comprehensive services for women and children in addition to wellness education and resources, furthering our mission to become more accessible to residents across the county. It is also a continuation of our commitment to develop a comprehensive care delivery system in Monmouth County through community partnerships and access to the vast resources of the RWJBarnabas Health system.

Whatever the future brings for New Jersey, you can count on RWJBarnabas Health to be there for your healthcare needs, both inside and outside the hospital walls.

Yours in good health,

BARRY H. OSTROWSKY
PRESIDENT AND CHIEF EXECUTIVE OFFICER
RWJBARNABAS HEALTH

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

HEALTH NEWS

MMC PARTNERS WITH LONG BRANCH POLICE AND CITY ON RESILIENCY ROOM

Through the Long Branch Police Department (LBPD) Resiliency Room, located in a private location, police officers who have responded to a critical incident can privately and confidentially receive psychological support from the Monmouth Medical Center (MMC) outpatient behavioral health team. The first of its kind in New Jersey, the Resiliency Room is a specially designed space to promote the mental health of police officers. The room and its many resources are designed to help officers manage and cope with the daily stress of their jobs, providing a place for them to decompress, release and be able to have a listening ear.

A recent dedication event included remarks by Sgt. Antonia Gonzalez of the LBPD, founder of the program, who noted that she reached out to MMC a year ago with her idea about creating a wellness program for her fellow officers. Gonzalez gave thanks to Eric Carney “for listening and wanting to help our law enforcement officers in Long Branch.”

NEW GI TECHNOLOGY PROVIDES A BETTER VIEW OF ESOPHAGUS DYSFUNCTION

New technology at Monmouth Medical Center (MMC) is offering physicians a more complete view of digestive diseases than existing diagnostic procedures. The Endoflip Impedance Planimetry System is a minimally invasive medical device used to enhance current procedures such as endoscopy and is a technology that simultaneously measures the area across the inside of a gastrointestinal organ such as the esophagus and the pressure inside that organ, according to Ben Terrany, MD, Gastroenterology Section Chief at MMC.

Using Endoflip, gastroenterologists are able to help further the diagnosis for those with dysphagia, or persistent difficulty swallowing.

MMC and sister hospital Robert Wood Johnson University Hospital in New Brunswick were the first hospitals in New Jersey to introduce this technology.
2. WELCOME LETTER. A community update from our CEOs.

4. 5 SIGNS OF TOP CANCER CARE. Why being an NCI-Designated Comprehensive Cancer Center matters.

6. GRATITUDE AND GENEROSITY. A philanthropist with deep MMC roots donates $3 million.

8. FAST-TRACKING RECOVERY. Sophisticated guidelines improve outcomes of weight loss surgery.

9. WHAT YOU MAY NOT KNOW ABOUT CHOLESTEROL. Manage it now for a big payoff later in life.

10. HELPING SENIORS STAY HEALTHY. How the annual wellness visit can lead to improved health all year long.

12. GAME ON! RWJBarnabas Health helps bring soccer fields to urban neighborhoods.

14. BUILDING THE FUTURE OF CANCER CARE. A new cancer hub in New Brunswick will be a model for multidisciplinary care.

16. CHRONIC DISEASE: A TEEN TAKES CONTROL. A team of experts provides the tools needed to manage Type 2 diabetes.

17. PANDEMIC PIVOT. How one organization transformed a community event.

18. ACADEMIC MEDICINE: WHAT TO KNOW. How medical students and residents up the game at MMC.

20. 7 IMPORTANT REASONS TO GET YOUR MAMMOGRAM. Annual screenings are key to successful breast cancer treatment.

22. COULD A BIRTHMARK BE SERIOUS? A pediatric hematologist/oncologist explains blood vessel abnormalities.

23. ROBOTIC RELIEF. A retired police officer benefits from precise, image-guided surgery.
Numerous healthcare institutions across New Jersey provide cancer care. But only one—Rutgers Cancer Institute of New Jersey—has achieved the prestigious designation of a Comprehensive Cancer Center by the National Cancer Institute (NCI).

“That’s significant for patients at every RWJBarnabas Health (RWJBH) hospital, including Monmouth Medical Center (MMC) and Monmouth Medical Center Southern Campus (MMCSC).”

RWJBH, together with Rutgers Cancer Institute, provides close-to-home access to advanced cancer care including clinical trials, many of which are not available elsewhere.

“Being a Comprehensive Cancer Center is the highest and most rigorous designation that can be achieved and awarded by the National Cancer Institute,” says H. Richard Alexander, Jr., MD, FACS, Chief Surgical Officer and Chief, Surgical Oncology, Rutgers Cancer Institute. “It indicates that Rutgers Cancer Institute meets a number of significant expectations around the depth and breadth of our cancer programs that will result in the best possible outcomes for the populations we serve.”

Those high expectations carry to MMC, MMCSC and other RWJBH hospitals where the partnership with Rutgers Cancer Institute allows facilities easy access to providers both in person and through technology-enabled remote consultations that extend the reach of care. “Our ability to deliver easier and more efficient access to quality care closer to where people live reduces the amount of unnecessary or long travel that patients and loved ones have to undergo and elevates standards of care locally,” says Dr. Alexander, who also is Regional Director of Surgery for Monmouth Medical Center, a role with broad responsibility for strategic planning and coordination of surgical services at MMC and other RWJBH facilities.

What does designation as a Comprehensive Cancer Center mean to you? Dr. Alexander points to several key benefits.

1. **HIGH-LEVEL PHYSICIAN EXPERTISE**

   To be designated a Comprehensive Cancer Center, the NCI requires the highest level of achievement in several areas: laboratory research, clinical research, population science...
MMC AND MMCSC RECEIVE ADDITIONAL CANCER CREDENTIALS

Monmouth Medical Center and Monmouth Medical Center Southern Campus also have the distinction of being accredited by the American College of Surgeons Commission on Cancer (ACoS CoC) with designations as, respectively, an Academic Comprehensive Cancer Program and a Community Cancer Program. With both accreditations, ACoS CoC recognizes the cancer care programs for their commitment to providing comprehensive high-quality and multidisciplinary patient-centered care.

