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WELCOME BACK TO BREAST CARE

The new regional director of breast radiology leads a dedicated team to safe and cutting-edge care in the COVID age and beyond.

Alexander King, M.D.

Monmouth Medical Center (MMC) and its sister facilities Monmouth Medical Center, Southern Campus in Lakewood and Community Medical Center in Toms River recently welcomed Alexander King, M.D., as the new regional director of breast radiology. In his new role, he will be responsible for the overall clinical quality provided at all affiliated breast imaging locations. In addition, he will collaborate with physician and administrative leadership to develop new programs that improve access to breast imaging services for the community.

Prior to accepting this position, Dr. King served as attending breast radiologist with RWJBarnabas Health Medical Group, interpreting screening and diagnostic exams performed at all three Southern Region hospitals and presenting radiologic findings at the Monmouth Medical Center and Community Medical Center Breast Tumor Board. He joined Monmouth Medical Center as an attending breast radiologist in July 2016.

Dr. King received his medical degree from Robert Wood Johnson Medical School, Piscataway, and completed the diagnostic radiology residency program at Saint Barnabas Medical Center in Livingston. He also completed fellowship training in breast imaging and intervention at Barnabas Health Ambulatory Care Center, Livingston. His professional affiliations include the American College of Radiology and the Society of Breast Imaging.

Dr. King spoke with *Monmouth Health & Life* about his new role, the Jacqueline M. Wilentz Comprehensive Breast Center and breast care in the COVID age.

Q: Tell us about Monmouth Medical Center's breast imaging services—what does the hospital offer in terms of cutting-edge technology and programs?
We offer a full suite of all breast care needs from screening to biopsy—and beyond. All our mammography equipment is tomosynthesis equipped, also known as 3D mammography. We offer screening ultrasound and breast MRI. We were the first in the region to offer prone tomosynthesis guided biopsy. We are closely following the evolution of machine learning as it relates to breast cancer screening. There are many promising studies that show improved cancer detection rates when utilized in conjunction with the radiologist. We hope to add this tool within the next few years to improve our screening program.

Q: Under your leadership, how do you hope to continue—as well as expand—the excellence of Monmouth's breast health care?
We are excited to add three fellowship-trained breast radiologists over the next six months. As our practice rebounds and expands after the COVID-19 pandemic, particularly in the Lakewood and Toms River areas, we are ready to provide exceptional care. We personalize the care for each patient based on her individual risk factors and tailor a screening regimen that will provide the best outcomes aligned with recommendations from the Society of Breast Imaging and American College of Radiology.

Q: What are the current guidelines for breast cancer screening?
For average-risk women, annual screening mammography should begin at age 40. Women with extremely dense breasts may benefit from screening ultrasound in addition to annual mammography. Further, women at higher risk of developing cancer may benefit from supplemental breast MRI. To begin the process, it is recommended that at age 30 women undergo a cancer risk evaluation (easily found online) to find out if they are higher than average or have any underlying risk factors. Women should speak to their primary care doctors about starting this process at the right time.

Q: How did the pandemic impact services at MMC?
We voluntarily paused our screening program mid-March, even before guidelines suggested. We know screening saves lives every year, but flattening the curve can save lives every day. We remained open for "emergencies"—lumps, discharge, known cancers needing surgery that couldn't wait.

We closely followed health and safety guidelines along with the entire RWJBarnabas Health system as the pandemic unfolded. At the same time, we started preparing for resumption of screening as soon as possible. We spaced out patient appointments, screened patients for symptoms via telephone before their appointment and again at entry into our breast center. During this time, we also adjusted the layout of waiting and shared space areas while also adhering to a strict cleaning regimen in exam rooms between patients.

Q: What is the "Welcome Back" campaign?
We are excited to be back and have modified our practice to meet the community's needs. This includes extended evening and weekend hours at most locations. We will continue social distancing in our waiting areas and screen patients before and at the time of their arrival. We recognize the changes required to keep our patients and staff safe are the "new normal" and will continue for the foreseeable future.

Q: Why is it important for people, especially those who put off appointments or testing because of COVID, to resume their breast health care with professionals?
We know that annual screening saves the most lives. Studies show increased mortality when screening every other year. If you missed your appointment from COVID, you don't need to wait until 2021. We are back—with extended hours—and are prepared to remain more available as long as it takes to meet our community's backlogged needs.

