

A Publication of  
**COMMUNITY MEDICAL CENTER**

Spring 2022

# 1 healthy together

**A NEW WAY TO  
UNCLOG  
ARTERIES**

**SUSPECT A STROKE?  
ACT FAST**

**LOVE YOUR SKIN  
THIS SUMMER**

**CANCER:  
TOMORROW'S  
TREATMENTS  
TODAY**



## MESSAGES FROM LEADERSHIP



"During the recent omicron surge, our healthcare workers went above and beyond during an extraordinarily difficult time. Their commitment to their patients and the community was incredibly gratifying and is representative of the extraordinary dedication of our RWJBarnabas Health workforce."

### BARRY H. OSTROWSKY

CHIEF EXECUTIVE OFFICER, RWJBARNABAS HEALTH



"At Community Medical Center, during the recent surge in patients, some of our staff and physicians redeployed to different areas of the hospital. They used their skills and expertise to ensure our patients received the high-quality care they associate with our institution. I am proud of the way our team continues to demonstrate their steadfast commitment to our patients and their care while facing challenges created by the pandemic."

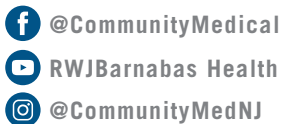
### PATRICK AHEARN

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## CONNECT WITH US ON



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## HEALTH NEWS

### A HIGH-PERFORMING TRANSITIONAL CARE UNIT

The Community Medical Center (CMC) Transitional Care Unit (TCU) was once again ranked as a "High Performing" Short-Term Rehabilitation location in the latest *U.S. News & World Report* list of "Best Nursing Homes." Congratulations to the TCU team for making this list!



Teri Kubieli, DNP, MSN, NE-BC, Vice President, Government Affairs, CMC and Monmouth Medical Center Southern Campus (center), accepts an award on behalf of RWJBH from Metro Classic organizers Mukesh N. Roy, MBBS, MPH&TM, DTMH (right) and Pryia Roy.

### METRO CLASSIC TOURNAMENT HONORS RWJBH SUPPORT

RWJBarnabas Health (RWJBH) received recognition and thanks for its support as presenting sponsor at the Metro Classic Basketball Showcase, held February 3 to 6 in the RWJBarnabas Health Arena at Toms River High School North. The event was spearheaded by Mukesh Roy, MBBS, MPH&TM, DTMH, Director of Public Health, Ocean County Health Department, and supported by RWJBH.

Throughout the pandemic, the health department and RWJBH have worked together closely to operate a public vaccine clinic in the arena, and collaborated to safely bring this high school sports event to the same space.



### JON BON JOVI'S SOUL KITCHEN TREATS CMC TEAM TO LUNCH

Members of CMC's Environmental Services Team were recently treated to delicious generosity from JBJ Soul Kitchen. The Toms River-based nonprofit community restaurant, run by the Jon Bon Jovi Soul Foundation, serves paying and in-need customers. The restaurant wanted to show appreciation for front-line healthcare workers during the recent uptick in COVID-19 cases and delivered 50 meals to members of the Environmental Services Team.



# healthy *together* contents

SPRING 2022



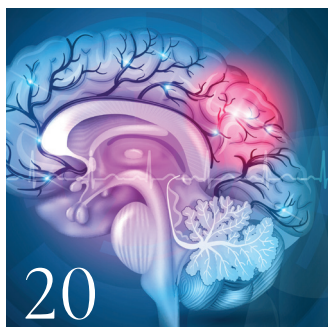
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A community update from our CEOs.

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Simple habits can drastically reduce risks from warmer-weather sunshine.

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A woman with blonde hair, wearing a light-colored sweater and blue jeans, stands next to a black baby stroller. The stroller has a white blanket inside and a black car seat attached. The background shows a nursery with wooden chairs and a yellow wall. The text "SPECIAL DELIVERIES" is written in large white letters in the upper right corner.

# SPECIAL DELIVERIES

TRUSTED MATERNITY CARE EASED  
THE BIRTHS OF A WOMAN'S MOST  
RECENT CHILDREN.

Michele Cordes felt she  
received exceptional  
maternal care when she had  
two children in her 40s at  
Community Medical Center.



Thinking back on her three pregnancies, Michele Cordes separates her last two from her first—because of both a 20-year gap between them and vastly different experiences with the prenatal care she received.

She was just 20 during her first labor and delivery in 1998 and was understandably anxious and fearful about what was to happen. Her birthing experience at a local hospital only made her more fretful due to poor communication, her doctor's lateness and a lack of appropriate anesthesia. "It was just something I was not hoping to ever have to go through again," she says.

Fortunately, Cordes delivered a healthy son who is now 23. But she learned a powerful lesson: Should she give birth again, she would require a trusted medical team that would support her fully.

The need to choose such a team came when she became pregnant with her second child at age 40. This time, she already had confidence in a Community Medical Center (CMC) obstetrician/gynecologist whose patient she had been since 2007: John R.J. Sutherland, MD. He recommended that she deliver at CMC not only because he practiced there but because that's where his own youngest son and nine of his 10 grandchildren had been born.

### THOUGHTFUL CARE

Cordes was now considered to be at an advanced maternal age. Dr. Sutherland recommended she undergo more tests than she would if she were still in her



JOHN R.J. SUTHERLAND, MD

20s or early 30s. "Women over 35 are at higher risk of worrisome conditions such as gestational diabetes, high blood pressure, preeclampsia, toxemia and

chromosomal abnormalities," Dr. Sutherland says. "We need to investigate all those factors."

In July 2019, Dr. Sutherland delivered a healthy baby boy via cesarean section. Cordes found the experience so positive that she went back to Dr. Sutherland for prenatal care in early 2021 when she became pregnant with her third child. "The office staff and nurses were so attentive," she says. "They knew my name and treated me like a VIP."

This time, Cordes' pregnancy would require even more surveillance. Prenatal tests determined she had low levels of amniotic fluid, the substance surrounding the fetus inside the amniotic sac. Maintaining proper fluid levels is important for preventing certain complications, including premature birth.

Cordes began regularly seeing maternal-fetal medicine specialist David Gonzalez, MD, a member of RWJBarnabas Health Medical Group, as Dr. Sutherland and his team carefully tracked her diminishing amniotic fluid. "We were trying to gauge the best time to deliver her baby with maximum benefit for the fetus," Dr. Sutherland says—a challenging balance between potentially delivering too early or too late to be optimal.

Dr. Sutherland also helped quell Cordes' anxiety about her prognosis and her baby's well-being. "The backstory for some of the tests was just a lot to hear," she says. Dr. Sutherland sat Cordes down to go over one maternal-fetal report "line by line," she says. "It gave me peace of mind, and I'll never forget it."

### A GRATEFUL MOM

Dr. Sutherland determined that the ideal time to deliver, given Cordes' amniotic fluid levels, would be three weeks prior to her September 10 due date. When

**"IF WE INDIVIDUALIZE EACH PATIENT'S CARE AND REALLY GET TO KNOW THEIR CONCERNS, WE CAN PROVIDE THE EXPERIENCE THEY DESERVE."**

*John R.J. Sutherland, MD*

the time came for her scheduled C-section, Cordes felt prepared and grateful once again to be in Dr. Sutherland's care.

Upon arrival at the hospital, Cordes received steroid shots to help cells mature in her

baby's lung tissue and facilitate the child's transition to an air-breathing environment. All the careful monitoring and planning paid off with the birth of a healthy baby girl.

Cordes had requested that during the C-section, Dr. Sutherland also perform a tubal ligation procedure, which would prevent her from getting pregnant in the future. She recalls that Dr. Sutherland asked her three times if this was what she wanted. "He was so caring, he made sure I knew exactly what I was doing," she says. But her mind was made up. The procedure took just under 30 minutes, and Cordes was off to her recovery room.

