

A Publication of  
**COOPERMAN BARNABAS  
MEDICAL CENTER**

Formerly **SAINT BARNABAS MEDICAL CENTER**

# healthy *together*

**BREATHING EASY  
AFTER LUNG  
SURGERY**

**LESS INVASIVE  
ACL SURGERY**

**HOLIDAY BLUES:  
TIPS TO COPE**

A photograph of a man and two young boys smiling and sitting in a wheelbarrow filled with autumn leaves. The man is leaning over the wheelbarrow, and the boys are sitting inside it. The background is a blurred autumn scene with trees and a white fence.

**HELPING PATIENTS  
NAVIGATE CANCER**



## MESSAGES FROM LEADERSHIP



“Being recognized nationally for excellence is an important validation. That’s why I am delighted that Rutgers Cancer Institute of New Jersey together with RWJBarnabas Health achieved High Performing status in the adult specialty category for cancer in the most recent *U.S. News & World Report* Best Hospitals survey. This demonstrates the extraordinary, multidisciplinary care we provide for our communities, informed by groundbreaking cancer research, scientific leadership and transformational discoveries alongside exceptional patient experience.”

**BARRY H. OSTROWSKY** | Chief Executive Officer, RWJBarnabas Health



“As New Jersey’s largest and leading academic healthcare system, we pride ourselves on providing exceptional care for our communities together with our partners such as Rutgers Cancer Institute of New Jersey, the state’s only NCI-Designated Comprehensive Cancer Center. We congratulate Rutgers Cancer Institute on receiving the highest score in New Jersey in the adult specialty category for cancer in *U.S. News & World Report’s* annual Best Hospitals survey. This validates the exceptional level of cancer care we provide across our health system.”

**MARK E. MANIGAN** | President, RWJBarnabas Health



“The Cancer Center at Cooperman Barnabas Medical Center, together with Rutgers Cancer Institute of New Jersey, the state’s only National Cancer Institute-Designated Comprehensive Cancer Center, harnesses the power of novel cancer therapies. Our dedicated physicians collaborate with a multidisciplinary team who specialize in the diagnosis and treatment of cancer. While a cancer diagnosis can be overwhelming, we offer a robust array of psychosocial programs along with patient navigation to support our patients and their families throughout their cancer journey.”

**RICHARD L. DAVIS** | President and Chief Executive Officer, Cooperman Barnabas Medical Center

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## HEALTH NEWS

### Nationally recognized in nine areas



Cooperman Barnabas Medical Center | RWJBarnabas HEALTH

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## CONSIDER THE (MILK) ALTERNATIVES

Though nondairy milk alternatives have been around forever (literally, since antiquity), most, with the exception of soy milk and maybe coconut milk, were not readily available in supermarkets until fairly recently.

Today, milk alternatives—for those who are lactose-intolerant or just want more options—abound. Some are nutrient-dense, others highly caloric with no nutritive value. A few have even been linked to higher risks of health problems like elevated blood sugar, digestive issues, fertility issues and respiratory problems, so do your homework before

you buy. Milk alternatives generally come from one of these five sources:

1. Cereals (rice, oats)
2. Nuts (almonds, cashews, walnuts)
3. Legumes (soy, peanuts)
4. Seeds (hemp, flax)
5. Ancient grains (teff, quinoa)

Popular milk alternatives include

1. **Coconut Milk.** This delicious plant milk contains healthy saturated fats, calcium, potassium, magnesium and iron. It also has some anti-inflammatory properties.
2. **Almond Milk.** In addition to being nutritious, this rich, nutty milk may

offer some heart-health benefits as well.

3. **Oat Milk.** This trendy option is having a moment right now. Because it contains fiber, it's more filling than some other milks, but it's lower in protein and higher in calories and carbs than many.
4. **Soy Milk.** While some studies point to health risks (such as decreased male fertility and thyroid problems), this controversial milk is a good source of protein and remains a popular option.
5. **Rice Milk.** Rice milk may taste good, but it's high in carbs and low in nutrients.



## THE ABCS OF VITAMIN D

The importance of Vitamin D as part of a healthy diet cannot be overstated. Yet many people—more than a billion worldwide and about 40 percent (though some studies estimate that figure to be as high as 95 percent) of the U.S. population—don't get enough and may not even realize it. Here are some things you should know about Vitamin D.

### What are some benefits of Vitamin D?

Vitamin D helps the body absorb calcium and is essential for building strong bones. It's also important for brain, nerve, and muscle function; offers immune-system support and heart-health benefits; and may help reduce cholesterol levels and high blood pressure.

### How much Vitamin D do I need?

The recommended daily allowance (RDA) for adults 19 to 70 is 15 mcg (600 IU), but check with your healthcare provider as you may need more or less.

### What are good sources of Vitamin D?

Sun exposure helps your body produce Vitamin D, but getting enough sun can be challenging for some, especially in the fall and winter. Naturally Vitamin D-rich foods are rare, but fatty fish (mackerel, salmon, sardines) and fortified foods (like milk and dairy) are good sources. Vitamin D supplements, particularly Vitamin D<sub>3</sub> (which lasts longer in the body than D<sub>2</sub>), are another great source.



# Praise for PUMPKIN

It's that time of year when pumpkins are everywhere—growing in patches, adorning front porches and flavoring muffins, cupcakes, pies and lattes. And, as scrumptious as these treats are, they're not the only—and definitely not the healthiest—ways to enjoy pumpkin. Though most think of pumpkin as a vegetable, it's technically a fruit, a type of winter squash, and its health benefits are off the charts. For starters, it's high in fiber, low in fat, and rich in vitamins (especially Vitamin A) and minerals (including potassium). It contains antioxidants and may help ward off a number of health problems. So ditch (or at least limit) the fat- and sugar-packed baked goods and opt instead for healthy and delicious meals and snacks that make the most of pumpkin's nutritive value. Use it in soups and sauces, bake it, or roast its nutrient-rich seeds and sprinkle with sea salt or add them to smoothies, salads, or yogurt.

