

healthy *together*

ENDING KNEE PAIN

**STATE-OF-THE-ART
HEART VALVE REPAIR**

**HOW TO HELP
SICK CHILDREN
FEEL BETTER**

**CANCER CARE:
A NEW VISION**

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 our many national awards indicate, 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.

At Saint Barnabas Medical Center, we continue to move forward, transforming and growing to support our community both in sickness and in health. Whether it is one of our many vaccination clinics or outreach programs in which we partner with schools or municipalities, we are an engaged partner investing in towns throughout New Jersey. This fall, we look forward to completing the expansion of our Emergency Department to better meet the needs of our patients and their families.

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



RICHARD DAVIS
PRESIDENT AND CHIEF EXECUTIVE OFFICER
SAINT BARNABAS MEDICAL CENTER



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ARE SCREENS STRAINING YOUR EYES?

WORKING, LEARNING AND PLAYING ONSCREEN HAVE LED TO A SURGE OF SYMPTOMS.

“From kids to adults, we’re spending more time on devices than we did even five years ago,” says Matthew Marano, MD, Section Chief of Ophthalmology at Saint Barnabas Medical Center. “That’s how we work and play now, and I don’t see any end in sight.”

As a result, Dr. Marano and other eye specialists are seeing an increase in patients with complaints related to digital eyestrain. Data suggests that children may be most at risk because they often spend eight to 12 hours per day in front of a screen and are less likely to voice any complaints as soon as adults do.



MATTHEW MARANO, MD

Symptoms relating to eyestrain include:

- Dry eyes.
- Inflammation of the eyelids.
- Sore, burning or watery eyes.
- A feeling of sand in the eyes

when blinking.

- Sensitivity to various lights, like sunlight or blue light.

- Eye aches that can also spread behind the ears.

- “Floaters” (black or gray specks in vision) that become more noticeable because the eyes are fatigued.

“If I handed you a two-pound weight and asked you to pick it up, you’d do it with no problem. But if I told you to hold it for two hours, it would be a different story,” Dr. Marano says. “That’s the kind of strain we’re putting on our eyes.”

PREVENTIVE MEASURES

To avoid eyestrain, Dr. Marano suggests implementing the following practices:

- **Take more breaks, both short and long.** Every 20 minutes, take a 20-second break where you sit back and focus on an object at least 20 feet away. Incorporate additional breaks (15 minutes or longer), where you completely step away from screens, into your day as well.
- **Blink more often** and use artificial

tears as needed to refresh your eyes.

- **Stay hydrated.** Keeping your body hydrated can help prevent common eyestrain side effects like dry eye. Room humidifiers can help too.

- **Create a proper desk setup.** Keep the recommended distance of 20 to 28 inches between your eyes and your screen, and consider computer enhancements like anti-glare screens.

- **Adjust screen settings.** Increase type size if needed and set the contrast and brightness of the screen at a comfortable level.

- **Get a handle on your prescriptions.**

Wear the appropriate pair of corrective lenses for computer work. This prescription might be different from the prescription in your regular glasses, so check with your ophthalmologist.

- **Pay attention to general health and wellness.** Smoke irritates eyes, so avoid smoking or being around smoke. Children as well as adults should have their vision checked regularly. If you have symptoms of digital eyestrain, see an ophthalmologist as soon as you can.

For more information or to reach the Refractive Surgery Center at Barnabas Health Ambulatory Care Center, call **973.322.7185** or visit **www.rwjbh.org/bhacc**.





NEW TREATMENTS FOR MULTIPLE SCLEROSIS

PATIENTS ARE LIVING LONGER AND BETTER, THANKS TO THE LATEST MEDICATIONS.

Until relatively recently, there were only a handful of treatments for multiple sclerosis (MS), the autoimmune disease in which the body attacks the insulation of its own nerve cells. Now, an extraordinary expansion in MS therapies has changed the nature of treatment.

“MS is now a lifestyle disease—one



MARK LEEKOFF, MD



ANDREW SYLVESTER, MD

that can be modified with medications and physical therapy—rather than a disability sentence,” says Mark Leekoff, MD, a neurologist and MS specialist who recently joined the Multiple Sclerosis Comprehensive Care Center at Saint Barnabas Medical Center (SBMC).

“Some people did extremely well with the older drugs, but the majority of people with the disease progressed,” explains Andrew Sylvester, MD, Medical Director of the MS center and a member of RWJBarnabas Health Medical Group. Today, medications for MS have fewer side effects and are effective for a much larger group of patients.