“The Leon Hess Cancer Center at Monmouth Medical Center and the cancer program at Monmouth Medical Center Southern Campus stand at the forefront of providing the most extensive array of highly advanced cancer services, delivered by multidisciplinary teams of specialists in caring and supportive environments,” says Seth Cohen, MD, Regional Director of Oncology Services for the Southern Region and principal investigator for several oncology clinical trials. “For decades, MMC’s and MMCSC’s leadership in oncology services has been broadened through the ongoing expansion of state-of-the-art programs and technologies offered in all areas of cancer prevention, detection and treatment.”

For example, both hospitals maintain cancer registries that track and analyze data on all types of cancer such as detailed information on cancer incidence, treatments and outcomes. Such thorough analysis is crucial to providing outstanding care.

The hospitals feature comprehensive multidisciplinary medical services led by teams that include medical, surgical and radiation oncologists. They, in consultation with each patient’s primary care physician and each hospital’s Cancer Care Management Team, work to create the most appropriate and effective plan of treatment.

“Bringing a host of specialists and a vast array of services under one roof makes care more convenient, efficient and effective for patients,” Dr. Cohen says.

Research, cancer prevention and cancer care. Physicians who provide high levels of excellence in these areas are by definition among the best in their fields.

2 CUTTING-EDGE RESEARCH

“It’s an expectation for NCI designation that providers are leaders in the field with respect to clinical research studies and programs that develop new therapies and ways to diagnose cancer,” Dr. Alexander says.

3 ADVANCED TREATMENTS

“With advanced diagnostic capabilities, we can now understand genetic alterations present in individuals’ tumors, and this can allow us to identify novel treatments that might not typically be considered based on more standard or traditional diagnostic testing,” Dr. Alexander says. Examples of novel treatments include immunotherapies in which immune system cells are genetically engineered to recognize proteins in specific cancer cells and boost an immune response that attacks the malignancy. “Some of these novel approaches are only available at an NCI-Designated Comprehensive Cancer Center that has the necessary resources, expertise and equipment,” Dr. Alexander says.

4 ACCESS TO CLINICAL TRIALS WHEN APPROPRIATE

“Almost all cancer treatments were developed through the clinical trials process, which is an important way to continue discovering better and more effective therapies,” Dr. Alexander says. “For many patients, the ability to participate in a clinical trial is empowering because they understand that clinical trial enrollment not only has the potential to help them but will contribute to new knowledge that may help many others after them.”

5 MULTIDISCIPLINARY CARE AND SUPPORT

“A Comprehensive Cancer Center designation from the NCI means your care will be developed by a multidisciplinary tumor board in which all the expertise that can be brought to bear will be available to you in a timely and comprehensive fashion,” Dr. Alexander says. “What’s more, we employ a small army of nurse navigators who help patients coordinate multidisciplinary care through various points in their cancer journey in the most efficient way to deliver the best possible outcomes.”
A PHILANTHROPIST WITH DEEP CONNECTIONS TO MMC DONATES $3 MILLION.

Anne Evans Estabrook has long felt a deep bond with Monmouth Medical Center (MMC). “I grew up in Elberon, and Monmouth Medical Center was always our family hospital,” says Anne, a local philanthropist and long-standing supporter and Trustee of the hospital and RWJ Barnabas Health (RWJBH). “No matter where we were, if we needed excellent care, we would travel back to Long Branch.”

In May, Anne’s support rose to a new level as MMC announced she would gift the hospital with a $3 million donation. The gift will support MMC’s establishment of a new medical campus in Tinton Falls, extending the trusted, high-quality healthcare programs and services that the hospital in Long Branch is known for.

Anne has strong connections...
20 years later, her husband Kenneth was treated when a severe stroke took his life in four short days. “The warmth and compassionate care I felt and saw within the team at Monmouth was the same in 1981 as it was in 2003,” Anne says. “The staff not only treats their patients; they treat the whole family.”

She recalls that on her third day of sitting by her husband’s side, a nurse kindly handed her a toothbrush and toothpaste. “It was such a simple gesture, but I felt so seen and so cared for,” she says. “Moments like that inspired me to become more involved with the hospital and support its incredible work. I am so happy to be able to support them in such a meaningful endeavor.”

A CHAMPION OF MMC
For more than two decades, Anne has dedicated her time, talent and business expertise to MMC. In recognition of the outstanding care provided to her husband in the intensive care unit, she named the Kenneth L. Estabrook ICU Family Waiting Area in his memory and helped fund the purchase of new state-of-the-art equipment.

In 2004, Anne became a member of the MMC Board of Trustees and soon afterward joined the RWJ Barnabas Health’s Board of Trustees. She played a key role in the successful merger of the Robert Wood Johnson and Barnabas Health systems and served as the inaugural chair of the Unterberg Children’s Hospital Committee, a role she held for 11 years.

“As a member of RWJ Barnabas Health’s Board of Trustees, Anne is a longtime supporter of our health system and has been a champion of Monmouth Medical Center,” says Barry H. Ostrowsky, President and Chief Executive Officer of RWJ Barnabas Health. “With this gift, Anne is continuing her commitment to bettering the health and well-being of Monmouth County residents.”

SUPPORTING A NEW CAMPUS
The new, state-of-the-art and environmentally friendly Vogel Medical Campus in Tinton Falls will incorporate future-focused and innovative elements that will enhance both the practitioner and patient experience. The campus is being designed alongside MMC’s expert clinicians and will leverage the latest advances in medical space planning and technology.

“Anne’s contributions to the RWJBarnabas Health system have helped us in our ongoing mission to be a stand-out resource in the community,” says Bill Arnold, President and Chief Executive Officer of RWJ University Hospital in New Brunswick and President of the RWJBH Southern Region. “Especially this past year, people have looked to their local healthcare institutions for support and guidance, and this project demonstrates our continued commitment to the communities who rely on us.”

