

A Publication of
**NEWARK BETH ISRAEL MEDICAL
CENTER AND CHILDREN'S
HOSPITAL OF NEW JERSEY**

Spring 2021

1 healthy together

**MEDICAL
EMERGENCY?
HOW TO TELL**

**HEART
TRANSPLANT
HAPPY ENDING**

**GROW YOUR OWN
VEGETABLES**

**SAVE LIVES
CHOOSE VACCINATION**

Let's Beat COVID-19

The development of COVID-19 vaccines is one of the greatest achievements in medical science. At RWJBarnabas Health, we're proud to be a key part of the effort to get the vaccine into the arms of all eligible people in New Jersey.

We also remain committed to fighting the spread of the disease. That's why we join with the Centers for Disease Control and Prevention in urging everyone, whether vaccinated or not, to continue with the simple precautions we know are effective in preventing the spread of the coronavirus:

- Wear a mask.
- Stay at least six feet apart from people who don't live with you and avoid crowds.
- Wash your hands thoroughly and often; use a hand sanitizer if soap and water aren't available.

The reason for this continued caution: In some cases, COVID-19 vaccines may protect against severe infection, but may not necessarily prevent mild or asymptomatic infection. If this is the case, an infected person could still spread the virus.

At Newark Beth Israel Medical Center, we encourage everyone to make an informed decision about vaccination. The vaccine is safe and effective. We opened our vaccination clinic on December 21, and since then we have vaccinated thousands of our physicians, nurses, employees and community members against this deadly virus. Today, because of our commitment to safety, we are one step closer to a return to normal life, a return to family dinners, graduations and vacation getaways.

It will take all of us working together as a community to minimize the ongoing effects of COVID-19. Together, we can protect friends, family and neighbors and end this pandemic.

Yours in good health,

BARRY H. OSTROWSKY
PRESIDENT AND CHIEF EXECUTIVE OFFICER
RWJBARNABAS HEALTH



DARRELL K. TERRY, SR.
PRESIDENT AND CHIEF EXECUTIVE OFFICER
NEWARK BETH ISRAEL MEDICAL CENTER
AND CHILDREN'S HOSPITAL OF NEW JERSEY



HEALTH NEWS

NEWARK BETH ISRAEL MEDICAL CENTER ACHIEVES NATIONAL RECOGNITION

GOLD SEAL OF APPROVAL FOR HOSPITAL ACCREDITATION

Newark Beth Israel Medical Center (NBI) and Children's Hospital of New Jersey has received The Joint Commission's Gold Seal of Approval for Accreditation by demonstrating continuous compliance with its performance standards.



This Gold Seal, a symbol of quality achieved through a rigorous on-site review by a panel of healthcare experts, demonstrates our commitment to continuous quality improvement efforts in patient safety and quality of care.

In addition, NBI holds Disease Specific Care (DSC) Certification in the following categories, where we meet the rigorous standards of the world's preeminent accreditation and certification organization.

- CONGESTIVE HEART FAILURE
- STROKE
- VENTRICULAR ASSIST DEVICE

WORLD'S BEST HOSPITAL—AGAIN

Newark Beth Israel Medical Center has been named one of the World's Best Hospitals 2021 by *Newsweek* magazine, marking three years in a row that the medical center has received this recognition.



NBI has long been a center of excellence and a destination center for the most advanced cardiac care, heart and lung transplant, comprehensive cancer care and pediatric specialties at Children's Hospital of New Jersey.

Newark Beth Israel Medical Center | **RWJBarnabas HEALTH**
Children's Hospital of New Jersey

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- Newark Beth Israel Medical Center

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VACCINATING NEW JERSEY

AS AVAILABILITY INCREASES, EXPERTS HAVE ONE STRONG MESSAGE FOR THE PUBLIC: GET THE SHOT.

“At the outset, we knew we would be helping with the COVID-19 vaccination effort,” says John Bonamo, MD, MS, Executive Vice President and Chief Medical and Quality Officer at RWJBarnabas Health (RWJBH). “But we weren’t aware just how much the state would be relying on healthcare systems to make this happen.”

Just as they did when the pandemic first hit, the experts at RWJBH rose to the challenge. “We opened our first vaccine clinic the week the vaccine came out in December,” he recounts. “Then we opened clinics at each of our 11 acute care hospitals.”

RWJBH is also administering the vaccine at the Middlesex County megasite in Edison, which it runs; the former Sears in the Livingston Mall; RWJBarnabas Health Arena in Toms River; Brookdale Community College in Monmouth

County; and smaller clinics, including in Bayonne and in the Greenville section of Jersey City.

“We’re also assisting municipal efforts in four counties—Ocean, Somerset, Essex

and Monmouth—by providing some or all vaccinators for their clinics,” Dr. Bonamo says, “and we’re partnering with the state, the National Guard and others. In addition, we’ve applied for more vaccination sites for physician offices.”

As of mid-March, RWJBH had already vaccinated approximately 150,500 people and was vaccinating more at the rate of 2,000 a day at its hospitals and 4,000 a day at the Edison megasite. However, Dr. Bonamo says that number will increase significantly as vaccine availability does. “We’re ramping up,” he says. “We’re in this to get it done.”

By summer, Dr. Bonamo says, vaccine supplies will make it available to all who want it. The challenge will shift to making sure everyone who’s eligible chooses to be vaccinated.

DISPELLING FEARS

“Many people started out with ‘vaccine hesitancy’—they wanted to see how other people did with the vaccine first,” says Dr. Bonamo. “As they saw others feeling good about having had the vaccine, they became more open to it.” That led to the

clamor for vaccination appointments the state saw in the winter.

Vaccine hesitancy persists, however. “There’s understandable mistrust, especially in the black community, born of all the social inequity and healthcare injustice that has happened over the years,” he says. “We’re working hard to dispel that with all kinds of outreach and town halls being done by healthcare professionals of color.”

Older adults should prioritize getting the vaccine, Dr. Bonamo says. “The years they have are precious, and many seniors who got COVID-19 did not do well,” he says. “Often, that’s because they have at least one other comorbidity—diabetes, hypertension, heart disease, kidney disease, lung disease or obesity—that contributes to their risk.”

Dr. Bonamo emphasizes that his message isn’t just for certain groups, but for everybody who’s eligible for the vaccine. “Get vaccinated,” he says. “That’s it. It’s safe, it’s smart, it’s advanced science and it’s the right thing to do to protect yourself and your family.”



JOHN BONAMO, MD

To learn more or to make a vaccination appointment, visit www.rwjbh.org/covid19.





IS YOUR CHILD AT RISK FOR GAINING WEIGHT?

HEALTHIER HABITS START WITH SMALL STEPS—AND ADULT HELP.

For children, the COVID-19 pandemic has meant less exercise and socializing, and more screen time and snacking. Those factors put children at risk for weight gain and, potentially, health issues such as Type 2 diabetes. Children and adolescents with obesity are also more at risk for severe COVID-19 infection.

Statistics about the rate of children's pandemic-related weight gain are not yet available. "It's hard to gauge, since



ANGELA VERARDO, MD

many patients are accessing their physicians via telehealth during this pandemic," says Angela Verardo, MD, a pediatric endocrinologist at Children's

Hospital of New Jersey at Newark Beth Israel Medical Center and a member of RWJBarnabas Health Medical Group. "Others have put off seeing their pediatricians for routine care, only coming in for acute concerns."

However, the most recent statistics from the Centers for Disease Control and Prevention found that 18.5 percent of American children aged 2-19 are obese, a percentage that has more than tripled since the 1970s. The journal *Obesity* published research projecting the obesity rate would rise more than 4 percent during the pandemic if children remained out of school for only five months.

THE ADULTS' ROLE

Children find it difficult to moderate their own behavior, so providing structure is a key component of fighting obesity, Dr. Verardo says. Together,

families can incorporate daily routines, such as planned times for meals and meal preparation, regular walks and family activities, and regular bedtimes.

"Obesity involves many environmental factors, so when I suggest changes, they are often for the entire family, not just the child," she says. "It's also important for parents to model good behavior for their children. Eating well and exercising help both adults and children cope with stress and stay healthy."

