

# 1 healthy together



CANCER CARE  
A NEW ERA

SAFER  
PREGNANCIES

7 KEY  
QUESTIONS FOR  
BETTER  
HEALTH

GROUNDBREAKING  
ALZHEIMER'S CARE

*Heart  
Health*

THE POWER OF AI

# healthy *together* contents

SPRING 2025



12

**4. THE AI HEART  
REVOLUTION.**

How technology is changing cardiac care.

**6. A NEW ERA FOR  
CANCER CARE.**

The state's first freestanding cancer hospital will bring services under one roof.

**8. A BREATH OF  
FRESH AIR.**

Specialized surgery allows a child with a disorder to breathe on his own.

**10. PREGNANCY AND  
YOUR HEART.**

Natural changes can boost cardiac risks. What you can do.

**12. RELIEF FOR A WOUNDED  
WARRIOR.**

Team-based spine surgery eases years of pain for an Army veteran.

**14. MANAGING AN  
EATING DISORDER.**

A woman learns behavioral skills at a specialized inpatient program.

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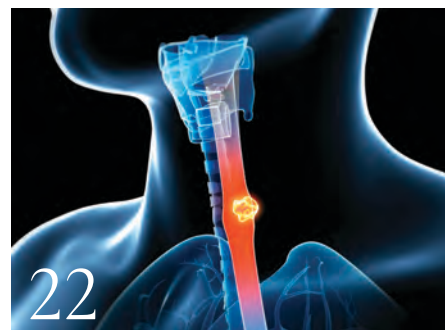
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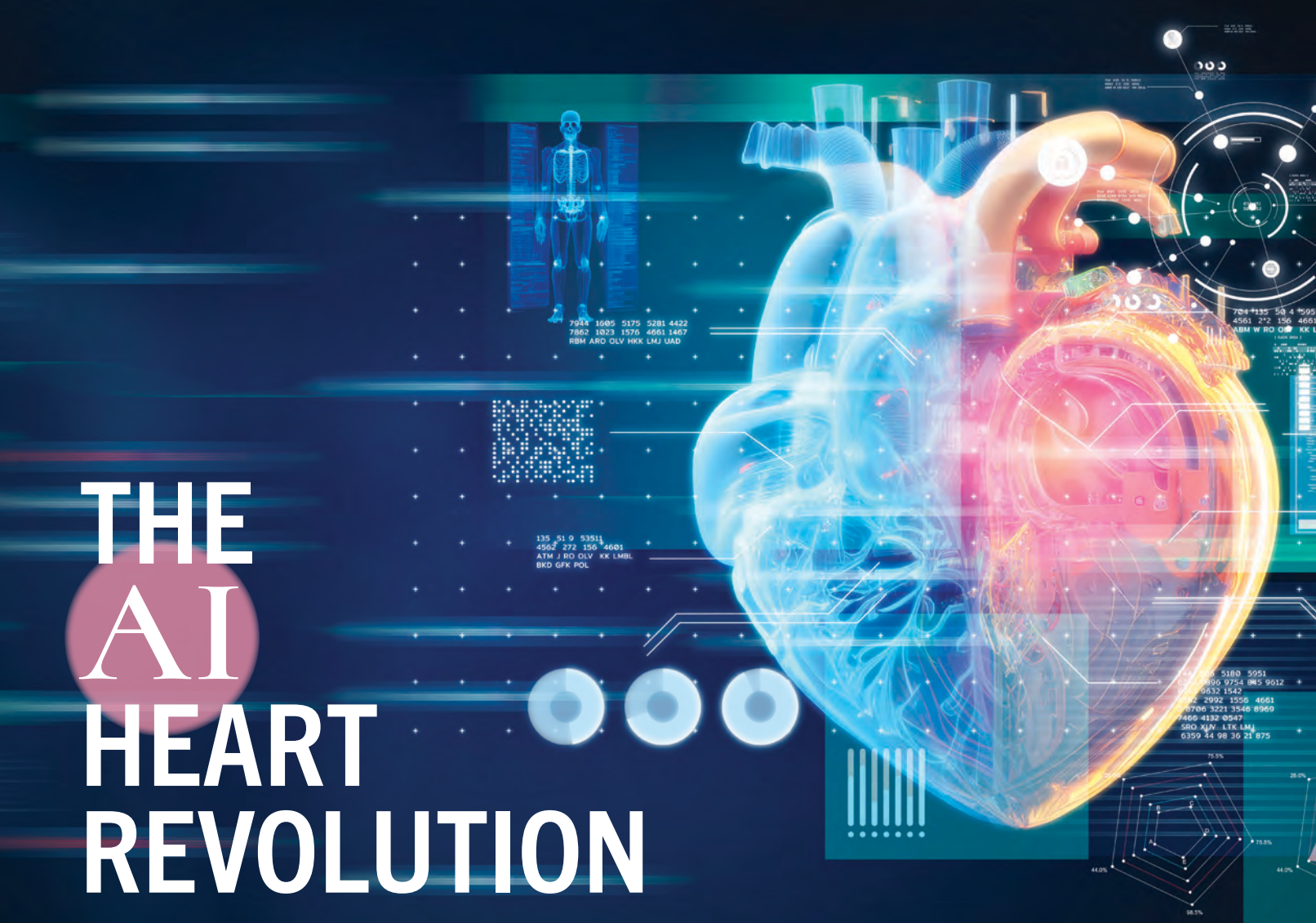
**16. 7 KEY QUESTIONS FOR BETTER HEALTH.** Answers from your doctor can reduce risks.

**18. A FIRST: SLOWING ALZHEIMER'S DISEASE.** A breakthrough medication offers options with expert care.

**20. CREATING GREAT EXPERIENCES.** Community partners team up to connect with patients.

**22. WHEN REFLUX TURNS DANGEROUS.** Screening for Barrett's esophagus guards against cancer.





# THE AI HEART REVOLUTION

## 5 TANGIBLE WAYS THAT TECHNOLOGY IS TRANSFORMING CARDIAC CARE

Heart disease remains the leading cause of death for both men and women, but emerging technologies like artificial intelligence (AI) are creating substantial opportunities for a healthier future.

“Similar to the way genomics has advanced cancer care, the emergence of AI is allowing cardiologists to reimagine everything we know about how the heart works and how we care for it,” says Partho Sengupta, MD, Chief of



PARTHO SENGUPTA, MD

Cardiology, Robert Wood Johnson University Hospital (RWJUH); Henry Rutgers Professor of Cardiology and Chief of Cardiovascular Medicine, Rutgers Robert Wood Johnson Medical School; and a member of RWJBarnabas Health (RWJBH) Medical Group.

Dr. Sengupta has a front-row seat for this technological revolution. He’s co-leader of the Center for Innovation at RWJUH, a pioneering initiative focused on research-based development, testing and implementation of digital solutions that can improve care throughout the RWJBH system.

“While AI is a major focus, I prefer to define AI as ‘augmented intelligence,’” Dr. Sengupta says. “That’s because we

will never use AI to replace doctors, nurses and caregivers. Instead, we’ll use it to augment their work.”

Dr. Sengupta and his team are using or evaluating technologies that promise to deliver key benefits to heart patients, including:

**1 FINDING THREATS SOONER** AI allows doctors to more quickly identify structural heart defects, find symptoms of heart failure and detect evidence of heart attacks.

Medical teams accomplish this in part through different types of imaging, using AI-driven algorithms and deep learning capabilities to view X-rays, ultrasounds, CT (computed tomography) scans and



No one plans on heart disease, but everyone should have a plan for it. To connect with an RWJBarnabas Health heart and vascular specialist, call 888.724.7123 or visit [www.rwjbh.org/heart](http://www.rwjbh.org/heart).

MRIs (magnetic resonance imaging scans) of the heart.

“With imaging techniques, doctors can perform a greater variety of standardized measurements within heart images, which helps predict heart disease sooner,” Dr. Sengupta says. “This gives us a huge opportunity to care for heart conditions before they become more serious.”