“Now, we’re often able to delay the onset of progression, which means that fewer people are experiencing the more

extreme forms of the disease,” says Dr. Leekoff. He notes that these days, it’s possible for many MS patients to achieve the long-sought goal of preventing advancement of the disease. For people with later-stage MS, the disease can be treated more effectively than in the past.

While many MS treatments work by reining in the immune system—which can make patients more susceptible to other diseases—some new medications mitigate that problem by only working on a single part of the immune system, Dr. Sylvester says.

And while the effectiveness of MS medications has improved, their number has also increased significantly. “We now have over 23 different medications, with more on the way,” Dr. Leekoff says. “That makes it far more likely that patients will find a treatment that works for them.”

NO SYMPTOM TOO SMALL

“It’s not just the disease of MS that needs to be treated,” says Dr. Leekoff. “It’s the whole patient. There’s no symptom that’s too big or too little to treat or to address.” Dr. Leekoff became a neurologist because his father has MS. “I’ve always thought that I would treat my patients how my father would want to be treated,” he says.

That approach aligns perfectly with the center’s philosophy, which Dr. Sylvester defines as “focusing on patients’ abilities, not their disabilities, and on how we can allow them to achieve their goals.”

Dr. Leekoff has extraordinary empathy with his patients because he, too, has been a patient. Having a hearing loss, he received a cochlear implant at the age of 3 that allows him to hear and speak normally. Just as he doesn’t let hearing loss define him, he also doesn’t define patients by their disease. Through his own disability, he notes, “I’ve shown others, including my patients, that anything is possible.”

To learn more about the Multiple Sclerosis Comprehensive Care Center at Saint Barnabas Medical Center, call **973.322.7484** or visit **www.rwjbh.org/bhacc**.



BREAST CANCER: KNOWLEDGE IS POWER

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RWJBarnabas Health and the Cancer Center at Saint Barnabas Medical Center, together with Rutgers Cancer Institute of New Jersey—the state’s only NCI-Designated Comprehensive Cancer Center—provide close-to-home access to the latest treatment options. To learn more, call 844.CANCERNJ or visit www.rwjbh.org/beatcancer.

WOMEN AT HIGH RISK CAN TAKE A PROACTIVE APPROACH.

“As a breast cancer surgeon, I got very frustrated by seeing women who had advanced breast cancer and knowing that, had I met them five or 10 years earlier, I could have told them they were at high risk,” says M. Michele Blackwood, MD, Northern Regional Director of Breast Cancer Surgical and Clinical Services for RWJBarnabas Health, Chief, Section of Breast Surgery, Rutgers Cancer Institute of New Jersey, and a member of RWJBarnabas Health Medical Group.

“If you know your risk for breast cancer, you know so much,” she says. “Very often, we can literally prevent breast cancer.”



MICHELE BLACKWOOD, MD

Three years ago, Dr. Blackwood and her team at Saint Barnabas Medical Center developed the Breast Cancer Risk Reduction Program, which provides regular

surveillance for women at high risk.

“After the initial risk assessment, we see patients at least once a year and order their imaging, which can include a breast MRI, a mammogram, an ultrasound or a biopsy if needed,” Dr. Blackwood explains. “We also want you to see your gynecologist and breast surgeon, alternating between them every six months, for a breast exam. The result of all this is that, if you do develop breast cancer, we will find it at an earlier stage when there’s a much greater chance of a cure.”

Women whose risk assessment is high may also opt to take small doses of tamoxifen, a hormonal therapy, to prevent breast cancer, or may even have preventive surgery, such as a nipple-sparing mastectomy that replaces breast tissue with implants.

ASSESSING RISK

“Twenty years ago, people weren’t comfortable talking about cancer risk,” says Dr. Blackwood. “Now, they’re accustomed to getting health information, and they know they can

influence their survival by doing so.”

Although many know about genetic testing for the breast cancer genes BRCA1 and BRCA2, few people have those genes. “Women also need to be aware of other risk factors, such as having a first-degree relative, like a mother or sister, with breast cancer,” says Dr. Blackwood. “We know that having a child late in life can be a risk factor, as can having a biopsy that shows atypical—though not cancerous—cells.” Lifestyle factors, such as lack of exercise, being overweight, daily alcohol use and smoking also play a role.

“None of these factors mean you will definitely get breast cancer, but a program like ours helps you manage your risk,” she says.

