

A Publication of  
**CLARA MAASS MEDICAL CENTER**

Winter 2022

# healthy *together*

**BREAST CANCER  
IN MEN**

**WINNING  
RECIPES  
FOR THE  
BIG GAME**

**BREATHE  
EASIER  
WITH THIS TEST**

**PROTECT YOUR HEART  
THIS WINTER**



## MESSAGES FROM LEADERSHIP



“At RWJBarnabas Health, we enter the new year with renewed strength. We’ve taken the challenges of the pandemic and used them to find ways to better serve our communities, patients and staff. Additionally, we are expanding telehealth, offering advanced genomic testing for infants and pushing toward breakthroughs in pediatric cancer research, with a focus and dedication to creating a healthier 2022 for all.”

### **BARRY H. OSTROWSKY**

PRESIDENT AND CHIEF EXECUTIVE OFFICER, RWJBARNABAS HEALTH



“At Clara Maass Medical Center, we care about your health outside of the hospital environment. From registered dietitians helping people transition to heart-healthy diets to enrolling individuals in promising clinical trials to offering a telehealth emergency department that allows patients to receive care virtually, Clara Maass Medical Center is able to respond to any health need or concern that you may have.”

### **MARY ELLEN CLYNE, PhD**

PRESIDENT AND CHIEF EXECUTIVE OFFICER, CLARA MAASS MEDICAL CENTER

## Clara Maass Medical Center | RWJBarnabas HEALTH

1 Clara Maass Drive, Belleville, NJ 07109  
973.450.2000 | [www.rwjbh.org/claramaass](http://www.rwjbh.org/claramaass)

### CONNECT WITH US ON

- @ClaraMaassMedicalCenter
- @Clara\_Maass
- RWJBarnabas Health
- Clara Maass Medical Center
- clara\_maass.medicalcenter

Clara Maass Medical Center complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. For more information, see link on our home page at [www.rwjbh.org/claramaass](http://www.rwjbh.org/claramaass). Clara Maass Medical Center cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al 973.450.2000. Clara Maass Medical Center konfòm ak lwa sou dwa sivil federal ki aplikab yo e li pa fè diskriminasyon sou baz ras, koule, peyi orijin, laj, enfimite oswa sèks. ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 973.450.2000.

For issues regarding delivery of Healthy Together, please write to [HTCirculation@wainscotmedia.com](mailto:HTCirculation@wainscotmedia.com).

## HEALTH NEWS

### TOPS IN HIP FRACTURE TREATMENT

For the 16th consecutive year, (2007-2022), Clara Maass Medical Center was Five-Star rated for Hip Fracture Treatment outcomes according to new research released by Healthgrades, the leading resource that connects

consumers, physicians and health systems. Every year, Healthgrades evaluates hospital performance at nearly 4,500 hospitals nationwide for 31 of the most common inpatient procedures and conditions.



### BREAST CANCER AWARENESS EXPO

The team at Clara Maass Medical Center hosted an exciting Breast Cancer Awareness Expo in the Bloomingdale's wing at Willowbrook Mall on October 17. Maria Kowzun, MD, Director of Breast Surgery at the Center for Breast Health and Disease Management, and Loretta Muriel, Community Breast Health Navigator, were present, answering questions and providing information on mammograms and overall breast health. In addition, the team distributed free flu shots, conducted blood pressure and glucose screenings, and provided health information and resources on weight loss, volunteerism, human resources, stroke care, medication management, the telehealth emergency department and other community health programs.

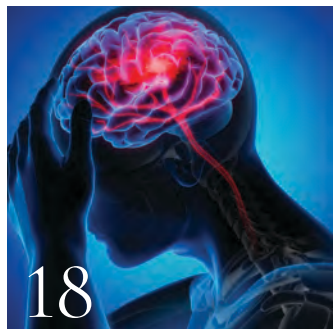


### THE PROVIDENT BANK FOUNDATION AWARDS MAJOR GRANT

A major grant to support the MRI Suite at Clara Maass Medical Center was awarded by The Provident Bank Foundation. The \$20,000 grant will help to advance the MRI program at Clara Maass Medical Center, which will ultimately strengthen the lives of residents in the community served by the medical center.

# healthy *together* contents

WINTER 2022



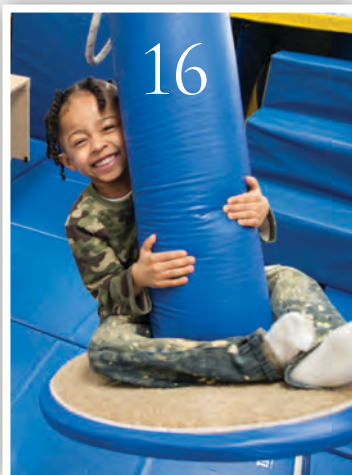
**2. WELCOME LETTER.**  
A community update from our CEOs.

**4. COORDINATED CARE FOR POST-COVID SYNDROME.**  
A team of experts collaborates on treatment.

**5. THE BABY'S COMING!**  
Everything you need for a joyful delivery.

**6. WINNING RECIPES FOR HEART HEALTH.**  
Watch the big game and eat well, too.

**8. GOLFING FOR A GREAT CAUSE.** A favorite event returns in style.



**9. FAST ANSWERS FOR VERY SICK BABIES.**  
Advanced genomic testing is here.

**10. HOW COVID-19 IS RESHAPING HEALTHCARE.** Innovation and resilience in the face of a crisis.

**12. CHILDHOOD CANCER: FINDING THE BEST CARE.**  
World-class pediatric hematology/oncology services, close to home.

**14. HEADING OFF WINTER HEART ATTACKS.** Read this before you shovel snow.

**16. SPECIAL NEEDS, SPECIAL TREATMENT.**  
Children's Specialized Hospital expands access to care.

**17. ALWAYS OUT OF BREATH? LEARN WHY.** Pulmonary function testing provides answers.

**18. WHAT TO DO IF YOU SUSPECT A STROKE.** Act fast and call 911.

**20. FINDING A LUMP MAY HAVE SAVED HIS LIFE.**  
Learn more about breast cancer in men.

**22. HOW TO FIX A FROZEN SHOULDER.** An orthopedist can help this painful condition.

**23. WEIGHT LOSS SURGERY: ARE YOU A CANDIDATE?**  
Separating myths from facts.



# COORDINATED CARE FOR POST-COVID SYNDROME

## EXPERTS AT CMMC TEAM UP TO HELP PATIENTS WITH LONG-TERM SYMPTOMS.

Most people who get COVID-19 get better within weeks of the illness. For some, however, COVID-19 causes health problems that persist long after the initial infection.

“This virus, for reasons that have yet to be identified, can cause in some

individuals a syndrome being referred to as post-COVID viral syndrome,” says Frank Dos Santos, DO, Chief Medical Officer at Clara Maass Medical Center (CMMC). “The common terminology is ‘long-haulers.’”

To address the needs of the growing ranks of long-haulers, CMMC has launched a clinical program, the Post-COVID CARE (Comprehensive Assessment, Recovery and Evaluation) Program, which makes the most of the medical center’s high level of COVID-care experience.

The program enlists CMMC specialists in areas ranging from cardiology, urology and pulmonary

medicine to behavioral health and physical therapy. Each of these disciplines is needed to address the wide range of symptoms presented by post-COVID patients, from fatigue and difficulty breathing to joint pain and problems with sleeping and concentration known as “brain fog.”

### A RANGE OF SERVICES

For long-term COVID effects, the challenge begins with the diagnosis. “The reason why someone becomes a long-hauler is not very clear, but we know it is not related to the severity of the infection,” says Dr. Dos Santos. Even people who had a mild course of the infection can have lasting symptoms.

“A patient can end up visiting different specialists without a clear answer, and their care can become fragmented,” explains Luis Espina, MD, a family medicine specialist and a member of RWJBarnabas Health Medical Group, who is heading CMMC’s post-COVID clinic. “The linchpin to providing the right care is our teamwork approach. We coordinate specialists to accelerate the process of diagnosis and creating a plan of care.”

“A whole range of services is available to our patients,” says Dr. Dos Santos. “The care is being rendered by subject-matter experts, and each patient will have a clinical coordinator so their care is expedited and specific to post-COVID viral syndrome.”