Anne strongly supports the hospital’s expansion. “This new campus will be built to best serve patients and families throughout Monmouth County in a safe, convenient and efficient manner,” she says.

“We are so thankful to Anne as our partner in making this a reality,” says Eric Carney, President and CEO of MMC and Monmouth Medical Center Southern Campus in Lakewood. “Her gift is an incredible investment in our community. Anne’s contributions are crucial to achieving our ultimate goal of delivering an unparalleled patient experience.”

As for her own legacy, Anne’s philanthropy is rooted in her gratitude and her hopes for the future. “I believe that when we receive, we need to give back,” she says. “Education, health and family are the values most important to me. Being a part of the Vogel Medical Campus, where the next generation of healthcare providers and leaders will be educated and trained, is an investment in the health and well-being of my community, including my own family.”

To learn more about how you can support Monmouth Medical Center, contact the Monmouth Medical Center Foundation at www.rwjbh.org/monmouth-medical-center/giving.
Goals of surgery have always included fast recovery with minimal discomfort and few complications. But a new protocol for weight loss, or bariatric, surgery at Monmouth Medical Center (MMC) has established evidence-based pathways that improve methods for achieving those goals.

Called Enhanced Recovery After Surgery (ERAS), the program uses algorithms to standardize steps that have been shown to be important factors in successful outcomes. At the same time, it builds in options that allow care to be individualized to the needs of each patient based on variables such as starting weight and other conditions a person may have such as diabetes.

“ERAS is a combination of science-driven best practices, best medications and best pre- and post-op care, all personalized to you as a patient,” says bariatric surgeon Dmitry Oleynikov, MD, FACS, Chair of the Department of Surgery at MMC. “It takes wiggle room out of what is expected in order to provide the best care possible given each person’s unique needs and attributes.”

**PATIENT-CENTERED CARE**
One key element of the protocol calls for patients to get on their feet and walk shortly after surgery. “This helps prevent post-op complications such as blood clots by getting muscles moving and blood flowing,” says Amber Cutone, MSN, RN-BC, CBN, Regional Bariatric Program Director.

Another element has patients drink carbohydrate-loaded fluid before surgery and small amounts of clear liquid at regular intervals after the procedure. Early nutrition helps prevent post-op nausea and promotes healing, while fluid intake reduces risks of dehydration and the need for intravenous lines. ERAS also takes a proactive approach to pain management using multiple approaches, flexible dosing and limited use of opioids that can trigger nausea and constipation.

“At every step, ERAS keeps the patient at the center of everything we do,” Cutone says. “We set expectations about what they will undergo, and their participation is crucial to how well they recover.” Education sessions prior to surgery help patients set realistic goals, recognize how their anatomy will change, understand why specific dietary and other practices are necessary, buy into pain management strategies and reduce anxiety. “Education and specialized preparation alone have been shown to improve outcomes,” Dr. Oleynikov says. Enhanced follow-up after surgery minimizes complications.

“Many protocols within ERAS have been applied at MMC for years,” Dr. Oleynikov says. “But we continue to update based on the latest science, and always strive to be a leader in quick recoveries and superior outcomes.”
You probably know that cholesterol is a fat-like substance in the blood that can cling to the walls of arteries, leading to cardiovascular disease or stroke. And you know that controlling cholesterol involves eating right, exercising and taking medication as prescribed.

But because it takes years before a person really feels the effects of high cholesterol, you may not realize just how big an impact it will have on your future. “Managing cholesterol is a way of investing in your health decades from now,” says David Feldman, MD, Section Chief of Advanced Heart Failure and Transplantation at Newark Beth Israel Medical Center. “In my field, we take care of patients who have had acute heart attacks, or are in cardiogenic shock, or who need a heart transplant. But many serious heart problems can be prevented through decades of maintaining healthy cholesterol levels.”

Here, Dr. Feldman clears up some common misunderstandings:

- **We need cholesterol.** “It’s the basic building block for all the male and female hormones in the body and helps enhance brain function,” he says. “That’s why the cholesterol levels in pregnant women shoot up; they need it to help create another life.”

- **It’s not all about the numbers.** We’re used to hearing that an overall cholesterol level above 200 is outside the healthy range, but Dr. Feldman says the thinking on that has evolved. “There are many variables—how much medication you can tolerate, what your genetic predisposition is, what level you’re starting from,” says Dr. Feldman. “In some cases, reducing cholesterol too far can be dangerous.” Your doctor can customize a target to best suit your individual situation.

- **Some foods are more equal than others when it comes to combating cholesterol.** “A niacin, or vitamin B3, supplement is especially helpful in lowering ‘bad’ LDL [low-density lipoprotein] levels, as are fish, flaxseed oil and foods with lots of fiber,” says Dr. Feldman. Consult your physician before adding any supplements to your diet.

- **A moderate amount of alcohol may help keep cholesterol low.** “Moderate means one drink a day for women, two for men. That’s defined as one beer, 1.5 ounces of liquor or 4 ounces of wine,” Dr. Feldman explains. “Also, you can’t skip Wednesday and Thursday and then have triple the amount on Friday—that’s not a healthy approach.”

- **Any amount of activity helps reduce cholesterol.** “It may not be realistic for you to run a few miles every day and lift weights every other day,” says Dr. Feldman. “You just have to work on yourself. If you’ve been sedentary and you get off the couch and go for a walk for 30 minutes every day, or even a few times per week, you’ll improve your life, keep your cholesterol and blood sugar down, feel better and have the potential to live longer.”