## HOW TO PROTECT YOUR PETS THIS SEASON

During the holidays, it's easy to get caught up in the merriment and lose sight of potential dangers that can turn festivities into a catastrophe. Pets are especially vulnerable to accidents and mishaps at this time of year, when kitchens are crowded, stoves are working overtime, trees are teeming with lights, space heaters are warming small spaces and candles are flickering for hours on end. According to Michael A. Marano, MD, Medical Director at The Burn Center at Cooperman Barnabas, New Jersey's only state-certified burn center, there are some easy steps you can take to keep your holidays festive and your family—including your pets—safe.

- **Cooking.** Food and the holidays go hand-in-hand, and with all those mouthwatering aromas wafting from the kitchen, even the best-behaved pets will be challenged. Keep hot foods out of paws' reach, turn pot handles inward, keep gas burners low when possible and watch that sauces and hot liquids don't splash or boil over.
- **Candles.** Never leave candles unattended, place them in sturdy holders, and be sure they're on surfaces that are high and steady enough that a curious cat or dog can't reach them. Also, be sure not to place candles on—or near—a surface with a tablecloth (which can be pulled by a pet and can easily start a fire).
- **Trees.** Real trees can dry out and catch fire in an instant. Keep them watered and away from candles and heat sources, use lights that stay cool (like LEDs), be sure wires aren't frayed and minimize dangling ornaments that a pet might be tempted to reach for.
- **Space Heaters.** Keep them away from trees, decorations, and anything flammable; don't put them directly on the floor where pets are more likely to topple them; and always turn them off and unplug them before leaving a room.





The Breakfast Club: After life-saving surgical treatment for a potentially deadly lung infection, Bob Cannella is once again enjoying his longtime daily morning routine—breakfast with some of his best buddies.



# BREATHING EASY

**A TEAM OF DOCTORS—AND A ROBOT—  
ERADICATE A MAN'S FUNGAL LUNG INFECTION.**



Nearly every day, Bob Cannella meets with close to a dozen of his lifelong friends over breakfast. When the weather is nice, they sip coffee in a local park. When it turns colder, they head to a local bakery. It's a tradition that goes back many years.

"We're all between 70 and 90 years old," says Cannella, 76, of Belleville. "I'm almost the youngest!"

Cannella's morning routine got interrupted twice over the past three years. First, he survived a serious bout with COVID-19 in 2021. Then, last February, he developed a potentially deadly lung infection.

He had no idea the infection was growing inside his left lung until a winter storm hit that month. "I was out shoveling," he says. "I came in, and I was breathing heavy. The next day, I was coughing up blood."

Cannella headed to the Emergency Department at Clara Maass Medical Center (CMMC), where doctors found that he had a fungal infection in the lower portion of his left lung.

"Aspergillus is a type of fungus found naturally in the environment," says Joanna Sesti, MD, Director of Thoracic Surgery at Cooperman Barnabas Medical Center (CBMC) and a member of RWJBarnabas Health Medical Group. "It doesn't routinely cause infection, but sometimes it creates a cavity within the lung, called an aspergilloma, that's resistant to antibiotics. If the infection is untreated, it can erode into blood vessels within the lung and result in life-threatening bleeding."



DANIEL J. GARNET, MD



ADAM LACKEY, MD



JOANNA SESTI, MD

While Cannella's aspergilloma was benign, it caused critical health problems, including massive internal bleeding, which required immediate care. "Due to the complexity of his condition and the potential need for cardio-pulmonary bypass during surgery, he was transferred to CBMC," says Dr. Sesti.

Once at CBMC, thoracic surgeon Adam Lackey, MD, placed a small balloon into the lower lobe bronchus (an airway connecting the lung to the trachea) where the bleeding was occurring in order to temporarily halt the bleeding. From there, interventional radiologists Daniel J. Garnet, MD, and Todd Markowitz, MD, worked to identify the source of bleeding by performing a minimally invasive angiogram. Once it was located, they completed

**"IF THE INFECTION IS UNTREATED, IT CAN ERODE INTO BLOOD VESSELS WITHIN THE LUNG AND RESULT IN LIFE-THREATENING BLEEDING."**

*Joanna Sesti, MD*



an embolization procedure, which stopped the bleeding. This not only saved the patient's life but also allowed his surgery to be performed on a non-emergent basis through a minimally invasive approach.

A few weeks later, after Cannella completed a course of antifungal medications to control the infection, Dr. Sesti performed a robotic lobectomy to remove Cannella's aspergilloma through four tiny incisions using the da Vinci Xi robotic surgery system. She also performed a pedicled pericardial fat flap, carefully removing a thin section of tissue from near Cannella's heart and transplanting it over the cut edge of the lung to help prevent future complications.

Cannella returned home a couple days after his surgery. His breathing, he says, is getting back to normal, and he's back to his morning breakfast routine. "I couldn't have asked for better care," he says. "Everyone took the time to talk to me and explain what was happening. They're all so good at what they do."

For more information about interventional radiology or surgical services at Cooperman Barnabas Medical Center, visit [www.rwjbh.org/coopermanbarnabas](http://www.rwjbh.org/coopermanbarnabas) or call 888.724.7123.



Thomas Kelly aims to throw the javelin again after having a torn ACL repaired using an innovative technique.