"Every nurse I had, one after the other, seemed even nicer than the last," she says of her three-day stay. Handing her daughter to staff felt like sending the baby off with family, she says. Even after discharge from the hospital, Cordes felt she could call Dr. Sutherland's team for anything. "If I felt a little twinge here and there or I thought I might have popped an internal stitch because I moved the wrong way, I would call and they would have me come in right away," she says. "I had a million and one questions, and they would answer each one."

Excellent, compassionate care is integral to a woman's health and happiness during one of the most transformative times of her life, Dr. Sutherland says: "If we individualize each patient's care and really get to know their concerns, we can provide the experience they deserve."



To learn more about maternity services at Community Medical Center, visit [www.rwjbh.org/community-medical-center/treatment-care/maternity](http://www.rwjbh.org/community-medical-center/treatment-care/maternity).



# A NEW WAY TO OPEN CLOGGED ARTERIES

AN INNOVATIVE TREATMENT  
BREAKS UP HARD BLOCKAGES  
WITH SONIC PRESSURE.

Jeffrey Macpherson  
enjoys simple  
pleasures like coffee  
and a newspaper after  
cardiologists cleared  
an artery using a new  
technology.



Like many patients who undergo minimally invasive treatment to clear a potentially life-threatening blockage of an artery under light anesthesia, Jeffrey Macpherson had a sense of what was happening during the catheter-based procedure. But one sensation—a sense of rhythmic vibration—meant more than a vague impression for the grandfather of five. It signified that doctors were breaking apart a potentially life-threatening hardened plaque, or calcification, inside a coronary artery using a groundbreaking new technology.

The 67-year-old Forked River resident was the first patient at Community Medical Center (CMC) to benefit from treatment with the Shockwave C2 Coronary Intravascular Lithotripsy Catheter. Shockwave treatment spared Macpherson the need to undergo more invasive therapy or open heart surgery.

CMC was the first hospital without open heart surgery in New Jersey to begin using the Shockwave system. The technology supplements cardiac catheterization and balloon angioplasty, in which cardiologists unclog a blocked artery by threading a tiny tube to the heart, inflating a balloon that pushes back narrowed blood vessel walls and inserting a stent that props the artery open.

Shockwave takes a different approach, using sonic pressure to crack apart hard calcium lesions that restrict blood flow to the heart but are too rigid to flatten with balloon angioplasty alone. “This is a great leap forward that adds to other tools we have for treating severely calcified arteries,” says Jay Stone, MD, an interventional cardiologist at CMC, Medical Director of the CMC Catheterization Laboratory and member of RWJBarnabas Health Medical Group, who treated Macpherson in October 2021. The procedure also carries a low risk of complications such as serious bleeding and blood vessel damage.



JAY STONE, MD

“Shockwave isn’t for every patient,” Dr. Stone says. “But in patients whose arteries are highly calcified, the technology helps us accomplish what we intend to do without transferring patients or bringing them back for further procedures. We can safely treat their coronary artery disease here and send them home with a new stent.”



NAJIB ALTURK, MD

### A SURPRISING BLOCKAGE

Macpherson’s blockage was significant and highly calcified but didn’t cause alarming symptoms. A retired firefighter and longtime

emergency medical technician (EMT), Macpherson had initially noticed fleeting discomfort in his chest.

“I wasn’t short of breath or tired,” says Macpherson, who also has prediabetes, high blood pressure and high cholesterol. “Sometimes late at night, I’d have a little pressure in my chest. I’d take a couple of deep breaths, and it would go away.”

He wasn’t especially worried when he underwent a treadmill-based cardiac stress test administered by CMC cardiologist Najib Alturk, MD. But the test indicated a clogged coronary artery. That led to his cardiac catheterization, during which imaging revealed the full extent of the blockage: It was obstructing 95 percent of the artery.

“I wasn’t expecting his blockage to be that severe, especially with his minimal symptoms,” Dr. Alturk says. Discovering the rock-hard calcification, Dr. Stone and Dr. Alturk decided Shockwave was Macpherson’s best treatment option.

Shockwave therapy was approved in 2021 by the U.S. Food and Drug Administration, and CMC cardiologists expect several patients at the hospital to benefit from the new technology each month. The minimally invasive treatment generally requires no hospital stay, and Shockwave patients face only light restrictions on everyday activities while they recover.

### LIFE TO THE FULLEST

Since his Shockwave treatment, Macpherson and his wife, Donna, have gone on with their full and active life knowing he’s less at risk from what could have been a devastating blockage. They are hands-on grandparents to their youngest grandchild and often spend time caring for the toddler. Macpherson also enjoys working three days a week for a local landscaper. “My days are back to normal,” he says.

Macpherson is now taking blood thinners and seeing his cardiologists for regular checkups. He’s glad he went to CMC, where he and his family have sought care for decades. “It’s our go-to hospital,” he says. Two of his three adult daughters were born at the hospital, he notes, and he and Donna have undergone surgery and other major treatments. “The people at CMC are just great,” he says.

His providers are glad they were able to help with groundbreaking treatment close to home. CMC is currently the only hospital in Ocean County offering Shockwave treatment. “At a difficult time for our patients, it’s important that we can do something like this for them in their own backyard,” Dr. Stone says. “Shockwave advances the quality of what we offer and improves outcomes for our patients.”

Whoever your heart beats for, our hearts beat for you. To connect with a top cardiovascular specialist at Community Medical Center, call **888.724.7123** or visit **[www.rwjbh.org/heart](http://www.rwjbh.org/heart)**.



# WELCOMING A TOP SURGEON

## A NATIONALLY RECOGNIZED LEADER IN MINIMALLY INVASIVE THORACIC PROCEDURES JOINS RWJBH SOUTHERN REGION HOSPITALS.

A groundbreaking minimally invasive thoracic surgeon who has built a New York City hospital program with the top 10 outcomes in lung cancer for 12 consecutive years is bringing that unparalleled expertise to the RWJBarnabas Health Southern Region hospitals.

Richard S. Lazzaro, MD, joins Community Medical Center (CMC), Monmouth Medical Center (MMC) and Monmouth Medical Center Southern Campus (MMCSC) from Northwell Health, where he served as system director of robotic thoracic surgery and as chief of thoracic surgery and director of robotic thoracic surgery at Lenox Hill Hospital.

Bringing more than 30 years of specialized expertise to the hospitals' thoracic surgery programs, Dr. Lazzaro has pioneered many groundbreaking firsts in minimally invasive surgery and is recognized nationally as a leader in this field. He made medical history in 2018 when he performed the world's first robotic repair of a collapsed trachea, and his accomplishments also include performing one of the first pulmonary lobectomies for intralobar pulmonary sequestration, a congenital lung condition.



RICHARD S. LAZZARO, MD

Minimally invasive surgery is associated with less pain, a shorter hospital stay and quicker recovery, with reduced risk of infection and less scarring.

Dr. Lazzaro uses minimally invasive techniques such as robotic surgery and video-assisted thoracoscopic surgery (VATS) for more than 95 percent of his patients to treat a wide variety of thoracic conditions.

"The field of medicine is very conservative, and the fundamental science and judgment of medicine are very important, but things do change—in particular, technology changes," he says. "In my career, I've stayed true to medicine's conservative principles—our approach never deviates from the best practice for the thoracic disease or condition."

### A RENOWNED EXPERT

Board-certified in general and thoracic surgery, Dr. Lazzaro completed his surgical and thoracic surgery fellowship training at North Shore University Hospital and State University of New York Health Science Center at Brooklyn, and fellowship-trained in minimally invasive thoracic surgery at the University of Pittsburgh Medical Center.

"When I began training as a surgeon, most surgery was done as open, invasive cases, but midway through my training we saw the introduction of minimally invasive surgery, and it was a paradigm shift," he says.