What does pumpkin have to do with reducing your risk of cardiovascular disease? More than you may think. “Pumpkin’s high in vitamins A, C and E, and as a consequence is related to decreasing inflammation in the body’s immune system. That means decreasing risk for heart disease and cancer,” says cardiologist David Feldman, MD. “Pumpkin has twice as much fiber, which helps lower cholesterol, as kale. And unlike many canned foods, canned pumpkin retains its nutritional value.”
If you or a loved one has Medicare, one of its most important benefits is the annual wellness visit. This no-copay visit is not the same as an annual physical. Instead, it’s a chance for you and your provider to create a personalized preventative plan to help you stay well and get any help you may need. “The annual visit is my favorite visit to have with patients because I really get a chance to talk to them and to hear about how they live every single day,” says Jessica Israel, MD, Senior Vice President, Geriatrics and Palliative Care, for RWJBarnabas Health (RWJ BH) and a member of RWJBarnabas Health Medical Group. “We touch on areas of the patient’s life that might not come up otherwise.”

The range of subjects covered is broad. “I ask about whether they have access to healthy foods and whether their teeth hurt when they chew,” Dr. Israel says. “I ask about throw rugs in their home that might be a tripping hazard, and whether they need safety bars in the shower. I ask if they have someone to call if they need help.”

Patients shouldn’t feel intimidated by these questions, but should welcome and even demand them. “You can never put too much value on what comes out of an honest conversation,” Dr. Israel says.

**THE RIGHT QUESTIONS**

Dr. Israel’s philosophy is shared by providers of geriatric care throughout the RWJBH system and RWJBarnabas Health Medical Group. RWJBH is a member of the Age-Friendly Health
System action community, an initiative spearheaded by the John A. Hartford Foundation, the American Hospital Association and the Catholic Health Association of the United States.

Being an Age-Friendly Health System means applying four evidence-based elements of high-quality care, known as the 4M Framework, to all older adults. “We apply the 4Ms—medications, mobility, mentation and what matters—to elder healthcare in all our hospitals as well as outpatient settings, including in the annual wellness visit,” Dr. Israel says.

“For example, elderly people are often taking multiple medications because they have more than one health condition. We’ll ask about all of them to be sure there are no negative interactions or side effects,” she explains. “We’ll ask about mobility—how much and how well they’re moving around and whether physical therapy or equipment is needed. We’ll talk about areas related to mentation, or the mind—are there any issues with anxiety or depression, or perhaps forgetfulness?”

Equally important, she says, is the “what matters” aspect of the conversation, which covers patients’ goals for their healthcare and what they don’t want, as well as the importance of having an advance directive. “The ‘what matters’ talk will vary from patient to patient,” Dr. Israel says. “We have a saying in geriatrics: ‘If you’ve seen one 80-year-old, you’ve seen one 80-year-old.’ Each patient is different, and the art of medicine is getting to know your patients.”

Annual wellness visits are inevitably revealing, says Dr. Israel. “Each time, something comes up that I didn’t know about the patient,” she says. “Then, we can have the next discussion: ‘How can we make this better?’”

A MEDICARE ADVANTAGE PLAN FOR NEW JERSEY

Braven Health, a new Medicare Advantage offering, was created with New Jersey senior citizens in mind. A partnership between three New Jersey healthcare leaders—RWJBarnabas Health, Hackensack Meridian Health and Horizon Blue Cross Blue Shield of New Jersey—Braven Health offers access to 51,000 in-network healthcare professionals and 82 in-network hospitals and healthcare facilities.

“Having a partnership between our medical system and Horizon together means that patients have a lot of choices in their network,” explains Jessica Israel, MD, a Braven Health Provider Council Member and Senior Vice President, Geriatrics and Palliative Care, for RWJBarnabas Health. “In addition, procedures and prescriptions get approved more quickly because we’re all working together with the goal of eliminating the hassle that can come with healthcare plans.”

Braven Health also helps patients focus on wellness by offering flexible benefits for a range of wellness activities, such as joining a gym, getting a mammogram, taking a fitness class and getting bars installed in the shower for safety.

Launched in January 2021, the plan is available for residents of Bergen, Essex, Hudson, Middlesex, Monmouth, Ocean, Passaic and Union counties. (The program is not available in Somerset and Mercer counties.) As of May 31 this year, Braven had a higher enrollment than any other Medicare Advantage plan in the eight counties it serves.

To learn about Medicare and Medicare Advantage programs, including Braven Health, visit www.rwjbh.org/braven.

To learn more about senior healthcare and geriatric medicine at RWJBarnabas Health, visit www.rwjbh.org/seniorhealth.
Soccer is the most popular sport in the world—but for many kids in urban communities, there’s no good local place to play it.

Now there is for kids in Newark, New Brunswick and Hamilton. During the height of the COVID-19 pandemic, the Somerset-based Players Development Academy (PDA) created its Urban Initiative to bring soccer facilities and coaching to underserved communities across the nation.

Thanks to strong partnerships with RWJBarnabas Health (RWJBH) and local communities, the initiative is up and running in New Jersey.

In May, Robert Wood Johnson University Hospital Community Field opened at Kossuth Park in New Brunswick. In July, Newark Beth Israel Medical Center Community Field opened at the Marquis “Bo” Porter Sports Complex in Newark. Also in July, the RWJUH Hamilton Community Field opened at the Bromley Sports Complex in Hamilton Township. More fields will open across the state in the RWJBH service area this year and in 2022.

The fields are part of RWJBH’s commitment to enhance well-being in the communities it serves. “Our mission, improving the health and lives of the people in our communities, is an audacious goal,” says Barry Ostrowsky, President and CEO of RWJBH. “In order to do that effectively, you have to have a team of people dedicated to big ideas, and you have to have similarly minded partners.”

In addition to providing funding to build the fields, RWJBH will provide off-the-field education in nutrition, wellness and sports performance. The PDA will run soccer clinics and other training sessions, and local recreation departments will manage the fields. Often, the fields serve as...
an anchor for further revitalization of a neighborhood or expansion of community sports facilities.

A SOCCER OASIS

Each field is approximately 40’ by 70’, allowing for a scaled-down version of the game known as futsal. These relatively small areas make the most sense for urban settings and allow players to have more time on the ball. The fields are made of artificial turf, allowing for nearly year-round play.