In some cases, improved imaging helps doctors prevent emergencies. By using AI in a type of scan called fractional flow reserve CT, for example, doctors create a highly accurate, 3D model of a patient’s coronary arteries that can both detect blockages and assess their significance. Information from this

technology has already led some patients back from the brink of a heart attack.

On the horizon: Doctors may use AI to augment the interpretation of subtle changes in EKGs (electrocardiograms) as a screening tool, potentially for early detection of heart disease, even predicting when heartbeats could become irregular (arrhythmias).

## 2 ANALYZING IMAGES

Researchers are exploring ways that large amounts of data from advanced imaging combined with machine learning can analyze pixels of cardiac images that might otherwise be invisible to doctors. This capability to analyze pixel-level information, called radiomics, trains AI algorithms to detect subtle patterns that indicate the presence of certain heart conditions.

“For example, cardiac ultrasounds, CT scans and MRIs give us images in 256 shades of gray, but the human eye can’t see all those shades,” Dr. Sengupta says. “Radiomics could enhance information related to gray-level distributions, potentially enabling us to indicate the presence of scar tissue or damaged heart muscle more precisely.”

## 3 BOOSTING SAFETY

AI can serve as a double check for physicians and other heart care professionals, enhancing accuracy when diagnosing and treating complex conditions.

One example is detecting aortic stenosis, a narrowing of the aortic valve. “It’s a complicated presentation that can be missed on EKGs,” Dr. Sengupta says. “AI could develop alerts that automatically detect stenosis and flag it.”

Similarly, natural language processing, a type of AI that allows computers to understand human commands, could be used to help review medical records and notify doctors about underlying health conditions that factor into a patient’s care. As a result, providers could develop more personalized and safer treatment plans.

Also under review are solutions that integrate AI into remote patient monitoring. These tools provide continuous observation, transmit key vital signs to providers and flag anomalies, helping patients go home from the hospital sooner and achieve a faster, safer recovery.

## 4 SIMPLIFYING CARE

Technology is bringing efficiencies directly to patients. For example, some RWJBH outpatient cardiology practices use pocket ultrasound, a technology that allows doctors to see heart images on an iPhone during a patient visit, enabling physicians to offer immediate guidance on cardiac health.

Researchers are also investigating whether technology can help ultrasounds better identify dead heart tissue that indicates a heart attack. “If successful, this could allow more people to get ultrasounds in the office and receive appropriate referral for MRI, while reducing unnecessary tests in many,” Dr. Sengupta says.

Similarly, RWJBH researchers are looking into the use of handheld infrared devices that can see through the surface of the skin and identify molecules that indicate the presence of a blocked artery. “By detecting conditions like this quickly, we can get patients to the ER faster,” Dr. Sengupta says.

## 5 IMPROVING OFFICE VISITS

The doctor-patient relationship is at the center of successful heart care, and AI is helping providers spend more face time with patients. Advances such as automated dictation can free physicians from manual documentation tasks, allowing them to look less at a computer screen during office visits and spend more time delivering detailed health guidance and coaching.

“By using technology to make providers more efficient, doctors can create more meaningful conversations with patients, building empathy and trust,” Dr. Sengupta says. “As a result, patients get a better experience and doctors can perform more critical thinking and problem-solving—the tasks that make them feel more fulfilled.”



# A NEW ERA FOR CANCER CARE

**NEW JERSEY'S FIRST FREESTANDING CANCER HOSPITAL  
WILL BE 'TRANSFORMATIONAL' WHEN OPEN THIS SPRING.**

For many people in New Jersey, cancer is distressingly familiar. “Over 50,000 of our residents are diagnosed with cancer each year, and New Jersey ranks sixth in cancer incidence in the U.S.,” says Steven Libutti, MD, FACS, the William N. Hait Director of Rutgers Cancer Institute and Senior Vice President of Oncology Services at RWJBarnabas Health (RWJBH). “Cancer is a big problem in our state.”

Now RWJBH, together with Rutgers Cancer Institute—the state’s only NCI-designated Comprehensive Cancer Center—is on the cusp of opening New Jersey’s first freestanding cancer hospital. Called the Jack & Sheryl Morris Cancer Center, the new facility in New Brunswick is a landmark development for cancer care throughout the region.

The state-of-the-art 12-story, 520,000-square-foot center, named for philanthropist Jack Morris and his wife,

Sheryl, is slated to open this spring. It will provide cutting-edge, comprehensive cancer diagnosis, research, treatment and support services all under one roof and promises to reshape the patient experience for countless families touched by potentially life-threatening illness.

“Opening the Morris Cancer Center is going to be transformational,” Dr. Libutti says. “Only a handful of similar facilities exist nationwide.”

## **PUTTING PATIENTS FIRST**

Key to the vision for the center is its concentration of services in a single

building. “We’re providing a place and environment where experts together are focusing entirely on cancer and the patient experience,” Dr. Libutti says.

Each stage of the patient’s cancer journey, whether inpatient or outpatient, will be addressed on-site, from early diagnosis through treatment and survivorship. Services available within a few elevator stops will include imaging, surgery, radiation oncology, medical oncology, chemotherapy, clinical trials and highly specialized advanced treatments such as cellular therapies, along with layers of support services.

Having all services together makes care convenient for patients, minimizes travel and eases navigation through often complex treatments. “Making care more efficient is better for the patient experience and promises to improve outcomes,” Dr. Libutti says.

Dozens of nurse navigators will guide patients through their journeys, offering a main point of contact and a knowledgeable bridge to diverse providers.

Concentrating services will also promote collaboration by multidisciplinary teams that include not only clinicians but also researchers conducting groundbreaking clinical trials and research in state-of-the-art laboratories.

“Hallway conversations can help lead to new therapies,” Dr. Libutti says. “We’ll have easy sharing of information and ideas about ways to attack cancer’s vulnerabilities.” The fusion of top-notch facilities, advanced expertise and innovative treatment further promises to attract even more world-class physicians.

Patient-first priorities steered the center’s conception, design and construction. “There was a lot of conversation about what the cancer journey looks like for patients and how

to coordinate touchpoints along the way,” Dr. Libutti says.

That meant more than having an advanced physical facility. “We also wanted the best workflows



STEVEN LIBUTTI, MD, FACS

## A STATEWIDE VISION

The new Jack & Sheryl Morris Cancer Center anchors a broader strategic vision for RWJBH cancer care throughout New Jersey. “Patients do better when they have services and support close to home,” says Steven Libutti, MD, FACS, the William N. Hait Director of Rutgers Cancer Institute and Senior Vice President of Oncology Services at RWJBarnabas Health (RWJBH). “Our goal is that no person in New Jersey will be more than 15 minutes from an access point for our exceptional, comprehensive cancer care.”

Contributing to that goal will be the new Melchiorre Cancer Center at Cooperman Barnabas Medical Center in Livingston, due for completion in late 2025, and the Specialty and Cancer Care Center at the Vogel Medical Campus in Tinton Falls, due to open in late 2026.

The Vogel Medical Campus will be a state-of-the-art new home for fully integrated, multidisciplinary cancer services at Monmouth Medical Center as well as an outpatient surgery and imaging center—all under one roof.

“Our investment in campuses that are strategically positioned throughout the RWJBH system is unprecedented and unparalleled,” Dr. Libutti adds. “We’re committed to addressing cancer across the spectrum and easing the burdens for patients.”

and practices to make the patient experience as efficient as possible,” says Susan Solometo, Senior Vice President of Administration, Oncology Services, at RWJBH. “We’re striving to optimize everything around the patient.”

## FORM AND FUNCTION

The blending of sophisticated design and efficient function will be evident upon stepping through the center’s doors. “The building itself promotes processes we want to implement to make things easier for patients,” Dr. Libutti says.

For example, patients using the MyChart electronic medical records portal can complete much of their registration before coming to an appointment. “When patients arrive, this will allow check-in and printing of a pass at a kiosk similar to those at airports,” Solometo says. “Patients who return frequently for treatments won’t have to go through an elaborate check-in and registration process every time.”