Q: For those who are still scared or wary about returning, how will you assure they will remain safe while receiving the same top-notch care?
We have rigorous screening protocols for both patients and staff. All staff members are screened daily with temperature checks and required to wear masks throughout the day. System-wide testing has also been available for employees, allowing us to remain confident in our health and systems. We have strict cleaning protocol for equipment between patients and utilize the appropriate protective gear for all procedures.

Q: What is one piece of advice that you stress to patients?
Annual screening mammography saves the most lives! That being said, breast cancer screening guidelines are constantly evolving and becoming more patient-specific as we learn more about the disease. Now is the time to take your breast health seriously and start the conversation with your doctor. We are here to help make the process go smoothly!

YOUR SAFE RETURN TO CARE

Monmouth Medical Center's Jacqueline M. Wilentz Comprehensive Breast Center recently achieved another three-year reaccreditation from the National Accreditation Programs for Breast Centers (NAPBC). The Wilentz Center is the first NAPBC-accredited program in Monmouth and Ocean counties.

Like other NAPBC-accredited breast care facilities, the Wilentz Center provides patients with comprehensive care, including a complete range of state-of-the-art services and equipment. The staff employs a team-approach to breast cancer in order to provide the best available treatment. It also offers patients information about ongoing cancer clinical trials and treatment options and gives access to prevention and early detection programs, cancer education and support services.

The following are the Wilentz Center's safety highlights to protect patients, visitors and staff during the pandemic:

- Adherence to the guidance and established criteria of the Centers for Disease Control and Prevention (CDC), the American Hospital Association, leading national associations of nurses, surgeons and anesthesiologists and the New Jersey Department of Health.
- Enhanced cleaning and disinfection throughout our centers and in all rooms, including equipment and surfaces, frequently and between patients.
- Active screening of team members, patients and visitors for COVID-19 symptoms upon entry.
- Requiring all patients and staff to wear a hospital-issued mask, per CDC universal masking guidelines and our RWJBarnabas Health mask policy.
- Following strict social and physical distancing measures—spacing chairs at least 6 feet apart and minimizing time in waiting areas.
- Strict hand hygiene and availability of hand sanitizer in all employee and patient areas.

Visit rwjbh.org/welcomeback for more information.

To schedule an appointment at the Jacqueline M. Wilentz Breast Center at Monmouth Medical Center, call 732.923.7700.

CARING FOR THEIR OWN


Jessica D'Erasmo and her sister, Jennifer

Thanks to swift action by Monmouth Medical Center staff, a longtime nurse is treated for breast cancer in the face of COVID-19.

As Monmouth Medical Center's assistant clinical director, operating room, and a registered nurse for the past 12 years, Jessica D'Erasmo knows about taking care of others, but she is just as vigilant about her own health. So, when the coronavirus pandemic emerged this spring and threw a wrench into her plans to care for her recent breast cancer diagnosis, D'Erasmo was naturally concerned.

Flashback to seven years ago, when D'Erasmo and her sister, Jennifer, tested positive as carriers of the BRCA gene. That news came on the heels of the passings of their mother and aunt, both of whom passed away to ovarian cancer. Considered high-risk for developing cancer, D'Erasmo, who's now 45, elected to undergo preventative hysterectomy and bilateral salpingo-oophorectomy. (Her sister also had preventative surgeries.) D'Erasmo followed up at MMC's Jacqueline M. Wilentz Breast Center every six months before an MRI performed this past February showed "something suspicious," she recalls. "I had the hysterectomy to lower my chances of developing ovarian cancer. This was scary—I never thought I would have breast cancer. But being in the high-risk program offered me options to take charge of my health that my mother did not have."


Manpreet K. Kohli, M.D.

According to Manpreet K. Kohli, M.D., director of breast surgery at MMC, she and Alexander King, M.D., the medical director of breast imaging for the Southern Region, "knew that this was likely a cancer." Dr. Kohli gave the diagnosis on March 11—about the same time MMC and other area hospitals were seeing a surge of COVID-19 cases—and D'Erasmo met the next day with Gregory Greco, M.D., to plan a mastectomy and reconstruction. "We knew all of her interventions would need to take place quickly, or possibly not for several months until after the peak," Dr. Kohli says. "There was a true sense of teamwork and unity to get the best possible care for her and as quickly as possible, especially since she is 'one of our own.'