# BEAR MINIMUM

**A NEW PROCEDURE OFFERS A  
LESS INVASIVE ALTERNATIVE TO  
TRADITIONAL ACL SURGERY.**

**A** rising star at the javelin throw, Thomas Kelly was warming up for a competition in the spring of 2022 when something went very wrong. Just as the New Jersey Institute of Technology (NJIT) sophomore planted his left foot, pain shot through his knee. “I felt as though the top of my kneecap had shifted position,” Kelly recalls. “The pain was just excruciating, and I fell.” After a few minutes, Kelly was able to stand up and walk on the injured leg, so he assumed he’d probably just dislocated his knee.



LOUIS RIZIO, MD

An MRI and a consultation with NJIT’s team physician Louis Rizio, MD, an orthopedic surgeon at Cooperman Barnabas Medical

Center (CBMC), proved Kelly wrong. He had, in fact, torn his anterior cruciate ligament (ACL), a strong band of tissue that helps connect the thigh bone and the shin. Kelly was shocked and dismayed at the diagnosis. “I’d never heard anything good come out of any ACL tear,” he says. “I only heard ‘career-ending injury.’”

His worries were assuaged when Dr. Rizio told him he was a good candidate for a new surgical technique known as a BEAR (Bridge-Enhanced ACL Repair) implant. Unlike traditional ACL surgery, which involves reconstructing the ACL using a graft (a piece of ligament taken from another part of the patient’s body or from a cadaver), the BEAR technique entails attaching a collagen-based implant, infused with the patient’s own blood, to the torn ACL. The implant acts as a bridge between the two ends of the tear,

providing scaffolding for new growth, while the infusion of blood helps the ligament heal. “The BEAR implant is a fantastic option for young patients,” says Dr. Rizio. “It has a much lower risk of injury to growing bones, and it’s much less invasive and destructive.”

Kelly’s surgery was a success. He’s currently undergoing rehab, which typically lasts six to nine months, though patients are usually back on their feet, with the help of a brace, almost immediately. “I do the procedure on high school kids,” says Dr. Rizio, “and after surgery on a Friday, they go back to school on Monday.” The recovery period is similar to that for ACL reconstruction, though physical therapy during the first four weeks may proceed a bit more slowly.

Kelly hopes that he’ll be back on track toward his goal of qualifying for the NCAA Division 1 regionals next March, and Dr. Rizio says there’s every reason to believe that he can achieve that goal. “With the BEAR implant,” he says, “the aim is to allow the patient to be as active as he wants to be, in any activity.”

To learn more about orthopedics at Cooperman Barnabas Medical Center, go to [www.rwjbh.org/ortho](http://www.rwjbh.org/ortho).





# The best kind of back support is spine care close to home.

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## **RWJ**Barnabas HEALTH

Let's be healthy together.





# HOLIDAY BLUES? HERE'S HOW TO COPE



## WHY THE HOLIDAYS CAN BE AN EMOTIONAL MINEFIELD— AND WHAT YOU CAN DO TO HELP KEEP NEGATIVE EMOTIONS AT BAY

The days are getting shorter, the weather's getting cooler and soon the holidays will be here. For some of us, the weeks and months leading up to the holiday season are filled with eager anticipation. But for many others, this time can be an emotional minefield fraught with crippling anxiety and depression. Here, psychiatrist Arnold Williams, MD, Medical Director of the Behavioral Health Center, part of RWJBarnabas Health's Behavioral Health and Addictions Services, explains the link between the holidays and depression—and offers advice to help you cope.

### Why do people get depressed around the holidays?

The holidays coincide with late fall and winter, when exposure to sunlight is decreased. This can have a profound effect on mood. In addition, many businesses slow or even shut down during the holidays, and, for some, that may mean fewer opportunities for social interaction.

### Do the holidays tend to exacerbate existing depression?

The holiday season is a time of reflection and gift-giving, which can be rewarding for those in fortunate circumstances. However, isolation, separation from loved ones and anniversaries of loss can all worsen depression.

### What's the difference between being depressed and simply feeling sad?

Depression implies a wide constellation of symptoms over several days or weeks. The emotion itself is



ARNOLD A. WILLIAMS, MD

only one component. Most commonly, that emotion is sadness, but there can also be anger, loneliness, worry or anxiety, as well as changes in thoughts and behaviors. Examples include losing interest in things you usually enjoy, a decrease in energy, changes in appetite or sleep

## 7 WAYS TO COUNTERACT HOLIDAY DEPRESSION

According to RWJBarnabas psychiatrist Arnold Williams, MD, there are things you can do to mitigate depression:

1. Maintain contact with friends and family, if possible.
2. Get as much natural sunlight as you can.
3. Exercise—walk, run, move.
4. Practice yoga, mindfulness and meditation. They work!
5. Recognize that this too shall pass. You've survived all of the bad days you've had so far—that's proof that things can get better again.
6. Don't try to ease the pain with substances; it will compound the problem.
7. Know that you're not alone. Reach out to a professional who can help you.

patterns and reduced self-esteem. At its most extreme, depression can include suicidal thoughts or feelings of not wanting to be alive.


### Do depression and anxiety always go hand-in-hand?

They can happen together or separately. Philosophically, depression and anxiety are two sides of the same coin. Anxiety is an anticipatory "what if" reaction, dreading the unknown and fearing the worst. Depression is a conclusion that the worst is happening right now and may not ever get better.

### How does grief impact depression and vice versa?

Grief can be a trigger for a relapse in depression, and a person who's been depressed may experience a prolonged grief period. The holidays are difficult partly because they're usually connected to memories of a lost loved one.

If you or a loved one are in need of mental health treatment, call our Access Center, open 24 hours a day, at 1.800.300.0628 to learn more about your mental health options or visit [www.rwjbh.org/behavioralhealth](http://www.rwjbh.org/behavioralhealth).