An advisory council of patients and families contributed insights on matters from the organization of the building and floors to workflows, amenities and even furniture and finishings.

In addition to new infrastructure such as nine operating rooms and an additional 10 research laboratories, the center will include a demonstration kitchen, a physical therapy gym and adjacent parking. Space is allocated for integrative medicine services such as Reiki and art,

music and pet therapies. A boutique area will include services for styling wigs or hair, buying lymphedema garments and getting a manicure and pedicure.

The building’s soaring atrium will include design elements such as a staircase styled like a cancer ribbon and art/media installations. “There will be a calming aspect to entering the building,” Solometo says. “Our hope is that patients may, even for a moment, forget why they’re there.”

Learn more about the Jack & Sheryl Morris Cancer Center at [www.cinj.org/themorris](http://www.cinj.org/themorris).



## BEAT CANCER

RWJBarnabas Health, together with Rutgers Cancer Institute—the state’s only NCI-designated Comprehensive Cancer Center—provides close-to-home access to the most advanced treatment options. To schedule an appointment with one of our cancer specialists, call **844.CANCERNJ** or visit [www.rwjbh.org/beatcancer](http://www.rwjbh.org/beatcancer).

To learn more about cancer care at RWJBarnabas Health, visit [www.rwjbh.org/beatcancer](http://www.rwjbh.org/beatcancer).



# A BREATH OF FRESH AIR

## AN INNOVATIVE SURGERY ALLOWS A CHILD WITH A LIFE- THREATENING DISORDER TO BREATHE ON HIS OWN.

**Y**vette Barnett-Somers of Essex County was elated when she found out she was pregnant with her second child in 2019. “I’d planned for him,” says Yvette, who already had a 13-year-old daughter, Brianna.

Yvette had been under the care of an infertility specialist at Newark Beth Israel Medical Center (NBI), where she worked as a certified surgical technologist. “I had genetic testing and

all my ultrasounds,” she says. “Everything came back great.”

Her due date was April 21, 2020. But 25 weeks into her pregnancy, her water broke. She was hospitalized at NBI for 12 days before giving birth to her son, Bryce Chance Somers, on January 21, at just 27 weeks.

“He weighed only 2 pounds, 2 ounces,” says Yvette. “He was a peanut.”

After being born premature, Bryce was intubated in the neonatal intensive care unit (NICU) at Children’s Hospital of New Jersey (CHoNJ) at NBI, part of the Children’s Health network at RWJBarnabas Health. His lungs collapsed several times. Doctors worried that something even more serious might be

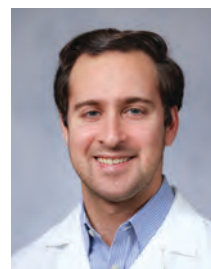
wrong. “He was floppy,” Yvette says. “He wasn’t able to suck, and he was very limp.”

Tests probed the cause, and the neonatology team—concerned because of what the symptoms might mean—discovered that Bryce had Prader-Willi syndrome, a rare and complex genetic disorder marked by physical, mental and behavioral difficulties.

### LIVING LIFE, WITH HELP

Key features of Prader-Willi syndrome include hyperphagia, or an incessant and insatiable hunger; hypotonia, or poor muscle tone; distinct facial features; a poor sucking reflex; poor responsiveness; and certain forms of physical underdevelopment.

“I was told that Bryce would never



BRIAN MANZI, MD

be able to live independently, drive or have children, and he would not be able to get off of the ventilator,” Yvette recalls.

Bryce remained in the NICU



Bryce Chance Somers, born with a rare genetic condition, has made significant progress since a highly specialized surgery allowed the removal of a breathing tube he'd had most of his life.

and, at 4½ months, as the COVID-19 pandemic was raging, underwent surgery in which he was given a tracheostomy—sometimes referred to as a trach—and a feeding tube called a G-tube.

After the procedure, Bryce was transferred to Children's Specialized Hospital (CSH) in New Brunswick. Both CSH and CHoNJ are part of the Children's Health network at RWJBarnabas Health. "The whole staff is truly amazing," says Yvette. "I lived at CSH with Bryce, and they taught me how to care for him—how to bathe him, suction and change the trach, perform trach CPR and administer his medications through the G-tube."

Initially on full ventilator support, Bryce was gradually weaned off this assistance. "Eventually, he went home with just a trach," Yvette says.

When Bryce was released, Yvette needed to continue working—but at a job that would allow her to care for Bryce. NBI's human resources department reassigned her to a receptionist role that would be more flexible than her previous surgical position. "I am so grateful to them," Yvette says.

### A SCARE—THEN HOPE

At first, Bryce's life at home went as well as could be expected. But in summer 2022, Yvette was helping her daughter, Brianna, prepare for her sweet-16 party when Bryce suddenly stopped breathing.

Yvette began CPR while Brianna called 911. Bryce was taken by ambulance to CHoNJ and admitted into the pediatric intensive care unit (PICU). "I didn't think he would make it," Yvette says. "While he was in the hospital, I got a heart tattoo in the same place as his trach, as a symbol of my love for him."

Bryce continued to have intermittent successes and struggles over the next two years. By spring 2024, he'd had eight surgeries in his short life. But he was also well enough to undergo a milestone, innovative procedure that held out a seemingly impossible promise—that he might breathe without assistance.

"Without this procedure, Bryce

would've had to live his life with his trach," says Yvette.

It would be only the second time the complex and highly specialized surgery, called a laryngotracheal reconstruction (LTR), had been performed at CHoNJ. Pediatric otolaryngologist Brian Manzi, MD, performed the six-hour surgery on May 9.

"This procedure requires a highly skilled team encompassing coordination between specialized pediatric anesthesiologists and pediatric otolaryngologists to share and repair the airway intraoperatively, as well as high-level neonatal and pediatric intensive care units to manage the pre- and post-care," Dr. Manzi says. "The surgery itself entailed removing the diseased portion of Bryce's windpipe and replacing it with a thumb-size length of cartilage from a right rib."

After his surgery, Bryce stayed at CHoNJ until June 4, then transferred to CSH for several weeks of rehabilitation. "Bryce's rib cartilage will regrow," says Dr. Manzi. "Now his airway is completely open, and he is breathing on his own without obstructions."

By the time he was discharged, Bryce was also sitting independently, bearing weight and walking.

Bryce made an impression on CSH caregivers. "I worked with Bryce when he was a tiny baby in a big crib, with so much equipment," says Charli Nobles, a child life specialist at CSH. "And I was working with him when he walked himself right out of our hospital."

Yvette considers his successful surgery and impressive recovery nothing short of a miracle. "He wouldn't be here without God, prayers and the talented and amazing teams at CHoNJ and CSH," she says.

January 21 marked Bryce's fifth birthday—"and his first birthday trach-free," says Yvette. The guest list for a birthday party included members of his numerous medical teams over the years.

"I'm so thankful for them," says Yvette. "Without them, there would be no Bryce."

To learn more about the Children's Health network at RWJBarnabas Health, visit [www.rwjbh.org/childrenshealth](http://www.rwjbh.org/childrenshealth).



# PREGNANCY AND YOUR HEART



**NATURAL BODILY  
CHANGES CAN BOOST  
CARDIAC RISKS. HERE'S  
WHAT TO DO ABOUT IT.**

**D**uring pregnancy, it's natural and important to focus on your baby's health, but it's just as important to focus on your own health.



**JULIE MASTER, DO, FACC**

Complications that can arise as your baby develops don't just affect your well-being while pregnant. They can also have

long-term effects that may boost future risks of developing serious conditions, especially heart disease.

"Pregnancy can be seen as a stress test on a woman's heart and circulatory system," says Julie Master, DO, FACC, Medical Director of Noninvasive Cardiology at Monmouth Medical Center and a member of RWJBarnabas Health Medical Group. "Significant changes occur in the body that put extra strain on the heart. Most moms won't have any problems, but even some

healthy women can experience heart problems or complications related to pregnancy that increase cardiac risks down the road.”