"We decided to change some things given the risks of operating in the COVID era, and planned to send her home the same day as mastectomies, in order to minimize her risk of exposure to COVID-19 that might be associated with an overnight stay," Dr. Kohli adds, noting that special arrangements were made in the areas of nuclear medicine, anesthesia and recovery. "Jess was in the operating room less than a week from when I was on the phone with her discussing her cancer diagnosis. Thanks to this expeditious teamwork and everyone rallying behind a fellow colleague, she was home recovering with her family around her and safe from COVID exposure. Most importantly, she was granted an early stage diagnosis (stage I, invasive ductal carcinoma) and spared treatments such as chemotherapy or radiation. This is the goal of the high-risk program—early detection to potentially avoid more aggressive interventions and save lives."

All departments at MMC followed and continue to adhere to strict guidelines in place to safeguard against the coronavirus, including perioperative testing of patients, ensuring all employees are appropriately screened and using rigorous sanitization methods. All staff is masked and wears personal protective equipment, while patients and visitors also must use a mask and practice appropriate hand hygiene.

D'Erasmo says she is thankful that MMC took immediate action to put a plan and team in place for her surgery that was expedited as hospitals across the state were canceling elective surgeries due to the pandemic. "My team at MMC showed me their professionalism and care," she says. "I'm proud to work at this hospital and be part of the amazing perioperative team at MMC. I'm also thankful for my sister who was there for me every day."

To learn more about the services offered by the Jacqueline M. Wilentz Comprehensive Breast Center, visit monmouthwilentzbreastcenter.com.

BACK ON TRACK

After two unsuccessful lumbar surgeries in NYC, a Jackson woman turns to Monmouth Medical Center for a third — and she's finally pain-free.

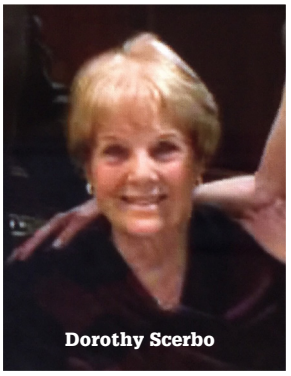
Dorothy Scerbo is a spirited 85-year-old. Rarely does she sit still at her Jackson home—she's constantly out and about, taking daily trips to church while driving all over the state to see family and friends. And though she oftentimes thinks about dancing, this octogenarian knows her limits. Knowing all that, one would never guess that Scerbo has had three back surgeries.

The first surgery came in 2015 after she sustained back and leg injuries while she and her late husband moved from Bridgewater to their current home. "My husband was diagnosed with pancreatic cancer," she says, "so when we moved, I did all the heavy lifting. It was difficult." Surgeons at a New York City hospital performed a lumbar decompression and fusion surgery, which required a nearly 5-inch incision in her lower back. The procedure provided temporary relief, but the back pain eventually returned and prompted doctors to "do [the surgery] over again." Scerbo returned to New York in fall 2017 for her second back surgery, which ultimately could not correct the pain. In addition, she felt numbness and weakness in her legs. "My left leg and foot were so weak, and the nerves were damaged," says Scerbo, a retired registered nurse. "I was using a walker and in constant pain—I was in misery. I couldn't stand in the kitchen for 10 minutes. On a pain scale of 1 to 10, I was a 15."

Christopher Gillis, M.D.

Scerbo lived with the pain until September 2019, when her friend Diann Johnston, vice president of patient care services and chief nursing officer at Monmouth Medical Center, recommended that she meet with Christopher Gillis, M.D., a neurosurgeon at MMC. "I asked him if he could help, and he said yes."

"Dorothy realized she needed to have another evaluation, as she was having increasing problems with her legs and her ability to stand," Dr. Gillis says. "I recall her mentioning that she had difficulty standing for the few minutes required at church, which tremendously affected her quality of life."



Dorothy Scerbo

When patients visit Dr. Gillis' office, there are things he routinely looks for that are common in spine surgery patients. These issues, he says, are usually related to: degeneration or worsening of arthritis at the (spine) levels above or below the site of previous surgery; patients who have ongoing problems with their lower back posture following spine fusion surgery due to an insufficient amount of curve that was restored in the lower back; and problems related to the surgery itself, such as poor healing outcomes or the nerves showing persistent compression symptoms.

"In Dorothy's case, her issue was a combination of the first two issues," Dr. Gillis says. "She had worsened arthritis at the two levels above the initial surgery site, and she was developing scoliosis and 'instability' or abnormal movement of the spine because there was not enough curve in her lower back (lumbar spine)."