Knowing how difficult the pandemic has likely been for parents, however, Dr. Verardo takes care to deliver advice gently. "I'm aware that the family may take the assessment personally, and I don't want them to see it as a failure of parenting," she says. "I tend not to focus on the scale when working with patients, but rather on biochemical evidence about cholesterol and sugars. And I start by recommending small steps that can create meaningful change."

These steps include cutting down on high-calorie drinks and making healthy snacks available, such as trail mix, nuts and cut-up fruits and vegetables with yogurt dip. Parents and guardians can make time for daily movement with children, such as taking a walk, following along to an online exercise class or turning chores into a competitive race or game.

Some of these steps can be money-savers as well. "Many people have lost their jobs or have had cuts in pay," Dr. Verardo notes. "When schools aren't open, families who rely on breakfast and lunch programs may need to look for other food choices. Cutting out sugary beverages is an example of a change that can also save money. Another is using frozen fruits and veggies when fresh produce isn't available."

She also urges parents not to be too hard on themselves. "Trying to juggle work and children who are without a normal school day is challenging," she says. "Most parents are doing the best they can. These small actions can make healthy habits easier."

To find a pediatrician or pediatric obesity specialist at Children's Hospital of New Jersey at Newark Beth Israel Medical Center, call **973.926.7280** or visit www.rwjbh.org/newarkbeth.





Participants in Senior Wellness Connection are encouraged to send photos of themselves in a quarterly contest with prizes. At left, Gwendolyn Garretson, dressed as a New Year's reveler, was the runner-up in a recent holiday-themed contest, and George Hardin, costumed as Santa, was the winner.

after week, and the feedback has been amazing.”

HEALTHY TIPS

Information about the class has spread by word of mouth. “Participants tell their relatives, neighbors and friends,” Basedow says. “People who work in NBI’s geriatrics division tell their patients. Community groups tell their members.”

Senior citizens embrace the health information the program provides. One recent class focused on carbohydrates, a particular area of interest for people with diabetes. Basedow provided guidelines for portion sizes, explained why fresh fruit is preferable to fruit juice, and more. Other topics have included COVID-19, colon cancer screening, heart health and Alzheimer’s disease.

There’s time for lighthearted topics, too, such as sharing favorite childhood memories. “We received an email from a participant after that call, telling us how much she enjoyed it and how she happily teared up thinking about her own childhood memories,” Basedow says.

Basedow and her colleagues are exploring ways to expand the offerings of Senior Wellness Connection and to help older adults access NBI video classes on cooking and exercise.

For now and going forward, however, a simple cell phone is all that’s needed for seniors to connect with this free program that addresses physical, mental and social needs. “When we ask people for feedback, they say they don’t have any suggestions,” Basedow says. “They tell us, ‘We love what you’re doing. Just keep doing it.’”

CONNECTING WITH OLDER ADULTS

A WEEKLY VIRTUAL MEETING BRINGS SENIORS TOGETHER DURING THE PANDEMIC.

The word of the day was “handsel.” “It means a gift or token of luck, usually given at the beginning of a new year,” Karen Basedow, MS, RD, CDE, Wellness Nutritionist at Newark Beth Israel Medical Center (NBI), explained to the senior citizens in the virtual meeting.

A brain-building word of the day opens each weekly Senior Wellness Connection meeting. The participants share news, learn essential health information and get an opportunity to socialize with peers in similar situations. Attendance is taken at the start of each meeting, and those who complete three classes receive ShopRite gift cards.

Senior Wellness Connection, made possible by a generous grant from the Grotta Fund for Senior Care, was created to respond to challenges older adults have been facing during the COVID-19 pandemic. If anyone was concerned that having a virtual event might prove an obstacle for older adults, they needn’t have

been. Participants who don’t have computers—the majority—simply phone in to a group call. More than 100 people attend each week.

The classes have been so popular that NBI has had to create two smaller follow-up classes—one on Tuesday, one on Thursday—so seniors have a chance to talk further with each other and to ask questions about the Monday program.

“Many seniors, even healthy ones, have been homebound during the pandemic,” Basedow explains. “Bus rides to farmers markets, the mall and other places have been suspended. They can’t socialize at church or at the community center.

“We knew there was a need for a program like this,” she says. “We didn’t know people would love it as much as they do. People are coming back week

To learn more or to register for Senior Wellness Connection, call **973.926.6771**.





DRESS THEM UP

"You can make a quick, delicious vinaigrette for your garden greens from ingredients you already have, and avoid bottled dressings that are loaded with preservatives, sugar and sodium," says Molly Fallon Dixon, MS, RDN, Community Wellness Coordinator at Newark Beth Israel's Rev. Dr. Ronald B. Christian Community Health and Wellness Center. In a jar with a tight-fitting lid, add the ingredients and shake well to combine. Store in the refrigerator for up to a week.

CHOOSE 1:

¾ CUP OF...

Olive Oil
Avocado Oil
Walnut Oil



CHOOSE 1:

¼ CUP OF...

Balsamic Vinegar
Apple Cider Vinegar
Red Wine Vinegar



CHOOSE 1-2:

1 TABLESPOON OF...

Dijon Mustard
Honey
Lemon Juice
Orange Juice
Minced Shallots
Finely Chopped Basil



CHOOSE 2-3:

¼ TEASPOON OF...

Salt
Black Pepper
Dried Oregano
Dried Thyme
Garlic Powder
Onion Powder
Paprika
Celery Seeds

YES, YOU CAN GROW YOUR OWN VEGETABLES

IT'S EASIER THAN YOU THINK AND WILL HELP NURTURE BOTH BODY AND SOUL.

There are plenty of great reasons to start a garden. Specifically, a container garden that you can place wherever you like, whether on your porch, deck or balcony or in your backyard, providing that sun and water are available.

"With container gardening, you don't need to worry about the kind of soil you have on your property—you control the type of soil," explains Lorraine Gibbons, Community Wellness Coordinator at The Beth Greenhouse at Newark Beth Israel Medical Center. "And you don't need to buy a lot of tools."

Moreover, since food starts losing its nutritional value as soon as it's harvested, plants you've grown and picked yourself are at peak nutrition. "Tomatoes, cucumbers and peppers are nice and easy to begin a garden with," says Gibbons. "So are lettuce, collard greens and kale. You can also grow favorite vegetables that might not be readily available, such as Scotch peppers or callaloo."

Gardening is good for a person's state of mind as well. "It's therapeutic and calming to work with the soil and be outside," Gibbons says. "You get a great deal of satisfaction as you see the plants grow, then prepare and eat them."



Fresh produce is available at The Beth Greenhouse Farmers Market at the corner of Osborne Terrace and Lehigh Avenue. Spring virtual pickup on Thursdays, SNAP benefits accepted. For information, call **973.926.7371**.

HOW TO BEGIN YOUR CONTAINER GARDEN

1 CHOOSE YOUR CONTAINERS.

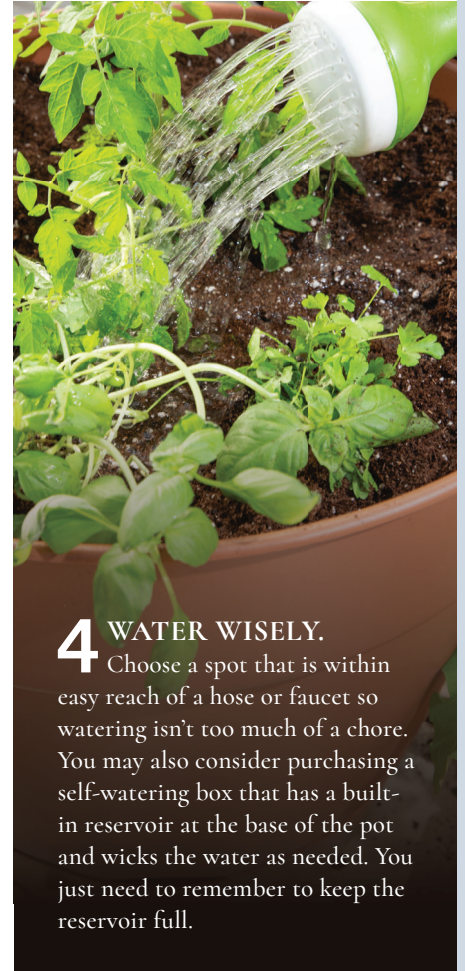
Plastic or clay pots, buckets, baskets and wooden boxes are suitable for most vegetables. Herbs grow well in small pots and can even be grown on your windowsill. Large plants, such as eggplant or peppers, will probably grow best if given their own container.

