IS YOUR HEART HEALTHY?
A NEW TEST CAN TELL

BETTER CARE
FOR CANCER

A GAME CHANGER FOR
COVID TREATMENT

TRANSPLANTS THAT
TRANSFORM LIVES

A Publication of
MONMOUTH MEDICAL CENTER

Summer 2021
NEW POST-COVID RECOVERY PROGRAM ADDRESSES LINGERING BREATHING ISSUES

For many patients, the COVID-19 pandemic caused a rapid progression of respiratory failure that often required hospitalization or intensive care unit treatment. Survivors of COVID-19 often experience persistent weakness and respiratory symptoms. At Monmouth Medical Center, our comprehensive Pulmonary Rehabilitation Program offers a post-COVID recovery program that is safe and effective. Our goal is to provide care to post-COVID patients to assist their recovery by improving breathing and lung function to maximize complete recovery.

For more information or to schedule an appointment, call 732.923.7454.

A 13TH CONSECUTIVE ‘A’ RATING FROM THE LEAPFROG GROUP

Monmouth Medical Center was awarded an “A” Hospital Safety Grade rating by The Leapfrog Group, an independent national nonprofit run by employers and other large purchasers of health benefits, in results announced publicly April 29. It is the only hospital in the region to receive an “A” Hospital Safety Score by The Leapfrog Group for 13 consecutive rating periods.

“Monmouth Medical Center is proud to deliver the highest-quality care and safest experience for our patients and employees, and I am exceedingly proud that our ‘A’ score in this latest update to the Hospital Safety Grades was earned as we continue to face the unparalleled challenges presented by the COVID-19 pandemic,” says President and Chief Executive Officer Eric Carney.

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All images in this issue are in compliance with COVID-19 safety protocols; some images included may predate the pandemic.
WITH PRECISION MEDICINE, PATIENTS CAN BE GIVEN TREATMENTS KNOWN TO BE MOST EFFECTIVE AGAINST THEIR PARTICULAR TUMOR PROFILE.

Not all cancers are alike, not even all cancers that afflict the same organ. That’s why oncologists at Monmouth Medical Center (MMC), Monmouth Medical Center Southern Campus (MMCSC) and Community Medical Center (CMC) now use state-of-the-art tumor profiling to personalize cancer treatment to many patients.

With tumor profiling, doctors send a tissue or blood sample to a lab to be analyzed for biomarkers that may indicate what is fueling the uncontrolled cancer cell growth. Test results usually come back within a couple weeks. If results show that a particular gene is involved, for example, physicians may be able to start treatment with a drug that targets that gene. Because the approach is so tailored, doctors often refer to it as precision medicine.

“In the old days, we just gave a report saying there is a cancer,” says Seth Cohen, MD, Regional Director of Oncology Services for the Southern Region, which encompasses all three hospitals. “It’s better to say this is a cancer, this gene is promoting this cancer, and if you use this drug for that gene, you could have a great impact on a person’s life. Patients are living longer because these targeted drugs are out there.”

In addition, many precision medicine patients enjoy an improved quality of life during treatment because these therapies usually have fewer side effects than standard approaches, says Deanna Tiggs, MS, RN, AOCNS.
revealed he had a PI3 kinase mutation, Dr. Cohen treated him with an oral drug that targets that mutation. “Now this man is going fishing every day and looks great,” Dr. Cohen says.

In another case, a patient with rectal cancer underwent tumor profiling that revealed the cancer involved a HER2 mutation. Working in partnership with Rutgers Cancer Institute of New Jersey—the state’s only National Cancer Institute-Designated Comprehensive Cancer Center—Dr. Cohen was able to enroll the patient in a clinical trial that is testing a drug that targets that mutation.

Potential access to cutting-edge clinical trials at Rutgers Cancer Institute is a major benefit to cancer patients treated at Southern Region hospitals, says Dr. Cohen. “This is the standard of care at all three hospitals,” he says.

**WHEN PRECISION MEDICINE MATTERS MOST**

Though tumor profiling of a wide range of malignancies is now done for many of the hospitals’ cancer patients, it’s not warranted in all cases, Dr. Cohen explains.

“We don’t do the testing on all patients all the time,” he says. “If a patient has an early cancer, based on the therapies we have now, we would proceed with that standard of care. So we usually reserve this testing in more advanced cases or unique cases. We order it in rare diseases that might have genes that promote them and in patients where we need other therapeutic options.”

And not every tumor that gets tested may have a genetic culprit that can be targeted with available treatments, either. But it’s worth it for all cancer patients to discuss the possibility of tumor profiling with an oncologist, Dr. Cohen says. “For eligible patients, tumor profiling leaves no stone unturned.”
With a history of smoking, chronic obstructive pulmonary disease (COPD) and two parents who died from lung cancer, Isabel Ferrari, 60, of Tinton Falls knew she faced a high risk for lung disease. Yet nothing could have prepared her for the actual diagnosis of lung cancer. “I get choked up just talking about it,” says the property manager and grandmother of 7-year-old twin boys.