In New York, Dr. Lazzaro led an award-winning thoracic surgery program, and he and his team earned recognition from the Surgical Review Corporation as America's first Robotic Surgery Network of Excellence. He has presented at international conferences regarding his

outcomes and techniques, which have been adopted at major medical centers throughout the country, and surgeons travel from throughout the country to train with him in robotic surgery.

### LOCAL CONNECTION

Asked why he chose to join the RWJBarnabas Health Southern Region team, Dr. Lazzaro notes that he has lived in Monmouth County since 2005, and that he is excited to bring the same level of care he established in New York programs to his home community.

"Together with my RWJBarnabas Health colleagues in surgery, pulmonology, internal medicine, radiology, pathology, oncology and gastroenterology, we will deliver the highest level of thoracic care to patients at CMC, MMC and MMCSC," he says. "The team we're building will have a singular focus—that is, on the best outcomes for our patients."

Patrick Ahearn, CEO of CMC, notes that the addition of Dr. Lazzaro to the hospital's thoracic surgery program gives patients access to additional therapies and treatment options as well as a national leader in minimally invasive surgery.

"Our Robotic Surgery Program features an experienced team of surgeons utilizing the most advanced robotic systems available," Ahearn says. "Dr. Lazzaro shares our vision of a unified, robust and broad-based thoracic surgery program bringing state-of-the-art treatment to our patients. He is a leader in the field of minimally invasive thoracic surgery, and we are excited that his exceptional surgical expertise will help ensure that our patients have access to the most advanced treatment options."

To learn more or to schedule an appointment with Dr. Lazzaro, call **732.818.3811**.







# 3 FAST FACTS ABOUT CANCER CLINICAL TRIALS

## HOW RWJBARNABAS HEALTH AND RUTGERS CANCER INSTITUTE OF NEW JERSEY OFFER TOMORROW'S TREATMENTS TODAY

Cancer clinical trials often save lives. If you or a loved one needs treatment for cancer, here's what you should know:

### **FACT #1** You don't have to travel to a nearby city, such as New York or Philadelphia, to access a clinical trial.

As New Jersey's only National Cancer Institute-Designated Comprehensive Cancer Center, Rutgers Cancer Institute of New Jersey, together with RWJBarnabas Health (RWJBH), offers a wide range of clinical trials, many of which aren't available



HOWARD HOCHSTER, MD

elsewhere.

Patients may participate in a clinical trial either at an RWJBH hospital near where they live or at Rutgers Cancer Institute.

"We've integrated cancer care so that we're putting the standards and expertise of an NCI-Designated Comprehensive Cancer Center, as well as clinical trials, in all 12 hospitals in the RWJBH system," says Howard Hochster, MD, FACP, Director, Oncology Research for RWJBH, and Associate Director, Clinical Research, for Rutgers Cancer Institute.

### **FACT #2** Clinical trials have led to significant advances in treatment.

Treatments developed through these trials have helped tens of thousands of patients.

For example, Rutgers Cancer Institute:

- Was the first to offer trials with specific immunotherapy drugs that worked for many skin cancers, especially Merkel cell carcinoma.
- Participated in a trial for a first-line colon cancer treatment that led to excellent responses for a number of patients, making them eligible for potentially curative surgery.
- Has pioneered immunotherapy treatments resulting in better management of many cancers, including renal cell cancer and bladder cancer.


"When I started out treating colon cancer 25 years ago, we had only one drug available, and it dated back to the 1960s," says Dr. Hochster. "Since that time, we've developed three new chemotherapy drugs and five new targeted drugs for colon cancer, and all of them were developed through clinical trials. Now people are living with colon cancer, on average, four times as long as they used to."

### **FACT #3** Clinical trials are not a last resort.

"It's important for people to understand that enrolling in a clinical trial is often an option for a first-line or early treatment," says Dr. Hochster. "These trials are a way for us to give patients the latest treatments before they're widely available. They offer tomorrow's treatments today."

To determine whether a patient would be best suited for a clinical trial or for standard care, each individual case is evaluated by a multidisciplinary team of cancer experts from throughout RWJBH and Rutgers Cancer Institute.

Rutgers Cancer Institute and RWJBH currently offer approximately 270 different clinical trials.

  
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](http://www.rwjbh.org/beatcancer).

To learn more about clinical trials at RWJBarnabas Health and Rutgers Cancer Institute of New Jersey, call 844.CANCERNJ or visit [www.cinj.org/clinical\\_trials](http://www.cinj.org/clinical_trials).







# LISTENING TO YOUR HEART

WHAT CAN A DIGITAL CARDIAC DEVICE  
TELL YOU ABOUT YOUR HEART'S RHYTHM?

“**C**all your doctor,” said the message on the 87-year-old woman’s Apple Watch.

A regular walker and exerciser, the woman wasn’t feeling right, so she’d

checked the Heart Rate app. It showed that her heart rate was significantly slower than normal.

Her son took her to the emergency department, where an electrocardiogram determined that there was a problem with the electrical signals in her heart. The next morning, doctors implanted a pacemaker.

“Her diagnosis was clearly aided by her having an Apple Watch,” says the woman’s cardiologist, Gary Rogal, MD, Medical Director for RWJBarnabas Health Cardiovascular Services and a member of RWJBarnabas Health Medical Group. “I believe wearable digital devices

that measure heart rhythm will become a major addition to the diagnostic tool kit for cardiologists.”

Who should wear one of these devices? The short answer: people whose doctors recommend it.

“Wearable cardiac devices are very handy tools, but you have to be selective about how you use them,” says Dr. Rogal.

## THE HEART’S RHYTHM

The main value of wearable cardiac technology lies in its ability to detect cardiac arrhythmias, or irregular heartbeats, Dr. Rogal explains. These



PARTHO SENGUPTA, MD



GARY ROGAL, MD



condition that's anywhere from harmless to life-threatening.

"If I'm concerned about arrhythmia based on what the patient is telling me, but just can't nail down the diagnosis, I might suggest that a patient use a wearable cardiac device," says Dr. Rogal. "The decision should be made along with a physical exam and a knowledge of the patient's medical history and symptoms. If there's no real reason to have one, wearing the device could do nothing more than make a patient anxious."

### NEW TOOLS

An early form of wearable cardiac technology, the Holter monitor, has been around for decades. This device uses electrodes (small, plastic patches on the skin) to record the electrical activity of the heart.

"A patient can wear a Holter monitor for 24 to 48 hours or even longer," Dr. Rogal explains.

"The reality is, though, that some patients have arrhythmias once every few weeks or even every few months, and a Holter monitor could miss that," he says. "That's the type of thing a smartwatch would pick up."

Dozens of wearable devices are on the market today. Examples include:

**KardiaMobile**, a pocket-sized portable EKG machine that allows patients to put their fingers on sensors and share the results with their doctor.

**The MCOT Patch System**, which monitors the heart rhythm for two weeks via a sensor on the patient's chest.

Other digital cardiac devices, which must be implanted by a physician, are also coming into wider use. Examples include:

A device called **CardioMEMS**, which monitors pulmonary artery pressure and sends the results to a team of clinicians.

**A loop recorder**, a device smaller than a USB flash drive, that's placed just

underneath the skin near the breastbone. It can continuously record a patient's heart rhythm for up to three years. "If a patient calls me and says, 'Hey, I'm feeling funny, a little lightheaded,' I can interrogate the loop recorder and see what the heart rhythm was during that symptom," says Dr. Rogal.

### ARTIFICIAL INTELLIGENCE


The key to the success of these technologies lies in artificial intelligence (AI)—the ability of a computer to compare an individual's data against that of thousands of other patients and flag information that may be significant.

"AI allows information to be provided to the care team in a very nuanced way," says Partho Sengupta, MD, Chief of the Cardiology Service Line at Robert Wood Johnson University Hospital (RWJUH) and Chief of the Division of Cardiology at Robert Wood Johnson Medical School. "The device will only send an alert if it thinks the data is moving in the wrong direction and the patient is not doing well, as opposed to a steady stream of data, which can be overwhelming."