At the same time, the CMMC team is conducting research by studying these cases and accumulating data. Participants may be able to receive new treatments on the cutting edge of post-COVID viral syndrome care.

“If you think you may have post-COVID syndrome, first see your primary care provider,” Dr. Espina advises. “If you need to come to us, you will be coming to a facility that understands what you’re going through. We have multiple experts working in concert to try to identify what’s causing it and the best ways to fix it.”



FRANK DOS SANTOS, DO



LUIS ESPINA, MD

To learn more about post-COVID care at Clara Maass Medical Center, call 973.450.2207 or visit [www.rwjbh.org/covidrecovery](http://www.rwjbh.org/covidrecovery).



# THE BABY'S COMING! WE'RE HERE TO HELP



Having a baby is one of life's most exciting experiences—and, for first-timers, the prospect may also be a bit intimidating. That's where Clara Maass Medical Center steps in, with virtual support for pregnant women and new mothers.

## **VIRTUAL BREASTFEEDING SUPPORT GROUP**

**Mondays, 12 to 1 p.m.**

Do you have questions about breastfeeding? We are here to support you along your journey by offering a safe place for new and expecting moms to connect online in a friendly virtual environment. Our International Board-Certified Lactation Consultants will provide guidance and answer questions about latch issues, breast/nipple pain, milk supply concerns, pumping, supplementation, returning to work and weaning. Don't let breastfeeding challenges discourage you!

## **BREASTFEEDING FOLLOW-UP BY PHONE**

After the baby is born, CMMC's "Warm Line" is available 24 hours a day for parents to leave questions about breastfeeding, which will be answered by a Certified Lactation Consultant as soon as possible. Call **973.450.2868**.

## **VIRTUAL PERINATAL MOOD AND ANXIETY DISORDERS SUPPORT GROUP**

**Wednesdays, 11 a.m. to 12 p.m.**

Are you a pregnant or new mom? Are you feeling like motherhood isn't what you thought it would be? Do you have feelings of anxiety, panic, rage or sadness? You are not alone. You could be experiencing one of the most common complications of childbirth: perinatal mood and anxiety disorders. This is temporary and treatable, and we can help. We understand that during this time of COVID-19, increased isolation and increased concerns about crowds/gatherings may be preventing you from reaching out for help. Join our virtual community, led by a perinatal mood disorder certified specialist in this field, who can answer your questions, validate your feelings and concerns, and offer more resources if needed.

## **PREGNANCY SUPPORT GROUP**

**Thursdays, 12 to 1 p.m.**

Being pregnant is amazing—and at times, amazingly stressful. We get it. Pregnancy can leave you with a lot of questions. This is especially true with the unprecedented challenges brought on by the COVID-19 pandemic. Led by maternal health experts, our online community is a supportive and inclusive space to meet other pregnant women, ask questions and form meaningful connections.

To register for maternal care support programs, go to [www.rwjbh.org/events](http://www.rwjbh.org/events) or call **888.724.7123**.





# WINNING RECIPES FOR HEART HEALTH

## HOW TO EAT HEALTHY AND HAVE FUN AT A SUPER BOWL PARTY

If you're watching the Super Bowl with friends and family, chances are that food is an important aspect of the celebration—and that's absolutely fine, according to Jennifer Glavasich, MS, RD, Clinical Nutrition Manager at Clara Maass Medical Center (CMMC).

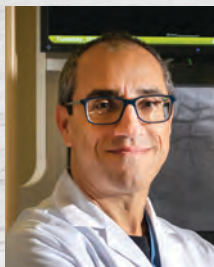
"Eating is a big part of many get-togethers. However, that doesn't mean we have to eat too much, or eat only high-fat, high-salt foods," she says. "Heart-healthy foods can be very satisfying—and you'll feel much better after you eat them."

Does that mean you have to miss out on that special cheesy dip your aunt makes, or any other celebration food that you love? "You don't want to deprive yourself," Glavasich says. "Go ahead and have a scoop of it, just not scoop after scoop after scoop."

CMMC's registered dietitians teach strategies that allow people to be more mindful of what they're eating. "We talk about preparing yourself mentally and making a plan before going to a party," she says. "We talk about learning the physical cues of hunger—such as your stomach growling and having low energy—and eating only when you're physically hungry, not because you're feeling bored or sad." They also recommend small changes over time, which are more likely to become habits.

"A healthy diet and lifestyle are your best weapons to fight cardiovascular disease, and it's not as hard as you think," says Fadi Chaaban, MD, Director and Chief of Cardiology at CMMC and a member of RWJBarnabas Health Medical Group. "When patients start eating in a heart-healthy way, they lose weight, their blood sugar is under control and they have more energy. They also experience more endorphins, the feel-good hormone."

"Our patients tell us they're much happier," Glavasich says. "That's our goal!"



FADI CHAABAN, MD



### WHY THESE RECIPES ARE HEART-HEALTHY

#### GAME DAY CINCINNATI CHILI

- Lean ground turkey replaces ground beef to cut down on saturated fat and help lower blood cholesterol.
- Unsweetened cocoa powder enhances flavor and also has antioxidants to reduce inflammation, improve blood flow and lower blood pressure.
- Cinnamon gives depth of flavor and can lower blood pressure and "bad" LDL cholesterol.

#### ZUCCHINI SKINS

- Zucchini is full of nutrients, including vitamins A and C, potassium and folate. Eating the skins helps to get more fiber in the diet, which helps keep arteries healthy and control blood sugar.
- Substituting Greek yogurt for sour cream cuts down on sodium and packs more protein into each bite to help you feel full quicker.

#### BUFFALO CAULIFLOWER BITES WITH GREEK YOGURT RANCH DIP

- Cauliflower is a cruciferous vegetable packed with heart-healthy carotenoid and flavonoid antioxidants.
- Cauliflower is high in fiber (3 grams in each cup) to help promote healthy blood vessels and arteries.
- Yogurt has been linked to lowering blood pressure and cholesterol levels.

To learn about nutrition counseling at Clara Maass Medical Center, call **973.450.2000** or visit [www.rwjbh.org/claramaass](http://www.rwjbh.org/claramaass).  
To connect with a top cardiovascular specialist at Clara Maass Medical Center, visit [www.rwjbh.org/heart](http://www.rwjbh.org/heart).

# GOOD EATS FOR GAME DAY

“People are afraid that they have to completely sacrifice taste, and that’s not the case,” says Jennifer Glavasich, MS, RD. “There are all kinds of ways to get variety and depth of flavor in a heart-healthy diet.” Serve or bring these delicious dishes to your next get-together.



## GAME DAY CINCINNATI CHILI

### INGREDIENTS:

- ¼ cup extra-virgin olive oil
- 4 large cloves garlic, chopped
- 2 large poblano chilis, diced
- 1 celery stalk, chopped
- 1 large onion, chopped
- 1½ pounds lean ground turkey
- 1 tablespoon all-purpose flour
- 4 tablespoons tomato paste
- 3 tablespoons chili powder
- 2 tablespoons unsweetened cocoa powder
- 1 tablespoon ground cumin
- 2 teaspoons brown sugar
- 1 teaspoon dried oregano
- Freshly ground black pepper to taste
- 1 tablespoon ground cinnamon
- ⅛ teaspoon ground cloves
- 3 cups low-salt chicken broth
- One 15- to 16-ounce can cannellini beans (white kidney beans), rinsed and drained
- Low-fat shredded cheddar cheese and plain Greek yogurt to garnish

### DIRECTIONS:

- Heat the oil in a heavy, large pot over medium-high heat.
- Add the garlic, poblanos, celery and onions and sauté until the vegetables soften, 5 to 6 minutes.
- Add the turkey meat and sauté until no longer pink, about 7 minutes.
- Sprinkle the flour over and stir to blend.
- Add the tomato paste, chili powder, cocoa powder, cumin, sugar, oregano, black pepper, cinnamon and cloves.
- Cook 1 to 2 minutes, stirring to blend.
- Add the broth and beans and bring to a simmer on medium-low heat for 20 to 30 minutes.