Fortunately, Isabel had quit smoking and participates in the Lung Cancer Screening and Lung Nodule Program at Monmouth Medical Center (MMC), which entails having regular exams that allow doctors to monitor abnormalities over time. The protocol calls for low-dose CT scans every year unless an abnormality is detected; then scans are done at intervals appropriate for close monitoring of the lesion. This paid off when Isabel was diagnosed in late 2019 with lung cancer that was still in its early stages.

TIMELY SURGERY
Isabel’s serial scans prompted Sharon Weiner, MD, a pulmonologist at Monmouth Medical Center who practices with Monmouth Pulmonary Consultants as a part of RWJBarnabas Health Medical Group, to focus on changes to a nodule on Isabel’s left lung. Dr. Weiner noticed the nodule began to grow quickly and sent Isabel for additional tests. Isabel got her diagnosis before Christmas. She
STATE-OF-THE-ART CARE

Treatments for lung cancer depend on the size of the lesion, lymph node involvement and whether or not the cancer has spread to other parts of the body (metastases). In addition to surgery, chemotherapy and radiation, potential approaches include CyberKnife treatment, which delivers high doses of targeted radiation to destroy tumors, and targeted therapies like immunotherapy.

decided to tell her family the news after the holidays. “I wanted my daughter to enjoy the holidays, and I wanted to enjoy my grandchildren,” she says.

A few weeks after a PET/CT showed no distant spread of disease, surgery was scheduled with Andrew Nguyen, MD, a thoracic surgeon at MMC and member of RWJBarnabas Health Medical Group. He removed the upper lobe of Isabel's left lung and nearby lymph nodes to appropriately stage the cancer. In the OR, Dr. Nguyen was assured the borders were clean, and the malignancy was confirmed. Pathologic studies proved the lymph nodes were clear of disease, confirming the surgery was curative and Isabel needed no further treatment. “I opened my eyes in recovery and felt relieved when my daughter gave a thumbs-up,” she says.

“The possibility of removing the cancer and curing her with surgery alone was a lot greater because it was discovered early,” Dr. Nguyen says. “Her prognosis is significantly better than it would be for somebody who has stage two, three or four lung cancer.”

The lesion was small, and Dr. Nguyen could perform the procedure using a surgical robot. This minimally invasive surgery usually leads to a shorter and less painful recovery than more invasive approaches.

EARLY CATCHES SAVE LIVES

Detection of lung cancer usually happens late in the game, when chances of a cure are slim.

“Often lung cancer has a bad outcome because the patient comes in at a late stage,” says Dr. Weiner. “If that cancer starts in the middle of a lobe somewhere, that patient may have no symptoms until it’s touching some structure like the airway or causes some obstruction. But if you catch it early, you can cure patients.” That’s why MMC doctors encourage eligible people to schedule a screening.

Lung cancer is not the most common type of cancer in women, but it is the number one cause of cancer-related death. “Women coming in in their 40s, 50s and 60s are more tuned into mammograms, colonoscopies and Pap tests,” says Dr. Weiner. “But if you’re a smoker, lung cancer screening with low-dose CTs can save your life.”

Isabel knows how fortunate she is. “I have a sign in my kitchen that reads, ‘Grateful. Thankful. Blessed,’” she says. “And I truly am.”

TEAM TREATMENT

A multidisciplinary team of highly trained medical professionals treats patients in the Thoracic Oncology Program at Monmouth Medical Center. These include:

- Pulmonologists. Evaluate and treat lung disease including cancers; perform diagnostic procedures such as navigational bronchoscopies and EBUS (using ultrasound for biopsies via bronchoscopy); treat lesions with cryotherapy and laser treatments via bronchoscopy.

- Radiologists. Perform and interpret imaging tests such as X-rays, CT scans and PET scans.

- Interventional radiologists. Read radiologic studies and perform CT-guided needle biopsies for diagnosis of lung lesions.

- Thoracic surgeons. Remove malignancies or suspicious lesions.

- Oncologists. Direct cancer treatments, including chemotherapy and immunotherapy, and monitor patients for recurrence.

- Radiation oncologists. Administer radiation treatments.

ARE YOU ELIGIBLE FOR SCREENING?

The U.S. Preventive Services Task Force recently expanded the pool of patients who are candidates for lung cancer screening. They include adults ages 50 to 80 who have a 20-year smoking history and currently smoke or quit within the past 15 years. “If you’re in this high-risk population, it’s recommended that you obtain a low-dose CT scan,” says Andrew Nguyen, MD, a thoracic surgeon at Monmouth Medical Center and a member of RWJBarnabas Health Medical Group.