Drainage is key! Containers should have one large hole or several smaller ones located at the base. This allows you to give plants a good drenching, while excess water runs out of the bottom so plants won't sit in soggy soil and succumb to root rot.



2 USE GOOD-QUALITY POTTING SOIL.

Do not use ordinary garden soil because it will compact in your container and won't drain water properly. Most store-bought potting soils contain a slow-release fertilizer for the first growing season. If your soil doesn't, you will need to add an organic, granular fertilizer into your containers from top to bottom before planting your seedlings. Add a diluted liquid fertilizer every few weeks during the height of the growing season.



4 WATER WISELY.

Choose a spot that is within easy reach of a hose or faucet so watering isn't too much of a chore. You may also consider purchasing a self-watering box that has a built-in reservoir at the base of the pot and wicks the water as needed. You just need to remember to keep the reservoir full.

3 PLANT YOUR PLANT STARTS (SEEDLINGS).

Stand-alone garden centers and big-box stores that have garden centers have a good variety of high-quality plant starts and seeds. While you can grow just about anything in a container, it pays to select varieties that are bred for growing in tight quarters. Consider growing *determinate* varieties of tomatoes, which will grow to a predetermined height. Planting bush varieties of cucumbers or beans will minimize the need for staking and pruning.

Fruiting vegetables, such as cucumbers and tomatoes, will need six to eight hours of direct sunlight a day and be ready for harvest in two to three months. Leafy greens or root crops can thrive with four to six hours of sunlight per day and can be harvested in their baby stage at three or four weeks or allowed to grow until full maturity at six weeks.



How does your garden grow? At left and above, Community Wellness Coordinator Lorraine Gibbons demonstrates at The Beth Greenhouse.

Create a healthy tomorrow by leaving a lasting legacy today.

Help ensure that the next generation has easy access to extraordinary health care by including Newark Beth Israel Medical Center or Children's Hospital of New Jersey in your estate plans. You can create your legacy today by including the medical center as a partial beneficiary of your will or retirement account. It's simple. It's impactful. It's lasting.

For more information, please contact Greg Ellmer at **973-322-4302** or **Gregory.Ellmer@rwjbh.org**. Information is also available online by visiting **newarkbethgiving.org**

**Newark Beth Israel
Medical Center
Children's Hospital
of New Jersey**

**RWJBarnabas
HEALTH**





HEART RACING? IT COULD BE YOUR MEDICATION

BRIEF PERIODS OF INCREASED HEART RATE ARE COMMON AND HAVE A VARIETY OF CAUSES.

Everyone experiences an increased heart rate at some point. You exercise, and your heart rate increases. You become frightened or stressed, and your heart beats faster. You might experience the increased heart rate as a skipped beat, a flutter or a pounding in your chest.

“A temporary increase in heart rate has many causes,” says David Dobesh, MD, Chief of Cardiac Electrophysiology at Jersey City Medical Center and a member of RWJBarnabas Health Medical Group with offices in Jersey City and West Orange. “Emotional stress, physical stress, psychological stress, even things like caffeine, nicotine, too much alcohol or fever. Your body is performing a complex balancing act with your pulse.”



DAVID DOBESH, MD

A lesser-known but common source of increased heart rate is medication, including some kinds of over-the-counter medicines and certain prescriptions. “People should be aware that some medicines do


briefly increase your heart rate,” says Dr. Dobesh, “and usually those episodes are not something you should be concerned about.”

POSSIBLE CAUSES

Common medications that may increase heart rate for a short period of time include:

- Decongestants, specifically those that contain pseudoephedrine, a stimulant. “If the decongestant has a capital ‘D’ at the end of its name, it contains this ingredient,” says Dr. Dobesh.
 - Some inhalers for asthma, emphysema or COPD (chronic obstructive pulmonary disease).
 - Theophylline, an oral asthma medication.
 - Medications for ADHD (attention deficit hyperactivity disorder).
 - Diuretic medications (used to help prevent fluid retention) could result in dehydration, says Dr. Dobesh.
 - Some blood pressure medications may inadvertently lower blood pressure too much.
- “If your pressure is very low from either dehydration or overmedication, the body will respond by increasing the heart rate to compensate,” he explains.

WHAT IS TACHYCARDIA?



For most people, a heart rate between 60 and 100 beats per minute (bpm) is normal. When your heart beats more than 100 bpm for reasons unrelated to physiological stress, that’s known as tachycardia, from the Greek words for “swift” and “heart.”

If increased heart rate is a concern, basic testing, such as an electrocardiogram or blood work, can be done to determine whether you should be referred to an electrophysiologist—a cardiologist who specializes in heart rhythms. The electrophysiologist will look for possible types of tachycardia that are caused by an abnormality of the heart itself and can affect how well the heart pumps blood.

Examples include atrial fibrillation (AFib), atrial flutter and supraventricular tachycardia (SVT). A wide range of treatments may be considered, including lifestyle changes, medications and medical and surgical procedures.

“Some medications carry warning labels about increased heart rate but in practice this side effect is unusual,” Dr. Dobesh says. “These include certain antidepressants and also thyroid medications, which will not usually increase heart rate if they’re taken at the recommended dose.”

Similarly, herbal supplements such as ginseng, valerian root and orange bitters should not increase heart rate when taken in normal doses, he says.

While a short-term increase in heart rate from medication or emotional or physical stress is normal, increased heart rate that lasts for a long time is not. “If you’re repeatedly feeling symptoms of a racing heartbeat that make you uncomfortable, tell your doctor,” advises Dr. Dobesh. “Further testing may be appropriate.”

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



EXPECT OUTSTANDING CANCER CARE

THE NCI COMPREHENSIVE CANCER CENTER DESIGNATION CARRIES
A WORLD OF MEANING FOR PATIENTS AND FAMILIES.

The National Cancer Institute (NCI) Comprehensive Cancer Center designation is the highest credential a U.S. cancer center can attain. But what does it mean for a patient?

“For a cancer patient, the question of where to be treated can be terribly confusing. The NCI designation tells a layperson that the institution is among the top centers in the country for delivering cancer care and performing research,” says Steven K. Libutti, MD, Senior Vice President, Oncology Services, for RWJBarnabas Health (RWJBH) and Director, Rutgers Cancer Institute of New Jersey—the state’s only NCI-Designated Comprehensive Cancer Center.



STEVEN K. LIBUTTI, MD

Though Rutgers Cancer Institute is located in New Brunswick, the beneficial effects of its research, clinical trials and advanced treatments are felt throughout New Jersey thanks to its

unique partnership with RWJBH.

“The beauty of our partnership is that Rutgers Cancer Institute is fully integrated with each of the healthcare system’s 11 hospitals,” Dr. Libutti explains. “When a patient is being treated at any RWJBarnabas facility, he or she has an entryway to an NCI-Designated Comprehensive Cancer Center and will get the same level of care and access to advanced treatments and clinical trials.”

PERSONALIZED CARE

For all their mastery of technology and treatments, the healthcare providers at RWJBH and Rutgers Cancer Institute never lose sight of the human element. “Our whole goal is to provide personalized care not only for the type of cancer you have, but for you as a

patient,” says Dr. Libutti.

Nurse navigators “reduce the burden of diagnosis,” he explains, by working with the patient throughout treatment, coordinating appointments and ensuring that specialists involved have the information they need. “We wrap the patient in a plan of care created just for him or her,” Dr. Libutti says.

Patients who want to know more about their treatment options through RWJBH and Rutgers Cancer Institute can call the Oncology Access Center at 844.CANCERNJ (844.226.2376), where oncology specialists stand ready to help determine the next steps. “That number is our ‘Easy Button,’ our way to put you on the first step to a successful outcome,” says Dr. Libutti. “We’re only a phone call away.”