The cardiology team at RWJUH meets regularly with doctors in the community to discuss the digital transformation of cardiology and consider innovations for treatment. Dr. Sengupta and his colleagues are conducting several clinical trials, including one for an armband that can monitor multiple physiological signals and offer personalized recommendations for a patient's care.

"For the future of cardiology, our overall concept is that care starts in the patient's home and ends at home, with the hospital and the clinic only points along the way," Dr. Sengupta says. "In order for us to connect the whole journey, we need to have the ability to continuously monitor a patient's health."

"It's like how we use a GPS to help us on a road journey," he says. "Now it's time to take that approach and apply it to our health journeys."



**"FOR THE FUTURE OF CARDIOLOGY, OUR OVERALL CONCEPT IS THAT CARE STARTS IN THE PATIENT'S HOME AND ENDS AT HOME, WITH THE HOSPITAL AND THE CLINIC ONLY POINTS ALONG THE WAY."**

*Partho Sengupta, MD*

occur when the electrical signals that coordinate the heart's beats don't work properly. In turn, the heart can't pump blood effectively.

Symptoms of arrhythmia include a fluttering in the chest, shortness of breath, fainting, dizziness or a feeling that the heart is racing or beating too slowly. The symptoms may be brief or long-lasting, and they can indicate a

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](http://www.rwjbh.org/heart)**.





Two decades after 9/11, double lung transplant recipient Tony Moyet visits the NY Waterway ferry.



# THE FREEDOM TO BREATHE

WITH A DOUBLE LUNG TRANSPLANT, A BLOOMFIELD MAN IS REBORN ON THE FOURTH OF JULY.

**O**n Sept. 11, 2001, Tony Moyet began his workday the same way as he had for the previous five years, by transporting about 300 commuters per trip from Hoboken to the World Financial Center in Manhattan on a NY Waterway ferry.

“That morning, though, when I dropped off a set of passengers, I saw the gaping hole in the North Tower, with flames coming out of it,” Moyet recalls. “I radioed [then NY Waterway port captain] Michael McPhillips and told him to send boats down in case we

needed to help people evacuate.”

That was after the first plane hit the World Trade Center. When the second one hit, crowds of people looked frantically for a way out of lower Manhattan. “We were the first boat to start evacuating,” Moyet recalls. “We were facing a stampede.”

He worked until 3 a.m. the next day, transporting people away from danger. For the next year and a half, he continued to work in the Ground Zero area, shuttling federal agents, policemen, firemen and workers from throughout the country to lower Manhattan.

Some two decades later, Moyet himself needed help. In January 2018, he sought care for what he thought was a severe cold with a cough that wouldn’t stop. “My doctor told me it was COPD [chronic obstructive pulmonary disease],” he says. Long-term lung problems are an unfortunate reality for many 9/11 first responders, who breathed in massive amounts of smoke, dust and fumes.



THIRUVENGADAM  
ANANDARAGAM, MD



JESUS GOMEZ-ABRAHAM,  
MD



## FINDING A MATCH

Once Moyet received his COPD diagnosis, his lung function deteriorated rapidly. By spring 2020, he had developed end-stage COPD/emphysema and end-stage advanced pulmonary disease. He needed inhaled oxygen 24 hours a day; he couldn't climb stairs or sleep without it.

"He told me, 'Doc, I just need two more years to see my daughter graduate from high school,'" says pulmonologist Thiruvengadam Anandarangam, MD, Division Chief, Pulmonary and Critical Care Medicine at Newark Beth Israel Medical Center (NBI). "I told him that we're hoping we can give him enough time to see her graduate and also to walk her down the aisle someday."

Moyet's best hope to extend his life was a double lung transplant. "At the time, he was on 17 medications and medical management wasn't providing any more relief," says transplant surgeon Jesus Gomez-Abraham, MD, Associate Surgical Director of Lung Transplantation at NBI and a member of RWJBarnabas Health Medical Group.

Dr. Gomez-Abraham added Moyet to the lung transplant database on Friday, July 2. While the average lung transplant patient waits four months for a match, and even longer when a double lung transplant is required, Moyet's care team found his match the very next day. "That was amazing—very unusual," Dr. Anandarangam says. "He was listed on Friday. On Saturday, we found a donor in a neighboring state. I traveled there to look at the organs, and they matched Tony's size and blood type perfectly."

On Sunday, July 4, Dr. Gomez-Abraham performed the double lung transplant. Eighteen days later, Moyet returned home.

## BREATHING EASIER

His fast recovery, say his doctors, was driven by his determination to get better. "When I saw him just before the transplant, he was already in better shape than the last time I had seen him," Dr. Gomez-Abraham says. "He had done what he needed to do to improve his nutrition, and was doing pulmonary rehabilitation and physical therapy to increase his chance of better results."

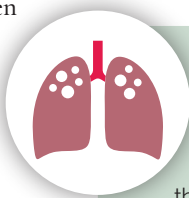
Moyet credits his caregivers at NBI for their guidance and persistence. "After the transplant, I had to learn to walk and move all over again," he says. "My nurses pushed me to keep going, even on days I didn't want to walk. They were dressed in blue; I called them my Blue Angels. They're the sweetest people in the world."

Just two months after his double lung transplant, Moyet, 65, was taking walks again with his wife, Arlene, and 15-year-old daughter, Sophia. "I don't need oxygen, and my lungs are working great," he says. He commemorated the 20th anniversary of 9/11 by joining a group chat hosted by the World Trade Center Health Program. And he's planning for a bright future, including a possible trip to Europe.

"My doctors are great people—miracle workers," Moyet says. "They cared so much and saw me in the hospital every day. It was a great team that put me all back together again."



Tony Moyet with his family at NBI's cardiothoracic ICU, several days after his lifesaving lung transplant surgery.



## SPECIAL CARE FOR SERIOUS LUNG PROBLEMS

People with the most complex lung conditions rely on the Advanced Lung Disease and Transplant Program at Newark Beth Israel Medical Center (NBI), the only lung transplant program in New Jersey.

### Who is a candidate for a lung transplant?

"The majority of patients have end-stage COPD and emphysema," says Jesus Gomez-Abraham, MD. "Other possible candidates are those with cystic fibrosis or pulmonary fibrosis as well as those with certain congenital cardiac diseases."

Candidates at NBI are evaluated through a multidisciplinary approach that includes surgeons, pulmonologists, cardiologists, gastroenterologists and others.

### What is life like after a lung transplant?

"Patients will increase their lung function capacity up to 60 to 90 percent," says Dr. Gomez-Abraham. "Once the transplant has settled in, the majority of patients do not need oxygen. They can go to the mall, go to the beach, go to the family reunion, go back to work. The lung transplantation gives them the freedom to develop a normal life."

To learn more about transplant services at Newark Beth Israel Medical Center, call **888.724.7123** or visit **[www.rwjbh.org/lungtransplant](http://www.rwjbh.org/lungtransplant)**.





# OVERCOMING EATING DISORDERS

**CASES HAVE BEEN ON THE RISE DURING THE PANDEMIC,  
ESPECIALLY AMONG TEENS.**

Being quarantined at home, not being in school for extended periods, not seeing friends or playing organized sports: The restrictions of the pandemic have been keenly felt by adolescents.

Pandemic-related stressors seem to be behind a recent dramatic increase in reported symptoms of eating disorders—binging, purging, drastically reduced caloric intake—as well as a doubling of hospitalizations for those issues.

“The kids we’re seeing are much more medically compromised and much more entrenched in the behaviors than we’ve seen in the past,” says Lynn Corey, LCSW, CEDS/S, CETP, Clinical Manager of Behavioral Health Outpatient Services at Robert Wood Johnson University Hospital (RWJUH) Somerset.