To learn more about lung cancer screening at Monmouth Medical Center, please call 844.CANCERNJ.
Until more people get vaccinated for COVID-19, prevention and effective treatments are the next best bets against the disease. Tops on the list are monoclonal antibodies, which are being used to treat patients at Monmouth Medical Center (MMC) and Monmouth Medical Center Southern Campus (MMCSC).

“This treatment essentially provides an external immune response that your body normally develops over time when you're exposed to the virus,” says Victor Almeida, DO, Chair of the Department of Emergency Medicine at MMC and MMCSC and Associate Clinical Professor of Emergency Medicine at Rutgers Robert Wood Johnson Medical School. “The goal is to reduce the amount of virus that’s available to enter a cell where it can replicate.” The hoped-for result: a milder case of the disease and a lower risk of hospitalization.

**COMBINATION THERAPY**

First introduced in November 2020, monoclonal antibody treatment is becoming more widely available. The FDA recently updated its emergency use authorization for the treatment, recommending specific combinations of the available agents. New research suggests that two monoclonal antibodies are better than one at fighting COVID-19. In addition, “The hope is that the combination will have efficacy against variants of the disease that are emerging,” says Michelle Gardiner, PharmD, Clinical Pharmacist, Emergency Medicine, at MMC.

Monoclonal antibodies are recommended for people at high risk of a severe case of COVID and hospitalization. These include people age 65 and older and people over age 55 who have a body mass index greater than 35, underlying cardiovascular disease, hypertension or chronic obstructive pulmonary disease (COPD) and other respiratory disorders.

“It can be hard to predict who will go on to have severe illness,” Dr. Gardiner says. “These are patients known to be at a higher risk at baseline.”

Patients with mild or moderate symptoms are ideal candidates. “The earlier these treatments are administered after the onset of symptoms, it’s believed, the better they are at decreasing a patient’s viral load,” says Dr. Almeida.

Dr. Gardiner sees monoclonal antibodies as a game changer. “For months, all we could provide patients was symptom management,” she says. “This is the first treatment that can potentially change the course of the disease.”

If you’ve been diagnosed with COVID-19 and would like to learn more about monoclonal antibody treatment, speak to your physician. For a referral to an MMC physician, call 888.724.7123 or visit www.rwjbh.org/monmouth.
At Children’s Specialized Hospital, we provide world-class care for children and young adults who face special health challenges across the state of New Jersey and beyond. We treat everything from chronic illnesses and complex physical disabilities, like brain and spinal cord injuries, to a full scope of developmental, behavioral and mental health concerns. We have convenient locations throughout the state: Bayonne, Clifton, East Brunswick, Egg Harbor Township, Hamilton, Jersey City, Mountainside, New Brunswick, Newark, Somerset, Toms River and Warren.
Racism has been described as a public health crisis. What does that mean?

[BARRY OSTROWSKY] We start with the proposition that there is structural racism in our society. The data show that whether you’re talking about food insecurity, housing, education, employment or financial and economic development, the majority of people who aren’t doing well are people of color, particularly Black people. When it comes to healthcare, disparities of outcome for people of color, and particularly Black people, are deeply harmful. That is not a political statement. It is a data-driven statement.

[DEANNA MINUS-VINCENT] Research shows that 80 to 90 percent of health outcomes are a result of social determinants of health—the conditions in which a person lives, works and plays. That’s important, because race itself has
been found to be a social determinant. When we look at the data, even when all other things are equal, people of color, in particular Black people, still have poor health outcomes.

What are some examples of how racism plays out in healthcare?

[DEANNA MINUS-VINCENT]
Statistics show that even Black women with more education and more income tend to lose their babies more often than white women who have less income and less education. This is due to the chronic stressors of being Black in America and what chronic stress does to our bodies. It creates a fight-or-flight syndrome at all times. Therefore, we’re more susceptible to losing our babies and to chronic diseases.

Countless research studies show that pain levels expressed by Black people are not believed, and so prescription pain medicines are not given in the same amount. Even Black children with fractures aren’t given the same level of medication as white children. When a Black person goes into an emergency department, people assume we are substance abusers. I remember going to an ED with an asthma attack and the nurse saying, “Do you have any clean veins?” I work in healthcare and so I was able to navigate the system and see someone. But if you work two jobs and only have a few hours with your kids, maybe you don’t want outreach workers coming to the house. Maybe you prefer email or phone-based support. If you do need an outreach worker for complex problems, how do we coordinate services with our community partners so you can have just one outreach worker, instead of several?