“PDA has been an incredible partner as we create a home for soccer programs as well as community-member pickup games in underserved urban areas,” says Justin Edelman, Senior Vice President, Corporate Partnerships, at RWJBH. “The reaction has been overwhelmingly positive. You see such a wide range of people—friends, family, all ages—using the facilities.”

“This type of field is important for the community because it’s an oasis for the game,” says Gerry McKeown, Boys Coaching Director, PDA. “The benefit of putting fields in these locations is that children can walk to them right in their neighborhood, and play or compete or just have fun, and fall in love with the game any way they would like. We’re bringing the best of the beautiful game to boys and girls that need our support. We hope this initiative sparks greater interest in the game, leading to more opportunities for kids from diverse backgrounds.”

To learn more about the Urban Initiative, visit www.urbaninitiativepda.org. To learn more about RWJBarnabas Health social impact initiatives, visit www.rwjbh.org/socialimpact.
It will soar 12 stories and cover 510,000 square feet. It will cost an estimated $750 million and will be completed in 2024.

Most important, the Jack & Sheryl Morris Cancer Center, which broke ground in June, will transform cancer research and care throughout New Jersey and beyond. The state’s first and only freestanding cancer hospital is a joint venture of RWJBarnabas Health (RWJBH) and Rutgers Cancer Institute of New Jersey, in partnership with the New Brunswick Development Corporation.

“The Jack & Sheryl Morris Cancer Center will be a model for cancer care delivery, bringing together the three mission areas of academic medicine—
research, education and patient care—under one roof,” says Barry Ostrowsky, President and Chief Executive Officer, RWJBH.

COMPREHENSIVE SERVICES

“The new cancer center brings together all the facets of research, prevention and clinical care that we drive and deliver into one location,” says Rutgers Cancer Institute of New Jersey Director Steven K. Libutti, MD, who is also the Senior Vice President of Oncology Services at RWJBH.

The facility will have 10 state-of-the-art laboratories where teams of scientists will study cancer as a disease and develop new treatments. Many of the discoveries from these laboratories will be translated directly to the clinical setting at Rutgers Cancer Institute and across the RWJBH system.

“We will be bringing science from the bench to the patient’s bedside and back again,” says Dr. Libutti. “That means we’ll be able to further tailor patient treatments and collect important research data more rapidly and directly.”

Patients will be able to receive a wide range of both inpatient and outpatient cancer care in the new cancer center, including advanced imaging services as well as radiation and chemotherapy treatments.

The facility will have 96 inpatient beds, including an entire floor dedicated to surgical services.

Exam rooms have been designed so that a multidisciplinary team of specialists can see a patient in one location, rather than having the patient travel from doctor office to doctor office. Specially trained oncology nurse navigators will guide patients on their journey from diagnosis through survivorship.

Wellness, prevention and education resources, including a wellness garden, will be available for the community, patients, caregivers and families.

A POWERFUL PARTNERSHIP

RWJBH and Rutgers Cancer Institute, the state’s only National Cancer Institute-Designated Comprehensive Cancer Center, have partnered to provide close-to-home access to the most advanced cancer care.

Cancer specialists throughout RWJBH collaborate with experts at Rutgers Cancer Institute to devise the best treatment plan for each patient, including clinical trials, immunotherapy and precision medicine. That means that a patient being treated for cancer at any RWJBH hospital will have access to the treatment options and clinical expertise anywhere in the hospital system, as well as at Rutgers Cancer Institute.

“The new cancer center will be integrated into our multidisciplinary care paradigm, which is across the entire RWJBarnabas Health system,” says Dr. Libutti.

“We believe it is critically important that we have sites and facilities all across the state to bring cancer care as close to home as possible,” he says. “We also believe that we need one hub that allows us to bring the highest level of extremely specialized, multidisciplinary cancer care in the setting of groundbreaking research.”

The center is named in recognition of the philanthropic leadership of Jack Morris, who has been a longtime supporter and pillar in New Brunswick development, and his wife, Sheryl.

“People shouldn’t have to go all over the country to get great care,” says Jack Morris. “We’re doing it right here. It has been our vision, our hope and our dream to have the top cancer center in the nation here in New Brunswick. Sheryl and I are so proud that we can play a role in helping to make this dream a reality.”

To learn more about the Jack & Sheryl Morris Cancer Center, visit www.cinj.org/jackandsherylmorriscancercenter.
CHRONIC DISEASE: A TEEN TAKES CONTROL

A TEAM OF EXPERTS PROVIDES THE TOOLS NEEDED TO MANAGE TYPE 2 DIABETES.

I was so nervous when I first stepped into the hospital,” says Ariely Garcia. “I was so far away from home.” Ariely was just 16 when she got a diagnosis of Type 2 diabetes, a chronic condition marked by high blood glucose levels that can result in major health complications. Often referred to as adult-onset diabetes, Type 2 can also develop during childhood as a result of improper nutrition and lack of exercise.

Although Type 2 diabetes can’t be cured, it can be managed with healthy eating, medication and lifestyle changes. On her doctor’s recommendation, Ariely had come to the Chronic Illness Management Program (CIMP) at Children’s Specialized Hospital in New Brunswick to learn how to do just that.

SKILLS AND STRATEGIES

Ariely worked with a variety of CIMP specialists in areas including recreational therapy, physical therapy, occupational therapy, nutrition education and psychology.

After four weeks in the program, Ariely felt confident that she could manage her diabetes. Her greatest fear: that she would “fall off the wagon” when she got back to her familiar home and school environment. And in fact, by the fall of that year, Ariely had stopped taking the medication she needed to help manage diabetes.

Recognizing that she needed help, she asked if she could go back to Children’s Specialized Hospital. “I knew the program had everything I needed to take control of my diabetes again, and I knew that this time, I was ready,” she says.