## ZUCCHINI SKINS

### INGREDIENTS:

- ½ pound turkey bacon
- 4 large zucchinis
- 2 tablespoons extra-virgin olive oil
- ½ teaspoon chili powder
- ¼ teaspoon ground cumin
- ¼ teaspoon freshly ground black pepper
- 2 cups shredded cheddar
- 1 cup plain Greek yogurt, for garnish
- 2 green onions, thinly sliced, for garnish

### DIRECTIONS:

- Preheat oven to 400°.
- Cook bacon until crispy, 8 to 10 minutes.
- Cut zucchinis in half lengthwise and scoop out seeds with a spoon.
- Cut again in half for two pieces.
- Coat zucchinis with olive oil and place in baking dish.
- Season with chili powder, cumin and black pepper.
- Bake for 5 minutes or until slightly tender.
- Top zucchinis with cheese and turkey bacon.
- Return zucchinis to oven for additional 10 minutes until cheese bubbles and zucchinis are tender.
- Garnish with plain Greek yogurt and green onions.



## BUFFALO CAULIFLOWER BITES WITH GREEK YOGURT RANCH DIP

### INGREDIENTS:

#### FOR THE CAULIFLOWER BITES:

- 2 cups cauliflower florets
- Extra-virgin olive oil to drizzle
- 2 teaspoons garlic powder
- ⅛ tsp. fresh black pepper
- 3 tablespoons all-purpose flour
- 1 tablespoon butter (coconut oil for plant-based option)
- ½ cup hot sauce

#### FOR THE GREEK YOGURT DIP:

- 8 ounces plain Greek yogurt
- ½ teaspoon garlic powder
- ½ teaspoon onion powder
- 1 teaspoon lemon juice
- ½ teaspoon dried dill
- ½ teaspoon freshly cracked black pepper

### DIRECTIONS:

#### FOR THE CAULIFLOWER BITES:

- Preheat oven to 450°.
- Place cauliflower florets in gallon-size plastic bag and drizzle olive oil just to coat evenly.
- Add garlic powder, black pepper and all-purpose flour. Shake bag to coat.
- Place florets on baking sheet and place on middle rack to bake for 10 to 15 minutes while checking tenderness.
- For the sauce: Mix melted butter or coconut oil with hot sauce.
- Toss florets in sauce and add more as needed.
- Serve with Greek yogurt dip.

#### FOR THE GREEK YOGURT DIP:

- Combine all ingredients in mixing bowl and add water to thin dressing as needed.



Clockwise: Robert V. Gamba, CMMC Foundation Chairman, Amani Toomer; Robert Gaccione Sr., CMMC Board of Trustees Chairman; Celeste A. Oranchak, VP, Foundation and Development, Andrea Barbier, DO, Medical Staff President, Eli Manning, Mary Ellen Clyne, PhD, President and CEO, David Diehl, Louis LaSalle, SVP Emeritus, RWJBH; Daryl Smith, Kosi Remy, Elnardo Webster; Grant Marshall; Joseph N. DiVincenzo Jr., Joseph Maurillo, Barry Maurillo, Phil Alagia.



# GOLFING FOR A GREAT CAUSE

**A BENEFIT GOLF INVITATIONAL DRIVES FUNDRAISING FOR HEALTHCARE HEROES.**

Nearly 200 golfers joyfully took to the links on October 25 for the Clara Maass Medical Center Golf Invitational Featuring Former NY Giant David Diehl and Friends. The event, which was replaced by a virtual sports panel in 2020 due to the COVID-19 pandemic, returned with a lineup that included former pro athletes from the NY Giants, the NJ Devils and more.

The event raised nearly \$250,000 to support healthcare heroes and patient services at Clara Maass Medical Center (CMMC). Held at the Canoe Brook Country Club in Summit, it kicked off with a brunch and concluded with a

festive awards dinner, including a live auction for tickets to NFL games and an acrylic on canvas painting by Lynn Mara. “It was truly a terrific event—a success at every level,” says Celeste A. Oranchak, Vice President, Foundation and Development, at CMMC.

Honorary Chairman Diehl, a two-time Super Bowl champion, was joined by Eli Manning, who quarterbacked those two Super Bowl wins, as well as former pro athletes Amani Toomer, Zak DeOssie, Marco Battaglia and Grant Marshall, among others. “David’s energy and passion are contagious,” says Mary Ellen Clyne, PhD, President and Chief Executive

Officer at CMMC. “We were thrilled to have him back as honorary chairman for the Golf Invitational this year.”

Major sponsors for the event included Invitational Title Sponsor Prismatic Development Corporation; Eagle Sponsor Nanina’s in the Park/The Park Savoy/Park Chateau Estate & Gardens; and Birdie Sponsors Clara Maass Medical Staff, Hudson Incorporated and W.J. Post, Inc.

“The Golf Invitational is always a wonderful day, made even more so because it benefits the wonderful work of our community hospital, Clara Maass Medical Center,” says Joseph Maurillo, co-owner of Nanina’s in the Park/The Park Savoy/Park Chateau Estate & Gardens and a longtime supporter of CMMC.

To view more photos from the event, visit [www.claragolf.org](http://www.claragolf.org).

To learn more about giving to Clara Maass Medical Center, visit [www.claragiving.org](http://www.claragiving.org).







# FAST ANSWERS FOR VERY SICK BABIES

**ADVANCED GENOMIC TESTING RESULTS ALLOW DOCTORS TO BEGIN TARGETED TREATMENT WITHIN DAYS.**

Baby girl Frankie was born early—at 35 weeks—but all seemed well, except for some minor health complications that kept her in the Neonatal Intensive Care Unit (NICU) at Cooperman Barnabas Medical Center (CBMC).

However, within a few days of birth, Frankie had developed severe blisters on her feet and was losing skin.



KAMTORN VANGVANICHYAKORN, MD

Even routine screenings now posed a risk, and the baby was vulnerable to life-threatening bacteria entering her body. Her family was afraid to

hold her. A diagnosis was needed, right away.

Not long ago, genetic testing for infants could test just a few genes at a time, and results took weeks or months to come back. But thanks to a collaboration between Rady Children's Institute for Genomic Medicine and RWJBarnabas Health (RWJBH), Level III and Level IV NICUs in the RWJBH system can offer rapid Whole Genome Sequencing (rWGS). For medically urgent cases, preliminary diagnoses are available in three to five days.

Using a blood sample, rWGS can scan a child's entire genetic makeup for thousands of anomalies. The test results provide vital information that leads to individualized care and fewer costly, invasive procedures.

"Rapid genome sequencing is a game changer," says Kamtorn Vangvanichyakorn, MD, Director of Neonatology at CBMC. "It allows us to provide critical answers and targeted treatment at a time when the therapeutic window is often narrow."

## "A SENSE OF RELIEF"

The testing revealed that Frankie has a type of epidermolysis bullosa (EB), a rare group of diseases that are most often caused by a genetic mutation. Frankie's mother, Jeri Berinato, knew that her own mother lived with a severe form of EB, leading to constant blistering and pain, difficulty swallowing, loss of her fingernails and dental problems.

"As soon as we received the results, I felt a huge sense of relief," Jeri says. "Not knowing what was wrong with my beautiful newborn baby was the worst feeling I've ever had. Now I know that, with proper care from the beginning, Frankie will have a much better quality of life than my mom has."

In addition to CBMC, rWGS is available to critically ill infants at Bristol-Myers Squibb Children's Hospital at Robert Wood Johnson University Hospital; the Unterberg Children's Hospital at Monmouth Medical Center; Children's Hospital of New Jersey at Newark Beth Israel Medical Center; and Jersey City Medical Center.

The use of rWGS at RWJBH came about through a long-standing partnership between Rady Children's Hospital in San Diego, the parent organization of Rady Children's Institute for Genomic Medicine, and Children's Specialized Hospital, an RWJBH facility.

"We're proud to be the only health system in New Jersey to partner with Rady Children's to offer rapid genetic testing," says William Faverzani, Senior Vice President of Children's Services at RWJBH. "With this test, our physicians have access to cutting-edge technology, enabling them to intervene quickly to improve the lives of our tiniest patients and their loved ones."

To learn more about rapid Whole Genome Sequencing at RWJBarnabas Health, visit [www.rwjbh.org/pediatricgeneticstesting](http://www.rwjbh.org/pediatricgeneticstesting).