### WHAT RAISES RISKS

Bodily changes during gestation generally occur for healthy reasons. For example, pregnancy boosts the blood’s propensity to clot, which protects against significant bleeding after delivery. Blood flow increases by 30 to 50 percent, and the heart pumps twice as hard to nourish the growing baby. Such changes often go away after the baby is born.

But common, serious complications during pregnancy that were once largely assumed to become harmless after birth have been linked to lasting and potentially dangerous heart risks. When biological shifts skew toward disorders, they can jeopardize health postpartum (after delivery)—possibly even years later.

One such complication is preeclampsia, a form of hypertension (high blood pressure) that often develops in the second half of pregnancy or after birth. Preeclampsia is marked by elevated blood pressure along with high levels of protein in urine and impaired function of small blood vessels throughout the body. Untreated, it can harm the baby and lead to serious, even life-threatening, organ malfunctions in the mother.

Another common complication is gestational diabetes, a condition in which hormonal changes elevate blood glucose (sugar). High blood sugar often dissipates after childbirth, but having gestational diabetes boosts your risks of later having Type 2 diabetes and heart disease.

Gestational diabetes and preeclampsia, along with other types of hypertensive disorders during pregnancy, are on the rise. Later cardiovascular conditions that are strongly linked to these complications include hypertension, heart attack, heart failure, stroke and peripheral vascular disease. Risks are especially high for non-Hispanic Black women.

Heart problems are a bigger concern than many women realize. “Heart disease kills more women than all cancers combined,” Dr. Master says. “What’s more, women with heart trouble have worse short-term and long-term outcomes than men.” Women often delay seeking care for cardiac symptoms, which can manifest differently than in men, and doctors can sometimes be slower to test and diagnose women. Any delays can result in more heart muscle damage.

### HOW TO STAY HEALTHIER

Certain factors that contribute to complications during pregnancy can’t be controlled. For example, women are more prone to develop problems such as preeclampsia and gestational diabetes with age.

But many risk factors and conditions can be modified, treated or controlled through lifestyle changes or medications. Here are some key ways to keep your heart and blood vessels healthy during pregnancy and beyond.

#### Take your history into account.

Greater awareness of risks is the first step toward minimizing them. Women with preexisting heart disease may experience worsening of their condition and have more severe signs and symptoms during pregnancy, labor, delivery and beyond.

“Mothers who have preexisting heart disease or hypertension are at higher risk of developing hypertension and should be managing those conditions during pregnancy,” says Dr. Master. “It’s also important to discuss with your obstetrical team if you had any complications during a previous pregnancy.”

#### Be alert to signs of trouble.

Changes in body function are normal during pregnancy, but let your doctor know right away if you experience

any symptoms associated with cardiovascular problems, especially if symptoms are severe.

Red flags include sudden swelling of feet, hands, ankles or arms; lightheadedness or fainting; unusual fatigue; chest pain; extremely fast heart rate; shortness of breath; persistent coughing; an increased need to urinate at night; or sleep difficulties.

#### Practice healthy habits.

Abstaining from alcohol and smoking are two important ways to reduce risks. But in addition to avoiding harms, take positive steps to build better health.

Eat a heart-healthy diet rich in vegetables, fruits and whole grains, and nutrients such as protein and healthy fats. Exercise under your doctor’s supervision to help strengthen your heart, improve cholesterol balance, manage blood sugar, control blood pressure and make progress toward any weight-reduction goals. Strive to reduce stress with measures such as physical activity, mindfulness or relaxation techniques, adequate sleep and socializing with other people.

Continue practicing these healthy habits after the baby is born.

#### Get screened.

To assess heart risks, your doctor will take a careful medical history, review your symptoms and perform a physical examination. But you may need further tests to find out how a heart condition is affecting your pregnancy. These might include an echocardiogram, which uses ultrasound to look inside the heart, and/or an EKG (electrocardiogram), which measures electrical activity during your heartbeat.

If your obstetrician recommends you see a cardiologist, be sure to follow up right away, and keep visiting all the specialists on your medical team throughout your pregnancy and postpartum years.

To learn more about comprehensive women’s health services available through RWJBarnabas Health, visit [www.rwjbh.org/womenshealth](http://www.rwjbh.org/womenshealth).



A large photograph of a man with a goatee, wearing a blue t-shirt, working on a large industrial machine, possibly a lathe or mill. He is looking towards the camera with a slight smile. The background is slightly blurred, showing some workshop equipment.

# RELIEF FOR A WOUNDED WARRIOR

## A TEAM-BASED SPINE SURGERY EASES YEARS OF BACK PAIN IN AN ARMY VETERAN.

A routine patrol of a village in Afghanistan more than a decade ago altered the course of Michael Daley's life.

The Toms River native, then a staff sergeant in the U.S. Army, was searching for terrorists. The first few vehicles in his convoy trundled along safely. But the vehicle Michael occupied rolled over an improvised explosive device (IED).

"The blast ripped off the entire front end of the vehicle," Michael remembers.



CHANAKYA JANDHYALA, MD



ISSAM KOLEILAT, MD, MPH

"My feet were hanging out of it. I was supposed to be medevac'd, but we were in too dangerous of a zone, so I got rushed back to my unit."

Miraculously, Michael survived. But the incident left him with intense lower back pain that wouldn't go away.

When he returned to civilian life, Michael pushed through the discomfort. Because of the pain, he sometimes needed to take sick leave from his day job as an immigration services officer. Other times, he had to skip outings with his two young children, Max and Skye.

"On my worst days, I'd have sharp pain in my entire lower back that went down my left leg," Michael says. "The pain was there whether I was sitting or standing."

Memories of his father having a bad experience with back surgery in the 1990s led Michael to put off surgery.

He toughed it out for 10 years, trying conservative therapies such as epidural injections that brought only short-term relief. Eventually, the pain got so bad that Michael began to lose feeling in his left leg.

Michael's wife, Crystal, familiar with his military demeanor, sensed a shift. "She told me that I always have a strong face," Michael says. "But toward the end she could see that the pain got so sharp and intense that I started wincing."

### FINDING A SOLUTION

In early 2024, Michael began looking for a specialist who could ease his pain.

He found one nearby: orthopedic surgeon Chanakya Jandhyala, MD, a member of the RWJBarnabas Health Medical Group who practices at Community Medical Center (CMC).

Dr. Jandhyala—who invites his



Michael Daley can bend over a circular saw and go about other activities pain-free after spinal fusion surgery got rid of pain he'd experienced since surviving an explosion more than a decade ago during his U.S. Army service in Afghanistan (above).

patients to call him Dr. Sean—ordered an X-ray that revealed the extent of Michael's problems.

"He had severe degenerative disk disease at the lowest level of the lumbar spine, L5, and the spot where the sacral spine starts, S1," Dr. Jandhyala says, indicating specific adjoining vertebrae, or stacked bones that make up the spinal column. Michael also had spondylolisthesis, a condition in which neighboring vertebrae overlap, which was destabilizing his spine and causing even more pain.

Both are common orthopedic conditions but were unusually severe for someone so young, likely due to Michael's war injuries.

The solution: an L5/S1 anterior lumbar fusion performed through the abdomen and back (see sidebar). "Dr. Sean looked me in the eye and said, 'You've been doing [epidural] shots for 10 years, and it's not working, so it's time to try something different,'" Michael says.

### FINALLY PAIN-FREE

On April 22, 2024, Dr. Jandhyala and colleague Issam Koleilat, MD, MPH, a vascular surgeon at CMC and a member of RWJBarnabas Health Medical Group, performed Michael's lumbar fusion surgery at CMC. "When he woke up, his

left leg pain was completely gone," Dr. Jandhyala says.

Michael spent four days at CMC, where he began physical and occupational therapy. "The nurses and staff were so attentive, and my night nurse, Nicole, took good care of me," he says.