“The pandemic has made the eating disorders worse, because so much of teens’ lives feels out of their control,”

explains Corey, who works with the RWJUH Somerset Eating Disorders Program. “An eating disorder is really not about food; it’s a maladapted coping mechanism. Food becomes used as a means of giving themselves power over their lives.

“Moreover,” Corey continues, “when teens aren’t in school, there are fewer eyes on them—school nurses, guidance counselors and teachers—to notice changes and collaborate with parents.”

## GETTING HELP

If a parent is worried about a child’s eating habits, a trip to the primary care provider is a good first step, Corey says. “If the pediatrician feels things aren’t looking good, that can open the door for parents to set up an evaluation with our program.”

Thanks to its hospital affiliation, the RWJUH Somerset program is



## COPING WITH EATING DISORDERS: TIPS FOR FAMILIES

- Express honest affection, verbally and physically.
- Teach children to communicate with assertiveness so they can resist inappropriate messages from their peers, the media and others about weight.
- Do not demand weight gain or berate a family member.
- Develop a dialogue about personal issues other than food and weight.
- Get support and educate yourself through books, professional help and talking with other families.

equipped to assess potential medical complications in a patient—a critical point, because eating disorders can cause harm to every organ system in the body. Initial tests may include blood work, an electrocardiogram and more.

The patient will also undergo a psychiatric evaluation to determine whether he or she is a candidate for one of the program’s levels of treatment:

- Inpatient treatment in a 14-bed unit that offers psychological, medical, nursing and nutritional care.
- Partial hospitalization, up to five days a week, with three hours of therapy per day.
- Intensive outpatient services, up to three days a week, with three hours of therapy per day.

The program offers weekly support groups for patients and for family and friends. “Our programs are in-person, not virtual, because that human interaction is so important in connecting with patients,” Corey says. “So many people tell us, ‘I just don’t want to talk to a computer screen.’”

To learn more about RWJUH Somerset’s nationally recognized Eating Disorders Program, call **800.300.0628** or visit [www.rwjbh.org/eatingdisorders](http://www.rwjbh.org/eatingdisorders).



Professional third baseman Todd Frazier—a local hero since his role on the Toms River 1998 Little League World Series Championship team—and his wife, Jackie, have stepped up to the plate for CSH. Above, the Fraziers with Mark Montenero and Ed McKenna, co-chairs of the Transforming Lives 2.0 campaign.

# A BOLD VISION FOR CHILDREN



**Children's Specialized Hospital®**

An RWJBarnabas Health facility

**AN AMBITIOUS CAPITAL CAMPAIGN AIMS TO ENSURE THAT ALL CHILDREN CAN REACH THEIR FULL POTENTIAL.**

When the youngest son of Todd and Jackie Frazier was hospitalized briefly, his parents got a window into what parents of patients at Children's Specialized Hospital (CSH) go through.

"We understand that every day your child is not well, you're waiting for that bit of good news, for your child to make progress from the day before," says Todd, a local Toms River legend and Major League Baseball All-Star. "When we visited Children's Specialized, we were able to see that everyone on the staff at the hospital is so passionate about caring for these children."

"The whole vibe was so loving and positive," says Jackie Frazier. "Everyone

needs to know that this place provides the absolute best care for kids living with special needs."

So when the Fraziers were asked to team with the CSH Foundation to help raise \$45 million in support of the Transforming Lives 2.0 capital campaign, they readily stepped up. "We want everyone to know that each and every one of us can make a difference for kids living with special needs right here in New Jersey by supporting the expansion of Children's Specialized through this campaign," says Todd.

## MAJOR INVESTMENTS

The Transforming Lives 2.0 campaign aims to do nothing less than design the next generation of care through major investments in both inpatient and outpatient resources. Improvements

will include new technologies, such as artificial intelligence, and expansion to new locations. A particular focus is on care for patients with autism, including sophisticated new technologies for screening, assessment, intervention and caretaker training.

The Transforming Lives 2.0 campaign is co-led by community leaders and members of the CSH Foundation Board of Trustees Mark Montenero, President of Autoland Toyota, Jeep, Chrysler, Dodge, and Ram Trucks in Springfield, and Ed McKenna, Esq., Senior Partner at McKenna, Dupont, Stone and Washburne, and former mayor of Red Bank.

"This campaign will enable us to increase access to CSH's essential and innovative programs and services," says Matthew B. McDonald III, MD, President and CEO of CSH. "With every new patient we meet through this period of expansion and enhancement, we get one step closer to realizing our vision of a world where every child can reach their full potential. Having the Fraziers on board, as well as the other esteemed cabinet members, makes me confident that we will reach our goal."

To learn more or make a donation to enhance the future for New Jersey's children living with special healthcare needs, visit [www.childrens-specialized.org/transforminglives](http://www.childrens-specialized.org/transforminglives) or write to [foundation@childrens-specialized.org](mailto:foundation@childrens-specialized.org).

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, Monmouth, New Brunswick, Newark, Somerset, Toms River, Union and West Orange.



# TOBACCO RECOVERY AT YOUR FINGERTIPS



## A NEW SERVICE PROVIDES CUSTOMIZED SUPPORT.

**Y**ou're trying to quit smoking. You really want a cigarette. What do you do?

Pills, medications and patches can help a person overcome a nicotine addiction. But equally important is to have support from the people in your life—loved ones, colleagues, healthcare providers—and from trained counselors who understand just how challenging the journey can be.

The free Nicotine and Tobacco Recovery Program offered by the RWJBarnabas Health Institute for Prevention and Recovery (IFPR) employs a full range of tools to quit smoking, including counseling and support groups. Last summer, the program unveiled a new support option: a text-based service known as the Tobacco Recovery Concierge. The service offers real-time support via texting for moments when triggers or cravings are strong.

"In these cases, we can offer tips for a behavior change that they can make to help the craving subside, such as going

for a walk, having a drink of water or doing breathing and relaxation exercises," explains Monica Hanna, MPH, CHES, NCTTP, Assistant Director of the Nicotine and Tobacco Recovery Program.

"Research has shown that cessation counseling and support can double a person's chances of success when quitting nicotine," she says. "This new service allows us to tailor messages to patients for whatever they're going through at the moment."

### NOT JUST A HABIT

Powered by GoMo Health, the Tobacco Recovery Concierge provides regular motivational and educational messages based on where a person is in his or her quit journey. These scheduled messages might include a link to a website where people share their stories, or to a calculator for figuring out exactly how much a person will save by quitting nicotine.

For times when participants need immediate support, they can text one of

a number of keywords such as "craving," "mood," "relax" or "meet." Responses might include motivational messaging or a link to login information for IFPR Zoom meetings. A chat feature is also available through a HIPAA-secure portal.

The program, which began in July 2021, has served more than 200 people so far and gets about 30 new signups each month, Hanna says.

Quitting nicotine can be as hard as quitting heroin or cocaine, research shows. On average, people try to quit smoking five to seven times before they quit for good.

"Our goal is to break down the stigma of nicotine addiction. Even healthcare providers too often regard it as a bad habit," Hanna says. "Instead, we approach it the same way we would treat a chronic disease such as diabetes or heart failure. We help patients deal with the physiological effects. And we know that when we combine that approach with counseling, a person's chances of success are much greater. No one should feel like they have to make this journey alone."



## YOU CAN QUIT. WE CAN HELP.

The Nicotine and Tobacco Recovery Program includes nicotine replacement therapies, recommendations on prescription smoking medication, and individual and group counseling. The program, funded by the New Jersey Department of Health Office of Tobacco Control, Nutrition and Fitness, is offered free of charge by the RWJBarnabas Health Institute for Prevention and Recovery in Essex, Mercer, Middlesex, Monmouth, Ocean, Somerset and Union counties.