In addition to the practices you mention, how will a patient at an RWJBH facility become aware of the anti-racism initiative?

[BARRY OSTROWSKY] When patients come to our facilities, they’ll see posters and messages on video screens, and will experience an environment of respect. When we admit patients, we’ll make the point that we’re an anti-racist organization and if they have any experience that’s inconsistent with that, please let us know.

The journey to end racism requires everybody’s effort and commitment. We know that we can’t send out a memo saying, “We’re anti-racist, and by the end of the year there’ll be no racism.” We invite patients and all our employees to speak up and engage as we make more progress toward becoming an anti-racist organization.

From an operational standpoint, we’re reviewing key policies and procedures such as the refusal of care policy. We’ve conducted Listening Tours to afford employees at all levels of the organization the opportunity to provide input, and we held focus groups in April and May so that employees could have a say in the strategic planning process.

[DEANNA MINUS-VINCENT] We hold monthly educational sessions for employees, called “Equitable Encounters: Real Talk About Race,” where issues of racism are discussed. Training is forthcoming for all employees.

We’re also thinking about how to serve people in the way they want to be served. For example, historically, if someone has a need, we send an outreach worker to their house. But if you work two jobs and only have a few hours with your kids, maybe you don’t want outreach workers coming to the house. Maybe you’d prefer email or phone-based support. If you do need an outreach worker for complex problems, how do we coordinate services with our community partners so you can have just one outreach worker, instead of several?

What is a microaggression?

Microaggressions are the everyday verbal and nonverbal slights and indignities that members of marginalized groups experience in their day-to-day interactions. Often, individuals who engage in microaggressions are unaware that they have said something offensive or demeaning. The accumulated experience of receiving microaggressions can lead to depression, anxiety and effects on physical health.

What are some examples?

Mistreatment, putting others down, minimizing what someone else has already said, not listening, ignoring or dismissing others. What are some examples of microaggressions? If a doctor asks a Black patient how long he or she has had headaches, the doctor may be making a microaggression. How do I know if I am committing a microaggression? Ask yourself: “What did I say or do? How does it make me feel?”

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I HAVE HEART DISEASE. SHOULD I GET THE COVID-19 VACCINE?

YES, YOU SHOULD—AND HERE’S WHY.
Not only is it safe for cardiovascular patients to get any of the approved COVID-19 vaccines—it’s especially important that they do so, according to Partho Sengupta, MD, MBBS, FAAC, the newly appointed Chief of Cardiology at Robert Wood Johnson University Hospital and at Rutgers Robert Wood Johnson Medical School.

**Why is it so important for cardiovascular patients to get the vaccine?**

“People with cardiovascular disease are more vulnerable to the effects of COVID-19,” Dr. Sengupta explains. “That’s because it causes a state of inflammation to the inner lining of blood vessels, leading to a greater likelihood of abnormal heart rhythm, blood clots and heart attacks. Clinical studies have shown that COVID-19 patients with cardiac conditions have a higher risk of needing to be put on a ventilator. Vaccination protects people from these severe effects.”

**What kind of side effects can be expected?**

“Normally, people may or may not get a tiny bruise and short-term pain at the site of the shot,” Dr. Sengupta says. “If you’re on a blood thinner, you may get a bigger bruise. Normal side effects, especially after a second dose, may include tiredness, headache, muscle pain, chills, fever or nausea. Some people have had allergic reactions to the vaccine, but those are extremely rare.”

**After a person is fully vaccinated, can he or she resume normal activities?**

“Clinical trials have shown 90 to 95 percent protection, but there’s a possibility that some people may develop COVID-19 even after being vaccinated; the infection runs a milder course,” Dr. Sengupta says. “The CDC [Centers for Disease Control and Prevention] guidelines on masking are evolving. However, patients may still choose to be additionally cautious and wear a mask and practice social distancing, as we wait to see the impact and evolution of the most recent CDC guidelines.”

**What else should cardiovascular patients do to protect themselves?**

“Get outdoors and exercise—walk, bike, experience nature,” says Dr. Sengupta. “The pandemic has made a lot of people very fearful of any outdoor experience. At least 50 percent of my patients have given up any form of activity. The result is that they gain weight, become deconditioned, and conditions like hypertension and blood pressure become uncontrolled.

“I advise patients to avoid crowds and clusters of people, but not to avoid being physically active. Try to get at least 30 minutes of moderate-intensity exercise on most days. All of this will help you feel better and build your resilience.”

If you’ve been skipping physician visits, as many have during the pandemic, be sure to get back in a regular routine as soon as you can, Dr. Sengupta advises. “People have put off procedures and elective interventions and even allowed their symptoms to worsen for fear of going out during the pandemic,” he says. “This is your chance to resume your relationship with your doctor and get back on track.