Today, Michael is living pain-free for the first time in a decade. He walks around his neighborhood with his wife, takes the family to the boardwalk, works in his shop and mows the lawn in warmer months alongside Max, now 15.

"In the military, they train you to push through no matter how hard it looks, and this was harder than anything I've ever gone through," Michael says. "Now I can bend over and tie my shoes without any pain. If I had known I'd feel this good, I would've had this surgery five years ago."

**TO VIEW A VIDEO ON  
MICHAEL DALEY'S  
EXPERIENCE,  
SCAN THIS CODE.**



## COMPLEX BACK SURGERY—THROUGH THE FRONT

Many surgeons perform spine procedures only through the back. But orthopedic surgeon **Chanakya Jandhyala, MD**, often takes a different approach in patients such as Army veteran **Michael Daley**, accessing the spine through a small, 3-inch incision in the abdomen, just below the navel.

Dr. Jandhyala partnered with vascular surgeon **Issam Koleilat, MD, MPH**, in a team procedure. Dr. Koleilat used instruments called retractors to carefully move important arteries, veins and organs out of the way. "This protects vital tissues and gives Dr. Jandhyala more visibility to do his work," Dr. Koleilat says. Dr. Jandhyala then replaced a damaged disk between two of Michael's vertebrae.

"Accessing the spine through the abdomen allows me to put a larger spacer between the vertebrae, which gives patients like Michael more strength and stability in the back," Dr. Jandhyala says.

"We have complementary skill sets that together create a synergy that's greater than the sum of our parts," Dr. Koleilat adds.

Such teamwork among orthopedic surgeons, vascular surgeons and expert orthopedic nurses highlights the advantages of receiving care at **RWJBarnabas Health** and its network of hospitals such as **Community Medical Center**.

"Everything you can get at a large academic medical center in New York or Philadelphia you can get locally here in Toms River," Dr. Jandhyala says.

To learn more about spine surgery at RWJBarnabas Health, visit [www.rwjbh.org/spine](http://www.rwjbh.org/spine).



# MANAGING AN EATING DISORDER

**A WOMAN LEARNS BEHAVIORAL SKILLS TO IMPROVE HER HEALTH AT A SPECIALIZED INPATIENT PROGRAM.**

From the time she was 11, Kristen Vogt struggled with different eating disorders brought on by a history of childhood trauma—behavioral health difficulties that led to frequent swings in her weight. “I spent most of my life going from tiny to not-so-tiny,” says Kristen, a therapist at a rehabilitation facility for people with mental illness in Allentown, Pennsylvania. “It was a constant up and down.”

When her weight rose sharply three years ago, Kristen was referred for gastric bypass surgery, concerned but not fully realizing how her history of eating disorders could complicate her outcome. The procedure shrinks the size of the stomach, requiring people to eat very small quantities after surgery.

“It was very triggering,” Kristen says. “Anorexia—which I struggled with early in my life—came roaring back. I got so unhealthy.”

For the first time, Kristen needed to be hospitalized for disordered eating. Other hospitalizations followed in what



MATTHEW JOHNSON, DO

became a pattern. She would get stabilized and be discharged, and then return to unhealthy eating behaviors.

But then Kristen learned about the Eating



Care that Kristen Vogt received at the Eating Disorders Program at Robert Wood Johnson University Hospital Somerset addressed past trauma and taught her skills that have helped her live a healthier life.

Disorders Program at Robert Wood Johnson University Hospital Somerset, a nationally recognized inpatient unit and one of only two such programs in New Jersey. The program also offers partial hospitalization and outpatient programs for eating disorders as well as support groups to help patients throughout every stage of their recovery. The program is part of RWJBarnabas Health's Behavioral Health Services together with Rutgers Health University

Behavioral Health Care.

The Somerset unit sounded promising, despite being more than an hour's drive away. Kristen reached out to learn more and eventually sought treatment.

Medical and behavioral health care she received during winter 2024 finally put her on a path to healing. “I’ve been out of hospitals ever since,” Kristen says. “That really says something.”

## A DIFFICULT CHALLENGE

Eating disorders can be difficult to treat for numerous reasons, according to Matthew Johnson, DO, the program's medical director and attending psychiatrist. "Eating disorder behaviors are often intertwined with trauma experiences, which, among other reasons, make it difficult to stop those behaviors," he says.

Bombardment by messages about appearance can make difficulties worse. "Pop culture images that saturate social media, films and advertisements—which reinforce the idea that you have to look a certain way—are inescapable," Dr. Johnson says.

Striving to meet unrealistic or distorted standards can drive some people toward behaviors such as unhealthy eating patterns, excessive exercise or the use of laxatives or stimulants in hopes of changing appearance. Such disordered behaviors can jeopardize health, sometimes to a life-threatening extent.

Kristen has struggled at various times with anorexia, which is associated with dangerous weight loss; binge eating disorder; and atypical anorexia, or extreme food restriction in people who are above their ideal weight. "You can starve at any weight," Dr. Johnson says. "It's a matter of not having the food or nutrients you need to sustain life."

Patients' complex needs require a multidisciplinary approach. "As a team, the program's doctors, nurses, therapists and dietitians work to address the barriers to improving patients' health through medical management, dietary support and both individual and group therapy—including music therapy," Dr. Johnson says.

"The therapy I got from my individual therapist was absolutely amazing," says Kristen. "I was able to work through traumas I had not touched to that extent. I did a lot of work in a small amount of time."

## SKILLS THAT STICK

A key aspect of the program is teaching patients to manage behaviors by developing inner resources they can use on an ongoing basis.



The Eating Disorders Program—one of only two inpatient eating disorder units in the state—was recently renovated to incorporate design elements that better complement the program's treatments.

"We learned skills," Kristen says. "They taught us how to cope." Depending on their needs, patients at the Eating Disorders Program may also receive occupational and physical therapy.

All patients meet with dietitians to address nutritional needs and develop meal plans. "We were able to come up with a couple of weeks' worth of meal plans with foods that I like and am willing to eat," says Kristen. "That was very helpful. Now I meal-prep every Sunday, and I make enough for both lunches and dinners."

Patients also benefit from various healing techniques in addition to music therapy, including art therapy and creative activities.

"The program treats patients ages 14 and older, with adults and adolescents in separate areas, as the experiences and needs of a teenager are typically different than those of adult patients," says Dr. Johnson. The program and staff have recently treated some senior patients in their 60s and 70s as well.

The 20-bed unit was recently renovated

to better complement treatment provided by the program. Features include lighting that shifts to mimic natural daylight changes, acoustic buffering to reduce noise, soft pastel colors to lend a relaxing atmosphere and nature-based artwork to help induce calm.

"I've worked in a number of inpatient settings, and this is by far the nicest environment that I've experienced," says Dr. Johnson.

More important are outcomes he's observed. "It's hard to explain the feeling you get when you see someone significantly improve, knowing that you and other members of the team had something to do with it," Dr. Johnson says. "When things start to click and patients get their lives back, it's exciting and rewarding."

"I still have to remind myself every day that I'm going to be OK," Kristen says. "That's going to be an ongoing process. But the Eating Disorders Program gave me tools that I didn't have before to be able to live my life and trust that I'll continue to be healthy."

For more information about the Eating Disorders Program at Robert Wood Johnson University Hospital Somerset, visit [www.rwjbh.org/eatingdisorders](http://www.rwjbh.org/eatingdisorders).





7

# KEY QUESTIONS FOR BETTER HEALTH

**ANSWERS FROM YOUR PRIMARY CARE PHYSICIAN CAN  
REDUCE YOUR RISKS AND IMPROVE WELL-BEING.**

**Y**our primary care physician (PCP) not only is there for you when you're sick, but also is an ongoing partner in managing your health throughout your life.

"Seeing your PCP regularly gives the doctor a baseline of your overall health and wellness," says family medicine physician Evan Wright, DO, a member of RWJBarnabas Health Medical Group. "This helps us together monitor your risk for chronic health conditions such as diabetes or high cholesterol—which can take years to develop—and intervene quickly to prevent larger problems down the road."