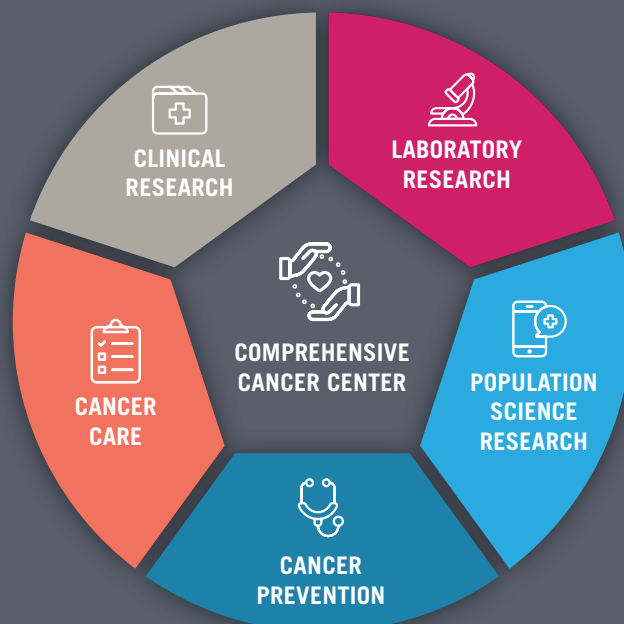
A Cancer Center Designated by the
National Cancer Institute

BADGE OF HONOR

A Comprehensive Cancer Center designation from the National Cancer Institute places an organization among the top tier of cancer institutions in the country. Rutgers Cancer Institute, together with RWJBarnabas Health, is the only Comprehensive Cancer Center in the state of New Jersey.

ELEMENTS OF A COMPREHENSIVE CANCER CENTER

The designation requires the highest level of achievement in five areas:



THE DESIGNATION MADE A DIFFERENCE

These survivors are among many who have had the benefit of cutting-edge research, clinical trials and care through the RWJBarnabas Health and Rutgers Cancer Institute partnership.



A RARE T-CELL LYMPHOMA

Ling Jin needed treatment for a rare and aggressive form of T-cell lymphoma, requiring high-dose chemotherapy and radiation treatments in preparation for an allogeneic stem cell transplantation, sometimes referred to as a bone marrow transplant. As she underwent chemotherapy, a lymphoma was discovered behind her eye, which was resolved through brief and highly targeted proton beam therapy.

After an extensive database search, an appropriate donor for bone marrow cells was found, and last June, Ling had a successful stem cell transplant at Rutgers Cancer Institute.



BREAST CANCER WHILE PREGNANT

Breast cancer survivor Liz Tague found out she was pregnant—and soon after, learned that her breast cancer had recurred. After consulting with an oncologist in New York, Liz opted to have her treatment closer to home, guided by Rutgers Cancer Institute and RWJBarnabas Health.

Following a lumpectomy and chemotherapy, Liz gave birth to a healthy son. Now it was time to consider radiation therapy to prevent further recurrence. Her doctors proposed proton beam therapy, which can be precisely targeted to spare previously irradiated tissues. Three years later, Liz is back to work as a teacher and enjoying family time with her toddler.



STAGE 4 KIDNEY CANCER

Jim Gritschke was fit and active, but weight loss and sharp pains in his right leg led him to an orthopedic surgeon. The diagnosis: a large tumor on his kidney from metastatic renal cell carcinoma, which had spread to his pelvis.

Jim required major robotic surgery to remove the kidney and tumor, followed by radiation and systemic therapy. He had the benefit of the latest technology and a multi-specialty team at a high-volume center, as well as the opportunity to participate in a clinical trial for immunotherapy. Jim has now returned to his favorite activities.

“THE BEAUTY OF OUR PARTNERSHIP IS THAT RUTGERS CANCER INSTITUTE IS FULLY INTEGRATED WITH EACH OF THE HEALTHCARE SYSTEM’S 11 HOSPITALS.” *—Steven K. Libutti, MD*

THE PATH TO A PRESTIGIOUS DESIGNATION

This year marks the 50th anniversary of the National Cancer Act, which established the NCI Cancer Centers program. Out of the thousands of U.S. facilities that have cancer programs, just 51 are NCI-Designated Comprehensive Cancer Centers. The NCI designation is a grant that brings significant dollars to the Rutgers Cancer Institute and has a positive economic impact on the state of New Jersey.



Submission of a written application between 1,200 and 1,500 pages long

1



A site visit from a variety of national cancer experts, who examine infrastructure, basic research, clinical care, clinical trials and more

2



Scoring to determine rankings

3



After five years, institutions must reapply for the designation.

4



A PARTNERSHIP FOR PATIENTS

RWJBarnabas Health, in partnership 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.



BRAIN ANEURYSMS: WHAT TO KNOW

**BEING AWARE OF
THE SYMPTOMS
CAN KEEP YOU OR A
LOVED ONE SAFE.**

About one in 50 people in the U.S. has a brain aneurysm—a “balloon” of blood protruding from an artery. The majority of these will never burst or even require treatment.

For those whose aneurysms do burst, however—approximately 30,000 people each year—the consequences can be devastating, leading to brain damage, stroke or death.



ANIL NANDA, MD

“We want to raise awareness about aneurysms because some studies have shown that almost a quarter of people who have a ruptured aneurysm die because

of misdiagnosis,” says neurosurgeon Anil Nanda, MD, MPH, Senior Vice President of Neurological Services for RWJBarnabas Health and Chairman, Department of Neurosurgery, for Rutgers-New Jersey Medical School and Robert Wood Johnson Medical School.

“We have seen an increase in ruptured aneurysms during the COVID-19 pandemic. This may be because people have been less active during this period, perhaps gaining weight or not controlling high blood pressure,” he says.

People who may have warning signs of an aneurysm often neglect them, assuming they’ll simply go away, he says. In addition, many people have avoided seeking care because of fear of going to a hospital during the pandemic.

“The classic symptom is a severe

headache—one that feels like the worst headache of your life,” Dr. Nanda explains. “Not every headache is an aneurysm, of course, and most of the time it’s not anything serious. But if you have this terrible headache along with neck stiffness, and bright light bothers you, you should go to the Emergency Department to have it investigated.”

ADVANCED TREATMENTS

Aneurysms can be diagnosed by a CT (computed tomography) scan, which uses X-rays to determine whether blood has leaked into the brain. Doctors may also order an MRI (magnetic resonance imaging), which uses computer-generated radio waves to create detailed images of the brain.

Other diagnostic tests include

a cerebral angiography, which is performed by passing a catheter (a long, flexible tube) from the groin artery to inject a small amount of contrast dye into the neck and brain arteries, and a cerebrospinal fluid analysis, which measures chemicals that indicate bleeding in the brain.

"If we do determine there is an aneurysm, whether it's ruptured or in danger of bursting, we look at the risk factors and determine the appropriate course of action. If surgery is indicated, we'll get our team together and perform it within 12 to 24 hours," says Dr. Nanda.

"For years, a procedure called clipping was the only way to fix an aneurysm," he explains. In this procedure, a craniotomy is performed to create an opening in the skull and then a small metal clip is placed on the aneurysm to stop the blood flow.

"Clipping is still the best solution for some cases," Dr. Nanda says. "Today, however, the mainstay of treatment is coiling. We can thread the catheter through a groin artery to place a coil on the aneurysm, and there is no need to open the skull."



WHAT IS A BRAIN ANEURYSM?

A cerebral (brain) aneurysm is a weak spot on a brain artery that balloons or bulges out and fills with blood. If it bursts, it spills blood into the surrounding tissue, an event that's called a hemorrhage. Brain cells, deprived of oxygen, begin to die, and the patient may have a stroke.

TEAM OF EXPERTS

Decisions about treatment are made on a case-by-case basis. "We have a multidisciplinary team at RWJBarnabas Health and Rutgers," says Dr. Nanda. "We have neurologists, neurosurgeons, a neuropsychologist, a neuroradiology team and endovascular specialists, all providing input about what will be most effective for the patient. We're like a special forces team, able to come together quickly. The patient gets 10 experts for a problem immediately, which is a huge advantage." Nurse

practitioners, neurology nurses and neurophysiology technologists round out the care team.

"Another benefit of being part of a large system is that we have the advantage of research, clinical trials and education," Dr. Nanda says. "We can do what we call translational research, meaning we take basic research that's being done on stroke and translate it into the clinical realm. It's a bench-to-bedside approach where we can really improve the condition of patients."