# HOW COVID-19 IS RESHAPING HEALTHCARE

A CRISIS HAS LED TO SOME BIG CHANGES FOR THE BETTER.

COVID-19 created challenges that healthcare providers had never experienced in their careers. But the pandemic, while taking a toll on providers and patients alike, has also



ANDY ANDERSON, MD



JOHN BONAMO, MD

enabled the discovery of deep reserves of resilience and innovation. “Many of the changes we’re seeing in healthcare,” says John Bonamo, MD, Chief Medical and Quality Officer at RWJBarnabas Health, “are good things that came out of a terrible situation.” Here are six examples:

## 1 The rise of telehealth.

The technology for video healthcare visits has existed for decades, but providers as well as patients resisted virtual care—until the onset of

COVID-19 and social distancing.

“Before the pandemic, we were doing some virtual urgent care visits, but not routinely doing scheduled visits,” says Andy Anderson, MD, President and CEO, Combined Medical Group of RWJBarnabas Health and

Rutgers Health. “However, at the peak of the pandemic we were doing 10,000 scheduled visits weekly, and even today we continue to do thousands each week.”

The increased





## 2 Increased awareness of preventing the spread of disease.

In response to the pandemic, healthcare providers have redoubled their efforts to sanitize spaces and even filter the air, and the use of hand sanitizer and disinfectant wipes has become commonplace.

“We’ve always been committed to infection control through our system-wide journey to become a high reliability organization,” says Dr. Bonamo. “We amplified those principles to keep our facilities even safer, such as using new ventilation techniques, employing UV-C lights to clean rooms, paying continued attention to visitation policies and more.”



## 3 Enhanced teamwork.

“At the peak of the pandemic, the needs were so great that our people began working together much more collaboratively,” says Dr. Bonamo. “Instead of staying in their own lane and handing off a patient or a procedure to a specialist, providers worked together—respiratory therapists teamed with nurses, primary care doctors worked in intensive care units at the elbow of intensivists, and so on. We learned how professionals can be ‘skilled up’ and trained to help in a crisis, and that has broken down levels of hierarchy and increased esprit de corps.”



## 4 An emphasis on mental well-being.

“Mental health has become a bigger issue due to the pandemic. People are afraid of becoming ill, they may have greater financial burdens and they’re missing social interaction,” says Dr. Anderson. “Our behavioral health providers have been very busy.”

All kinds of healthcare providers are tuning in to their patients’ state of mind. “As doctors, we realize the importance of reaching out to people and asking them how they’ve been doing during the

pandemic,” he says. “Everybody has a story, and it’s important for us to take the time to listen and, if necessary, become an advocate or a resource for the patient.”

That kind of outreach is equally important for people who work in healthcare, Dr. Anderson says: “In the RWJBarnabas Health Medical Group, we set aside time each week to text or call people we work with to see if they’re doing OK, and provide help or a note of encouragement as needed.”



## 5 A brighter spotlight on healthcare disparities.

“At RWJBarnabas Health, we’ve had an ongoing and important system-wide effort in regard to social justice and anti-racism,” says Dr. Bonamo. “However, the disparity in the rates of COVID-19 sickness and death among people of color was so blatant that it brought many things to the surface and made us, as well as the healthcare industry as a whole, take a closer look. We’ve realized that saying ‘we treat everybody the same’ isn’t enough because some populations have many more resources than others.” To learn more about RWJBarnabas Health’s Ending Racism Together initiative, visit [www.rwjbh.org/endingracism](http://www.rwjbh.org/endingracism).



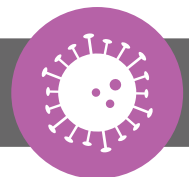
## 6 A new flexibility.

“Healthcare is intensely regulated, and because of that we have a tendency to be very prescriptive about what we can do and how we do it,” says Dr. Bonamo. “The COVID-19 need was so intense that we had to learn to be more flexible. For example, medical-surgical floors were turned into ICUs and we learned, OK, it may not be the ICU we would have built, but we can make this work. A lot of the old regulations were lifted during COVID-19, which enabled us to be flexible, but some of what we had been doing was just a result of old habits. Now we’ve expanded our horizons and have become much more nimble.”

demand led to technology upgrades, he says, such as making it easier to have visits that include multiple attendees—patient, family members, other providers or an interpreter if needed.

“Telemedicine has opened up access for patients, who can stay in a home environment to get the healthcare they need, whether it’s acute, chronic or preventive, and that will continue,” Dr. Anderson says. “We’re moving toward a good balance of in-person and remote appointments so patients can receive care more efficiently and effectively.”

For resources and information about COVID-19, visit [www.rwjbh.org/covid19](http://www.rwjbh.org/covid19).



# CHILDHOOD CANCER: FINDING THE BEST CARE

WORLD-CLASS PEDIATRIC  
HEMATOLOGY/ONCOLOGY  
SERVICES ARE CLOSE TO  
HOME FOR NEW JERSEYANS.

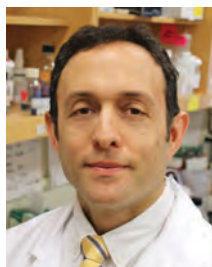


JODI CRANDELL PHOTOGRAPHY



RWJBarnabas Health and Rutgers Cancer Institute of New Jersey, the state's only NCI-Designated Comprehensive Cancer Center, provide close-to-home access to the latest treatment options. For more information, call 844.CANCERNJ or visit [www.rwjbh.org/beatcancer](http://www.rwjbh.org/beatcancer).

“Cancer doesn’t travel well—especially cancer in children,” says Peter Cole, MD, Chief of the Division of Pediatric Hematology/



PETER COLE, MD

Oncology at Rutgers Cancer Institute, the state's only National Cancer Institute-Designated Comprehensive Cancer Center. “New Jersey families dealing with a

diagnosis as significant as cancer shouldn’t have to leave their neighborhood and support systems to travel to another state for treatment.”

The Pediatric Cancer Center at Rutgers Cancer Institute partners with RWJBarnabas Health (RWJBH) facilities throughout the state to provide the most advanced treatments for children with cancer and blood disorders.

“I tell my friends and family and anyone who asks that whenever you get an unexpected diagnosis, it’s always good to get a second opinion,” Dr. Cole says.

◀ The \$10 million in state funding was championed by Grace Eline, a 12-year-old survivor of brain cancer and a childhood cancer awareness advocate, and her mother, Aubrey Eline, in collaboration with the American Childhood Cancer Organization. Grace was treated at Rutgers Cancer Institute and Children's Hospital of New Jersey at Newark Beth Israel Medical Center.

“But when you have the option to get cutting-edge care close to home, where you have access to your support system, you should do it. At Rutgers Cancer Institute and RWJBarnabas Health, your child will get the highest level of expertise and treatment, right here in New Jersey.”

The pediatric hematology/oncology team takes a multidisciplinary approach to providing the most advanced treatments for pediatric cancer and blood disorders, such as complex surgical techniques, precision medicine, immunotherapy and innovative radiation therapy procedures, including the state's only hospital-based proton therapy center. In addition, as New Jersey's only NCI-Designated Comprehensive Cancer Center, Rutgers Cancer Institute offers access to cutting-edge clinical trials and cellular therapies that may not be available at other programs.

## A HOLISTIC APPROACH

The specialists at Rutgers Cancer Institute and RWJBH know that, in addition to treating the body, it's important to pay close attention to the emotional and social challenges of the patient and family. “A diagnosis of cancer turns a family's life upside down, so we have a robust psychosocial support team to address the needs not just of the patient, but of parents and siblings as well,” says Dr. Cole. That team includes psychiatrists, psychologists, counselors, social workers, nutritionists and educators.

“We're committed to keeping kids on top of their studies,” says Dr. Cole. “At Rutgers Cancer Institute, we have a full-time teacher on staff in the building on school days. I'll often sit with our patients and do math problems with them, though I suspect I may enjoy that much more than they do,” he says with a laugh.