Developing a rapport with your PCP helps you work as a team to detect problems faster, foster healthy habits and improve your physical and mental well-being.

Whether you see your doctor regularly, haven't had an office visit in a while or are seeing a PCP for the first time, asking the right questions can help build a productive relationship and guide you to better health. Start with these:

### **1 What risk factors are affecting my health the most?**

This is the most important question to ask, says Dr. Wright. Your PCP can help you understand your biggest risks based on many factors, including your age, weight, personal health history and family history of disease. Your doctor will then use this information to develop a screening plan that works best for you.

"For example, if your mother had breast cancer at age 45, we may recommend that you start yearly mammograms at age 35—five years younger than current screening guidelines for women at regular risk of breast cancer," Dr. Wright says.

Also talk with your PCP about your personal health habits—to not only improve but build on ways you're already lowering risks. "I'm seeing more younger patients eating healthier and using sunscreen,



EVAN WRIGHT, DO

which are key factors in preventing, respectively, heart attacks and skin cancers," Dr. Wright says.

### **2 Which screening recommendations apply to me?**

Screening guidelines are updated regularly, which can sometimes cause confusion for patients. "Information you find online isn't always accurate," Dr. Wright says. Your PCP can recommend the latest evidence-based actions so you can make the most informed decision.

One newly updated screening everyone should remember: Due to alarming prevalence trends, patients at regular risk of developing colon cancer should get their first screening at age 45 (formerly 50).

### **3 Do I need to make changes to my medications?**

Medication management is one of a PCP's most important responsibilities. Bring a list of current medications and supplements to every doctor's appointment so your PCP can review them and recommend any adjustments.

"Therapies change constantly," Dr. Wright says. "We may find that a newer medication is more effective than one you've used for years. Or we might be able to save you money by suggesting a generic medication that works just as well as a brand-name one." Your PCP will also know the potential risks and benefits of emerging therapies such as GLP-1 receptor agonists for diabetes, and can help you decide whether they might be right for you.

### **4 Am I up to date on vaccines?**

An annual flu vaccine is highly recommended for anyone 6 months or older. A pneumonia vaccine is recommended for children under 5 and adults 65 and older. Ask your PCP to review your vaccination history and see how other inoculations, including COVID-19, might benefit you.

If you don't know your immunization history, your PCP can help. "We can run a titer test—a type of blood test that measures the amount of antibodies in your blood," Dr. Wright says. Results will help you know whether some of your childhood vaccines, such as Tdap (tetanus, diphtheria, pertussis), need a booster.

### **5 How can I improve my diet and physical activity?**

"Patients sometimes make dietary changes or start an exercise plan with good intentions, but what they're doing might actually not be healthy for them," Dr. Wright says. Keep your PCP informed of any diet and exercise changes. Your doctor can evaluate them with you and help tweak your routine to enhance your overall wellness.

### **6 What simple steps will improve my well-being?**


Because PCPs see a variety of patients across different age groups, they can give you helpful—and sometimes surprising—answers to this question. "The biggest regret I hear from patients as they grow older is that they didn't take better care of their teeth," Dr. Wright says. "I recommend that all my patients brush and floss regularly and see their dentist at least once a year."

### **7 Do I need specialty care?**

Your PCP can manage many health conditions, including heart disease, diabetes, thyroid disease and bone/joint problems. PCPs also help determine the severity of an illness or injury. If a condition becomes more severe or complex, your doctor can point you to the right resource or specialist, whether it's the office of a doctor with advanced expertise, an urgent care center or the emergency department (ED). "Should you need treatment in an urgent care or an ED, be sure to follow up with your PCP a week later to keep your recovery on track," Dr. Wright says.

To learn more about primary care or to make an appointment, visit [www.rwjbh.org/medgroupprimarycare](http://www.rwjbh.org/medgroupprimarycare).





Groundbreaking Alzheimer's disease care and research led by William Hu, MD, PhD, FAAN, is helping patients throughout the region diagnose and manage early-stage forms of dementia.

# A FIRST: SLOWING ALZHEIMER'S DISEASE

HOW A NEW MEDICATION IS CHANGING TREATMENT AND HIGHLIGHTING EXPERT REGIONAL CARE

Alzheimer's disease continues to affect millions of lives, but recent advances in research and treatment are offering new hope for patients and their families.

A promising new drug approved by the U.S. Food and Drug Administration in 2023 is now available at Robert Wood Johnson University Hospital (RWJUH) in New Brunswick. Called Leqembi (lecanemab), it offers significant potential to slow progression of the disease. RWJUH is among the first in the region to offer Leqembi, which is available to patients diagnosed with mild cognitive impairment or mild dementia confirmed to be caused by

Alzheimer's disease, throughout the RWJBarnabas Health (RWJBH) system and beyond.

The new drug represents a crucial step forward in understanding and managing Alzheimer's disease. It also highlights the importance of ongoing research and innovation in neurology, including at RWJUH, a neuroscience Center of Excellence.

## EASING PROGRESSION

Leqembi is a monoclonal antibody that removes plaques from the brain that are thought to be a major contributor to Alzheimer's. The drug is given twice monthly by intravenous infusion at the

outpatient clinic in New Brunswick. It doesn't cure Alzheimer's (no cure is known), but slowing the disease can improve quality of life for patients and their loved ones.

"There have been many generations of drugs that could remove plaque but didn't result in improvement in symptoms over time," says William Hu, MD, PhD, FAAN, Associate Professor, Chief of Cognitive Neurology and Medical Director, Alzheimer's Disease Clinic, Rutgers Robert Wood Johnson Medical School (RWJMS) and RWJUH; Director of the Center for Healthy Aging Research at the Rutgers Institute for Health, Health Care Policy and

## LEADERS IN ALZHEIMER'S RESEARCH AND CARE

Neurologists throughout RWJBarnabas Health (RWJBH) and outside providers statewide are referring patients to Robert Wood Johnson University Hospital (RWJUH) for groundbreaking treatment such as the medication Leqembi. Such referrals reflect how the Cognitive Neurology and Alzheimer's Disease Clinic led by William Hu, MD, PhD, FAAN, is recognized for both Alzheimer's treatment and research. The program's accomplishments include:

- Collaboration among providers such as cognitive neurologists, neuropsychologists, geriatricians, nurse practitioners and genetic counselors to combine deep understanding of brain diseases, diverse assessments of brain function and broad expertise in overall health and care of older adults
- Leadership in using minimally invasive spinal fluid tests to provide early, accurate confirmation of changes related to Alzheimer's disease and other forms of dementia
- Significant research, including studies funded by the National Institutes of Health (NIH) exploring mechanisms of Alzheimer's disease such as inflammation and social determinants of health
- Investment in multicultural brain health, including clinical and research programs for Chinese and South Asian older adults—recognized by an NIH designation of RWJUH as the nation's only Resource Center for Alzheimer's and Dementia Research in Asian and Pacific Americans
- Pioneering research leading to the identification of:
  - A protective profile of inflammatory proteins in very mild Alzheimer's disease that can be used in future prognostic tests
  - Molecular profiles distinguishing between Alzheimer's and long COVID-19
  - Novel tests in Chinese people to detect early cognitive decline
  - A new way to identify dementia in older South Asians
  - Other tools used to personalize evaluation and treatment of memory disorders

## WHAT IS ALZHEIMER'S DISEASE?

Alzheimer's disease is the most common cause of dementia—marked by a specific, combined set of brain changes and cognitive decline—and affects an estimated 7 million Americans.

Dementia is generally considered to occur when a person experiences enough cognitive decline that it affects daily functioning, according to William Hu, MD, PhD, FAAN, Associate Professor, Chief of Cognitive Neurology and Medical Director, Alzheimer's Disease Clinic, at Rutgers Robert Wood Johnson Medical School and Robert Wood Johnson University Hospital (RWJUH).