RISK FACTORS

- Uncontrolled blood pressure.
- Smoking.
- Family history of aneurysms.
- Older age.
- Head injury.
- Substance abuse, particularly cocaine.
- Heavy alcohol consumption.
- Conditions present at birth, including polycystic kidney disease and cerebral arteriovenous malformation, an abnormal connection between arteries and vessels in the brain.



POSSIBLE SIGNS OF A RUPTURED ANEURYSM

If you experience these symptoms, call 911:

- Sudden, severe headache.
- Double vision.
- Nausea and vomiting.
- Stiff neck.
- Sensitivity to light.
- Seizures.
- Loss of consciousness, even if brief.
- Cardiac arrest.



POSSIBLE SIGNS OF AN UNRUPTURED ANEURYSM

If you experience any of the following, consult your doctor right away:

- Drooping eyelid.
- Dilated pupil in one eye.
- Pain above and behind the eye.
- Changes in vision or double vision.
- Confusion.
- Weakness and/or numbness on one side of the body.

For more information about neurosurgical services available at RWJBarnabas Health, visit www.rwjbh.org/neurosurgery.





WHY CHILDHOOD VACCINATIONS CAN'T WAIT

DON'T DELAY ROUTINE VACCINATIONS THAT WILL KEEP YOUR CHILD SAFE FROM PREVENTABLE DISEASES.

The rate of routine childhood vaccinations—for diseases like measles, mumps, pertussis and more—has declined significantly during the COVID-19 pandemic, and pediatricians are worried.

“This decrease in vaccinations is a huge concern to us,” says Uzma Hasan, MD, Division Chief of Pediatric Infectious Diseases at Saint Barnabas Medical Center and a member of RWJBarnabas Health Medical Group.



UZMA HASAN, MD



PATRICIA WHITLEY-WILLIAMS, MD

“We don’t want to experience a resurgence of vaccine-preventable illnesses that we have previously had very good control over. We don’t want to see our patients develop life-threatening issues like encephalitis from measles or meningitis from *Haemophilus influenzae* type B, which are prevented by safe, routine childhood vaccinations.”

“Parents have been hesitant to bring their children to doctors’ offices or clinics for fear of exposing them to COVID-19,” explains Patricia Whitley-Williams, MD, a pediatric infectious disease specialist at the Bristol-Myers Squibb Children’s Hospital at Robert Wood Johnson University Hospital and Division Chief of Allergy, Immunology and Infectious Diseases at Rutgers-Robert Wood Johnson Medical School.

“However, these offices are following all the recommended guidelines from

the Centers for Disease Control and Prevention,” Dr. Whitley-Williams says. “Offices are sanitized in between patient appointments, plastic barriers are up, patients and visitors are checked for fever and masks are worn.” (For children, wearing a mask is recommended over the age of two years.)

“Pediatricians’ offices have protocols in place to keep well children and sick children apart,” adds Dr. Hasan. “Some set aside special time periods just for vaccinations. Many places require that people check in over the phone and wait outside in their cars. Patients and families then are brought straight into the office, so there’s no exposure to other people in a waiting room.”

Parents who have safety concerns should contact their pediatrician’s office to ensure that proper safety measures are in place, the doctors advise.

FOLLOW THE SCHEDULE

Timing is important when it comes to childhood vaccinations, Dr. Hasan says. “Please don’t put off having your child vaccinated because you think it’s better to space the shots out,” she says. “The schedule of vaccines has been carefully determined to minimize risk and get the best response for each age.” The recommended schedule for routine childhood vaccinations can be found at www.cdc.gov/vaccines.

Expectant mothers should get the Tdap vaccine to protect the baby against pertussis, sometime between the 27th and 36th weeks of pregnancy, the CDC recommends. “That vaccine has been a game changer for protecting vulnerable newborns,” Dr. Hasan says.

One vaccine many parents are eager to explore for their children is the one for COVID-19, Dr. Hasan says. “I can’t tell you how many calls we get about that,” she says. “We’re eagerly awaiting the results of trials so we have safety data for the younger age groups, particularly for vulnerable populations such as those with kidney, heart or lung disease.”

In the meantime, routine childhood vaccinations should proceed as advised by your pediatrician. “Parents and guardians should be assured that these vaccines have been proven to be safe and effective,” says Dr. Whitley-Williams, “and they save lives.”

To find a pediatrician at RWJBarnabas Health, call **888.724.7123** or visit www.rwjbh.org/doctors.

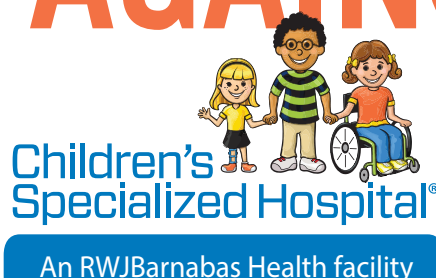




Hard work at the Inpatient Chronic Pain Management Program enabled Olivia to compete in triathlons again.

A RACE AGAINST PAIN

**A COMPETITIVE ATHLETE
ACHIEVES HER DREAMS THANKS
TO AN INNOVATIVE PAIN
MANAGEMENT PROGRAM.**



Olivia Christmann, 19, had been in pain for months when she came to Children's Specialized Hospital (CSH) in New Brunswick.

A competitive athlete, Olivia had been training for the Age Group Triathlon World Championships in August 2015 when she crashed her bike while riding at 27 miles per hour. The impact of the crash left Olivia suffering from a broken nose, a torn gluteus maximus and several strains in her legs.

Though her injuries healed with time, her pain continued and got progressively worse. Finally, Olivia was diagnosed with Complex Regional Pain Syndrome (CRPS), a form of chronic pain that develops after an injury but gets worse over time. While CRPS is not well understood, it's thought that high levels of nerve impulses are sent to the affected site.

Olivia tried several outpatient therapies, but her pain persisted, leaving

her unable to do most social or physical activities. Even walking to the car after a therapy session was an ordeal.

After researching other avenues for treatment, Olivia learned about the four-week Inpatient Chronic Pain Management Program at CSH.

"I was searching for a way to get my life back to normal," says Olivia. "During the initial evaluation, they asked me what my goals for the program were, and the first thing that I said was that I wanted to race again." She entered the program in January 2016.

WILL TO WIN

During her time at CSH, Olivia learned techniques for moving in a way that would help her manage the pain. Her natural competitiveness came out during timed activities like learning how to step in and out of a tub, or going for a walk

outside. "I always strived to beat my time from the day before," she recalls. Swimming, aquatic therapy and group and individual psychotherapy helped her learn to desensitize herself to pain and function normally.

After four weeks, Olivia was feeling more in control of her CRPS—and ready to get back to her senior year of high school. By the end of that year, she had been accepted into a prestigious university and was back to competitive sports.

In 2019, nearly four years after her accident, Olivia competed in the Age Group Triathlon World Championships, the same competition she'd been training for when she crashed her bike.

Olivia recalls the moments before the competition began: "I remember thinking, 'I can't believe I'm actually here!' And that's when it all hit me: There's no way I would have been able to do it if it weren't for my time at Children's Specialized Hospital. The treatment I got there gave me the chance to live out my dreams."

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 and Warren.



THERE'S NOTHING MINOR ABOUT THE PARTNERSHIP BETWEEN RWJBARNABAS HEALTH AND THE SOMERSET PATRIOTS.

When two powerhouse organizations combine forces, the result is a big win for the community. Fans and friends of the Somerset Patriots not only get to see great baseball—the team was recently selected as a Double-A affiliate for the 27-time world champion New York Yankees—they also learn new ways to stay healthy.

“Baseball players work at their craft every day to be the best that they can be. Their exercise routines and nutritional habits are rooted in the principles of living healthy. Like our community, they rely on experts to help guide them along the way. That’s why our partnership with RWJBarnabas Health is so important and works so well,” says Steve Kalafer, Somerset Patriots Chairman Emeritus and RWJBarnabas Health (RWJBH) trustee.

Over the 22-year history of the partnership, RWJBH has hosted regular health fairs, blood drives and food drives, and has provided information on how

community members can get access to key health services and screenings. Somerset Patriots players have benefited, too: RWJBH provides sports medicine services to keep players on the field of play.

For kids, the Somerset Patriots, in partnership with the health system, created the Hit a Home Run Program. Featuring former pitcher Nate Roe, the education program for schools (delivered virtually this school year) is designed to teach young children how to eat healthier, make smarter lifestyle choices, be a good teammate and friend and understand the importance of exercise.