“In fact, you may find that you can do many routine checkups remotely, thanks to all the progress taking place with telehealth and remote monitoring devices,” he says. “The pandemic has sparked a lot of innovation, which is allowing people to get care while still in their homes, and that trend is going to continue.”

For more information or to connect with one of NJ’s top cardiovascular specialists, call 888.724.7123 or visit www.rwjbh.org/heart.
THE LIFE-CHANGING IMPACT OF A KIDNEY TRANSPLANT

POST-TRANSPLANT, PEOPLE WITH KIDNEY FAILURE FIND THEIR WORLD TRANSFORMED.

RWJBarnabas Health offers the region’s most experienced kidney and pancreas transplantation programs. A wide range of treatment options for both adult and pediatric patients is available at Robert Wood Johnson University Hospital in New Brunswick, at Saint Barnabas Medical Center in Livingston and at satellite locations throughout New Jersey. Here are just two examples of patients whose lives have been transformed through our world-class care and the generosity of organ donors.

BACK IN ACTION AFTER A DOUBLE TRANSPLANT

Ronald Pelletier, MD

Dillon Devlin, 29, had Type 1 diabetes, but that didn't stop him from traveling the country with a friend between 2014 and 2018. They hit 38 states, ending up in California for a while before coming home to New Jersey.

Along the way, Dillon went to pharmacies to get his insulin prescription refilled, but his increasingly high blood pressure was never addressed. By the time he got back to his home state and met with an endocrinologist and a nephrologist, he was shocked to learn that he was in stage 4 kidney failure and would need both a kidney transplant and a pancreas transplant.

“Kidney failure alone is an older person’s disease. A kidney and pancreas transplant is more typically needed in a younger person who has Type 1 diabetes,” explains Ronald Pelletier, MD, Director of Transplantation at Robert Wood Johnson University Hospital in New Brunswick. “That’s because the pancreas is not making enough insulin, a hormone that controls the blood sugar level in the body.”

THE WAIT BEGINS

Dillon went from working at an auto salvage business, hoisting transmissions onto pallets, to needing three-times-weekly dialysis. For eight months, he awaited a suitable kidney and pancreas for transplant. Six different possibilities fell through, one as he was actually being prepared for surgery. Finally, in November 2020, Dr. Pelletier successfully transplanted a new kidney and pancreas.

“All of a sudden I was waking up from surgery and my mom was saying, ‘You did it!’” he recalls. “I was standing up within six hours and out of the hospital in six days.”

A subsequent period of rest and recovery synced up well with the pandemic-related lockdown.

Now he’s back to lifting weights and going for hikes, and is actively seeking to get back into the workforce. “It’s so strange to wrap my head around not having to take insulin,” he says. “Modern medicine is a complete marvel.”

“What I really love about kidney and pancreas transplantation is that you get to transform someone’s life,” Dr. Pelletier says. “Not only do they not need dialysis afterward, they’re no longer diabetic! That’s fantastic.”

Dillon’s advice to others awaiting transplant: “Don’t let hopelessness consume you. It can happen anytime. The seventh time I got a call, it was a miracle match.”
LOVING LIFE WITH A NEW KIDNEY

Timothy Collins, 60, of Westfield, was diagnosed in 1996 with polycystic kidney disease (PKD), which causes kidneys to enlarge and lose function over time. “PKD is hereditary,” he explains. “My father had it, my grandmother had it and my brother has it.”

In 1998, Timothy got a kidney transplant from his younger sister. The kidney functioned well for almost 18 years, but in 2016 an infection caused his body to become severely dehydrated. Timothy needed to be on hemodialysis—in which blood is pumped out of the body, filtered through an artificial kidney machine and returned—three days a week for two months. After that, he had a catheter placed in his stomach so he could do at-home peritoneal dialysis, which uses the lining inside the belly as a natural filter. He did this nightly for 16 months.

“Even though you’re on dialysis, it’s not like having a kidney,” Timothy says. “There’s still poison in your body and you have a yellow look. I gained weight and my creatinine levels [a measure of kidney function] were way too high.”

MEDICAL ADVANCES

“We’re so fortunate that in kidney failure, there’s the option of dialysis,” says Francis Weng, MD, Chief of the Renal and Pancreas Transplant Division at Saint Barnabas Medical Center (SBMC). “It keeps people alive. However, dialysis doesn’t replace the full function of the kidney. For most patients, the better option is a kidney transplant.”

Timothy’s niece, who was 21 at the time, offered to donate a kidney to him. At Timothy’s insistence, they waited until she graduated from business school and law school, which she was attending simultaneously, in May 2018. Though her kidney wasn’t a match for Timothy, she became part of the kidney transplant chain at SBMC. She donated to someone for whom her kidney was compatible, and Timothy was given a kidney from another donor.