To learn more, call **833.795.QUIT (7848)**, email [quitcenter@rwjbh.org](mailto:quitcenter@rwjbh.org) or visit [www.rwjbh.org/nicotinerecovery](http://www.rwjbh.org/nicotinerecovery).

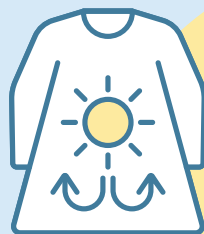
# LOVE YOUR SKIN THIS SUMMER



NICOLE MAGUIRE, DO, FACEP

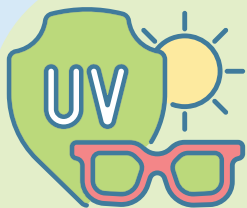
## SIMPLE HABITS CAN DRASTICALLY REDUCE YOUR SKIN CANCER RISK.

**H**ow can you protect your skin from the sun's harmful rays? As warmer weather invites you to spend more time outdoors, Nicole Maguire, DO, FACEP, Program Director, Emergency Medicine Residency Program, Community Medical Center, shares her best advice.



### DRESS FOR SUCCESS.

That includes wearing a hat with a brim that shades your face, ears and the back of your neck, and loose-fitting, long-sleeved, tightly woven shirts and long pants. Wear a T-shirt on the beach whenever you aren't in the water. Look for fabrics that have an Ultraviolet Protection Factor (UPF) to guard against UV rays.



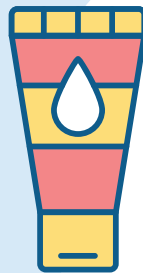
### KEEP AN EYE ON YOUR EYES.

Wraparound sunglasses are a great choice to protect eyes and skin around the eyes from UV rays.



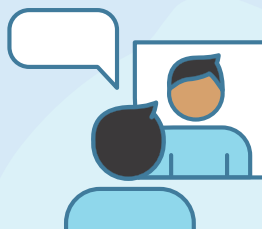
### SHUN THE BRIGHTEST SUN.

When you're outside between 10 a.m. and 4 p.m., reduce your risk of skin damage by seeking shade under an umbrella, a tree or other shelter.



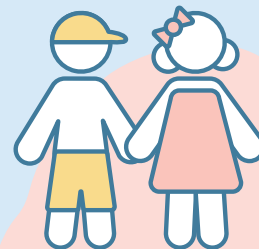
### SLATHER ON SUNSCREEN.

Use it even on slightly cloudy or cool days, regardless of skin color. It contains chemicals that scatter sunlight's UV rays. Apply 30 minutes before you go outside. A Sun Protection Factor (SPF) of 30 is sufficient as long as the sunscreen is reapplied every two hours.



### CHECK IT OUT.

Regularly examine your skin for changes in moles during showers and in the mirror. Ask someone to check your back and neck, and if your hair is thinning, be sure to check your scalp as well.



### WATCH THE KIDS.

The vast majority of sun exposure occurs before age 18, so help your children take the necessary sun protection steps and let them see you doing the same.



RWJBarnabas Health and Community 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](http://www.rwjbh.org/beatcancer).

To learn more about Community Medical Center, visit [www.rwjbh.org/community](http://www.rwjbh.org/community).





A photograph of a woman with short, wavy grey hair, smiling and sitting on a wooden deck. She is wearing a maroon V-neck sweater over a white shirt, dark blue pants, and light blue sneakers. A small, fluffy white dog is standing next to her, and she is holding its pink leash. In the background, there is a white picket fence and a grassy area.

# 'THEY GO THE EXTRA MILE'

**A NEW BARNEGAT WOMEN'S  
CENTER PROVIDES  
COMPREHENSIVE SERVICES  
INCLUDING MAMMOGRAPHY.**

Lu Anne Duff was impressed when she received a mammogram at Community Medical Center's new Lab and Women's Imaging Center in Barnegat.

It was time for Lu Anne Duff to get her annual mammogram, and she had simple but firm criteria for the kind of experience she wanted. She felt the mammographer should be not only competent but also friendly and not so rushed that Duff might wonder if the exam had missed anything.



ALEXANDER KING, MD

"I have breast cancer in my family, so I take my screenings very seriously," says Duff, 66, a retired gift shop owner who lives in Whiting. "I had a business myself for many years, and we treated everybody like family. So for me, that's a big thing."

Her gynecologist suggested she have her next mammogram at a recently opened screening facility: the Community Medical Center (CMC) Lab and Women's Imaging Center in Barnegat. The center had just opened in October 2021 and was conveniently located right next door to



her gynecologist's office at Ocean Women's Health Care Group, a practice of the Combined Medical Group of RWJBarnabas Health (RWJBH) and Rutgers Health that is affiliated with CMC and opened in July 2021.

Duff simply walked over and made an appointment. "It's not like I even had to go home and call," she says. "And they saw me within a week."

Duff was one of the first patients to use the Lab and Women's Imaging Center and found its high level of service to her liking. "I felt welcome," she says. "The staff was very professional and friendly, everything was very clean and all the equipment was brand new. They had me in and out quickly, and I received timely notification that everything was fine."

## A WOMEN'S HEALTH HUB

The healthcare hub's tandem facilities together create a comprehensive women's center conveniently located in Barnegat Township.

Ocean Women's Health Care Group provides a full range of gynecologic services for women of all ages from adolescence through menopause and beyond. Services include preventive care through annual health screenings; treatment for a wide range of gynecological conditions such as infertility, urinary incontinence and pelvic pain; and minimally invasive alternatives to surgery.

The Lab and Women's Imaging Center offers outpatient laboratory services, screening mammograms including 3D mammograms, screening ultrasounds, general ultrasounds for female patients and DEXA scans for bone density testing.

Having a women's health center in the area fulfills a growing need for services at locations outside CMC's hospital campus. "More people are moving to the Barnegat area," says Alexander King, MD, Regional Director of Breast Radiology and a member of RWJBarnabas Health Medical Group. "Opening an office there expands the footprint of CMC's screening services."

The new facilities are both inviting



**RWJBarnabas Health and Community Medical Center, in partnership with Rutgers Cancer Institute of New Jersey—the state's only NCI-Designated Comprehensive Cancer Center—provide close-to-home access to the most advanced treatment options. Call 844.CANCERNJ or visit [www.rwjbh.org/beatcancer](http://www.rwjbh.org/beatcancer).**

and close to home for many in the community.

"We have a really wonderful space,"

Dr. King says. "It's a brand-new office in a brand-new building, it's big and spacious, there's plenty of parking, it's right off the parkway and it offers very easy access for people in the area. Altogether it provides a great patient experience."

## CRITICAL SCREENING

The new state-of-the-art breast screening facility is an important addition to services that help meet the medical needs of women in the Barnegat area conveniently and comfortably, Dr. King says. Plans are underway for the Lab and Women's Imaging Center to also offer diagnostic mammograms and other services for women who have abnormal findings on their screenings.

Women who receive services through the health center will have access to advanced care through RWJBH, including access to the most advanced treatment options, in partnership with Rutgers Cancer Institute of New Jersey, the state's only National Cancer Institute-Designated Comprehensive Cancer Center.

"If your screening is abnormal, you have access to high-level resources such as diagnostic mammograms, biopsy, surgery, chemotherapy or radiation," Dr. King says. Clinical trials may also offer access to novel therapies, new options for surgery, different methods of radiation therapy and other treatment options that may not be available elsewhere.

Regular mammogram screenings are important because they help detect breast cancer at its earliest, most treatable stages, says Dr. King. Starting screening at age 40 saves the most lives, he says, but women should talk with their doctors about which screening regimen is best for them. "High-risk women may benefit from supplemental screening in addition to mammography, such as MRI," Dr. King says. "And women with extremely dense breasts may benefit from ultrasound

## THE BENEFITS OF CLINICAL TRIALS

If you are diagnosed with cancer, participating in a cancer clinical trial may offer you a number of advantages in addition to the standard treatment. Through CMC's partnership with Rutgers Cancer Institute of New Jersey, the state's only NCI-Designated Comprehensive Cancer Center, patients have access to the latest clinical trials. Potential benefits include:

- Working with top specialists who conduct research and are highly knowledgeable about the latest treatments.
- Being offered cutting-edge treatments not yet available to the general population that may help you live longer and/or improve your quality of life.
- Playing a meaningful role in a study that could help other patients in the future.