At the beginning of 2021, Ariely re-entered CIMP. “This time, I was less nervous and was ready to get back on track,” she says. “I was on board with the hard work I needed to do.”

Her team was prepared with a plan that was customized to provide resources for her home environment. During her stay, Ariely strategized with the physical therapist on ways to stay active while at home, including the use of free smartphone apps and exercises that don’t require equipment. She learned to grill chicken, make a kale salad and prepare a breakfast smoothie. She met with the psychology team to talk about stressors and learn to better communicate and cope with challenges.

A certified diabetes educator talked with Ariely about the condition, with lessons culminating in “Jeopardy”-style games at the end of each week.

Ariely went home the day after her 18th birthday. “Now I really understand the effects diabetes has on me,” she says, “and I don’t need to rely on anyone to do what I need to do to control it.”

At Children’s Specialized Hospital, we provide world-class care for children and young adults who face special health challenges across the state of New Jersey and beyond. We treat everything from chronic illnesses and complex physical disabilities, like brain and spinal cord injuries, to a full scope of developmental, behavioral and mental health concerns. We have convenient locations throughout the state: Bayonne, Clifton, East Brunswick, Egg Harbor Township, Hamilton, Jersey City, Mountainside, New Brunswick, Newark, Somerset, Toms River, Warren and West Orange.
How do you hold a popular live community event when the community can’t come?

When the COVID-19 pandemic disrupted public gatherings worldwide, this was the dilemma facing WEforum, a female-led organization that partners with other local organizations to promote a healthy lifestyle through educational and charitable events and programs. The group has consistently supported Monmouth Medical Center (MMC) and its extensive array of community health offerings.

Among WEforum’s events is an annual fundraiser for MMC called the WEforum Fit Crawl. “Normally, this is an in-person event similar to a pub crawl except participants attend three fitness classes, one each hour starting at 1 p.m., and conclude with a post-crawl event at 4,” says WEforum Founder Carolyn DeSena, who is also a member of the Monmouth Medical Center Foundation Board of Trustees. “But because of COVID, we had to come up with a different approach.”

A REIMAGINED GATHERING

The group pivoted to an online Facebook event that featured a weeklong series of livestreaming events that were also recorded so participants could choose to view content at their convenience. For a $50 fee, participants had access to more than 80 fitness, health or wellness classes along with presentations from keynote speakers. “We had an incredible array of offerings,” DeSena says.

Options included fitness classes such as stationary cycling, multiple forms of yoga, dance, a wide range of holistic therapies and healthy-home seminars. Speakers included life coach and author Bailey Fruman, women’s health advocate Dasha Maximov and chef/dietitian Diane Henderiks, RD.

The event drew more than 200 participants and raised approximately $40,000. “Content was deep, purposeful and useful, and people raved about it,” DeSena says. The funds will support MMC community health programs and are earmarked toward a kitchen and lecture space at the hospital’s new RWJBarnabas Health Family Care & Wellness facility at Monmouth Mall in Eatontown. The new location will cater to a variety of healthcare needs and medical services with a focus on women’s and children’s health. “WEforum Fit Crawl is a collective win-win for the hospital and community,” DeSena says.

She looks forward to continued partnerships with MMC to promote community health. “We want to continue to spread education on how to take better care of ourselves,” DeSena says. “Our motto at WEforum is, ‘When you educate a woman, she empowers her family, and together we can evolve a community.’ MMC has been an excellent partner for us to do more for the community.”

For a complete list of Community Health Education programs at Monmouth Medical Center, visit www.rwjbh.org/Monmouth and click on the calendar of events.
S tudents throughout the community are heading back to school, but a class of learners at Monmouth Medical Center (MMC) has been deep into hands-on studies since the beginning of July. That’s when new medical students and residents began training programs at MMC that, in the case of residents, could last from one to five years.

“Having medical students and residents makes us an academic medical center, which for us means we’re a community-based teaching hospital,” says Joseph Jaeger, DrPH, MPH, Chief Academic Officer at MMC, Associate Vice President for Research at RWJBarnabas Health and Associate Dean at Monmouth Medical Center Regional Campus. “We bring together the best of both worlds in academic and clinical care.”

Medical students study all types of medicine, Dr. Jaeger says. “When they graduate from medical school, they go into a residency program.” There, they specialize in a narrower discipline such as internal medicine, diagnostic radiology, general dentistry, general surgery, obstetrics and gynecology, orthopedic surgery, or pediatrics.

Margaret Eng, MD, FACP, Program Director, Internal Medicine Residency at MMC (third from left), gathers with medical residents (from left) Poonam Raut, MD; Mili Kakadia, MD; Peter Abaskhroun, MD; Ali Jaffrey, MD; and Asef Obaid, MD.

ACADEMIC MEDICINE: WHAT TO KNOW

HOW MEDICAL STUDENTS AND RESIDENTS UP THE GAME AT MMC.

Monmouth Medical Center partners with Robert Wood Johnson Medical School, with its strong academic and research infrastructure, to place residents in these specialized medical fields:

• Internal medicine
• Diagnostic radiology
• General dentistry
• General surgery
• Obstetrics and gynecology
• Orthopedic surgery
• Pediatrics

MMC also offers a fellowship in oral and maxillofacial surgery and participates in a pathology residency program with Saint Barnabas Medical Center.
as internal or emergency medicine or a specific form of surgery. “That’s where they really learn how to be a physician taking care of patients,” Dr. Jaeger says.

BEST AND BRIGHTEST
MMC’s status as an academic medical center has significance not just to doctors in training but to physicians on staff and ultimately to patients and the community, Dr. Jaeger says. “I may be biased, but I believe a teaching hospital attracts the best and brightest physicians,” he says. That’s because fostering an academic environment sharpens minds and hones skills for learners and teachers alike.