# HELPING YOU NAVIGATE YOUR CANCER JOURNEY

**ONCOLOGY NURSE NAVIGATORS OFFER COMPREHENSIVE SUPPORT AND SERVICES TO PATIENTS AND THEIR CAREGIVERS.**

Being diagnosed with cancer is life-changing. It can have a profound effect on your psyche, leaving you feeling frightened, confused and overwhelmed. At the same time, you need to make calm, clear and timely decisions about important matters such as doctors and treatment options.

That's why RWJBarnabas Health (RWJBH) and Rutgers Cancer

Institute of New Jersey, the state's only National Cancer Institute-Designated Comprehensive Cancer Center, developed the Oncology Nurse Navigation Program.

For a person with cancer, a nurse navigator is not just a valuable resource, but a smiling face and a caring individual to help you and your family maneuver the often uncharted territory of your cancer journey.





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

**EACH NAVIGATOR BRINGS A WEALTH OF KNOWLEDGE, ENERGY AND EMPATHY. YOU’RE UNIQUE WITH YOUR OWN STORY, AND THE NAVIGATOR IS THERE TO LISTEN AND HELP.**

you helps you participate fully in treatment decisions, achieve quality outcomes and reduce stress.

**When was the program developed, and how has it changed since its inception?**

The RWJBH nurse navigation program began in 2018 with 18 navigators. Today we have 45 navigators and are growing. Oncology nurses receive navigation-specific training as well as ongoing education to improve care through measures such as shortening the time between diagnosis and meeting with an oncologist and improving access to palliative care.

Our program is the state’s largest. We routinely conduct quality improvement projects and have presented our outcomes nationally to share best practices. We are one team across our facilities. If you see an oncologist from Rutgers Cancer Institute, for example, but want to receive radiation therapy closer to home or need to see an RWJBH subspecialist, we help coordinate your care seamlessly between sites.

**What are some benefits that patients might find surprising?**

You’re quickly assessed for any barriers to care and provided resources to overcome them. Barriers often include lack of knowledge, transportation difficulties and financial hurdles. Helping you ease worries allows you to focus on getting well. One aspect is that anxiety and fear of the unknown sometimes prevent people from starting potentially life-saving treatments. We’ll assess this and provide support so you can get the right care. Or, for example, if you’re a candidate for a clinical trial, the navigator can educate you about that and connect you with a research team.

Each navigator brings a wealth of knowledge, energy and empathy. You’re unique with your own story, and the navigator is there to listen and help.

Jeanne Silva, MSN, RN-BC, Assistant Vice President, Oncology Access and Nurse Navigation, Oncology Services, explains what the Oncology Nurse Navigation Program is and how it works.

**What does the Oncology Nurse Navigation Program do?**

If you’re diagnosed with cancer and are a patient at RWJBH, the program

places an expert at your side who advocates for you and provides direction, support and information through all phases of treatment at no additional charge. The nurse navigator is the hub of your care team, communicating your needs across departments and answering your questions about what to expect, what to do, where to go and why. Having a trusted, committed expert guiding





# ONE STEP AT A TIME

SPINA BIFIDA COULDN'T STOP LITTLE NIKOS.  
THE TEAM AT CSH WOULDN'T LET IT.





Thanks to the dedicated care and support of his physical therapists (previous page) at CSH, the love of his parents and his own indomitable spirit, Nikos Kaymakcian, who was born with spina bifida, continues to make great strides.

at RWJBarnabas Health.

CSH physical therapist Tara Iannello, who has been working with Nikos since then, “is an angel,” says Nicole. Nikos also works with physical therapist Natalie Vulpis. “She gives Nikos a push when he doesn’t want to do something and has also been a great fit for him,” says Nicole.

The CSH physical therapists go out of their way, not only to provide great care, but to customize it and make it fun. “Last year, Nikos loved superheroes,” says Nicole, “so Tara set up superhero action figures in stations so he had to practice walking to each one.”

Though Nikos has some weakness in his ankles and feet due to nerve damage, he’s on par with all other milestones for his age and, says his mom, “he’s now walking with braces and his walker, taking steps on his own.

“I can’t say enough good things about what the people at CSH have done for my son. We’re so blessed.

We love them with all our heart.”

The feelings are mutual.

“He’s such a sweet and funny kid, and he’s gotten so strong,”

Iannello says of Nikos. “We have no doubt that he’s going to do great things in this world.”



Nikos Kaymakcian is a happy little boy who loves pirates and practicing karate with his older brother, Arman. As he approaches his fourth birthday, his parents, Nicole and AJ Kaymakcian, can’t help but wonder how their lives might be different if they hadn’t sought a second opinion when Nicole was pregnant with Nikos. It was then, at their 20-week ultrasound, that Nicole and AJ were told that their son has spina bifida, a neural tube defect (NTD) that often results in spinal cord and nerve damage. “The doctor told us that our son would never walk or be able to use the bathroom on his own and would require a shunt to drain fluid from his brain,” Nicole recalls. In one fell swoop, their hopes and dreams for their baby came crashing down.

But a friend whose child had received a similar diagnosis recommended that

Nicole contact her neurosurgeon for a second opinion. After examining Nicole and her baby, the doctor told Nicole to go home and enjoy her pregnancy. “He said, ‘When your son is born, we’ll do surgery and take it from there,’” she remembers. And that’s what happened.

In October, 2018, Nicole gave birth to Nikos at Monmouth Medical Center, and the neurosurgeon performed the baby’s surgery the following day. Before his first birthday, Nikos began early intervention with physical therapy at Children’s Specialized Hospital (CSH), part of the Children’s Health Network



To learn more about outpatient programs and services at Children’s Specialized Hospital, visit [rwjbh.org/cshoutpatient](http://rwjbh.org/cshoutpatient) or call **888.244.5373**.

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.