## VISIT THE CMC LAB AND WOMEN'S IMAGING CENTER'S NEW LOCATION

**770 Lighthouse Drive, Suite 118A, Barnegat, NJ 08005**

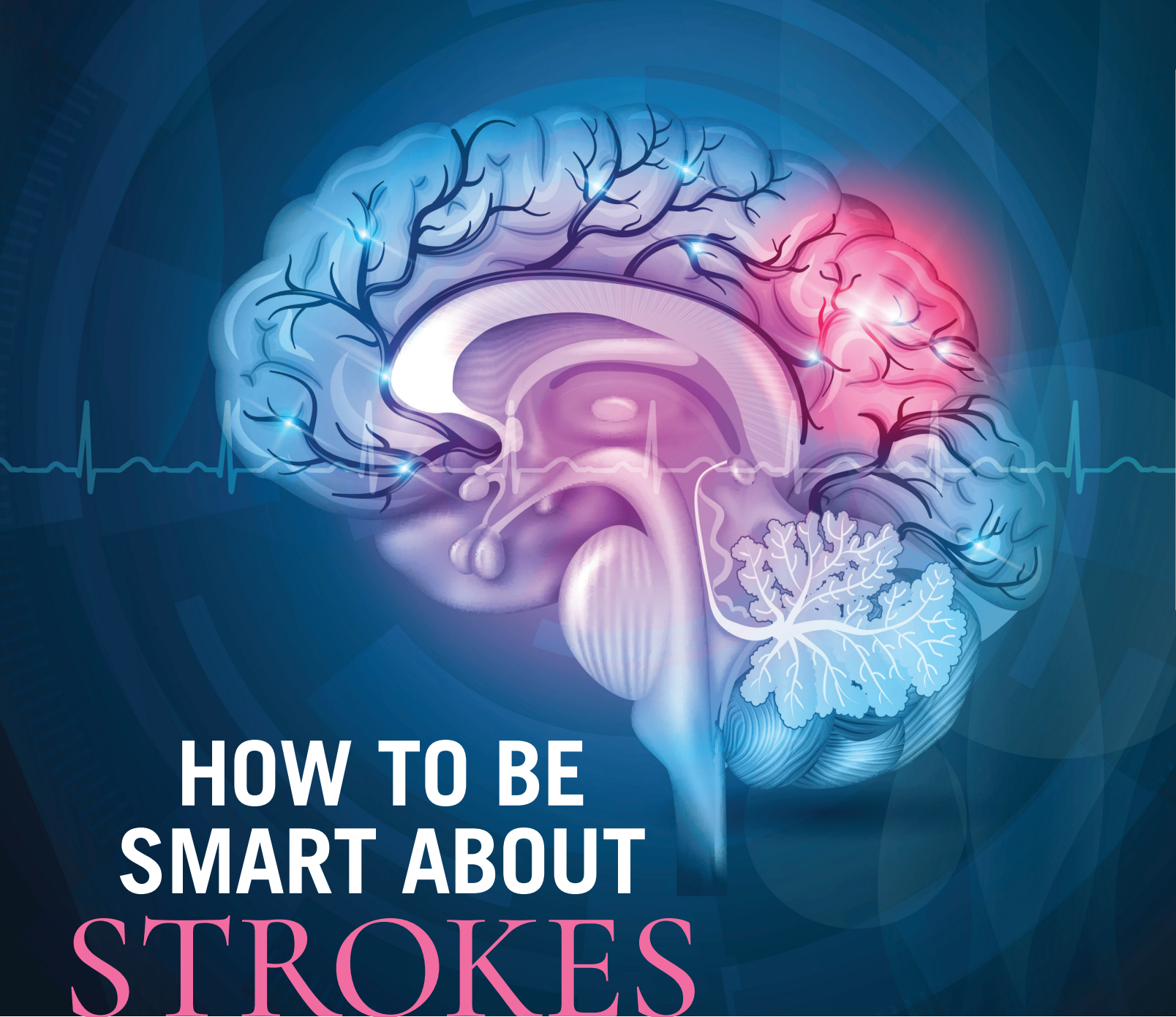
**Lab Services: 848.208.6203**

**Imaging Services: 866.675.3226, Option 3**

in addition to mammography. We try to tailor tests to each patient based on factors such as individual age, risk and breast density."

Duff is happy with her care at the center and thankful to find a welcoming facility to perform her annual breast cancer screening. "Getting a mammogram is a very personal thing, and sometimes you might be a little nervous about it," she says. "I appreciate that this facility really goes the extra mile to make women feel comfortable."





# HOW TO BE SMART ABOUT STROKES

**KNOWING THE SIGNS  
AND ACTING FAST  
CAN MAKE ALL THE  
DIFFERENCE.**

**D**o you know the signs of a stroke? Recognizing them could save a life—perhaps your own—and minimize a stroke’s potential life-changing effects.



**GERALD FERENCZ, MD**

“Unfortunately, stroke symptoms can sometimes seem mild or transient, and people often shrug them off,” says Gerald Ferencz, MD,

Director, Primary Stroke Center; Medical Director, Center for Sleep Disorders; and Chairman, Department of Neurology, at Community Medical Center (CMC), and a member of RWJBarnabas Health Medical Group.

If you feel something different or something you haven’t felt before—or if you notice a friend or family member not acting like themselves—you should call an ambulance.

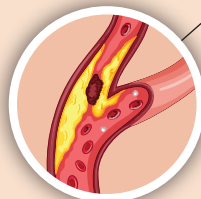
The memory trick known as “B.E. F.A.S.T.” makes it easier for people to better connect suspicious symptoms

## THE 3 TYPES OF STROKE



No matter what type of stroke a person suffers, time is always of the essence when it comes to treatment.

- **Ischemic stroke:** The most common type of stroke, it occurs when an artery-blocking blood clot travels to the brain.
- **Transient ischemic attack (TIA):** Sometimes called a ministroke, this is a precursor to an ischemic stroke. "Sometimes stroke symptoms resolve, at least temporarily," says Gerald Ferencz, MD, Director, Primary Stroke Center; Medical Director, Center for Sleep Disorders; and Chairman, Department of Neurology, Community Medical Center, and a member of RWJBarnabas Health Medical Group. "But often, a TIA is a warning that a bigger stroke is just down the road." In fact, according to the Centers for Disease Control and Prevention, the chance of having a stroke within 90 days of a TIA is as high as 17 percent, with the greatest risk during the first week.



- **Hemorrhagic stroke:** Occurring when a blood vessel in or near the brain ruptures, these strokes are less common. They can occur because of a trauma, such as a fall, or uncontrolled high blood pressure and typically require surgical intervention.



with the possibility that a stroke is causing the issue. Warning signs include:

- **B for Balance:** Dizziness, vertigo or a fall.
- **E for Eyes:** Blurred vision or loss of vision.
- **F for Face:** A slight droop, an uneven smile or a change in the way the eyes look.
- **A for Arm:** Is one arm weak or does it feel heavy and difficult to lift?
- **S for Speech:** Is there slurred speech or an inability to get words out?
- **T for Time:** Time to call 911.

Don't delay help for yourself or any potential stroke victim. "When blood flow to the brain becomes blocked, a few minutes or even seconds can cause a substantial loss of brain cells," Dr. Ferencz says. "The longer you wait to treat and reverse these blockages, the poorer the outcomes tend to be."