A variety of tests, including written ones, help determine if someone has dementia or a milder form of cognitive impairment. Specialized spinal fluid tests or PET (positron emission tomography) scans can confirm that cognitive impairment is caused by Alzheimer's.

Spinal fluid tests evaluate factors associated with Alzheimer's such as the presence of amyloid plaque and tau tangles (abnormal protein structures in the brain that interfere with nerve function), along with brain cell loss/shrinkage and inflammatory responses to these changes. With the advent of effective medications such as Leqembi, spinal fluid tests and PET scans are now covered by a variety of insurance plans, including those from Medicare, Medicaid and Veterans Affairs.

While Alzheimer's has no cure, multiple approaches can help manage its effects. These include lifestyle measures such as exercising, getting daytime light exposure to help keep the brain in a day/night pattern, managing stress and engaging in social/cognitive activities. Symptomatic medications can help improve day-to-day sharpness and memory but don't slow cognitive decline—as new drugs such as Leqembi can.

Aging Research; and a member of RWJBarnabas Health Medical Group.

The latest generation of drugs, which includes Leqembi, can not only remove plaque but also slow declines in memory or thinking by about 25 percent, says Dr. Hu, who oversees administration of Leqembi throughout the RWJBH system. "That's a fairly dramatic change," he notes, "especially if you start early."

The drug's impact is seen in patients about one to two years after treatment is started.

### EFFECTS ON LIFE

Many of Dr. Hu's Alzheimer's patients want to know how they can maintain their quality of life after diagnosis—especially how they can remain in their homes as long as possible. Drugs like Leqembi, Dr. Hu says, "can really flatten the change over time. Instead of having five or six points of change over two years, you may only have three or four

points of change."

That can make a meaningful difference in people's lives. "If you can delay the conversion from the very earliest stages to the next stages by five years, you essentially reduce the number of people with dementia [at a given time] by half," Dr. Hu says. "It's truly extending the quality of life for a longer period of time."

Leqembi's most common side effects include headache, infusion-related reactions and imaging abnormalities known to occur with antibodies that target the Alzheimer's-related protein amyloid. These side effects can be managed by the expert team at the clinic.

To learn more, call the Alzheimer's Disease Clinic at Rutgers RWJMS and RWJUH at 732.235.7733. Patients and caregivers can also schedule an appointment and begin the process of determining whether a patient qualifies to receive the therapy.

To learn more about Alzheimer's disease care at RWJBarnabas Health, visit [www.rwjbh.org/alz](http://www.rwjbh.org/alz).





▲ **Rocco Gallagher** (in chair) is honored as an RWJBH Amazing Save by the Jersey Shore Blue Claws in a VIP experience with family and friends. Rocco receives full-time care at Children's Specialized Hospital Long-Term Care in Toms River.

# CREATING GREAT EXPERIENCES

COMMUNITY PARTNERS TEAM UP TO CONNECT WITH  
RWJBARNABAS HEALTH PATIENTS AND FAMILIES.

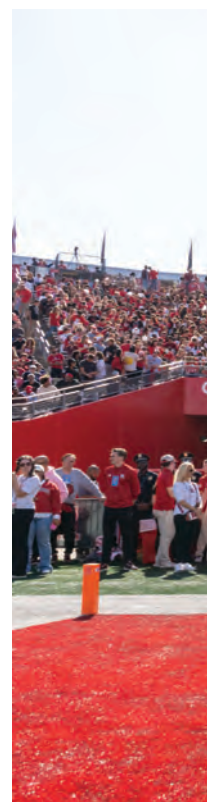
▼ **Trinity Davis** donated 10 copies of her book "Trinity and Sockland" for other patients at the Children's Heart Center at Children's Hospital of New Jersey (CHoNJ) at Newark Beth Israel Medical Center (NBI), where she has undergone two open heart surgeries. In 2024, she was part of NBI's Black Owned Business Fair.



At RWJBarnabas Health (RWJBH), caring for patients doesn't begin and end with a visit to a doctor or hospital. A systemwide commitment to building and sustaining a healthier New Jersey also means working alongside community partners to connect with patients and uplift spirits—often in fun ways.

For example, RWJBH collaborates on a variety of programs that work with local professional- and college-level sports teams to offer patients and system colleagues great experiences participating in events, being publicly recognized or meeting star athletes in special moments like these.

◀ **Jason Admetre** enjoys an encounter with the mascot of the New Jersey Devils through the Rock Star community outreach program, a collaboration of the Devils and RWJBH. Jason has had two heart surgeries at the Children's Heart Center at CHoNJ to repair a heart condition he's had since birth.



► **Dmitri Ferrolho** (right) enjoys a meet-and-greet through the Rock Star program. Dmitri has defied odds through treatments for conditions including spina bifida at The Bristol-Myers Squibb Children's Hospital at Robert Wood Johnson University Hospital in New Brunswick and at PSE&G Children's Specialized Hospital.



◄ **Piettro Gomes** meets the mascot of the Seton Hall Pirates at one of the university's games. Piettro loves sports and is being treated for a rare blood disorder at the Valerie Fund Children's Center for Cancer and Blood Disorders at CHoNJ.



▲ **Justin Corino** (second from right) and his family join a New Jersey Devils player (right) as part of the Rock Star program. Justin has been a champion throughout his treatment for leukemia at the Valerie Fund Children's Center for Cancer and Blood Disorders at CHoNJ.



▼ **Timothy Phillips** (third from left) is knighted as the RWJBarnabas Health Shining Knight of the Game. He underwent chemotherapy for leukemia at Rutgers Cancer Institute—the state's only NCI-designated Comprehensive Cancer Center—together with RWJBH, and is now back in school.

To learn more about RWJBarnabas Health programs and services, visit [www.rwjbh.org](http://www.rwjbh.org).

# WHEN ACID REFLUX TURNS DANGEROUS

**SCREENING FOR  
BARRETT'S ESOPHAGUS  
CAN HELP STOP AN  
ON-THE-RISE CANCER  
BEFORE IT DEVELOPS.**

**T**he best cancer-related care is the kind that prevents the disease from occurring in the first place. Millions of people act on that idea when they get colonoscopies to find and remove polyps that can lead to colorectal cancer.

But there's another type of potentially precancerous condition that's less well known and often overlooked. Called Barrett's esophagus, it's a major risk factor for esophageal cancer, which—like colorectal cancer—is a