Dr. Blackwood advises women to use an online breast cancer risk assessment tool that evaluates a woman’s personal information, such as age of first live birth of a child and number of previous breast biopsies. She recommends the Gail Model (bcrisktool.cancer.gov) or the Tyrer-Cuzick Tool (ibis.ikonopedia.com).

“If your lifetime risk is 20 percent or higher,” says Dr. Blackwood, “you fall into the high-risk category and should seek an appointment with your gynecologist or come to our program.”

To learn more about the Breast Cancer Risk Reduction Program at Saint Barnabas Medical Center, call **973.322.7020** or visit www.rwjbh.org/saintbarnabas.



THE BEST TOOL FOR DETECTION

A NEW MRI AND A HIGH-END RENOVATION ENHANCE CARE AT THE BREAST CENTER.

“Breast MRI is a wonderful tool,” says radiologist Linda Sanders, MD, Medical Director of the Breast Center at the Barnabas Health Ambulatory Care Center. “It has been accepted widely as the most sensitive tool to detect breast cancer and is also excellent for ruling it out.”

An MRI (magnetic resonance imaging) scan captures multiple views of the breast, which are combined using a computer to create detailed images. The test might be indicated if a patient has an abnormal mammogram or ultrasound, Dr. Sanders says. A screening MRI is especially useful for women with dense breasts because fatty tissue can obscure a radiologist’s ability to see a lesion.

“If a breast lesion lights up on the MRI, that indicates increased blood flow,” Dr. Sanders explains. “That doesn’t always mean it’s cancer, but the contrapositive is true: If nothing lights up, that’s a reliable sign that there’s no breast



LINDA SANDERS, MD

cancer, and there’s no need to stick a needle in the breast to take a biopsy.”

AN ON-SITE MRI

The Breast Center recently acquired its own MRI to use on its premises. “We do 10 to 13 breast MRIs every day,” says Dr. Sanders. “Now our patients don’t need to leave the Breast Center and go downstairs to our MRI department, which is also handling ortho, spinal and brain MRIs, as well as urgent cases. Our MRI is seamlessly integrated into patient care and we can control the scheduling so patients don’t have to wait.”

The new breast MRI is a Siemens Aera 1.5 Tesla machine. “The images it provides are detailed with high resolution,” says Dr. Sanders. It’s fast—the scan times are half of what the industry standard is—and includes noise reduction and special lighting to reduce patient anxiety.

The arrival of the new MRI coincides with a renovation of the Breast Center designed to make it more

efficient, comfortable and patient-centered. The registration area is growing from six to 10 bays, and the clinical space is now directly adjacent to reception. A spa-like area where gowned patients can wait for results has been added, with chairs positioned for privacy and amenities including coffee, tea and light snacks.

“I’ve lived through amazing changes in this field,” says Dr. Sanders. “We went through an evolution from film screening mammography to digital mammography in 2005, plus tomosynthesis more recently, which is a component of all our mammograms. We began using screening ultrasound more rigorously after the NJ Breast Density law was passed. We added breast MRI to our tool kit in 2000, and we continue to use the latest technology.

“We’re doing top-notch care at the Breast Center, and we have excellent surgeons and pathologists. You couldn’t be in a better place for breast care.”

To schedule a screening at the Breast Center at Barnabas Health Ambulatory Care Center, call **973.322.7888** or visit **www.rwjbh.org/bhacc**.



Hyla Weiss, left, and Suzanne Unger, founders of Comfort Project 360, on the grounds of Saint Barnabas Medical Center

CANCER TREATMENT FOR MIND, BODY AND SPIRIT

COMFORT PROJECT 360 BRINGS A HOLISTIC APPROACH TO WORLD-CLASS CANCER CARE.

Both Hyla Weiss and Suzanne Unger were impacted by cancer. Hyla Weiss is a two-time cancer survivor and Suzanne Unger lost her mother to breast cancer. “At a mutual friend’s birthday party, we talked about our experiences and realized that we wanted to put together our understanding of the cancer journey and make things better for others,” Suzanne recalls.

The result was Comfort Project 360, with a mission to enhance comfort and well-being for cancer patients at Saint Barnabas Medical Center (SBMC). Now in its eighth year, the project has become an integral part of the world-class cancer care at the Cancer

Center at SBMC. Comfort Project 360 has raised more than \$10 million and touched more than 50,000 people.