Medical students at MMC come from Rutgers Robert Wood Johnson Medical School, part of Rutgers Biomedical and Health Sciences. Residents come from all over the country and world through the National Resident Matching Program, which links residents and hospitals that have mutual interest in each other. This year, MMC had a 100 percent match. “That means residents who matched here really want to be at MMC and that MMC was competitive as a highly sought program,” Dr. Jaeger says.

Being a teaching hospital entails education at every level. “We have extra sets of eyes on each patient,” Dr. Jaeger says. “With residents and students in the hospital 24 hours a day, someone is always here who will see, talk to and care for people if they need help.”

To learn more about medical education at Monmouth Medical Center, call 800.807.9191 or visit www.rwjbh.org/for-healthcare-professionals/medical-education/monmouth-medical-center.

RESIDENT REFLECTIONS
The pandemic has been difficult for many—and notoriously so for healthcare workers and students. Medical residents at Monmouth Medical Center were both. In early 2021, Margaret Eng, MD, FACP, Program Director, Internal Medicine Residency at MMC, thought residents might benefit from processing the previous year’s challenges through the lens of narrative medicine—storytelling in a medical context that helps providers build understanding, empathy and respect for themselves, colleagues and patients.

Dr. Eng proposed that residents compose six-word stories—short statements with a small narrative arc—on the theme “What I Remember the Most This Past Year.” “I felt this would help residents reconnect with their purpose, build resiliency and foster community by learning colleagues’ personal stories, common interests and shared beliefs and values,” Dr. Eng says.

The resulting stories were made into a banner in which a variety of images accompanied residents’ compelling words. One featured pictures of both the coronavirus and a civil rights march with the six words, “Desperate voices plead, I can’t breathe.” Other examples of residents’ six-word stories included:

- “Nothing is promised. Not one day.”
- “I was given all I needed.”
- “100 days: extubated, discharged; miracles exist!”
- “Laughing on outside, crying on inside.”
- “In burdensome times, we bond more.”
- “Arrive a stranger, leave a friend!”
- “Despite everything, we keep pushing forward.”
ANNUAL SCREENINGS ARE KEY TO SUCCESSFUL BREAST CANCER TREATMENT.

Women in America have a 1 in 8 chance of developing breast cancer over their lifetime. Early detection offers the best hope for catching a cancer early when chances for a cure are highest. That’s especially important for African American women, who have a greater risk for some aggressive types of breast cancers and are more likely than white women to die from the disease.

“Breast cancer screening and early detection save lives,” says Alexander King, MD, Regional Director of Breast Radiology for RWJBarnabas Health Southern Region, which encompasses Monmouth Medical Center, Monmouth Medical Center Southern Campus and Community Medical Center. “Physician organizations agree that annual screening mammography, beginning at age 40, will save the most lives.” Here are seven good reasons why you should keep mammogram screening on track:

1. You can get breast cancer even if it doesn’t run in the family.
   “The most common misconception I hear from women is, ‘I don’t have a family history of breast cancer; therefore, I don’t need screening,’” says Dr. King. But 75 percent of women who are diagnosed with breast cancer don’t have a significant family history of breast cancer.
family history, he says. That said, having a family history does elevate breast cancer risk. Plus, you can have an elevated risk due to inherited mutations in certain genes, including BRCA1 or BRCA2, which are especially common among certain populations such as Ashkenazi Jews and Black women.

2 You have dense breasts.
Breasts that contain a lot of fibrous or glandular tissue and little fat are considered dense. Dense breasts increase your risk for breast cancer, making regular mammograms particularly important.

Women with dense breasts sometimes require additional types of screening, says Dr. King. “They’re more likely to hide a cancer in their breast where a mammogram, which is a type of X-ray, might not see it,” he says. “An ultrasound of dense breasts may detect breast cancers that are not seen on a mammogram.” Ask your doctor or radiologist if your breasts are dense and whether you would benefit from supplemental screening.

3 You’re getting older.
Like many other health issues, your risk for breast cancer rises with age. Most breast cancers are diagnosed after age 40. “For every year that you live, you’re more likely to develop breast cancer in the next year,” says Dr. King.

4 You are African American.
African American women are more likely to be diagnosed with breast cancer than white women after age 50. “For every year that you live, you’re more likely to develop breast cancer in the next year,” says Dr. King.

5 A mammogram may detect other issues.
Besides finding cancer, breast imaging can reveal other health problems that you and your doctor need to know about. “You can find breast abscesses on mammography and ultrasound,” says Dr. King. “Occasionally, we also diagnose lymphoma on a screening mammogram.”

6 You started menstruation early—or menopause late.
Having your first menstrual period before age 12 or starting menopause after age 55 both increase your risk for breast cancer. That’s because they increase your lifetime exposure to estrogen. “In addition, never being pregnant and having your first child after age 30 increase your lifetime risk,” Dr. King says.

7 You skipped your mammogram last year.
Many people postponed checkups and screenings during the COVID-19 pandemic to avoid exposure to the virus at healthcare facilities. But the longer a breast cancer has had an opportunity to grow, the more dangerous it becomes. “The size of your cancer is a big determinant of your long-term survival,” says Dr. King. If it’s been more than a year since your last mammogram, be sure to book an appointment.

Don’t delay your mammogram. To make an appointment at the Jacqueline M. Wilentz Breast Center at Monmouth Medical Center, call 732.923.7700.
At first, it may not look like much—perhaps a pinkish discoloration on a newborn’s skin or perhaps nothing noticeable at all. “But over a period of weeks, there can be rapid growth of a well-defined skin mass that’s often bright red and lumpy or rough,” says Nicole Mallory, MD, a pediatric hematologist/oncologist at Monmouth Medical Center (MMC) and Rutgers Cancer Institute of New Jersey, the state’s only NCI-Designated Comprehensive Cancer Center. Dr. Mallory is describing infantile hemangiomas, popularly known as birthmarks. They appear when blood vessels in the skin form incorrectly, creating what’s broadly known as a vascular malformation. “Hemangiomas are the most common of these structural abnormalities,” Dr. Mallory says. Due to their abnormal, rapid growth, hemangiomas are considered tumors. “Often, people think they’re something serious,” Dr. Mallory says. “They are actually benign. But we always look closely at any tumor to be sure it truly is benign and treat it differently if it isn’t.”