“Living donor programs like the one Timothy was in are one of the significant advances in kidney transplantation that we’ve seen over the past 15 years,” says Dr. Weng. “We also have many more choices in the kind of medications we use to prevent rejection of the transplant and minimize side effects. The vast majority of patients do quite well after transplantation.”

“It’s a wonderful thing,” says Timothy. “I have so much more energy now, and I have so much more time to myself since I don’t have to plan my days around getting to a machine at a certain time. I’ve been able to be the project manager on several commercial renovation projects, and that was the best therapy ever. I love life, and I’ve been very blessed.”
F or decades, the cornerstones of cancer treatment were surgery, chemotherapy and radiation. In recent years, immunotherapy has risen to the forefront. “What’s remarkable about immunotherapy is the way it uses the immune system to specifically target cancer cells and not healthy cells,” explains Christian Hinrichs, MD, Chief of the Section of Cancer Immunotherapy and Co-director of the Cancer Immunology and Metabolism Center of Excellence at Rutgers Cancer Institute of New Jersey. Dr. Hinrichs, a world-class expert in cancer immunology and immunotherapy, was recruited from the National Institutes of Health to co-direct the center with Eileen White, PhD, Deputy Director and Chief Scientific Officer at Rutgers Cancer Institute.

“Immunotherapy has been a real game-changer for systemic cancer therapy for two reasons,” Dr. Hinrichs says. “First, it creates a very strong attack against cancer. Second, it has remarkably few negative side effects.” However, some cancers respond well to immunotherapies, but others don’t respond at all. Why?

To answer that question, Rutgers Cancer Institute of New Jersey established the new Center of Excellence. The $50 million effort, fueled by an anonymous gift of $25 million, is poised to lead the immunotherapy revolution and transform cancer treatment. “We are putting into place key expertise and facilities for ‘first in human’ clinical trials in immunotherapy and cell therapy,” Dr. Hinrichs explains.

The center is also focusing on the development of new cellular therapies for common types of cancer, a particular area of expertise for Dr. Hinrichs. “We are focused on the discovery and development of new T cell [immune system cell] therapies, particularly gene-engineering approaches that allow T cells to specifically and powerfully target tumors,” he says.

These new therapies are made in a Good Manufacturing Practices (GMP) facility, which follows stringent FDA regulations to ensure the quality of the manufactured therapies. “A GMP facility is absolutely critical for what we do,” says Dr. Hinrichs. “It enables us to produce personalized cell therapy products for each patient right here. We can actually discover and develop new cancer therapies at Rutgers Cancer Institute that no one can do anywhere else.” Many of these new therapies will be available to patients at Rutgers Cancer Institute and throughout the RWJBarnabas Health system.

To learn more about the Cancer Immunology and Metabolism Center of Excellence, visit https://cinj.org/immunology-metabolism.
To learn more about programs and services at Monmouth Medical Center, visit www.rwjbh.org/Monmouth.
Your primary source for primary care.

The Combined Medical Group of RWJBarnabas Health and Rutgers Health offers Monmouth County residents an exceptional network of primary care physicians to not only treat you when you are sick, but guide you to improved health and wellness. Virtual and in-person visits available.

A primary care provider is your partner in:

- The treatment of common illnesses and injuries
- Reaching weight loss and wellness goals
- Facilitating an annual physical and ordering appropriate tests and blood work
- Mental health screenings
- Medication management
- Managing chronic health conditions like diabetes, arthritis, high blood pressure and lupus

Visit rwjbh.org/medicalgroup to find a provider near you.
By now, you’ve probably heard that COVID-19 can wreak havoc on the heart. In a recent study published in the European Heart Journal, researchers found that about half of patients who were hospitalized for COVID-19 developed cardiac problems, including inflammation and heart disease.

To get a full picture of the virus’s impact on a person’s heart, doctors perform a cardiac MRI. At Monmouth Medical Center (MMC), the MRI equipment was recently upgraded so these evaluations can be conducted. “A cardiac MRI is the gold standard for assessing the structure and function of the heart,” says Ajay Shah, MD, Director of Cardiac Rehabilitation at MMC and a member of RWJBarnabas Health Medical Group.

A cardiac MRI enables doctors to assess blood flow, the heart’s valves and the presence of inflammation. Doctors can use the test to diagnose heart disease, aneurysm and cardiomyopathy, in which the heart has trouble pumping blood to the body. COVID-19 infection can lead to cardiomyopathy as well as myocarditis, or inflammation of the lining of the heart. The virus can also cause scarring, weakness and problems with the heart’s electrical system. “An MRI helps us determine a patient’s prognosis and treatment,” says Dr. Shah. “In some cases, a person needs to be monitored. An MRI doesn’t expose a patient to radiation, so monitoring is safe.”