HELP FOR HEALING

As a cancer survivor, Hyla understood how much the environment impacts a patient’s care. “It is not only about receiving outstanding clinical care. Having a welcoming and soothing environment to receive care dramatically improves and enhances one’s experience,” Hyla says.

Suzanne and Hyla met with doctors at the Cancer Center to better understand the needs of the organization and determine ways Comfort Project

360 could support cancer patients and their families. Working with the clinical team and members of the hospital staff, Hyla and Suzanne set out to transform the patient experience in Radiation Oncology and then Medical Oncology.

The transformations began with the physical environment. Both departments were renovated, incorporating healing colors, beautiful photographs of nature, specialized lighting and updated finishes to enrich the overall look of the facility. “Research shows that light, colors and artwork are soothing to people’s minds as well as their bodies,” Suzanne says.

Based on feedback from staff and patients, the focus shifted to embracing the patients directly. Twice daily, volunteers make the rounds with a Comfort Cart, offering healthy snacks and games along with a listening ear for patients and loved ones. Beautiful and comfortable robes were purchased for patients receiving radiation treatment.

At the start of treatment, patients are given special welcome kits designed to meet specific needs for people undergoing radiation therapy or chemotherapy. And, for every patient’s final treatment, graduation gifts are given to celebrate the milestone.

Comfort Project 360 continues to grow and evolve, providing new offerings to cancer patients at SBMC. This fall, the group will be expanding their involvement with the hospital and entering the arena of cancer prevention by providing services to the newly renovated Breast Center at the Barnabas Health Ambulatory Care Center. To that end, they’re carefully studying the facility and planning to launch a program similar to the Comfort Cart in that location.

“Saint Barnabas Medical Center is committed to providing outstanding care and clinical excellence,” says Michael Scoppetuolo Jr., MD, Medical Director of the Cancer Center at SBMC. “Our partnership with Comfort Project 360 has enhanced our healing environment and expanded the programs and services we offer.”

Says Hyla, “The future of Comfort Project 360 is so bright, because there are endless opportunities for us to meet the needs of patients.”

To donate to or learn more about Comfort Project 360, call 973.322.4330 or visit www.rwjbh.org/giving.





WHAT YOU MAY NOT KNOW ABOUT CHOLESTEROL

MANAGE THESE MOLECULES NOW FOR A BIG PAYOFF LATER IN LIFE.

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



DAVID FELDMAN, MD

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



PUMPKIN POWER

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.”

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.”

Whoever your heart beats for, our hearts beat for you. To connect with one of New Jersey’s top cardiac specialists, call **888.724.7123** or visit **www.rwjbh.org/heart**.





HELPING SENIORS STAY HEALTHY

HOW THE ANNUAL WELLNESS VISIT CAN LEAD TO IMPROVED HEALTH ALL YEAR LONG

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



JESSICA ISRAEL, MD

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 (RWJBH) 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



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.

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?’”

To learn more about senior healthcare and geriatric medicine at RWJBarnabas Health, visit www.rwjbh.org/seniorhealth.





GAME ON!

**RWJBARNABAS HEALTH
HELPS BRING SOCCER
FIELDS TO URBAN
NEIGHBORHOODS.**

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



Opposite page and above, local children and officials participated in field openings in urban neighborhoods in Newark, New Brunswick and Hamilton.

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.





RWJBarnabas Health, together with Rutgers Cancer Institute of New Jersey—the state’s only NCI-Designated Comprehensive Cancer Center—provides close-to-home access to the latest treatment options. To learn more, call 844.CANCERNJ or visit www.rwjbh.org/beatcancer.



BUILDING THE FUTURE OF CANCER CARE

A NEW CANCER HUB IN NEW BRUNSWICK WILL BE A MODEL FOR MULTIDISCIPLINARY CARE.



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—



Opposite page, renderings of the new center and scenes from the ceremonial groundbreaking. Above, left to right: cancer survivor Keosha Doyle, who was treated at Rutgers Cancer Institute of New Jersey; Barry Ostrowsky, President and CEO, RWJBH, with Sheryl and Jack Morris and Steven K. Libutti, MD, Director, Rutgers Cancer Institute of New Jersey and Senior Vice President of Oncology Services at RWJBH; Jack Morris delivers remarks at the event.

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,



Specialists at the Chronic Illness Management Program at Children's Specialized Hospital coached Ariely in nutrition, exercise and more to help her learn to live well with Type 2 diabetes.



An RWJBarnabas Health facility

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.”