FRIENDS IN NEED

The Somerset Patriots team has been a stalwart supporter of RWJBH. Last summer, the organization raised more than \$16,000 for the RWJBarnabas Health Emergency Response Fund to help support healthcare professionals as they served communities during the COVID-19 pandemic. The money was



At left, the Somerset Patriots and RWJBarnabas Health have recently enhanced their longtime partnership. Above, former pitcher Nate Roe delivers health information for area students (photo taken pre-pandemic).

raised in a variety of ways, including online auctions, merchandise sales of T-shirts and face masks, a pop-up shopping event and drive-in movies at TD Bank Ballpark.

“We are so grateful to the Somerset Patriots for their continued support of our hospital and our community throughout the COVID-19 pandemic, from donations of food for our staff to hosting blood drives and holding events to benefit our Emergency Response Fund,” says Tony Cava, President and CEO of Robert Wood Johnson University Hospital Somerset, a pillar of healthcare throughout Central New Jersey. “Their ongoing support helps ensure that our community has access to the comprehensive healthcare services they need.”

A SOURCE OF PRIDE

RWJBH employees, many of whom live locally, take great pride in the partnership, attending games and participating in group events. Players feel that spirit as well.

“We pride ourselves on being active in our community to help make a difference,” says Somerset Patriots President and General Manager Patrick McVerry. “Our fans are always there for us at the ballpark and for all of our efforts. We know that through our partnership with RWJBarnabas Health, we are able to make sure our fans and community are always in good hands where their health is concerned.”

To learn more about the Somerset Patriots and the RWJBH partnership, visit www.milb.com/somerset and www.rwjbh.org/partnerships. To donate to the RWJBH Emergency Response Fund, visit www.rwjbh.org/giving.

COVID-19: WHY ARE MINORITIES MORE AT RISK?

HELP AND HOPE ARE ON THE WAY FOR
COMMUNITIES THAT HAVE SUFFERED MOST.

The COVID-19 pandemic has ravaged the country, but African American and Latino populations have been among the most affected.

Why has the coronavirus been so devastating for these communities, and what can be done to help? Frederick Waldron, MD, DrPH, MS, an Emergency Medicine Specialist at Newark Beth Israel Medical Center, who has done research on healthcare disparities, explains.

What has COVID-19 revealed about healthcare in the U.S.?

COVID-19 is shining a spotlight on the special challenges faced by vulnerable, marginalized and disadvantaged communities in a healthcare crisis.

These populations have a higher prevalence of health conditions like hypertension, cardiovascular disease and diabetes. They have higher rates of obesity and smoking. All of these are risk factors for more severe cases of COVID-19.

Those health conditions relate to the lack of resources these groups tend to have—less access to healthcare, lower health literacy, food insecurity and economic instability. Also, because many African Americans and Latinos have jobs that are considered essential, they don't have the luxury of protecting themselves by working from home.



FREDERICK WALDRON, MD

On top of all this, marginalized groups face an inherent bias in

healthcare. Studies have documented that care is not provided equally to all groups, from testing through treatment.

All of these factors existed before the pandemic, but the pandemic crisis has drawn attention to the other, ongoing health crisis that also adversely impacts outcomes: social injustice.

This awareness is cause for hope and optimism that we may have reached an inflection point for addressing systemic healthcare disparities. The national conscience has been awakened.

What steps are being taken to address disparities?

There is a general recognition among hospitals that the “social determinants of health”—the conditions in which people are born, live, work and play—may explain why some populations are healthier than others.

At RWJBarnabas Health and Newark Beth Israel, we are very actively

addressing social determinants of health. We are paying closer attention to the socioeconomic problems when we see patients, acknowledging that these problems account for up to 80 percent of healthcare outcomes. We are not only concerned with whether a patient has pneumonia or diabetes, but with whether they have access to food, a safe place to live and the ability to pay for their medications. We can connect them with agencies and programs that can help with all of those issues.

What healthcare advice would you give to members of disadvantaged communities?

The first step is to pay attention to their health. To the best of their ability, they need to follow state guidelines regarding testing and getting vaccinated, and protect themselves by masking, hand-washing and social distancing.

There are certain groups, African American men in particular, who do not engage with the system because of a lack of trust. Ultimately, they present to the hospital with health conditions sometimes so deteriorated that their medical options are limited. If you have symptoms, see a doctor or go to the hospital; don't assume they'll go away.

If cost is a problem, or if they are lacking healthcare insurance, patients should know that we can help to connect them to the appropriate services. At Newark Beth Israel, we're developing programs that are specifically designed to improve access to healthcare and to facilitate early screening, diagnosis and treatment, which usually result in better outcomes.

COVID-19 HOSPITALIZATION AND DEATH RATES

Rate ratios compared to white, non-Hispanic persons	Black or African American persons	Hispanic or Latino persons
Cases	1.1x	1.3x
Hospitalization	2.9x	3.1x
Death	1.9x	2.3x

Source: Centers for Disease Control and Prevention, March 2021

To find a doctor at Newark Beth Israel Medical Center, call **888.724.7123** or visit www.rwjbh.org/newarkbeth.





'I KNOW I'M MEANT TO BE HERE'

A HEART TRANSPLANT HELPS
A YOUNG MOTHER REALIZE
HER LIFE'S PURPOSE.

Heart transplant recipient
Brittany Stahl, shown here
with her son, Preston, has
become a strong advocate for
preventive screening and for
organ donation.

Brittany Stahl wasn't surprised that she felt tired and short of breath in the spring of 2019. The Hillsborough resident, now 37, was dealing with plenty of stress at the time as she navigated a divorce, moved into an apartment, worked as a cardiac nurse and raised her young son, Preston. "I always get sick when I'm stressed," she says. "I thought my shortness of breath was probably bronchitis."

When breathing became so difficult that she struggled to do household chores or even lie flat, she sought urgent care for her presumed infection. But a chest X-ray and EKG (electrocardiogram) suggested a more concerning possibility: heart trouble.

Brittany was sent to a nearby Emergency Department, where further tests revealed she had cardiomyopathy and congestive heart failure—related conditions in which the heart muscle isn't able to pump enough blood to meet the body's demands. "I was completely shocked," Brittany says.

She had an idea of what might be in store. In 1991, her father had received a heart transplant at Newark Beth Israel Medical Center (NBI). He, too, had developed cardiomyopathy when he was about her age. "At the time, they thought the cause was viral," she recalls. "Today, we have genetic testing that can tell you more."

Further testing revealed that the cardiomyopathy was indeed inherited. "If someone in your family needed a heart transplant and you have the genetic mutation, chances are high that you'll also develop similar heart disease and the heart will become progressively

weaker," says Saurabh Kapoor, MD, a cardiologist with NBI's Advanced Heart Failure Treatment and Transplant Program and a member of RWJBarnabas Health Medical Group. "If you're not monitored and treated, eventually the heart deteriorates and you end up in the hospital with heart failure."

MISSED SYMPTOMS

Brittany was no stranger to hospitals. At 13, she developed thyroid cancer, underwent surgery to remove the gland and received radiation therapy. Later in life, she became a cardiac nurse, inspired by her father's experience. Then, when she was 33, precancerous polyps were found in her colon and had to be removed.

Yet while she regularly saw doctors to follow up on her previous diagnoses, she neglected to get more general annual checkups. "I'm a big believer in preventive screenings," she says. "Unfortunately, I didn't follow my own advice."

As a result, she didn't investigate additional signs of trouble, such as her heart pounding between 130 and 160 beats per minute even when she was lying down. "That's a normal heart rate when you exercise," Dr. Kapoor says. "But if it's that fast at rest, it can indicate the heart is very weak and needs to pump faster to provide blood to the body."

THE WAIT FOR A HEART

In August 2019, Brittany had to be admitted to NBI because her heart was so weak that medication could no longer help. "I was getting sicker and sicker really fast," she says. "They suggested I be put on the heart

transplant waiting list. I trusted them because of my father's experience and never considered going anywhere else."

What followed was a dark time. "I went into a fight-or-flight feeling," she

says. "I had a 5-year-old who needed his mommy, and my fear of dying was out of control." Brittany was cautious about having Preston visit her hospital room due to the array of wires and catheters going into her body, including a catheter in her neck. "He was going through a tough time, too, and I didn't want him to see me like that," Brittany says.