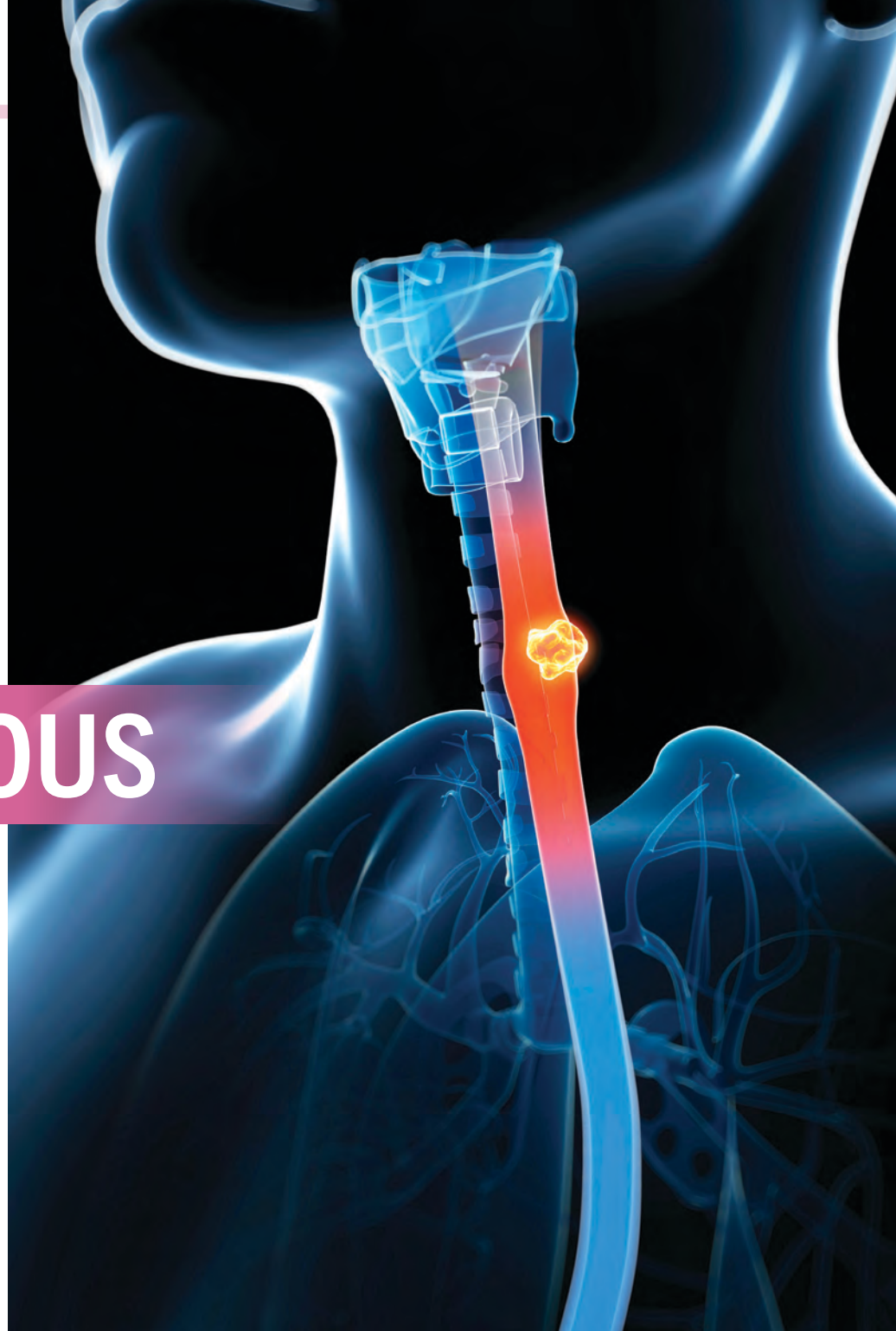
ARVIND TRINDADE, MD

gastrointestinal cancer that's on the rise.

As with colorectal cancer, learning early on that you have Barrett's esophagus—a condition that occurs in the tubelike structure connecting the mouth to the stomach—can lead to treatment that prevents cancer from developing.

"The problem with Barrett's is that

many people don't know they have it until it turns to cancer," says Arvind Trindade, MD, Vice President of Gastrointestinal Clinical Operations at RWJBarnabas Health (RWJBH); Co-Chief of Endoscopy at Robert Wood Johnson University Hospital (RWJUH); Director of the RWJUH Barrett's Esophagus Program; and a member of



RWJBarnabas Health Medical Group. “It’s often a silent condition.”

In many cases, patients who go on to develop esophageal cancer become aware of it only when it starts to make swallowing difficult. “Unfortunately, that’s usually in later stages when patients don’t have the best prognosis,” Dr. Trindade says. “It’s important to screen for Barrett’s esophagus in certain people, especially those who are at high risk.”

### SCREENING REALITIES

Barrett’s esophagus occurs when chronic regurgitation sends stomach acid into the esophagus—a condition known as GERD, or gastroesophageal reflux disease. “Stomach acid injures the esophagus, which transforms itself to protect against acid reflux damage,” Dr. Trindade says. This can lead to cell abnormalities broadly known as dysplasia, which in turn can set the stage for cancer.

Most people with Barrett’s esophagus won’t get cancer. But some do, with risks depending partly on how much any dysplasia has changed.

Caucasian males over age 50 are among those at highest risk of developing Barrett’s esophagus. Risks are higher for men experiencing obesity, which boosts the chances of having GERD. “Having a first-degree relative such as a parent or sibling with Barrett’s is probably the strongest risk factor,” Dr. Trindade says. “If a family member had the condition, you should be screened.”

Don’t assume you’re not at risk if you don’t have GERD symptoms such

as noticeable regurgitation or a sour taste at the back of your mouth; pain or burning in your chest, especially after eating; or difficulty sleeping.

“About 40 percent of people who have GERD don’t have GERD symptoms,” Dr. Trindade says. “You can’t say, ‘I don’t have reflux, so I don’t have to worry.’ If you’re overweight and older, it’s important to get screened.”

Yet research by Dr. Trindade and others indicates that many people miss this crucial step. “In one study, we looked at records of close to a million primary care patients and found that seven of 10 people who met criteria for being at risk were not screened,” Dr. Trindade says.

One long-standing screening option is endoscopy, in which a tube equipped with a high-definition camera is threaded down the throat to look for Barrett’s-related dysplasia. “Ideally, endoscopic screening is done at a Barrett’s esophagus center with specialists who have a trained eye for detecting concerning patterns, which can be very subtle,” Dr. Trindade says.

### ADVANCED METHODS

More recently, advanced non-endoscopic alternatives have emerged. Patients often progress through these testing and treatment options:

- In one screening method, the patient swallows a tethered capsule containing a textured balloon that expands in the esophagus and captures cells for analysis. Once deflated, the balloon is removed through the mouth. The screening can be done in a doctor’s office in about 10 minutes. “At our specialized Barrett’s Esophagus Program, we’ll often begin with a non-endoscopic screening and follow up on any positive results with an endoscopy to learn more,” Dr. Trindade says.

- The RWJUH program offers an advanced form of endoscopy called WATS 3D (wide-area transepithelial sampling with 3D analysis), which uses a brush to sample a larger area than with standard endoscopy. Samples are reviewed under a microscope using a computer equipped with artificial intelligence (AI) that reliably detects precancerous cells. Tissue flagged by AI is then examined by a human pathologist. “We helped pioneer this technology, and not a lot of places have it,” Dr. Trindade says.
- If samples come up negative, patients generally follow up with another screening in three years.
- Treatment options include endoscopic removal of concerning tissue; radiofrequency ablation, in which a heated probe destroys dysplasia; cryotherapy, which uses cold to reach abnormal tissue in deeper areas; and a hybrid technology that can help when other methods aren’t effective enough.
- At-risk patients and those who’ve had a procedure can benefit from lifestyle measures to reduce GERD, such as not smoking, losing weight and avoiding foods that can trigger reflux, such as spicy fare, tomato sauce, chocolate, citrus and carbonated drinks.

“To have an advanced Barrett’s Esophagus Program that not only offers cutting-edge screening and treatment options but also conducts groundbreaking research is highly unusual,” Dr. Trindade says. “Only a handful of centers like ours exist nationwide. We’re really trying to make a dent in the incidence of esophageal cancer. It can be life-changing for patients who are cured of it without ever experiencing symptoms.”

To learn more about digestive health care at RWJBarnabas Health, visit [www.rwjbh.org/rwjuhdigestivehealth](http://www.rwjbh.org/rwjuhdigestivehealth).



**Wherever your child's life takes you, we're there.**  
**With NJ's highest ranked pediatric orthopedics and urology programs.**



We are nationally ranked in pediatric orthopedics at The Bristol-Myers Squibb Children's Hospital at Robert Wood Johnson University Hospital and in pediatric urology at The Bristol-Myers Squibb Children's Hospital, Children's Hospital of New Jersey at Newark Beth Israel Medical Center, Cooperman Barnabas Medical Center, and Unterberg Children's Hospital at Monmouth Medical Center. And we're also New Jersey's largest provider of children's healthcare.

From primary care to specialized treatments and therapies and in partnership with Rutgers Health, our Children's Health network provides outstanding care, advanced research and teaching from renowned physicians and clinicians, with an emphasis on the social determinants of health that help to improve the health and well-being of every child in every community. Learn more at [rwjbh.org/ChildrensHealth](https://rwjbh.org/ChildrensHealth)