# THE LOWDOWN ON LOW-DOSE ASPIRIN

## WHAT YOU NEED TO KNOW ABOUT THE LATEST GUIDELINES FOR HEART ATTACK AND STROKE PREVENTION

For years, taking a daily low-dose aspirin for the prevention of heart attack and stroke has been a widely accepted practice. But the U.S. Preventive Services Task Force (USPSTF) recently issued updated guidelines recommending against its use in certain patients for primary prevention of heart disease. Here, cardiologist Jeffrey S. Lander, MD, Co-Director of Sports Cardiology at RWJBarnabas Health, Co-Medical Director of the Cardiac Care Unit at Cooperman Barnabas Medical Center and a member of RWJBarnabas Health Medical Group, explains.

### How are the new guidelines different from the previous guidelines?



JEFFREY S. LANDER, MD

The 2022 guidelines state that using aspirin in select 40- to 59-year-olds may have some benefit in preventing heart disease, but it is not recommended for people aged 60 and older.

This is a big change from the 2016 guidelines, which recommended using aspirin for primary prevention in adults aged 50 to 59 who were at risk for cardiovascular disease, and to consider its use for certain adults aged 60 to 69 who were at risk for cardiovascular disease.

### What prompted these new recommendations?

Older trials of aspirin use for primary prevention showed benefits—for example, reduction in heart attacks. However, more recent studies did not show a significant reduction in cardiovascular disease. In addition, many of these trials also showed significant risk of internal bleeding among those taking daily aspirin. Given these findings, the recommendations changed.

### Are there exceptions to the new guidelines?

It's very important to remember that these recommendations don't pertain to patients with a prior history of heart attack, stroke, bypass surgery or a

recent stent procedure. If someone has that history, it's generally beneficial to take a low-dose daily aspirin as it helps reduce the risk of recurrent cardiac disease or events.

### If someone has been following a low-dose aspirin regimen for years, what should they do?

In that case, it's important that they speak to their doctor or healthcare provider before making any changes. All of the risks and benefits should be weighed prior to stopping aspirin. Most of the time when aspirin is to be stopped, it's OK to simply stop; a step-down approach isn't needed.

### How will the new guidelines change your recommendations to patients?

I feel that most of the latest evidence is in support of the new guideline recommendations.

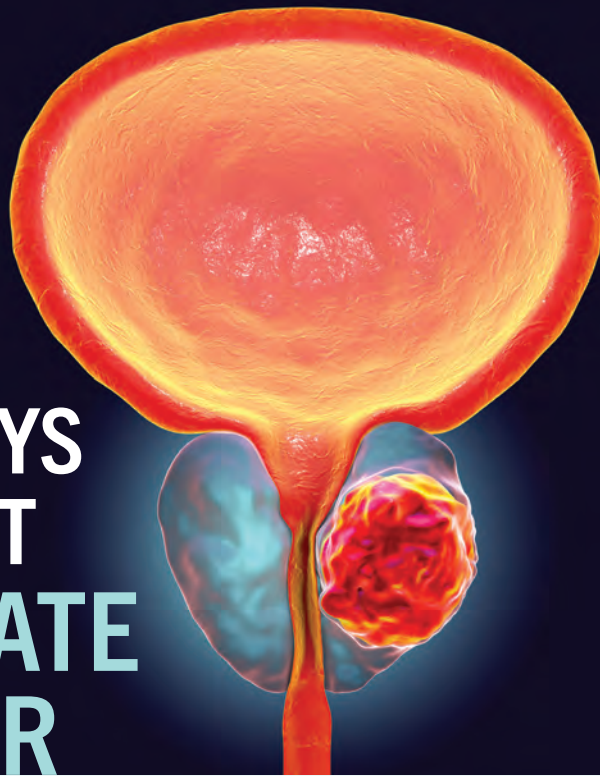
Each patient is unique, and when recommending to either use or not use aspirin for primary prevention of heart disease, the risks and benefits should be discussed and weighed by doctor and patient to make an individualized plan.

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





# NEW WAYS TO TREAT PROSTATE CANCER



## REGULAR SCREENING AND ADVANCED TREATMENT OPTIONS WORK TOGETHER TO HELP MEN WITH THIS COMMON CANCER.

**P**rostate cancer is the most common cancer, after skin cancer, in American men. And though one in eight men will be diagnosed with it and it's the second leading cause of cancer deaths in men, most won't die from it. Regular screening is key to early detection—and treatment options are less invasive and more sophisticated than ever.

Rahuldev S. Bhalla, MD, a urologic oncologist and Chairman of Urology at Cooperman Barnabas Medical Center (CBMC) and a member of RWJBarnabas Medical Group, shares what you need to know about prostate cancer and its treatment options.



RAHULDEV S. BHALLA, MD

### What are the warning signs of prostate cancer?

Warning signs of prostate cancer often don't appear until the cancer is advanced. That's why we stress screening, which

involves a simple rectal exam and a PSA (prostate-specific antigen) blood test that measures the amount of PSA, an enzyme secreted by the prostate gland. You should start annual screening at age 50 or, if you have risk factors, at 45.

### What are some risks for developing prostate cancer?

Age is the biggest risk factor. The chances of having prostate cancer increase after age 50; most men with the disease are 65 or older. Also, if a man is African American or has a family member who's had prostate cancer, his risks are higher.

### What are the current treatment options?

Depending on whether the cancer has spread and how aggressive it is, treatment options include radiation therapy, surgery, chemotherapy or some combination of

those, along with other adjuvant therapies to keep the cancer from returning.

### What special treatments are offered at CBMC?

We offer minimally invasive robotic surgery to remove the prostate, using a pen-sized instrument inserted through several small incisions in the abdomen. Robotic surgery provides significant magnification of the prostate and the nerves and blood vessels surrounding it, which allows the surgeon to do a better job of taking care of the cancer while avoiding injury to the adjacent tissue (retaining more of the nerves necessary to speed healing).