QUICK RESULTS
A cardiac MRI takes about 45 minutes to an hour, and the results are usually available the same day or within 24 hours. The test is most often covered by insurance. “The technology has been around for a while, but it’s not available everywhere,” says Dr. Shah. “It’s a large investment.”

One measure of the test’s value: Members of the Rutgers football team who experienced COVID-19 will be evaluated with cardiac MRI. “They need the test to be cleared to play,” says Dr. Shah. If you’ve had COVID-19 and continue to experience symptoms, such as chest pain, palpitations and difficulty breathing, ask your doctor whether you could benefit from a cardiac MRI. “It’s the best test we have for patients,” says Dr. Shah.
BREAST HEALTH: BACK ON TRACK

MAMMOGRAM DELAYS DURING THE PANDEMIC CAUSE CONCERN.

As a nurse practitioner at Monmouth Medical Center, Carolyn Boyle likes to stay on top of her own healthcare, especially yearly screening mammograms.

She learned how much stress even a slight delay can cause. Carolyn went for her 2019 mammogram two months later than usual, and the test revealed a small lump in her right breast that “scared the daylights out of me,” recalls the Belford woman, now 43. Follow-up ultrasound imaging indicated the mass was benign, but Carolyn was determined never again to push off her mammogram. Her 2020 screening happened just as the COVID-19 pandemic emerged, yet Carolyn kept her appointment even as many women across the United States who were fearful of catching the virus delayed theirs.

Research indicates that cancer screening tests, including those for breast cancer, plunged sharply after the COVID-19 pandemic began in March 2020, with numbers falling far below historical norms.

Whether breast cancer screenings are put off due to the pandemic or other reasons, delays can pose serious health consequences, says Alexander King, MD, Regional Director of Breast Radiology for RWJ Barnabas Health Southern Region, which encompasses Monmouth Medical Center, Monmouth Medical Center Southern Campus and Community Medical Center.

“We know that the longer patients go between screening mammograms, COVID-19 pandemic began in March 2020, with numbers falling far below historical norms.

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“We know that the longer patients go between screening mammograms,
the more likely we are to find late-stage breast cancer,” Dr. King explains. “Cancers we find through screening are commonly very small and found at an earlier stage. Cancers that are detected early offer the best opportunities for treatment.

“Breast cancers that are found by patients themselves are typically larger and may have already spread by the time women seek care,” he adds. “That’s the whole purpose of screening—to find the cancer before you feel it.”

REACHING OUT
About 22,000 screening mammograms were performed across RWJ Barnabas Health Southern Region in 2020. But the pandemic did force a six-week pause in screening mammograms, with patients brought in as needed if they experienced possible breast cancer symptoms such as a lump or nipple discharge, Dr. King says.

By early May 2020, mammogram facilities in the Southern Region were rescheduling screening mammograms and spacing out patient appointments to minimize exposure to the coronavirus. Other hygiene measures also were put into place, including masks, sanitizing and temperature checks.

“We worked at 110 percent until the end of 2020 trying to get in people who missed screenings in March and April,” Dr. King says. “Even now that we’re past the one-year mark of the pandemic’s start, there are still a significant number of our patients who haven’t had a mammogram since 2019. We’re reaching out individually to remind them and reinforce that they shouldn’t put it off any longer.”

While recommendations for screening mammography vary by group, there’s general agreement that for average-risk women, annual screening mammography beginning at age 40 will save the most lives.

VACCINE CONSIDERATIONS
With COVID-19 vaccinations well under way, confusion surrounds false-positive mammograms among some women who recently got a shot. Vaccines of any type, not just for COVID, can enlarge lymph nodes under the arm, leading to suspicious findings on breast images, Dr. King says.

“We’ve certainly seen women who were vaccinated within a couple of weeks before their mammogram have swollen lymph nodes in the armpit, but this reaction is not the norm,” Dr. King says. “And the appearance of lymph nodes that swell after vaccination is different from those due to breast cancer.” Repeat imaging may be done in three months to confirm all is well, he says.

Women undergoing any type of breast imaging are asked if they’ve recently been vaccinated and if so, which arm. “We put that in the chart so when doctors interpret the images, they’ll have that information,” Dr. King says. “But it’s certainly no reason to push off your mammogram or your COVID vaccine.”

Don’t delay your mammogram. To make an appointment at the Jacqueline M. Wilentz Breast Center at Monmouth Medical Center, call 732.923.7700.
This year, Monmouth Medical Center’s iconic annual events, Power of Pink and Swing Pink, will celebrate 26 years of supporting the Leon Hess Cancer Center at Monmouth Medical Center by uniting for the Pink Luncheon.