For more information about Children's Specialized Hospital, call **888.244.5373** or visit www.rwjbh.org/childrensspecialized.

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.



YOUR KNEE HURTS. WHAT'S NEXT?

ORTHOPEDIC EXPERTS HAVE MANY DIFFERENT WAYS TO DEAL WITH JOINT PAIN.

“Some people have the misconception that when you go to an orthopedic surgeon at age 60, you’ll immediately be scheduled for a knee replacement,” says Frank Liporace, MD, Chairman of the Department of Orthopedics at



FRANK LIPORACE, MD



RICHARD YOON, MD

Saint Barnabas Medical Center (SBMC) and a member of RWJBarnabas Health Medical Group. “In fact, there are a number of steps we take first to decipher what the problem is, and then there is a whole range of care we can offer.”

Even before an X-ray is done, the doctor takes a history that can provide information about whether the issue is a ligament, joint cartilage or meniscus problem—or a combination. “In addition to learning what symptoms the patient is experiencing, we consider what result he or she has had from prior treatments,” Dr. Liporace says.

After a diagnosis is made, a customized plan of treatment is created.

“There was a mentality 20 years ago that you start small and work your way up to more invasive treatments,” Dr. Liporace explains. “Now we know that it’s very important to tailor care based on a patient’s need. For some patients, total knee replacement is called for, and less invasive steps would not be appropriate. For many, however, that’s not the case.”

“Our goal is to restore patients’ quality of life,” says Richard Yoon, MD, an orthopedic surgeon at SBMC and a member of RWJBarnabas Health Medical Group. “Whether it be with nonoperative treatment or surgical treatment, we strive to get the diagnosis and plan of care that will get you back to where you want to be.”

A RANGE OF TREATMENT

Nonsurgical treatments can include medications, such as oral or topical anti-inflammatories, or injections that may be cortisone-based or hyaluronic acid-based. Physical therapy to balance muscles related to the knee may also be prescribed. If those aren’t effective, arthroscopy—a minimally invasive technique for knee surgery—is an option.

Don’t resign yourself to living with pain, says Dr. Yoon. “If you’re changing the way you live in order to perform daily activities, that’s a sign that something needs to be done. Are you going down the stairs one at a time? Having trouble after sitting in a car for a while? Having trouble getting on and off the toilet? When you’re at home, do you plan a trip to the bathroom to coincide with getting a drink of water or a snack, so you only have to make one trip, because of the pain? If so, let us help you get moving again without pain.”

“We can offer the whole gamut of care, following all of the evidence-based medicine available, using all the technologies available,” says Dr. Liporace. “We have it all here, along with some of the shortest hospital stays and lowest complication rates in the area.”

To learn more about orthopedic services at Saint Barnabas Medical Center, call 973.322.7005 or visit www.rwjbh.org/ortho.





The SBMC Child Life team: Standing, from left, Beth Smalley, MA, ATR-BC, LCAT, Art Therapist; Melissa Santiago, MS, MT-BC, CCLS, Music Therapist; Bonnie Sacks, RN, BSN, MAS, Clinical Director of Pediatrics and Manager, Child Life and Creative Arts Department; Laura Cunius, MS, CCLS, Child Life Specialist. Seated, from left: Deborah Rizzo, MA, MT-BC, Music Therapist; Caitlin Ridge, BA, CCLS, Child Life Specialist; and Kellie Saracino, BA, CCLS, Child Life Specialist.

BRINGING SMILES TO THE SMALLEST PATIENTS

THE CHILD LIFE TEAM USES A RANGE OF THERAPEUTIC TOOLS TO HELP CHILDREN UNDERGOING MEDICAL TREATMENT.

“Sometimes when people hear about the Child Life team, they think we just play with children. Our work goes far beyond that,” says Bonnie Sacks, RN, BSN, MAS, Clinical Director of Pediatrics and Child Life Manager at Saint Barnabas Medical Center (SBMC).

One of only a few programs in the state to include full-time art and music

therapists and Child Life specialists, the Child Life and Creative Arts Department at SBMC provides a therapeutic component for pediatric and adult patients, their family members and a large special-needs population.

The team has six staff members—three Child Life specialists, two music therapists and an art therapist. They work in the Pediatric Inpatient Unit, Pediatric Intensive Care Unit, Burn Center, Emergency Department, Radiology, Neonatal Intensive Care Unit and more. Here, they share just some of what their work entails.