I'm one of the few surgeons using a new technique that involves placing an amniotic membrane around the nerves that have been spared at the time we remove the prostate. It speeds healing and allows most men to return to normal sexual function more quickly.

In addition, we also offer CyberKnife® Robotic Radiosurgery, which is a safe, noninvasive alternative to surgery that delivers beams of high-dose radiation to tumors with extreme precision, sparing healthy tissue. Treatment for prostate cancer usually requires five sessions and is an effective option for many patients.

### Do most men with prostate cancer need chemotherapy?

Twenty years ago, every patient was given hormonal therapy. Today, after removing the prostate, we send it to a laboratory for DNA analysis, which allows us to determine the risk of the cancer recurring, and then we decide whether to give adjuvant therapy. This allows us to practice precision medicine.

If the cancer has spread—which happens rarely—CBMC offers life-extending treatments like hormone therapy, chemotherapy and immunotherapy, which stimulates the body's immune cells to attack the cancer. We also offer novel clinical trials involving promising treatments.

To learn more about treatments for prostate cancer at CBMC, call **844.CANCERNJ** or visit [www.rwjbh.org/mensscreening](http://www.rwjbh.org/mensscreening).



A man in athletic wear is running on a grassy path. He is wearing a white short-sleeved polo shirt with buttons at the neck, light-colored shorts, black compression sleeves, and white sneakers. He is smiling and looking towards the camera. A small, scruffy dog is running alongside him, looking up at him. The background consists of a stone wall and dense green foliage.

# UP AND RUNNING

A RETIRED SWAT TEAM MEMBER IS AS GOOD AS NEW AFTER A MITRAL VALVE REPAIR.

Former Newark Police Department SWAT team member Alejandro “Alex” Martin is back to enjoying his daily runs after a mitral valve repair at Cooperman Barnabas Medical Center.



As a former member of the Newark Police Department SWAT team, Alejandro “Alex” Martin worked hard to stay in great physical shape. Daily five-mile runs were part of his routine. “When you work in that job,” he explains, “you have to be ready for anything and everything.”

But even Martin wasn’t ready for the alarming health news he received when, at a routine physical exam, his doctor told him that his heart murmur, diagnosed seven years earlier, was sounding worse. “I’d never felt dizzy, and I didn’t have any symptoms,” Martin recalls. So he was surprised to hear that something might be amiss.

Martin wanted to find out more about the murmur and decided to look for a specialist. A friend recommended Sabino Torre, MD, Co-Director of Interventional Cardiology at Cooperman Barnabas Medical Center (CBMC) and a member of RWJBarnabas Health Medical Group.

### MORE THAN JUST A MURMUR

Two weeks after his physical exam, Martin underwent a stress test at Dr. Torre’s office. It showed that he was having premature ventricular contractions (PVCs), also known as extra heartbeats. “They’re generally benign,” says Dr. Torre. “But because he was diagnosed with a murmur—a potential sign of valve disease—years earlier, his PVCs prompted a closer look.”

Dr. Torre ordered a transesophageal echocardiogram (TEE), a special type of ultrasound that takes pictures of the heart from inside a person’s esophagus. “The TEE showed that his mitral valve was billowy, which meant it was allowing blood to leak backward into the heart,” he says. Further testing revealed that Martin’s ejection fraction—a measure of



ARASH SALEMI, MD



SABINO TORRE, MD

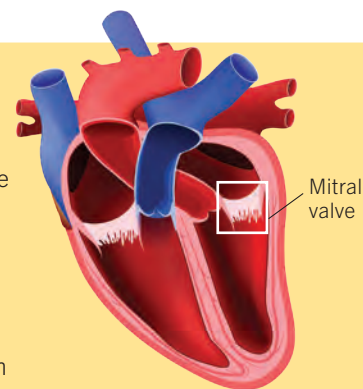
## HOW THE MITRAL VALVE WORKS

The mitral valve sits between two chambers—the left atrium and the left ventricle—on the left-hand side of the heart. When functioning properly, it allows blood to flow out of the heart and into the rest of the body.

“The mitral valve includes two flaps—similar to a pair of saloon doors,” says Arash Salemi, MD. “When they work in unison, it creates a perfect closure of the mitral valve at the end of a heartbeat that prevents blood from backing up into the lungs.”

When mitral valve prolapse occurs, it means the flaps don’t close completely. That can create a condition called mitral valve regurgitation, the most common type of heart valve disease. And while there are often no symptoms or only mild ones, it’s important to see your doctor if you have any symptoms.

“Mitral valve regurgitation can present very insidiously,” says Dr. Salemi. “It can start as mild and then become more moderate. Typically, by the time you feel symptoms like shortness of breath or overall weakness and fatigue, it’s already become more severe.”



how well his heart was pumping blood—had dropped below the recommended level of 60 percent or higher.

“The presence of a billowy mitral valve and the reduction in ejection fraction meant that Mr. Martin was a candidate for open-heart surgery to repair his leaky mitral valve,” Dr. Torre says.

### FINDING THE RIGHT CARDIAC SURGEON

Dr. Torre referred Martin to renowned surgeon Arash Salemi, MD, Clinical Chairman of Cardiothoracic Surgery for RWJBarnabas Health’s Northern Region and also a member of RWJBarnabas Health Medical Group.

“I was confident that we could repair Mr. Martin’s mitral valve and restore his normal heart function so we could prevent future problems and give him a durable valve capable of lasting the rest of his life,” says Dr. Salemi.

Within a short time after his initial visit with Dr. Torre, Dr. Salemi performed Martin’s valve repair surgery. “I call him a rock star,” Martin says of Dr. Salemi. “He explained everything to me before surgery and made me feel really comfortable.”