Call 911 rather than calling a doctor or driving to the Emergency Department. "It's best to have emergency responders take you right to the part of the hospital geared to evaluate and treat strokes as quickly as possible—or

even begin treatment on the way," Dr. Ferencz says.

### A TEAM FOR TREATMENT

Once at the hospital, a stroke patient requires a team of specialists such as physicians, nurses, neurologists, radiologists and lab technicians.

"Our team also includes telemedicine/teleneurology specialists who not only help evaluate patients and recommend treatments but also are available 24/7," Dr. Ferencz says. "When time is important, it's helpful to not wait for a specialist or have to drive to another location to see one when we can provide that consultation in a different way."

The team assesses symptoms, checks vital signs, conducts a neurological exam and takes images of the brain, typically with a CT scan. Most patients are given a clot-busting, or thrombolytic, medication that dissolves blockages and can stop a stroke.

Treatment within a few hours, especially within the first 45 to 60

## WHO'S AT RISK FOR A STROKE?

### RISK FACTORS YOU CAN'T CONTROL:

- **Age.** Strokes are more common after the age of 65, although 10 to 15 percent of people who have a stroke are between the ages of 18 and 45.
- **Gender.** Women have more strokes than men.
- **Family history.** If your parent, grandparent, sister or brother has had a stroke, you may be at greater risk.
- **Race.** Blacks have a higher risk of stroke, in part because they have higher risk of high blood pressure, diabetes and obesity.
- **Prior stroke, TIA or heart attack.**

### RISK FACTORS YOU CAN CONTROL:

- **High blood pressure.** This can be managed with dietary changes, activity and medication.
- **Smoking.** Quitting smoking will reduce your stroke risk.
- **Diabetes/high blood sugar.**
- **Physical inactivity.** Move more, sit less. Aim for being active at least 150 minutes per week.
- **Obesity/unhealthy diet.** Five or more servings of fruits and vegetables per day may reduce risk.
- **High cholesterol.**
- **Carotid artery disease, peripheral artery disease, atrial fibrillation and other forms of heart disease.**

minutes, can often minimize a stroke's potentially devastating effects.

"If any B.E. F.A.S.T. symptoms occur suddenly out of the blue, get an evaluation immediately," Dr. Ferencz says. "Recognizing symptoms and acting in a timely manner is critical."

To learn more about the Primary Stroke Center at Community Medical Center, visit [www.rwjbh.org/community](http://www.rwjbh.org/community).







The pain of losing her first child inspired Cheryl Zindzius to donate a Caring Cradle device that gives grieving families more time to say goodbye.

# FROM LOSS TO LOVING DONATION

**CONTRIBUTING A CARING CRADLE DEVICE KEEPS THE  
MEMORY OF A WOMAN'S SON ALIVE.**

There's no way to sugarcoat the reality of what happened: When Cheryl Zindzius of Point Pleasant gave birth to her first child, Liam, on April 15, 1999, he came into the world without a heartbeat.

Shortly before the birth, in week 39 of her pregnancy, doctors at Community Medical Center (CMC) gave Zindzius and her husband the tragic news revealed in prenatal testing. "It's super traumatic," Zindzius says. "There was a lot of shock

and heartbreak.”

Immediately after the stillbirth, nurses brought Liam to Zindzius swaddled in blankets for a few brief moments. “I was able to hold him only for a short period,” she says. “I didn’t have a lot of time, and that bonding and separation were very difficult for me.”

The pain of that moment was still fresh in Zindzius’ mind 22 years later when she learned of a device called the Caring Cradle. “It’s a cooling device that helps preserve the baby so grieving families don’t have to be separated so quickly,” Zindzius says. “That provides time to say goodbye, kiss and hug the baby and take photographs. When you have this emptiness and heartbreak, and your hopes and dreams vanish into thin air, the Cradle provides comfort by helping you cherish memories of what little time you have.”

Zindzius immediately became interested in providing a Caring Cradle to CMC. “The doctors and nurses had been so compassionate and wonderful to me that I’ve always felt a bond with CMC’s maternity unit,” she says. “A spark just struck in my heart and it became my passion to raise money for this Cradle in memory of Liam.”

## A DIFFICULT CAUSE

At first, Zindzius felt daunted. “It’s a very sensitive subject and a really hard thing to fundraise for,” she says. “Not everyone knew about my loss, and it’s hard to put yourself out there and ask for such a cause.”

But she already had experience fundraising for Dream Factory of the Jersey Shore, an all-volunteer organization that funnels donations into fulfilling dreams of chronically ill children. “Being involved with a nonprofit gave me the courage and confidence that I could make this happen,” she says.

Zindzius created a GoFundMe page, held online fundraising events and spread her message through social media, especially among women with similar experiences. “A lot of mothers who had losses made donations or offered positive affirmations,” Zindzius says. “Caring Cradles are often donated through families who have lost children.”

Support from family, friends, the volunteer community and online networks gradually nudged funds toward Zindzius’

goal even in the midst of a stressful pandemic. For the final push, she approached the CMC Foundation. “They helped with the last bit and were super supportive and really lovely,” Zindzius says. “A 50/50 raffle they held helped get me over the finish line, and my dream was fulfilled.”

## ‘CREATING HAPPINESS’

Last fall, CMC made its Caring Cradle available should the unfortunate need arise. The pastel, bassinet-like device bears a plaque that reads, “Lovingly Donated to Community Medical Center in Memory of Our Liam & All Forever Babies, 2021.”

“The nurses were extremely grateful for the donation,” Zindzius says. “They’re the ones who really help patients get through that time and the shock. This Cradle will create an environment that really helps patients with grief and loss.”

“This tragedy affects more people than we might imagine,” says Jennifer Shufan, Vice President, CMC Foundation. “We at CMC are so grateful for this incredible gift that helps comfort families struggling to grapple with their loss by providing precious time for their goodbye.”

The donation also helps Zindzius with an ongoing desire to keep Liam’s memory alive. “I think the best way to support someone who had a loss is to acknowledge it, say the baby’s name and not be afraid to talk about a child who is no longer with us,” she says. “We want to hear their names and see them written. It’s not something we want to put in a box and tuck away.”

Every April 15, Zindzius bakes a cake and the family celebrates Liam’s birthday. “It’s been 22 years, so my grief has evolved a lot,” she says. “I was fortunate enough to have two more sons since Liam, and they’re the light of my life.”

Her work with Dream Factory honors Liam’s legacy. “The children whose dreams



Lisa Schlesinger (left), Administrative Director, Patient Care Services, and Jennifer Shufan (right) Vice President, CMC Foundation, deeply appreciate Cheryl Zindzius’ gift.

we grant are not well,” Zindzius says. “If Liam had been born alive with a heart condition, he could have had lasting difficulties. You have to let

what happened sit in your heart and ask, ‘What do I do now? How do I pick up those pieces and be the mom Liam would have wanted me to be?’”

One answer is to give back, even through her work as a pediatric registered dental assistant. “With each passing year, I’m learning to turn the pain into positive energy and put that into the world,” Zindzius says. “Creating happiness: Isn’t that what it’s all about?”

Through Zindzius’ efforts, CMC’s Caring Cradle may inject some positive energy into a dreadful situation she wishes would never occur. “To be honest,” she says, “I really hope the Caring Cradle just sits there and collects dust.”

## UPCOMING CMC FOUNDATION EVENTS

- **Spring Gala**  
Friday, April 29  
The Ocean Club, Seaside Heights
- **Red, White & Brew Wine Tasting Event**  
Wednesday, June 1  
Toms River Country Club
- **Robert H. Ogle Golf Invitational**  
Monday, August 29  
Metedeconk National Golf Club

To purchase tickets or sponsorships for these events, call **732.557.8131** or visit **[www.cmcgiving.org](http://www.cmcgiving.org)**.

To learn more about giving at Community Medical Center, visit **[www.cmcgiving.org](http://www.cmcgiving.org)**.





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