To learn more about pediatric services at Saint Barnabas Medical Center, visit www.rwjbh.org/sbmcpediatrics.





LAURA CUNIUS, Certified Child Life Specialist: “Early in the morning, I meet pediatric patients and their families in Same Day Surgery. They’ve already seen the doctor and nurses, so they know what will happen medically, but my role is to talk about all the other things that happen during the day that are just as important to the child. Where are they going to go, and what will they see and feel in the OR? How and why will they fall asleep, and where will they wake up?”

The rest of the day, I see pediatric patients throughout the hospital. We focus on how the child is understanding the whole experience of being in a hospital—all the people, the sounds, the smells, the equipment. We break it down and explain it at their own developmental level.

There’s little control for a patient in the hospital when they have to take medicine or have a procedure. We try to give the child some control. It can be as simple as, “Do you want the shot in your left arm or right arm? Do you want to sit on Mom’s lap or sit by yourself?”



MELISSA SANTIAGO, Board Certified Music Therapist: “Our body has rhythm within it naturally—in our heartbeat, in our breathing. Also, the brain processes music in a different area than speech. That’s one reason music can connect with people in a way that conversation doesn’t.

Frequently, the goal of music therapy is relaxation. What’s going to help this patient? They can take deep breaths to ground themselves or direct their focus away from the pain toward the music.

If the patient is hooked up to a monitor, I can match the music’s tempo to their actual heart rate. I will slow the tempo to reduce the patient’s heart rate if that’s the goal. I can do the same thing with a patient’s breathing rate. I do this in the Neonatal Intensive Care Unit with preemies as well.

Music also offers the opportunity for self-expression. We may take a popular song and ask the patient to make up lyrics that express the way they feel. We also provide simple instruments and tell kids to just jam and create their own music. Banging on a drum can get feelings out that the child might not have been able to verbalize.”



BETH SMALLEY, Board Certified Art Therapist: “When I go in to meet a patient, I tell them I’m not an art teacher, and you don’t have to be an artist to make therapeutic art. That takes the pressure off. I also tell them that art doesn’t have to be pretty, and if you have upsetting feelings and want to express them, that’s OK.

I use a variety of materials, depending on the patient’s age and the reason they’re in the hospital. I might give a directive, such as, what does feeling sad look like? We might use medical supplies, such as painting with syringes. If a child is feeling angry or frustrated, we might use clay to express that emotion. The child can create a pain scale they can use to indicate the level of pain they’re feeling.

Before I meet with a patient, I make sure I’ve set goals. It’s not arts and crafts; it’s a therapeutic intervention. There have been many studies about the benefits of creative arts on the body. When patients have the opportunity to process their feelings through the art they make, they can become calmer because they had a chance to process their feelings.”



KELLIE SARACINO, Certified Child Life Specialist: “Because Saint Barnabas Medical Center has the only state-certified burn facility in New Jersey, we see kids from all over. We meet them as soon as they get here and prepare them for what they’re going to see and experience.

We teach the healing process of burns. We bring a baby doll to place burn dressings on it. We have the kids play the role of the burn technician and talk through each step of the process. How is the baby doll going to cope with this? Should I hold the baby doll’s hand or does the baby doll want to watch a video while the dressing is being changed?

It’s very difficult for children, and we validate their feelings. We tell them we know it’s hard for them and remind them of the important steps of their recovery and what a wonderful job they’re doing in order to get better.

Parents are typically here for these educational sessions so they can continue the discussions when we’re not around. We also have separate discussions with parents regarding their own coping, because it’s very hard for them to see their child in this situation.”



David Simpson, prostate cancer survivor, shows off his catch in the Delaware Highlands.

LIFE AFTER PROSTATE CANCER

ADVANCED RADIATION THERAPY ALLOWS A LOCAL MAN TO GET BACK TO HIS HOBBIES.

David Simpson, 68, takes an active retirement to a whole new level. On any given day, the Florham Park resident may be skiing, biking, hiking, fishing, golfing, kayaking or spending time with his wife, JoAnne, their two daughters and three grandchildren. “I’m a man with too many hobbies,” David says with a chuckle.

In early 2018, he added another hobby to his list: health detective.

Because his father had battled prostate cancer years earlier, David knew the benefit of regular screening. He’d asked his family doctor for yearly prostate-specific antigen (PSA) blood tests, which physicians use to find prostate cancer at its earliest stages. Though every individual is different, a PSA level under 4 is generally considered healthy.