### A BIRTHDAY TO REMEMBER

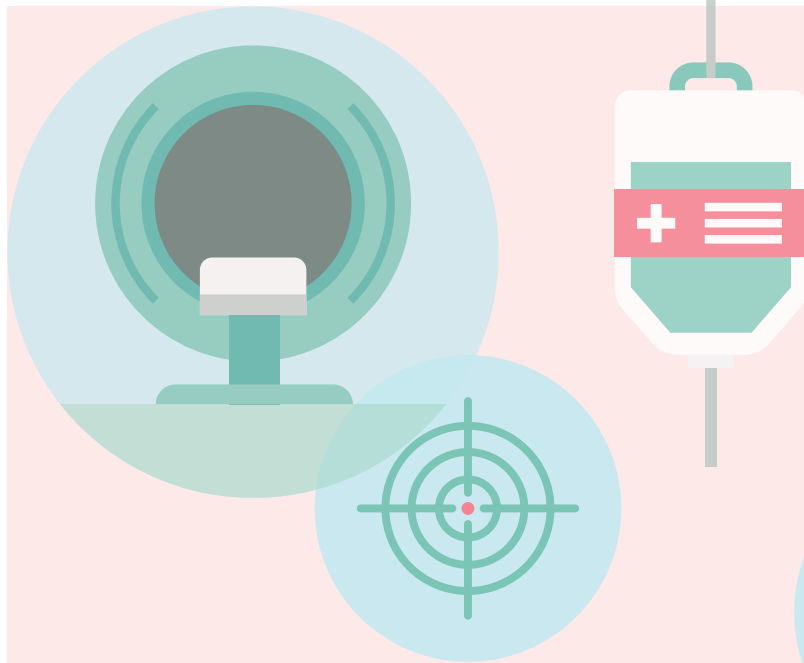
As he recovered in the Cardiothoracic Intensive Care Unit (CTICU) at CBMC, Martin got a surprise for his 54th birthday: His nurses came to his room with a celebratory cake and balloons.

“One of the nurses said to me, ‘It’s a shame you have to be here for your birthday,’” Martin recalls. “But I told her I got the best gift anybody could have—they were able to repair my heart.”

Martin has high praise for his nurses and all of the fine care and support they gave him while he was hospitalized. Martin is also grateful for the pre- and post-surgery care he received from Dr. Torre. “He even called me one night on his cell phone just to make sure I was OK,” he says.

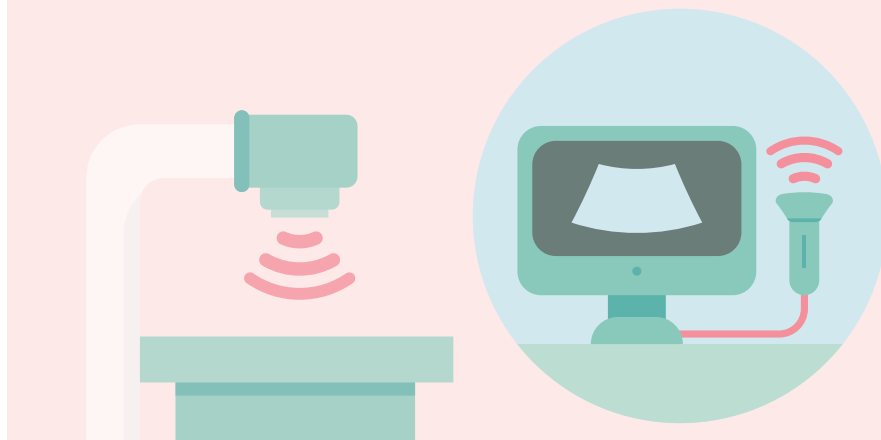
Today, nearly 18 months after his mitral valve repair, Martin is back to his daily runs. And while he’s now retired from the Newark Police Department, he’s found another place to call home—he works part-time in security at the CBMC Emergency Department.

“I’ve always enjoyed helping people,” says Martin. “And having the opportunity to help patients in a small way at CBMC is something I greatly appreciate.”



# BREAST CANCER: WHAT YOU NEED TO KNOW NOW

THE LATEST DEVELOPMENTS IN DETECTION,  
TREATMENTS AND CLINICAL TRIALS



In recognition of Breast Cancer Awareness Month in October, we talked with Michele Blackwood, MD, Northern Regional Director of Breast Services for RWJBarnabas Health (RWJBH), about the latest advancements in breast cancer detection and treatments, as well as a promising new clinical trial.

## What are you most excited about in terms of new breast cancer treatments and technologies?

One of the biggest developments in recent years in terms of approaches to treatment is that everything is much more personalized than it used to be. Treatment has also become “deescalated.” For years, we gave patients with breast cancer every treatment—surgery, chemotherapy, radiation therapy, medicines. Now, in many cases, we can choose certain treatments based on individual factors such as a patient’s type of cancer, their age and other health issues. Not every patient with breast cancer needs all of those treatments.

## Why had it been done that way in the past?

We were giving patients all treatment modalities in the past—based on clinical research conducted in the 1980s, 90s and early 2000s—to maximize survival. Of course, that is still the goal; it is what we do as cancer doctors. However, people are not the same at 30, 50, 70 or 80 years old. For instance, a 70-year-old with ductal carcinoma in situ (the presence of abnormal cells inside a milk duct in the breast, the earliest form of breast cancer) may not need to receive every treatment. Maybe, depending on her specific cancer and other considerations, we can give her



MICHELE BLACKWOOD, MD

just a lumpectomy with no radiation. In some women, we can just watch certain types of cancers and pre-cancers. The hard-and-fast rules of the past are becoming



softer rules. Each person is different. Each person's cancer is different.