He recalls a teenage patient who had acute lymphoblastic leukemia, the most common cancer in children but also one of the most curable. “He had to spend the first month of treatment in the hospital, away from his support network of friends and coaches,” says Dr. Cole. “Some of the side effects of his treatment, such as vomiting, were



## CENTERS FOR EXCEPTIONAL CARE

RWJBarnabas Health and Rutgers Cancer Institute of New Jersey partner to provide world-class care to New Jersey cancer patients. Specialists from the Pediatric Cancer Center at Rutgers Cancer Institute work with experts to provide care at the following RWJBarnabas Health facilities:

- Bristol-Myers Squibb Children's Hospital at Robert Wood Johnson University Hospital, New Brunswick, under the direction of Peter Cole, MD, Chief, Division of Pediatric Hematology/Oncology
- The Valerie Fund Children's Center for Cancer and Blood Disorders at Children's Hospital of New Jersey at Newark Beth Israel Medical Center, under the direction of Teena Bhatla, MD, Director, Pediatric Hematology/Oncology
- The Valerie Fund Children's Center for Cancer and Blood Disorders at the Unterberg Children's Hospital at Monmouth Medical Center, Long Branch, under the direction of Richard Drachtman, MD, Section Chief, Clinical Pediatric Hematology/Oncology

Children with cancer or blood disorders are also seen for consultations at Cooperman Barnabas Medical Center in Livingston.

miserable, and he was embarrassed to lose his hair. He was depressed, but he received the support he needed from our psychosocial team.

“I'm happy to report that he's doing much better now. He's back in school on a modified schedule and if he needs any continued support from our team as he fully reenters his routine, we'll be there for him.”



## AN INFUSION OF FUNDS FOR RESEARCH

Survival rates for children with cancer have improved significantly in the past 50 years, but pediatric cancer remains the leading cause of death from disease among children. It is among the least funded areas of cancer research.

Advocates cheered when a \$10 million appropriation to support pediatric cancer research at Rutgers Cancer Institute was included in the New Jersey 2022 state budget.

“The funding allows us to expand our ongoing efforts. One of our areas of focus is research in children that will help reduce acute side effects of treatment and the risk of it resulting in long-term organ damage,” explains Peter Cole, MD, Chief of the Division of Pediatric Hematology/Oncology and Embrace Kids Foundation Endowed Chair at Rutgers Cancer Institute, who is also Director, Pediatric Hematology, Oncology and Cellular Therapies at Bristol-Myers Squibb Children's Hospital and Professor of Pediatrics at Rutgers Robert Wood Johnson Medical School. Dr. Cole's laboratory is also supported by the Hugs for Brady Foundation.

“Another area of focus is bringing innovative treatment modalities to children with cancer and blood disorders,” Dr. Cole says, “including cellular therapies like CAR T-cell therapy, blood and marrow transplants and immunotherapies, which use the patient's own immune cells to fight cancer.”



# HEADING OFF WINTER HEART ATTACKS

**READ THIS BEFORE YOU SHOVEL SNOW.**

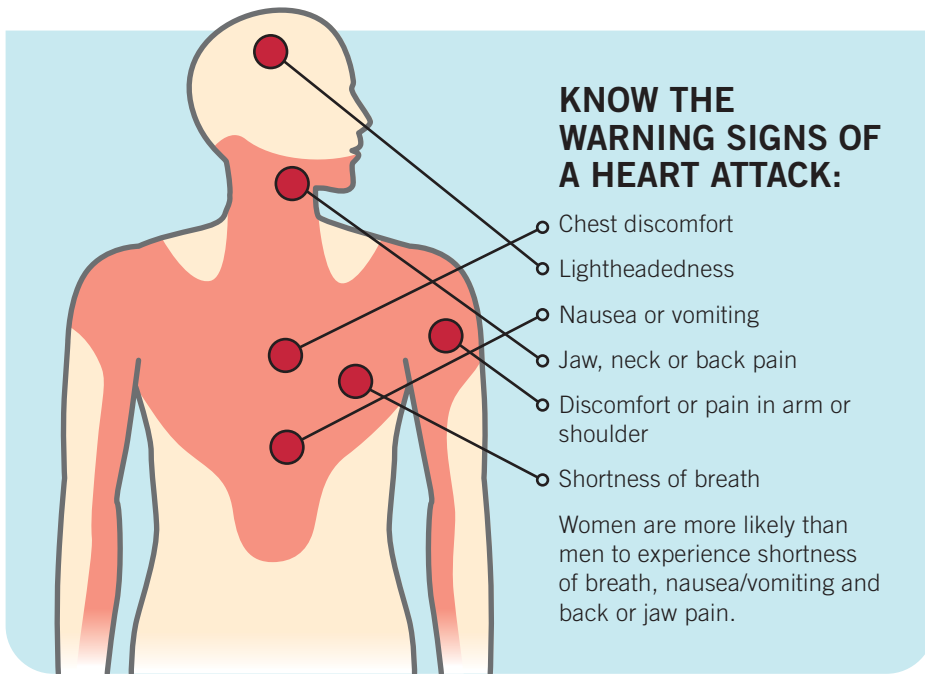
**W**inter is prime time for heart attacks, as research studies show and doctors know all too well. “It’s expected in the hospital community that we’ll see a bump in the number of heart attacks coming in during the winter season, especially around the holidays and during the first couple of months of the year,” says Isaac Tawfik, MD, Chief of Cardiology at Monmouth Medical Center and a member of RWJBarnabas Health Medical Group.

“It’s been theorized that if your core temperature is lower because you’re outside and not really bundled up, the body’s natural response is for arteries to vasoconstrict, or to narrow,” Dr. Tawfik explains. “If somebody already has a narrowing or blockage in the artery, it’s going to interfere with normal blood flow, and that’s the definition of a heart attack.”



**ISAAC TAWFIK, MD**

Ruptured plaque is another main culprit for heart attacks in cold weather, he says. “Any exertional work that’s heavy and not gradual, like



## KNOW THE WARNING SIGNS OF A HEART ATTACK:

- Chest discomfort
- Lightheadedness
- Nausea or vomiting
- Jaw, neck or back pain
- Discomfort or pain in arm or shoulder
- Shortness of breath

Women are more likely than men to experience shortness of breath, nausea/vomiting and back or jaw pain.

shoveling snow, puts stress on coronary arteries. If those arteries have plaque, it may crack or rupture, which can lead to a whole cascade of platelet aggregation and other inflammatory mediators that eventually lead to a heart attack.”

In winter, middle-aged patients—people in their 40s, 50s, 60s—may be more prone to heart attacks than seniors. “They feel that they’re healthy enough for shoveling snow and other types of outdoor exertion, so they don’t warm up first and may not wear warm enough clothing,” Dr. Tawfik says.

Unlike older patients, they may be unaware of their limitations, he notes, and may not understand the possible consequences of existing conditions, such as hypertension, uncontrolled diabetes or tobacco use. The risk of a heart attack increases with every additional risk factor a person has.

“All of this is not to say that shoveling snow is automatically going to give you a heart attack,” says Dr. Tawfik. “What we are saying is that if you have known heart disease, or one or more risk factors for heart disease, you should think carefully before going out to shovel snow.”

## SAFEGUARD YOUR HEART

How can people protect themselves against heart attacks in cold weather? “Number one, make sure you speak to your doctor so that any risk factors you have are addressed—if you have hypertension, that your blood pressure is well controlled, if you are diabetic, that your blood sugar is under control, if you are a smoker, that you are working on a cessation plan,” says Dr. Tawfik.

Stay warm when you’re outside and take frequent breaks to go inside and assess how you feel. “If you’re breathing in cold air, it cools your chest a little bit. You don’t necessarily have the burning in the chest that can be a symptom until you go inside,” he says. “Do the work in short intervals so you’re not outside for hours at a time.”

Be aware of anything different in the way you feel. “A heart attack symptom doesn’t have to be chest pain, because not everybody gets that. If you’re nauseous, or if you’re more fatigued or breathless than you expected to be, those can be red flags,” he says.