“Over the years my PSA level went from 2 to 3 to 5,” David says. “Early in 2018, it was 6.4, so my family doctor asked me to see a urologist.” A biopsy revealed that David had prostate cancer.

“They gave me the choice to do nothing and wait to see if the PSA levels increased and the cancer spread, or to get it treated,” David says. “I said, ‘Why wait?’”

LOOKING AT OPTIONS

Before deciding on a treatment option, David put on his detective hat. He scoured the internet for information and met with four different doctors. He also talked to friends, some of whom had battled prostate cancer with varying degrees of success.

“I investigated the pros and cons of every treatment out there,” he says. “I was worried about side effects like incontinence and sexual dysfunction and wanted the best chance of avoiding them.”



ALISON GRANN, MD

Eventually, he met with Alison Grann, MD, Chair of the Department of

Radiation Oncology at Saint Barnabas Medical Center, who is also the Director of Network Integration and Quality, Radiation Oncology, Northern Region, at RWJBarnabas Health. Dr. Grann suggested a treatment called CyberKnife®.

Despite the word “knife,” CyberKnife doesn’t involve any cutting. Instead, it’s a form of stereotactic body radiation therapy, a very precise method that delivers radiation directly where it’s needed and spares healthy tissue. In David’s case, radiation would target the prostate while avoiding the bladder and rectum. Dr. Grann’s team also uses SpaceOAR Hydrogel, which temporarily positions the anterior rectal wall away from the prostate during radiation therapy, significantly reducing the rectum’s exposure.

CyberKnife is a small radiation machine located on top of a robot. During treatment, patients lie faceup on a table inside a radiation oncology suite while the robot rotates around the patient in any direction, taking images every 10 seconds to guide the proper delivery of radiation.

“The prostate’s position in the body causes it to move around a lot. Even a gas bubble can cause movement,” Dr. Grann explains. “CyberKnife allows us to track the motion of the prostate so we can ensure high doses of radiation get sent safely to just the prostate. And because CyberKnife moves around the patient, it can deliver radiation from different angles.”

While older methods of radiation therapy required nine weeks of treatment, most CyberKnife patients need only five treatments, each one lasting 25 to 40 minutes.

“Many studies had shown that higher and more accurate doses of radiation for

RWJBarnabas Health and the Cancer Center at Saint Barnabas Medical Center, together with Rutgers Cancer Institute of New Jersey—the state’s only NCI-Designated Comprehensive Cancer Center—provide close-to-home access to the latest treatment options. To learn more, call 844.CANCERNJ or visit www.rwjbh.org/heatcancer.**

shorter periods of time were safer,” Dr. Grann says. “CyberKnife is an excellent technology to ensure that treatment is delivered safely.”

Dr. Grann has been using CyberKnife for five years with impressive results. “It’s a viable treatment option for people like David who have low-risk prostate cancer and want to continue their lives with minimal inconvenience,” she says.

BRIEF TREATMENT

Once David met Dr. Grann and learned about CyberKnife, he knew it was right for him. “Dr. Grann took me inside the ‘control room’—it looked like they were getting ready for a NASA space launch,” he says. “Dr. Grann was very personable, and the medical center is just 10 minutes from my house. It’s where my daughters were born. I liked everything about it.”

David’s CyberKnife treatments lasted just two-and-a-half weeks. While all prostate cancer treatments carry the risk of sexual dysfunction—and all radiation can bring side effects such as frequent urination or inflammation of the prostate gland—David had no side effects.

“I’d lie there for an hour during radiation, listen to my choice of music, then I’d drive home,” he says. “I’d be tired and a little sore, but that was all.”

A blood test three months after treatment revealed that David’s PSA level had gone down to 0.5. Now it’s at 0.3, a sign that his prostate cancer is in remission. “Dr. Grann says that once she sees a number of 1 or less, it won’t likely change,” he says.

Today, David has new hobbies and is more active than ever. And he has a message for other men with prostate cancer. “Don’t wait,” he says. “Get it taken care of.”



To learn more about CyberKnife at Saint Barnabas Medical Center, call **973.322.5630** or visit www.rwjbh.org/cyberknife.

MitraClip recipient
Chris Pelletiere at
his home studio in
Montclair.



STATE-OF-THE-ART HEART VALVE REPAIR

HOW A LEAKY MITRAL VALVE CAN BE TREATED WITHOUT MAJOR SURGERY

When he's in the downstairs art studio of his Montclair home, Chris Pelletiere, 79, creates vibrant collages that capture the energy and movement of transit commuters. But last summer, Chris noticed a decline in his own energy level.