After obtaining a new CT scan and X-rays of the entire spine, Dr. Gillis and his team determined that Scerbo was a candidate for a minimally invasive lumbar fusion (aka lateral lumbar fusion, or LLIF). The procedure gave surgeons access to the spine via a less-than-2-inch incision on the side. "Through this small space, I am able to work on the side of the spine, remove the degenerated discs and replace them with wedged implants," he says, adding that his partner Ty Olson, M.D., assisted in the surgery. "These implants allow for stabilization and fusion of the spine by repositioning themselves in the spaces where the discs used to be. When positioned correctly, they also help to correct both the low back curve and the scoliosis. This is quite an advanced spine surgical procedure that only a handful of surgeons perform in New Jersey and New York currently."

Scerbo spent three days recovering in the hospital before she returned home. "She has no further leg or back pain and has been quite active engaging in her daily activities without limitations," Dr. Gillis says. "I am a firm believer in patients getting as active as possible after surgery, so I have encouraged her to do whatever she feels capable of doing."

Driving and attending daily mass are back on her agenda, as are walks and household chores. "The other day I started climbing a ladder to reach something, but I knew better and called someone for help," she says. "Since I met Dr. Gillis, I've been able to do almost everything. He and my friend Diann Johnston gave me a new life, and I'll never be able to repay them for that."

SAME-DAY PROSTATE CANCER SURGERY

An expert explains how new robotic technology allows patients to go home from the hospital sooner.

Not long ago, prostate cancer surgery—even the high-tech robotic kind—required hospitalization. Now, new robotic technology is allowing some patients to have surgery on an outpatient basis, says Isaac Kim, M.D., PhD, MBA, medical director of robotic surgery at Monmouth Medical Center (MMC), chief of the Division of Urology at Rutgers Robert Wood Johnson Medical School and chief of urologic oncology at Rutgers Cancer Institute of New Jersey. To commemorate Prostate Cancer Awareness Month this September, Dr. Kim, who recently completed his 2,000th robotic prostatectomy, explains which patients can benefit from this cutting-edge technology.

Isaac Kim, M.D., Ph.D., Medical Director of Robotic Surgery

Q: How is this new robotic technology different from older versions?
The "conventional" robot, which is manipulated by a surgeon, has four arms that require four separate incisions, or "ports." Two additional ports are necessary for assistance. They enable the bedside surgeon or assistant to see better and pass and remove needles. With the new robot-assisted surgery device, called da Vinci SP (Single Port), the four arms do their work through one port (a single incision), plus an "assistant" port. This technology allows surgeons to work in smaller, tighter spaces.

Currently, the da Vinci SP device is being used to perform ear, nose and throat (ENT) procedures like tonsillectomies as well as radical prostatectomies (removal of the prostate—a walnut-sized gland that produces fluid that carries sperm—to treat prostate cancer).

Q: How do patients benefit from "single port" robotic surgery?
Since there is only one robotic port, the required surgical space is small. Theoretically, this translates into decreased pain and lower complication rates. Specific to prostate cancer surgery, SP allows the physician to avoid the space that contains the bowel. As a result, the risk of decreased bowel function requiring hospitalization is negligible. Accordingly, patients who are stable may be discharged to their homes about four hours after surgery.

Q: Who is a good candidate for this type of surgery?
Patients with stage I or II (low to intermediate risk) prostate cancer are the ideal candidates. These patients have cancers that are confined to the prostate. Patients who require surgery to remove one or more lymph nodes to determine whether the cancer has spread are usually better off with multiport robotic surgery.

Q: Is this technology widely available?
No. MMC is the first hospital in central and southern New Jersey and the 11th in the nation to purchase this technology. We are committed to bringing the newest, most advanced medical technology to the area.

Q: Can a single-port robot be used to perform other procedures?
The SP robot is currently approved for urologic and ENT procedures, but it's anticipated that the application will expand to gynecologic and general surgeries in the near future.

RWJBarnabas Health and Monmouth Medical Center, in partnership with Rutgers Cancer Institute of New Jersey—the state's only NCI-designated Comprehensive Cancer Center—provide close-to-home access to the latest treatment options. **For more information, call 844.CANCERNJ or visit rwjbh.org/beatcancer.**

To learn more about robotic surgery or for a referral to a robotic surgeon, **call 888.724.7123**.