Dr. Tawfik shows his patients images that illustrate their cardiovascular condition—an X-ray, an ultrasound, a



## HOW COLD WEATHER AFFECTS THE HEART

- Low temperatures cause blood vessels and arteries to narrow.
- Blood flow is restricted and the delivery of oxygen to the heart is reduced.
- The heart must pump harder to circulate blood through the constricted blood vessels.
- As a result, blood pressure and heart rate increase.
- A sudden spike in blood pressure, especially when combined with exertion such as shoveling, can lead to heart attack or stroke.
- Narrowing of or stress on coronary arteries may lead to plaque rupture and blood clots that block blood flow to the heart.
- Hypothermia—when body temperature drops below 95 degrees Fahrenheit—affects the workings of the heart, nervous system and other organs.

CT scan—as a means of helping them grasp their risks. “If I have a patient who’s 60 years old and I can tell him his risk for heart disease in the next 10 years is X versus someone who didn’t have those risk factors, they tend to be more compliant,” he says.

Dr. Tawfik advises his patients to consult their primary care physician or cardiologist before undertaking any high-effort physical activity in cold weather. “It’s like driving your car and putting a seat belt on,” he says. “It’s always best to err on the side of safety.”

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





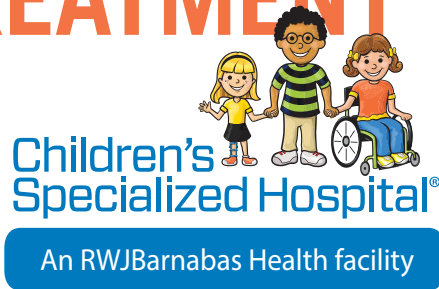
# SPECIAL NEEDS, SPECIAL TREATMENT

**NEW LOCATIONS PROVIDE MORE WAYS TO HELP CHILDREN FULFILL THEIR POTENTIAL.**

For more than a century, children or adolescents who face special health challenges—from chronic illnesses to complex physical disabilities to developmental or behavioral issues—have been able to turn to Children’s Specialized Hospital (CSH) for inpatient and outpatient care.

Since its 1892 origin as a “summer haven” in Westfield for city children, CSH continued to grow until it became the largest provider of pediatric rehabilitation services in the United States, with locations throughout New Jersey.

Now, in response to an increasing number of outpatient visits and the rising rates of emotional, developmental and behavioral disorders in children and adolescents, CSH is expanding access to the highest level of care. Four new CSH locations, each with state-of-the-art facilities and located close to major highways and bus



routes, have opened or soon will open: **WEST ORANGE:** CSH is now managing the Pediatric Rehabilitation Services of its affiliate hospital, Cooperman Barnabas Medical Center, at 375 Mt. Pleasant Avenue.

**UNION:** All outpatient services offered at CSH’s Mountainside and Warren locations have transitioned to this new, advanced facility at 2840 Morris Avenue.

**EATONTOWN:** In the spring, Monmouth Medical Center and CSH will open RWJBarnabas Health Family Care & Wellness, located at the Monmouth Mall.

**TOMS RIVER:** Next year, a brand-new, 80,000-square-foot facility on Route 37 will replace the current CSH Toms River locations. The clinical space will be shared with RWJBarnabas Health Children’s Services and Community Medical Center, which will provide an ambulatory surgery

Children with a wide range of needs receive individualized care at CSH locations throughout New Jersey.

center, imaging, preadmission testing, primary care and orthopedics.

All CSH facilities offer the most advanced technology and a full suite of therapy and physician services, including developmental and behavioral pediatrics, neurology, special needs primary care, psychiatry, audiology, neuropsychology, neurorehabilitation, nutrition, occupational therapy, physical therapy, psychology, and speech and language therapy.

“Our vision is a world where all children can reach their full potential,” says Matthew B. McDonald III, MD, President and CEO, CSH. “In order to make that vision a reality, we must continually enhance access to our innovative and individualized therapies and medical treatments. These new sites not only serve as additional access points for our current patients and families, but as an introduction to new communities of patients and families who may need our services.”

For more information about Children’s Specialized Hospital, call **888.244.5373** or visit [www.rwjbh.org/childrensspecialized](http://www.rwjbh.org/childrensspecialized).

At Children’s Specialized Hospital, we provide world-class care for children and young adults who face special health challenges across the state of New Jersey and beyond. We treat everything from chronic illnesses and complex physical disabilities, like brain and spinal cord injuries, to a full scope of developmental, behavioral and mental health concerns. We have convenient locations throughout the state: Bayonne, Clifton, East Brunswick, Eatontown, Egg Harbor Township, Hamilton, Jersey City, New Brunswick, Newark, Somerset, Toms River, Union and West Orange.



# YOU'RE ALWAYS OUT OF BREATH. WHAT DOES IT MEAN?

**PULMONARY FUNCTION TESTING CAN PINPOINT THE PROBLEM.**



It's normal to have shortness of breath after vigorous exercise. But when it doesn't go away afterward or when it happens for no reason, a doctor visit is strongly advised.

"Breathing shouldn't be taken for granted. If there's any kind of shortness of breath going on, you have to look into it," says John Chacko, MS, Director of Respiratory, Sleep and Neurodiagnostic Services at Clara Maass Medical Center.

"If people have heart problems, they feel pain," he explains. "But if something happens inside the lungs, we don't feel pain because the lungs have few nerve endings. As a result, lung conditions are often far advanced before they're diagnosed." Here are answers to common questions about lung tests.

## What is pulmonary function testing (PFT)?

"PFT consists of a series of tests that measure lung volume, capacity, rates of flow and gas exchange to determine how well a patient's lungs are working," Chacko says. "I recommend that patients have the tests done in a pulmonologist's office."

## When should patients seek to have a PFT done?

"If a patient experiences any kind of shortness of breath, or finds themselves getting winded performing activities like going up stairs, they should have this test done," Chacko says. Primary candidates for PFT include:



FRANK MAZZARELLA, MD

- Patients with lung diseases such as asthma and COPD (chronic obstructive pulmonary disease).
- Smokers, ex-smokers and those exposed to secondhand smoke.
- People experiencing a persistent cough.

- People who notice a change in breathing abilities with everyday physical activity.
- People who have had exposure to dusty environments for an extended period of time.

## What happens during PFT?

Most pulmonology offices and hospitals are equipped with comprehensive PFT machines operated by board-certified PFT technicians. There are two methods:

- **Spirometry:** A patient breathes into a mouthpiece that is connected to a small electronic machine (spirometer).
- **Plethysmography:** A patient sits inside an enclosed, airtight box that resembles a telephone booth.

For each method, the PFT technician will coach the patient, guiding inhalation and exhalation as airflow, volume and capacity are measured. Testing is performed in accordance with the American Thoracic Society's standards to ensure valid results.

Diagnoses found through PFT include asthma, allergies, COPD, chronic bronchitis, damaged lung tissue, sarcoidosis, scleroderma, lung cancer and diseases caused by breathing in asbestos fibers.

## Has there been an increased need for PFT as a result of COVID-19?

"Post-COVID patients can present with a variety of symptoms, including fatigue and respiratory issues such as shortness of breath," says Frank Mazzarella, MD, Chief Continuum of Care Officer at CMMC. "This is seen particularly in people who have diabetes or hypertension, or who are obese. These individuals should be having a PFT to assess their new baseline."

To learn more about pulmonary function testing at Clara Maass Medical Center, call 973.450.2000 or visit [www.rwjbh.org/claramaass](http://www.rwjbh.org/claramaass).





# WHAT TO DO IF YOU SUSPECT A

# STROKE

**CALL 911 AND ASK TO GO TO A PRIMARY STROKE CENTER.**

If you or someone you're with has signs of a stroke, call 911 immediately to save precious time (see "Fast Action for Stroke Symptoms," at right). By the time the ambulance reaches the Emergency Department (ED), the EMTs will have started an IV and notified the ED that they are on the way with a possible stroke patient.

Patients who are fortunate enough to be near a medical center that has a certified Primary Stroke Center, as Clara Maass Medical Center (CMMC) does,

will find highly trained specialists ready to take care of them. “My team will be waiting for the patient as they come through the door,” says Ayman Ibrahim, DO, Director of the Stroke Program at CMMC.

“They will be taken immediately for physician evaluation and will be sent for a CT scan, usually within 10 minutes. Is it a hemorrhagic stroke, caused by bleeding in the brain, or ischemic, caused by a blood clot? What time was the onset of symptoms? Once we know what we are dealing with, treatment begins immediately.”