"I was getting short of breath climbing the stairs," he says. "I had to sit down after every walk, no matter how short it was. I couldn't exercise. I felt like I was 100 years old."

Chris assumed the problem was heart-related. He'd had a coronary stent and pacemaker-defibrillator (ICD) implanted in 2018 to control his heart's rhythm after he had experienced cardiac arrest. One year later, that ICD saved his life when it treated a second life-threatening arrhythmia. He recovered well from both episodes and worked his way back up to two-mile-a-day walks, which is why his fatigue came as a surprise.

To find answers, he turned to David Dobesh, MD, a cardiologist at RWJBarnabas Health and a member of RWJBarnabas Health Medical Group. "He did an echocardiogram and showed me that my mitral valve was leaking," Chris recalls. "Then he said he could repair it with MitraClip. I had never heard of it before."

A MINIMALLY INVASIVE FIX

Types of mitral valve disease include mitral regurgitation, which is a backward leakage of blood, from structural (degenerative) disease



DAVID DOBESH, MD

due to valve deterioration and from functional mitral valve disease, which can be caused over time by congestive heart failure. Chris had the latter condition.

MitraClip is approved by the U.S. Food and Drug Administration for both of these conditions. It's a tiny device—smaller than a dime—that literally clips a leaky mitral valve to restore the valve integrity.

"The mitral valve has two leaflets, or flaps—anterior and posterior—that are designed to come together and close like a one-way door," Dr. Dobesh explains. "Over time, the valve can leak in between the two leaflets, impairing performance of the heart." MitraClip essentially closes that gap through the placement of one or more clips.

Before MitraClip, the only way to treat a leaky mitral valve was through open-heart surgery. "But the older a person gets, the harder it is to recover from a major operation," Dr. Dobesh says.

During the MitraClip procedure, the doctor inserts a small tube, called a catheter, into the right leg vein and guides it up to the heart. He then navigates the clip through the catheter.

"The delivery mechanism, guided by a special ultrasound called transesophageal echocardiogram, allows us to place the clips in just the right position," Dr. Dobesh says.

IMPROVED OUTCOMES

Dr. Dobesh first performed the MitraClip procedure in 2018. Since then, he's completed more than 100 successful MitraClip implants at Saint Barnabas Medical Center and at Newark Beth Israel Medical Center, and he expects to offer MitraClip at Jersey City Medical Center starting next year.

A clinical trial determined that MitraClip leads to a 33 percent reduction in heart failure mortality and a 51 percent reduced risk for heart failure hospitalization. According to another study, patients receiving MitraClip are more than twice as likely to experience a large improvement

in quality of life. "MitraClip leads to fewer complications, fewer days in the hospital and faster recovery than open-heart surgery," Dr. Dobesh says.

The RWJBarnabas Health cardiac program takes a team approach to MitraClip, with electrophysiologists, interventional cardiologists, cardiac surgeons, imaging cardiologists, nurses and anesthesiologists all playing a role in creating optimal patient outcomes.

"Over the past year, we've achieved an average reduction of severity of patients' mitral valve regurgitation by 2.9 grades," Dr. Dobesh says. "That exceeds the national average of 2.6."

BACK TO NORMAL

Despite the fact that Chris had never heard of MitraClip, he had faith in his cardiologist. "Dr. Dobesh was very personable. There was something about him that just made me comfortable," he says.

In March, Dr. Dobesh performed the MitraClip procedure on Chris. "It was kind of miraculous," Chris says. "I woke up the next morning and I thought, God, I feel great!" He went home the day after the procedure.

Prior to the procedure, Chris's heart function was between 25 and 30 percent. Follow-up testing two months after the procedure showed that his heart function had climbed to 56 percent. "That's the normal range," Dr. Dobesh says.

Today, Chris is back to walking a mile and a half, and taking the stairs to and from his art studio is a breeze. "Everything is like magic now," he says. "It's incredible."

"Many patients get to the point where Chris was and assume their symptoms are caused because they're getting older," Dr. Dobesh says. "But Chris is a great example that you're never too old to have a heart valve repaired."

Whoever your heart beats for, our hearts beat for you. To connect with a top cardiovascular specialist at RWJBarnabas Health, call **888.724.7123** or visit **www.rwjbh.org/heart**.



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