**COMMON LINK**
As a pediatric hematologist/oncologist, Dr. Mallory assesses and treats a wide variety of blood-related conditions. These include anemia, clotting and bleeding disorders, varying forms of blood and tissue cancers and a range of blood vessel malformations.

Symptoms of blood-related conditions can range so widely that pediatricians sometimes are not sure what kind of specialist might be needed. “A hematologic condition could present as a skin problem, a musculoskeletal issue, something in the brain causing neurologic symptoms or bleeding or clotting problems,” Dr. Mallory says. “Follow-up might be managed by specialists such as dermatologists, neurologists or vascular surgeons.”

Research has boosted understanding that many symptoms share a link to blood or blood vessel abnormalities. “Now it’s more common for a child to be referred to a hematologist/oncologist working with an interdisciplinary team,” says Dr. Mallory, who collaborates closely with pediatric hematologist/oncologist Susan Murphy, MD, at Robert Wood Johnson University Hospital in New Brunswick and Rutgers Cancer Institute of New Jersey. “There’s been an explosion of awareness in the last five to 10 years that these patients should have cohesive care.”

Benign infantile hemangiomas often shrink or resolve on their own. “But some pose a risk of disfigurement or functional impairment that might warrant treatment,” Dr. Mallory says. One option is a beta blocker medication that inhibits tumor growth. Another is sclerotherapy, which slows growth by sealing off blood vessels. In some cases, a plastic surgeon may be called upon to minimize discoloration or loose skin. “Physical abnormalities and medical care can be challenging for children, so we also have support services such as social workers and child life specialists available for our families,” Dr. Mallory says.

If a tumor turns out to be a malignancy instead of a benign infantile hemangioma, treatment shifts toward oncology and a cadre of advanced treatment options. These may include chemotherapy or targeted therapies designed to zero in on a specific biological feature of a cancer such as a particular receptor.

Comprehensive hematology/oncology care provides targeted therapy as an option for slowing the growth of benign hemangiomas as well. “Families often think they have to go to some faraway place to manage these conditions,” Dr. Mallory says. “But they can stay close to home for their care. Through our partnership with Rutgers Cancer Institute, we provide patients with the most advanced treatment options, including clinical trials, right in our community.”
Retired police officer Obdulio (Jay) Serrano, Jr., remembers the on-duty incident well. “It was a bad domestic call,” says the 52-year-old Waretown resident, who served on the Lakewood force. “After locking up one guy, I tripped over another guy and fell on my gun side.” The tumble damaged three discs between vertebrae in Jay’s lower back and required fusion surgery in 2012 to “weld” that part of the spine into a single solid bone.

The surgery restored some lost sensation and relieved some pain and tingling but still left Jay with a curved spine, nerve and muscle damage and pain in his right leg—“like someone driving a spike up my heel,” he says. Additional back injuries after a fall into a sinkhole during an off-duty assignment forced him to retire as a cop.

Jay went through nine years of pain, hobbling and 28 spinal injections to relieve the pain. Then he was referred to Monmouth Medical Center (MMC), where he met spine surgeon Steve Paragioudakis, MD, who, with spine surgeon Marc Menkowitz, MD, had recently treated their milestone 100th patient with a cutting-edge technology called the Globus Medical ExcelsiusGPS robot for minimally invasive spine surgery.

PRECISE PROCEDURES
MMC was the second hospital in New Jersey to use the technology, and few surgeons can match Dr. Menkowitz’s and Dr. Paragioudakis’s expertise and experience with it. They perform the majority of their robotic cases together, treating debilitating conditions like damaged discs, degenerative disc disease, spinal stenosis, scoliosis and other back problems.

The ExcelsiusGPS system combines a robotic arm with computer-assisted navigation. CT scan and X-ray images of the spine taken prior to a procedure create a surgical plan that helps the physician guide the robotic arm to a specific area of the spine. The surgeon views the procedure on a monitor that provides real-time feedback. “This is the wave of the future,” says Dr. Menkowitz.

Using this technology, procedures are generally more accurate and less invasive than traditional surgery. “We can be precise to the millimeter,” Dr. Menkowitz says. “Once we navigate to where we want to be in the spine, the system locks us into the surgical pathway.” With its precision and smaller incisions than with traditional surgery, the procedure generally involves less blood loss, tissue damage and scar tissue, allowing patients to recover more quickly and with less pain, says Dr. Menkowitz.

The robotic technology allows surgeons to operate on different areas of the spine without needing to reposition the patient, which means less time under anesthesia, says Dr. Paragioudakis. This also contributes to quicker recovery, and hospital stays tend to decrease by about a day. The patient is also exposed to less radiation because fewer X-rays are needed to guide procedures.

Since undergoing the robotic surgery in April 2021, Jay’s leg pain has subsided, nerves and muscles are healing and symptoms related to poor circulation such as hair loss on his right leg have been alleviated. He even gained an inch in height because his spine is straighter. “I could barely walk before,” Jay says. “Now I’m walking like a normal human with my arms swinging. They’re beautiful people at MMC, and the strides they’ve made in spine surgery are amazing.”

To learn more about robotic surgery at Monmouth Medical Center, call 888.724.7123.
Need to reach New Jersey’s best cancer specialists?

RWJBarnabas Health, together with Rutgers Cancer Institute of New Jersey, the state’s only NCI-designated Comprehensive Cancer Center, deliver high-quality sophisticated oncology care to patients close to home. This integrated cancer care model combines the strength of both entities, offering access to the most advanced diagnostic and treatment options for adult and pediatric patients, including clinical trials, immunotherapy, precision medicine, CAR T-cell therapy, complex surgical procedures and sophisticated radiation therapy techniques such as proton beam therapy, CyberKnife and Gamma Knife.

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