A designation as a Primary Stroke Center by the New Jersey Department of Health ensures that patients receive a high standard of care, Dr. Ibrahim explains. This designation is significant because research shows that patients receiving care at a Primary Stroke Center are evaluated and treated faster and have a higher incidence of survival and recovery than those treated at centers without the certification.

“The designation makes sure that from the minute patients hit the ED, we have everything we need to treat them quickly—imaging, such as CT and MRI, laboratory facilities, a designated stroke team, pharmaceutical support and, if necessary, neurosurgical options,” says Dr. Ibrahim.

### ADVANCED TREATMENT

One of the biggest advantages offered by a Primary Stroke Center is the administration of tissue plasminogen activator (tPA) for eligible ischemic strokes, says Dr. Ibrahim. A medication that dissolves clots, tPA is the only FDA-



JOHN FONTANETTA, MD



AYMAN IBRAHIM, DO

approved treatment for an ischemic stroke, the most common type, and its use dramatically improves stroke outcomes in appropriate patients, sometimes within minutes to hours of its administration. Studies show, however, that only about a quarter of eligible patients receive tPA, owing significantly to whether or not the facility is a Primary Stroke Center.

“Once we’ve established that tPA is appropriate for a patient, it will be administered by IV, usually within 30 minutes or less of arrival,” Dr. Ibrahim says. “A good outcome, of course, depends on many factors, but I always stress the importance to ‘act fast.’ With tPA, it must be given within four-and-a-half hours of symptom onset. The longer it’s been since the stroke began, the more damage can be done. For every hour of stroke symptoms, you lose a number of brain cells equal to what you’d lose in three-and-a-half years of normal aging.”

### CONTINUITY OF CARE

Being treated at CMMC’s Primary Stroke Center also ensures patients’ continuity of care, with both acute and following treatments performed by the same caregivers. Studies show that this continuing care is important in lowering the risk of stroke deaths.

The Stroke Center has its own Intensive Care Unit and dedicated inpatient stroke unit, where patients are cared for immediately following treatment. The CMMC Neurology Department provides treatment support from physical, occupational and speech therapy experts and, if necessary, therapy for swallowing—often a problem after stroke.

The length of stay in each area depends upon the extent of the stroke and the areas of the brain affected. Even after discharge to home, says Dr. Ibrahim, CMMC’s care continues.

“We have an onsite outpatient rehabilitation center, where patients continue to work on reaching their optimum outcome,” he explains.

## FAST ACTION FOR STROKE SYMPTOMS

“If you or someone you know is experiencing stroke symptoms, one of the most important things to understand is that time is not on your side,” says John Fontanetta, MD, Chair of the Emergency Department at Clara Maass Medical Center. “Seconds count, and getting to the Emergency Department and the Primary Stroke Center as soon as you can is essential for a good outcome.”

Recognizing a stroke is not always simple, but you can save precious minutes in getting treatment by learning what to look for. The acronym B.E.F.A.S.T. will help you identify stroke symptoms.



**B** **BALANCE**—sudden loss of coordination.



**E** **EYES**—sudden change in vision.



**F** **FACE** drooping on one side.



**A** **ARM** weakness or numbness. When both arms are raised, one arm drifts downward.



**S** **SPEECH** difficulty, such as slurring or difficulty remembering words.



**T** **TIME** to call 911.

Other symptoms include confusion, dizziness and headache. Dr. Fontanetta says to call 911 immediately upon noticing symptoms. “Do not drive yourself and don’t ask someone else to drive you,” he says. “Emergency crews have a lot of experience and will take steps to aid treatment. Call them. One of the first things they’ll ask is what time the symptoms began. So, take note of that time.”

To learn more about stroke care at Clara Maass Medical Center, call 973.450.2000 or visit [www.rwjbh.org/claramaass](http://www.rwjbh.org/claramaass).

A multidisciplinary approach led to successful treatment for Louis Graham's breast cancer.

# HE FOUND A LUMP—AND THAT MAY HAVE SAVED HIS LIFE

A WEST ORANGE MAN, SUCCESSFULLY TREATED FOR BREAST CANCER, WANTS OTHER MEN TO BE AWARE.



**\***  
RWJBarnabas Health and Clara Maass Medical Center, together with Rutgers Cancer Institute of New Jersey—the state's only NCI-Designated Comprehensive Cancer Center—provide close-to-home access to the latest treatment options. For more information, call 844.CANCERNJ or visit [www.rwjbh.org/beatcancer](http://www.rwjbh.org/beatcancer).

Male breast cancer is rare enough that most men don't even consider it. According to the American Cancer Society, fewer than 1 percent of all breast cancers occur in men. The risk that a female will have breast cancer at some point in her life is one in 8, whereas the risk of male breast cancer is



MARIA KOWZUN, MD

one in 833.

Those statistics make it all the more shocking for men like Louis Graham, 68, a retired IT security analyst for RWJBarnabas Health, who recently discovered that he had the disease.

A decade earlier, the West Orange resident had noticed that his right breast was growing larger. He visited a doctor, who took X-rays, but didn't believe anything was amiss.

Last December, Louis noticed that his left breast was also enlarged. "It was like I was on steroids.

It was so noticeable that the guys at the Y even mentioned it."

Then he discovered a lump in his left breast. He went to his primary care provider, who ordered a mammogram and ultrasound, followed by biopsies that diagnosed the bilateral breast cancer.

To learn about his treatment



## CMMC WELCOMES ONCOLOGY PATIENT NAVIGATOR

In a new position made possible by grant funding from Susan G. Komen, Loretta Muriel is now serving as a non-clinical oncology patient navigator.

In this role, she acts as a breast health resource, providing education for uninsured and underinsured

Black and Hispanic women living in Essex County. “Loretta plays a key role in helping to decrease barriers to cancer screening, prevention, diagnostic care and treatment services to help us provide better quality cancer care,” says Mary Ellen Clyne, PhD, President and Chief Executive Officer of Clara Maass Medical Center.

options, Louis met with Maria Kowzun, MD, Director of Breast Surgery at the Center for Breast Health and Disease Management at Clara Maass Medical Center (CMMC), who is also affiliated with Rutgers Cancer Institute of New Jersey.

Louis believes she saved his life. “My first question was: ‘How long have I got?’” Louis says. “But she calmed me down. Dr. Kowzun sat down with me and broke down all the steps I would need to go through. I’ve never had a doctor spend that much time with me before.”

Dr. Kowzun ordered an MRI for additional imaging. At that point, Louis decided to go to Aruba on vacation “in case it was my last chance,” he explains. “I’d lost my wife of 46 years the year before, and I was still in mourning.”

### RISK FACTORS

Louis did have several risk factors for the illness: his age (the mean age for male breast cancer is between 60 and 70) and the fact that his mother had breast cancer in her 40s, although she didn’t die until age 84 (15 to 20 percent of men with breast cancer have a family history).

However, Dr. Kowzun notes, Louis’s case was unusual in that he had cancer in both breasts but no genetic mutations, which is usually more common in men who have a hereditary component to their cancer.

Unfortunately, he did have one of the risk factors common to most men with breast cancer: a lack of awareness about breast cancer in males. “One large difference in risk between

men and women is that women are recommended for annual screening mammograms as early as the age of 40,” Dr. Kowzun says. “Because of this, they have a good potential to identify an early abnormality and have it treated before it grows. Men don’t receive mammograms, so they often don’t know of the presence of cancer until a lump has formed and the cancer is more advanced.”

### MOVING FORWARD

The next step was choosing the best treatment. Treatments for male breast cancer are based on the stage of the cancer and include surgery, radiation, chemotherapy and hormone therapy.

“While treatment options are similar for men and women, men traditionally lean toward surgical mastectomy as opposed to a lumpectomy because they have fewer cosmetic considerations,” Dr. Kowzun explains. Because of RWJBarnabas Health’s partnership with Rutgers Cancer Institute of New Jersey—the state’s only National Cancer Institute-Designated Comprehensive Cancer Center—Louis’s case would be reviewed by multiple specialists with access to the latest treatments if applicable.

Two weeks after she first saw him, Dr. Kowzun performed surgery on Louis. He had a bilateral mastectomy and sentinel lymph node biopsy, in which

only a few nodes are removed from each side. Surgery revealed that he had stage 1 breast cancer on both sides, with the left side showing only isolated tumor cells in one lymph node.