Then the situation got even worse. Scar tissue from her colon surgery and lack of blood due to cardiomyopathy contributed to a perforation of her small intestine and abdominal infection. NBI surgeon David Pertsemlidis, MD, performed an emergency ileostomy so that waste could temporarily pass through an opening in her abdomen. Brittany spent a few days in a coma.

All told, Brittany spent two and a half months in intensive care. But finally, in October 2019, word came that she had a donor. "I think everybody on the floor was crying," Brittany says, "the staff, the nurses, even the cleaning people and the people who brought my tray of food. They had become like family."

Margarita Camacho, MD, Surgical Director of NBI's Heart Transplant Program, performed the transplant late that night. "She was sweet and amazing," Brittany says.

Today, having survived transplantation and recovery, Brittany strongly advocates organ donation, along with preventive screening and regular checkups. Because of her experience, several relatives on her father's side have been diagnosed with familial cardiomyopathy. "It's of paramount importance that at-risk families be screened," Dr. Kapoor says. "In some cases, we can treat with medication to slow progression before damage becomes significant."

"What happened makes me think about my purpose in life," Brittany says. "I know I'm meant to be here for my son. And if my going through this would save a family member, I'd do it all over again."



MARGARITA CAMACHO, MD



SAURABH KAPOOR, MD



DAVID PERTSEMLIDIS, MD

Whoever your heart beats for, our hearts beat for you. To find a top cardiovascular specialist at Newark Beth Israel Medical Center, call **888.724.7123** or visit **www.rwjbh.org/heart**.



MOVING FAST TO BEAT BREAST CANCER



PROMPT ACTION BY A PATIENT AND HER DOCTORS LED TO A SUCCESSFUL OUTCOME.

When Tykesha Mott discovered a lump in her left breast in May 2018, she didn't wait and hope it would go away. She didn't figure she'd ask about it at her next annual checkup. She wanted to know what it was, and what had to be done, as soon as possible.

"My doctors are all at Newark Beth Israel, so I knew where I wanted to go," says Tykesha, who was 49 at the time.

An ultrasound and mammogram at Newark Beth Israel Medical Center (NBI) suggested that the lump was malignant, and once again Tykesha

moved quickly. She was able to make an appointment with Kevin Clarke, MD, a surgeon at NBI who confirmed the diagnosis with further tests and a biopsy.


The biopsy showed that cancer cells had already spread to her lymph nodes. Tykesha and Dr. Clarke discussed her options. A procedure known as a lumpectomy—a surgery that removes the cancerous growth and only a small amount of breast tissue—was not recommended because of the local extent of the cancer.

One possible option was surgery to remove the left breast, where the cancer

was located. Another was to have a bilateral (double) mastectomy to remove both breasts.

Tykesha chose the double mastectomy. "I wanted to get it over with," she says. "They said it's cancer, and I didn't want to prolong it."

Dr. Clarke says many women make that choice under the same circumstances. "Even if there's no genetic mutation, which tests showed Tykesha did not have, your risk for getting subsequent breast cancer is higher if you have breast cancer at an early age," he explains. "Some women want to do


RWJBarnabas Health and the Frederick B. Cohen, MD, Comprehensive Cancer and Blood Disorders Center at Newark Beth Israel 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. For more information, call 844.CANCERNJ or visit www.rwjbh.org/beatcancer.

Tykesha Mott looks and feels great after diagnosis, treatment and breast reconstruction at Newark Beth Israel Medical Center.

everything up front to minimize the chance of the cancer ever coming back.”

Less than a month after she first discovered the lump, Tykesha was in the operating room. Dr. Clarke performed the bilateral mastectomy and removed several lymph nodes. Working with



THADDEUS BOUCREE, MD



KEVIN CLARKE, MD



MAYA SHAH, MD

Thaddeus Boucree, MD, a plastic surgeon with NBI, he preserved as much breast skin as possible to make later reconstruction more natural.

POST-SURGERY STEPS

The mastectomy was not the end of Tykesha’s cancer treatment. She saw NBI medical oncologist Maya Shah, MD, for chemotherapy and radiation to ensure that any cancer cells still circulating in her body were eliminated.

Tykesha started chemotherapy after healing from the mastectomy, finishing those treatments in November. Two rounds of radiation therapy followed. “I didn’t experience any sickness,” she says, “and I continued to work after radiation and chemo.”

“We have really good anti-nausea medication now, much better than what we had when I was in training,” says Dr. Shah. “Now, patients do really well.”

Tykesha then started to take tamoxifen, an oral hormone treatment. “When someone’s tumor has hormone receptors, as Tykesha’s did, they get treated with hormones to decrease the chance of recurrence,” Dr. Shah explains. “The type of hormonal treatment depends on their menopausal status.”

Throughout her treatment, Tykesha was surrounded by family and friends. “My support system was amazing,” Tykesha says gratefully, “especially my husband Abdul, son Paul and daughter Jasmine, who were always with me.”

MOVING FORWARD

Finally, eight months after surgery, it was time for Tykesha to get her new breasts. In a series of procedures, Dr. Boucree inserted an implant into her right breast. He also transferred an abdominal flap consisting of skin, fat and muscle to her left breast, where the cancer had been. “We’ve come a long way from the old days, where a mastectomy was more like an amputation,” says Dr. Boucree. “Now, we’re focused on keeping as much breast tissue as possible.”



WHAT TO DO IF YOU FIND A LUMP

If you find a lump or other change in your breast, you might become overly concerned—or, like many women, you might put it out of your mind and hope it just goes away.

Breast lumps are common, so it’s very possible that a lump doesn’t indicate cancer. However, any changes to how a woman’s breasts normally look and feel should be reported to a healthcare provider right away. Breast cancer that’s found early, when it’s smaller, is easier to treat successfully.

Don’t rely on self-exams to detect cancer, advises the American Cancer Society. For women of average risk (no personal or strong family history of cancer, no genetic markers and no chest radiation before age 30), the American Cancer Society recommends:

- Women between the ages of 40 and 44 have the option to start having a screening mammogram every year.
- Women 45 to 54 should get mammograms every year.
- Women 55 and older can switch to a mammogram every other year.

Today, three years after she found that first lump, Tykesha “has no evidence of disease,” according to Dr. Clarke. She’ll continue to be monitored by Dr. Clarke and Dr. Shah so that if there is ever a recurrence, it will be caught and treated early.

Tykesha sometimes speaks to cancer support groups at the hospital and elsewhere. “She’s one of the most positive patients I’ve ever met,” says Dr. Shah. “If little roadblocks come along, she takes them in stride and moves on. She’s a great influence for support groups.”

Tykesha says she shares her story “because I want other women to check themselves and to know that cancer is a diagnosis, not a lifestyle. It’s a mental thing, too. You need to stay focused, stay positive. It’s OK to be scared, but if you catch it early, doctors can help you.”



DON'T IGNORE THESE SYMPTOMS

The following may indicate heart failure or another cardiovascular condition. Contact your primary care provider to have them checked out.

- Shortness of breath, either at exertion or when you're lying down.
- Fatigue and weakness.
- Swelling in legs, ankles and feet.
- Persistent coughing or wheezing.
- Lack of appetite or nausea.
- Confusion or impaired thinking.
- Heart palpitations with chest pain, fainting or dizziness.

LISTEN TO YOUR HEART

A HEART FAILURE SPECIALIST'S MESSAGE FOR THE COMMUNITY

Interventional cardiologist Matthew Montgomery, DO, MBA, MPH, has joined the Advanced Heart Failure and Transplant Team at Newark Beth Israel Medical Center (NBI). It's a homecoming of sorts, since he also completed his heart failure fellowship at NBI earlier in his career. "I learned a great deal and enjoyed working with the team during my fellowship," Dr. Montgomery says. "It was a big draw for me to be able to come back to a place that offers a large volume and variety of cases, and also to be able to care for patients in an underserved area." Dr. Montgomery returned to NBI after completing an interventional cardiology fellowship and is combining his training in heart failure and interventional cardiology to treat advanced cardiac disease.



MATTHEW MONTGOMERY, DO

Why did you want to become a doctor?