Join us at the beautiful Navesink Country Club for a ladies golf and tennis outing in the morning, and then relax at the Pink Luncheon and shop our boutique vendors. Proceeds from the 2021 Pink Luncheon will help provide evidence-based mind, body and spiritual programs and services to cancer patients and their families through the RWJBarnabas Health Family Care &’ Wellness in Eatontown.

To register, visit mmcevents.org/pink. To learn more, please call the Foundation office 732-923-6886 or email Evelyn.Nitis@rwjbh.org

Monday, September 20, 2021
Navesink Country Club • Red Bank
When we come together, we amplify our impact in the fight against cancer.

Our patients say it best:

“Because of the care and support you have shown for the Leon Hess Cancer Center, the care I’ve received changed my life.”
— Brad Smith, brain cancer survivor

“PINK is important to me because it’s everything to patients like us who don’t know what tomorrow brings.”
— Crystal Morgan, pancreatic and duodenal cancer survivor

“PINK is important to me because... it’s a force to be reckoned with and it’s not going anywhere.”
— Shawna Dempsey, breast cancer survivor
CREATING A HEALTHIER COMMUNITY
FROM PREVENTING COVID-19 TO PROMOTING FITNESS, THE COMMUNITY HEALTH TEAM
IS IMPROVING THE WELL-BEING OF LONG BRANCH RESIDENTS.

The Community Health and Social Impact & Community Investment team at Monmouth Medical Center (MMC) is raising awareness of COVID-19 prevention and addressing the needs of area children. Here are a few of its recent initiatives:

WALKING FOR WELLNESS
The Community Health team collaborated with the City of Long Branch Recreation Department to form a walking club to promote health and wellness. The one-mile walks, which took place on the Long Branch Boardwalk, were held weekly from March through April. (They were also held weekly in the fall of 2020.) Clinicians from MMC joined the groups and gave 10-minute talks. They included a nurse who spoke about emergency services, a physician who talked about the COVID-19 vaccine, a stroke program coordinator who spoke about heart health and the director of the Comprehensive Sleep Medicine Center. The program was a success, says Jean McKinney, Regional Director, Community Health and Social Impact & Community Investment. “Walking with others can turn exercise into an enjoyable social occasion and keep you motivated,” she says.

ADDRESSING VACCINE HESITANCY IN OUR COMMUNITY
The Community Health and Social Impact & Community Investment and Diversity and Inclusion departments held a series of virtual programs to address the issue of vaccine hesitancy, particularly among minority communities. Panelists included physicians, pharmacists and nurses who discussed and answered questions on the safety and efficacy of the vaccine and the importance for the community to be vaccinated.

The departments also collaborated with the City of Long Branch’s Health Department in a multidimensional cross-media promotional campaign to identify trusted local “Influencers” targeting all residents with a focus on those living below the poverty line and the city’s immigrant population. Campaign posters created in English, Spanish and Portuguese featured trusted community members along with Margaret C. Fisher, MD, Medical Director, Clinical and Academic Excellence at MMC, and Sharmine Brassington, MSN, RN, Director of Patient Care at the Emergency Department at MMC.

Currently, staff members at both MMC and MMCSC are working with local organizations and food pantries serving vulnerable populations in assisting them with vaccination appointments.

CAREERS IN HEALTHCARE
On March 24, MMC, with Monmouth Medical Center Southern Campus, held a virtual career exploration event for students in grades 5 to 12. Goals were to introduce them to a range of careers and let them know that you don’t necessarily have to be a physician or a nurse to work in healthcare.

The event featured a physician, an oncology nurse navigator, a director of human resources and an assistant director at the Jacqueline M. Wilentz Comprehensive Breast Center. All of the presenters shared their personal journeys and discussed what it’s like to work in the field. More than 60 students from area schools attended. “It was the first time that we held a virtual program of this kind for students,” says Kelly DeLeon, MS, Manager of Community Health and Social Impact & Community Investment. “The kids were completely engaged and asked thoughtful questions about the premed track, the training required to become a radiology technician and how the presenters paid for their education.” The event was so successful that the hospital plans to host another seminar in the future.

Interested in a Career in Healthcare?

Opportunities in this field are endless.

Wednesday, March 24 | 7 pm

For a complete list of Community Health Education programs, visit www.rwjbh.org/Monmouth and click on the calendar of events.
Monmouth Medical Center remains the only hospital in Monmouth and Ocean counties to earn 13 straight A’s from the Leapfrog Group. This remarkable achievement underscores Monmouth Medical Center’s commitment as a High Reliability Organization (HRO).

Through the concerted effort of Monmouth Medical Center’s physicians, nurses, staff, volunteers and leadership, patients and families benefit from receiving the highest level of quality care and the safest hospital experience.