Given no further extensive disease, he didn’t require radiation because surgery was considered curative. However, he was prescribed tamoxifen, an antihormonal pill that would reduce his likelihood of recurrence.

“My treatment at Clara Maass was excellent,” Louis says. “There were at least 10 doctors who were consulting on my case. We had a Zoom call, and they all knew me from my years working in the RWJBarnabas Health system. ‘We’re going to take care of you,’ they kept saying. And they did.”

## SIGNS AND RISK FACTORS FOR MALE BREAST CANCER

A change in the size or shape of the breast and a lump in or near the breast are warning signs for male breast cancer.

Other warning signs include:

- A dimple or puckering in the breast skin.
- An inverted nipple.
- Fluid from the nipple, especially if bloody.
- Scaly, red or swollen skin on the breast, nipple or areola.

Besides age and family history, risk factors for male breast cancer include:

- Radiation exposure
- Alcohol
- Liver disease
- Estrogen treatment
- Obesity
- Testicular conditions
- Diseases associated with hyperestrogenism, such as Klinefelter syndrome

Sources: Cancer.gov, Cancer.org

To schedule a cancer screening at Clara Maass Medical Center, call **844.CANCERNJ** or visit **www.rwjbh.org/beatcancer**.

With frozen shoulder, tissue in the shoulder capsule shrinks and becomes stiff.

Clavicle (collarbone)

Shoulder Capsule

Humerus (upper arm)

Scapula (shoulder blade)

# HOW TO FIX A FROZEN SHOULDER

**AN ORTHOPEDIST CAN HELP WITH THIS PAINFUL CONDITION.**

**F**rozen shoulder, a condition that affects approximately 2 to 5 percent of the general population, causes pain and immobilization in the shoulder joint. Nicole Lopez, MD, an orthopedic surgeon at Clara Maass Medical Center and a member of RWJBarnabas Health Medical Group, provides guidance on its symptoms and treatment.

## What is frozen shoulder?

Frozen shoulder, also known as adhesive capsulitis, is a treatable condition in which a patient's shoulder capsule—the tissue that surrounds the three main bones of the shoulder

joint—thickens and tightens such that the patient gradually loses the ability to move their arm and shoulder.

## What are the main symptoms?

"Patients with frozen shoulder experience pain and limitation in motion," explains Dr. Lopez. "In early frozen shoulder, that can be limited to the top of their range of motion, and then they may find that motion gets tougher as the condition progresses."

## What causes it?

"While the definitive cause is unknown, it often occurs after prolonged immobilization," she says. Patients who experience frozen shoulder often start with a minor shoulder sprain or injury and, as a result, avoid moving their arm. Frozen shoulder can develop from that lack of movement.

## How is frozen shoulder diagnosed?

An orthopedist will physically examine the patient's shoulder and assess both passive range of motion (the doctor's ability to move the shoulder) and active range of motion (the patient's ability to move their shoulder). With a frozen shoulder, soft tissue limits motion, so passive motion is not any greater than active motion. If the injury were a tear or fracture, passive motion would be greater than active motion.

## How is it treated?

"Early mobilization in the form of physical therapy is key, combined with anti-inflammatories for pain," Dr. Lopez recommends. "In some cases, we can try a steroid injection to get the tissues to calm down. And in severe cases, when other options have failed, surgery is performed to remove any tissue that is limiting motion in the muscles surrounding the shoulder."

It's possible for frozen shoulder to improve on its own. "However, if you don't seek treatment to restore your motion, there's a high probability the condition will get worse before it gets better," she notes.

## How long does it take for frozen shoulder to improve?

"For patients who consistently attend physical therapy, you will start to see some loosening up typically by weeks two to six," says Dr. Lopez. "It normally does go away completely, but it can take several months to a year to subside. Early diagnosis and early treatment, followed by physical therapy and at-home exercise, is the best course of action."

If you're experiencing a problem with your shoulder and there's no improvement with typical at-home treatments like heat, ice and rest, get it evaluated within the first three to five days, she advises.



NICOLE LOPEZ, MD

To learn more about orthopedic services at Clara Maass Medical Center, call 973.450.2000 or visit [www.rwjbh.org/ortho](http://www.rwjbh.org/ortho).



# ARE YOU A CANDIDATE FOR WEIGHT LOSS SURGERY?



## BASIC GUIDELINES

General qualifications for weight loss surgery include:

- BMI (body mass index) at or greater than 40, or more than 100 pounds overweight
- BMI at or greater than 35 with one or more obesity-related health issues, such as Type 2 diabetes, hypertension, sleep apnea, fatty liver disease and osteoarthritis
- Inability to achieve a healthy weight loss, sustained for a period of time, with prior weight loss efforts

Source: American Society for Metabolic and Bariatric Surgery

## MANY PEOPLE WHO COULD BENEFIT DON'T CONSIDER IT BECAUSE OF THESE FIVE MYTHS.

About 30 percent of U.S. adults qualify as obese, according to the Centers for Disease Control and Prevention. Bariatric (weight loss) surgery, which involves modifying the stomach to restrict the amount of food it can hold, could provide health benefits for many of those people—including reduction of medication, improvement of diabetes, a cure for obstructive sleep apnea and more.

Nonetheless, people who are candidates for the surgery often don't see it as an option because of widespread misconceptions, says Naveen Ballem, MD, Medical Director of Bariatric Surgery at Clara Maass Medical Center. Here are some of the most common:

### MYTH #1: "You have to be several hundred pounds overweight to consider weight loss surgery."

**FACT:** "People think that's the case because of TV shows like *My 600-lb Life*," says Dr. Ballem. "In fact, most of the patients I operate on are in the 250-to-300-pound range. They are surgery candidates because their obesity is causing other health conditions, such as diabetes, hypertension, high cholesterol and sleep apnea. After surgery, they see improvement in these conditions and can reduce or eliminate multiple medications."



NAVEEN BALLEM, MD

### MYTH #2: "Weight loss surgery is risky."

**FACT:** The risk of fatality during bariatric surgery is just 0.1 percent, Dr. Ballem says—lower than the risks of many common surgeries.

### MYTH #3: "Weight loss surgery is for people who don't want to diet and exercise."

**FACT:** "Obesity is not about being lazy

or not having willpower," Dr. Ballem says. "We are getting more and more data that shows that people who are morbidly obese have certain genetic profiles that lead to obesity."

Besides, a healthy diet and exercise are a key part of the post-surgery success, he notes. "At Clara Maass, weight loss surgery is more than just surgery—it's a comprehensive program, including diet modifications, physical activity and making support available post-surgery."

### MYTH #4: "Most people regain weight after bariatric surgery."

**FACT:** "Research shows that bariatric surgery is the most effective means of achieving long-term weight loss," says Dr. Ballem. "The standard for failure of the surgery has been defined as a case in which the patient regains 50 percent or more of their excess body weight post-surgery. However, most patients keep off the majority of the weight they lose."

### MYTH #5: "Weight loss surgery is a last resort."

**FACT:** On the contrary, obese patients and their physicians should consider it sooner, Dr. Ballem says. "Morbid obesity is a disease that should be dealt with as early as possible," he says. "If you wait until you are taking multiple medications for related health problems, you may not be eligible for surgery because of those problems. The earlier you do it, the better your potential outcome."

To learn more about weight loss surgery at Clara Maass Medical Center, call **973.450.2393** or visit [www.rwjbh.org/weightloss](http://www.rwjbh.org/weightloss).

# Joy. Delivered daily.

**There are countless reasons to choose Clara Maass Medical Center.  
But you really need only one.**

The only thing that matters to every expectant mom is the safe delivery of a healthy baby. That's why our board certified obstetricians and gynecologists, anesthesiologists and neonatologists are available 24/7, and why our specially trained nurses and midwives are as compassionate as they are knowledgeable. Together, let's customize a birth experience just for you in the privacy of your own room for your family. Learn more and schedule a tour at [rwjbh.org/maternity](http://rwjbh.org/maternity)

**Clara Maass  
Medical Center**

**RWJBarnabas  
HEALTH**

Let's be healthy together.