During my childhood, I had severe asthma. The experience of

having a chronic condition and having constant contact with the medical system in the Detroit metropolitan area drove me to want to practice medicine. I've known I wanted to do that since I was 6 or 7 years old.

I've also always been drawn to find places where I could be the most useful and provide care to patients who were most in need. That led to a number of international medical mission trips during medical school and my choice to practice here. The community NBI serves reminds me of where I grew up. I am very interested in social determinants of health—how things like housing and transportation and one's zip code can ultimately contribute to the state of your health.

How does that interest affect your practice?

In treating advanced heart failure, we talk to patients to find out about their lives, not just their medical histories. The patient in the exam room may have transportation insecurity, or may not have adequate housing, or may be food

insecure. And those factors will have a big impact on how compliant they can be with their medication or other aspects of treatment.

So it's a team effort here, and we all work with the common goal of helping to improve our patients' cardiac conditions, which can often require addressing various other factors, such as financial or social support, to name a few.

What do you want people to know about taking care of their heart?

The most important thing is for people to pay attention to their body. If you were fine walking out to the mailbox six months ago, and now when you do it you're winded, you may have a heart issue or even heart failure that needs to be evaluated.

Many people assume heart symptoms are just signs of getting old, or say, "Well, maybe I'm just not feeling well today," so they don't follow up. However, it is extremely important to pay attention to these things, especially if you have risk factors or family history of heart disease.

Everyone should have a primary care doctor and should follow up with them on a regular basis. You may be referred to a cardiologist or to our clinic for advanced heart failure. We will do everything we can to help you get better.

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



WHEN SHOULD YOU GO TO THE EMERGENCY DEPARTMENT?

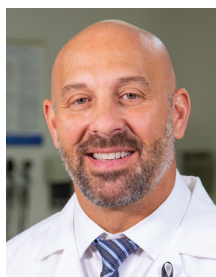
DON'T HESITATE TO GET EXPERT CARE WHEN YOU NEED IT.

“One of the unfortunate outcomes of the pandemic has been that some patients who should have come to the Emergency Department didn't because they were afraid of COVID-19,” says Eric Wasserman, MD, Chairman and Medical Director of the Emergency Department (ED) at Newark Beth Israel Medical Center.

“If you need to come in, don't hesitate,” he advises. “Our ED is safe and we will keep you safe.”

What symptoms should send you to the ED? “Often, patients can sense when something significant is going on with their health,” says Dr. Wasserman. “Don't worry if it turns out your condition isn't life-threatening. If you're concerned enough to come in, we're more than happy to care for you.”

An injury like a broken bone or a deep cut is, of course, an obvious call for an ED visit. Dr. Wasserman also offers these general guidelines:



ERIC WASSERMAN, MD

• **CHEST PAIN:** Go to the ED if the pain is a type you haven't had before, especially if it's more intense or longer-lasting. “Come in so we can evaluate you and perform the

appropriate tests,” says Dr. Wasserman.

FEVER: Head to the ED if fever is persistent or accompanied by shaking and chills, which could be a sign of infection that has moved to the bloodstream. For children, go if fever is accompanied by lethargy or lack of appetite.

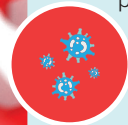
BREATHING PROBLEMS: Call 911 any time you're experiencing shortness of breath, especially if you have a chronic respiratory issue such as asthma or COPD. Emergency responders can help stabilize you with oxygen and medications before you get to the ED.

ABDOMINAL PAIN: If the pain is accompanied by a fever or is localized to one particular area of your abdomen, you should go to the ED. You should also go if the pain is accompanied by severe vomiting or persistent diarrhea.

A BLOW TO THE HEAD: Loss of consciousness or vomiting after head trauma are worrisome. If you have these symptoms, or if you are taking blood thinners, are elderly or have symptoms such as weakness, numbness or dizziness, call 911.

SAFETY IN THE ED

Every precaution has been taken to protect patients, visitors and staff.



On arrival, each patient is evaluated for possible COVID-19 symptoms. If COVID-19 is suspected, the patient will be put into a separate, thoroughly sanitized area.



All rooms in the hospital are continuously and thoroughly cleaned with the latest robotic equipment and most effective products.



All patients and all staff wear masks and keep socially distant according to Centers for Disease Control and Prevention recommendations.



All staff wash hands when entering and when leaving a patient's room. Staff put on fresh personal protective equipment (masks, gowns, gloves) each time they enter a room and discard it when they leave.

STROKE OR NEUROLOGICAL SYMPTOMS:

If you experience weakness or numbness in any part of the body or a change in vision or speech, call 911.

“Whenever you come to the ED, you will receive the same high level of care, no matter how mild or severe your symptoms,” says Dr. Wasserman. “We are here for our community 24/7.”

CARE FOR COVID-19

Monoclonal antibody treatment, an infusion that bolsters the immune system, is available in the Emergency Department at RWJBH facilities. To qualify, patients must test positive for COVID-19, be in a high-risk category, not be oxygen-dependent and not require hospitalization. If you feel you are a candidate, come to the ED or speak with your primary care provider.

In an emergency, call **911**. To find a doctor at Newark Beth Israel Medical Center, call **888.724.7123** or visit www.rwjbh.org/newarkbeth.

Getting Healthy Together!

When in-person meetings can't happen, we can still help. Newark Beth Israel Medical Center is ready to meet you virtually for a telehealth appointment, consultation or support. Below are some of our virtual support groups and educational programs. To learn about more of our programs, visit www.rwjbh.org/events.

Senior Wellness Connection (Virtual)

Mondays, 10 to 11 a.m.

Focused on health and longevity for adults 55 and over. To register and receive call-in information, call 973.926.6771.

Seasonal Eats (Virtual)

Mondays, 1 p.m.

Simple recipes using local, farm-fresh food. To register and receive call-in information, call 973.926.7371.

Beth Babies Breastfeeding Class

Tuesdays, 1 to 2 p.m.

Receive skilled guidance from lactation counselors. To register and receive call-in information, email janine.marley@rwjbh.org.

Healthy Kids in Hannah's Kitchen (Virtual)

Tuesdays, 4:30 to 5:30 p.m.

Healthy cooking class for ages 8–12 (adult supervision required). To register and receive call-in information, call 973.926.7371.

Breast Cancer Support Group (Virtual)

Third Wednesday of the month, 10 to 11 a.m.

Offered by the Frederick B. Cohen, MD, Cancer Center. To register and receive call-in information, call 973.926.7976.

Taste Testers in Hannah's Kitchen (Virtual)

Wednesdays, 10 to 11 a.m.

Mommy & Me-style cooking class for ages 2–4 to participate with a parent, guardian or loved one. To register and receive log-in information, call 973.926.7371.

Prenatal Yoga with Ignite One (Virtual)

Saturdays, 3 to 4 p.m.

Gentle yoga for expecting moms. To register and receive call-in information, call 973.926.7371.

Learning to Live with Cancer (Virtual)

Third Thursday of the month,

1:30 to 2:30 p.m.

A general cancer support group, offered by the Frederick B. Cohen, MD, Cancer Center. To register and receive call-in information, call 973.926.7565.

ONLINE SUPPORT FOR NEW AND EXPECTING MOTHERS

Breastfeeding Support

Every Monday from 12 to 1 p.m.

International Board-Certified Lactation Consultants will provide guidance and answer questions about latch issues, breast/nipple pain, milk supply concerns, pumping, supplementation, returning to work and weaning. Register at www.rwjbh.org/breastfeedingsupport.

Perinatal Mood and Anxiety Disorders

Every Wednesday from 11 a.m. to 12 p.m.

One of the most common complications of childbirth is anxiety or feelings of anger or sadness. You are not alone. Join our judgment-free and supportive virtual community, led by a perinatal mood disorder certified specialist. Register at www.rwjbh.org/PMADsupport.



FARMERS MARKET

The Beth Greenhouse

corner of Osborne Terrace and Lehigh Avenue, Newark. Through a partnership with Urban Agriculture Cooperative of Newark, items ordered by 5:30 p.m. on Mondays will be ready for pickup at the Beth Greenhouse Farmers Market on Thursday. Visit the Cooperative Market at bit.ly/ourmarket.

Now accepting SNAP, WIC and Senior Farmers Market Vouchers. Social distancing practiced, masks required. For more information or for online ordering, call **973.926.7371**.