### Is this newer approach based on science or are there other factors as well?


Yes, it's based on science, first and foremost. But it's also based on a better understanding of the disease process and of the patients themselves. We treat the whole patient, not just the cancer. And I think that's where we differentiate ourselves at RWJBH. Back in the 1990s, if a patient's cancer didn't recur within five years, that was considered a win. Now, we're looking at it a little differently. We want that patient to get to age 100 without a recurrence—but how we keep a 30-year-old healthy for the next 70 years might be different than how we keep a 70-year-old healthy for the next 20 or 30 years.

### How are treatment regimens determined now?

When we're planning treatment for a patient, we look at how much each part of the treatment contributes to the patient's overall health. Surgery can contribute 80, 90 and sometimes even 100 percent of a cancer cure for some patients. If it cures 100 percent, does the patient need anything else? Alternatively, I think people are shocked when they come in with their 85-year-old mother and find out that she doesn't necessarily need to have surgery. The relief is palpable. The patients are happy; their families are happy. We call this "the deescalation of treatment." Even people with stage 4 breast cancer can do okay for a long time managed on certain medicines—and we can change those medicines or add to them.

### Are there any new medicines or developments that are exciting?

Yes. One exciting development came about from a recent study that showed that the drug Enhertu® may be used to treat breast cancers other than the one it was specifically meant for. According

  
RWJBarnabas Health and Cooperman Barnabas 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. To learn more, call 844.CANCERNJ or visit [www.rwjbh.org/beatcancer](http://www.rwjbh.org/beatcancer).

to the National Cancer Institute, in August 2022, the Food and Drug Administration (FDA) approved trastuzumab deruxtecan (Enhertu®), which had originally been designed to treat HER2-positive breast cancers, for the treatment of HER2-low metastatic breast cancers. This is significant because only 15 to 20 percent of people with breast cancer have HER2-positive tumors. The rest have undetectable or low levels of HER2.

### Are there any new developments in detection and diagnosis?

Yes. In diagnosis, we have better imaging, such as 3D digital mammograms that help us look for cancers early on and often find things that the human eye might not notice immediately. Also, there's greater recognition and understanding of the need for—and efficacy of—MRIs for women at higher risk for breast cancer or who have dense breast tissue.

### Have there been any advances in breast cancer surgery?

There are more options today than in the past. We can sometimes perform nipple-sparing mastectomies and can often do immediate reconstruction. Nowadays, when we do a lumpectomy, we can do a breast lift or a breast reduction at the same time. We have very talented plastic surgeons who really contribute to a woman feeling good about herself. A cancer diagnosis can make you feel that you have no control over your health or your life. Options give patients a sense of control.

### Some people are afraid to consider clinical trials. What do you say to those who think of clinical trials as a "last resort"?

I understand the hesitancy. And, at one time, clinical trials may have been presented or perceived that way. But again, a clinical trial is another option.



## BREAST CANCER IN MEN

Breast cancer is generally thought of as a woman's disease, but, while it's much less common, men can get breast cancer, too. "Thankfully, there's more awareness about breast cancer in men today," says Dr. Blackwood. "However, men should be aware of the symptoms, which include bloody nipple discharge and a lump under one nipple." Other symptoms include:

- Skin dimpling or puckering
- Nipple retraction (turning inward)
- Redness or scaling of the nipple or breast skin

Diagnosis and treatment is similar in both women and men with breast cancer. "Men can have mammograms, mastectomies and, in some cases, breast reconstruction," says Dr. Blackwood. "And, as with women, there are more options today than in the past."

People who have participated in the I-SPY2 clinical trial at Cooperman Barnabas Medical Center (CBMC) have thanked me. It offers eligible patients a novel approach to treating advanced breast cancer and is going to be a template for how we treat breast cancer now and in the future. We have a large, coordinated team of professionals to support patients during clinical trials, and that is very comforting for them.



With the support and dedication of families and friends of CBMC NICU alumni, Miracle Walk has raised more than \$6.9 million for the NICU since it started in 2000.



**BELIEVE IN**

# MIRACLES

**THIS YEAR'S MIRACLE WALK CELEBRATED 22 YEARS OF COOPERMAN BARNABAS MEDICAL CENTER NEONATAL INTENSIVE CARE UNIT (NICU) ALUMNI AND THEIR FAMILIES.**

Miracle Walk was started 22 years ago by Hayley and Jonathan Hirschmann, who were grateful for the exceptional care their daughter received while in the Cooperman Barnabas Medical Center NICU for three months. The kindness, compassion and support they received from the NICU staff was extraordinary. The same level of care and support was provided to the other NICU infants and their families. The Hirschmanns felt strongly that they wanted to give back.

## THE EVOLUTION OF MIRACLE WALK

Soon after the Hirschmanns took their baby home, Miracle Walk was born. Their original goal of Miracle Walk—a combination fundraising event and family reunion for NICU “graduates,” NICU staff and their families and friends—was to raise \$1 million within 10 years to support the NICU. The

event quickly generated support from other grateful NICU parents, who were just as eager to show their gratitude.

Twenty-two years later, Miracle Walk is still led by dedicated parents (including Hayley, who heads the CBMC NICU’s Family Advisory Council), has raised over \$6.9 million for the NICU. The level III Regional Perinatal Center, which was a 7,500-square-foot space when Miracle Walk began, was expanded to 37,000 square feet in 2017 and is housed in the Cooperman Family Pavilion.

In addition to helping support the expansion of the NICU, funds raised by Miracle Walk, which was held this year on October 9, have been and will continue to be used to purchase advanced medical equipment for the NICU such as Giraffe Omnibeds, NeoPuff infant resuscitators, Isolette infant transporters and neoBLUE LED phototherapy lights, as well as to support the exceptional care provided by the NICU staff.





## The Cooperman Barnabas Medical Center NICU

The Cooperman Barnabas NICU operates under the direction of dual board-certified neonatologists. The NICU staff also includes specialized neonatal intensive care nurses, and specialists in other pediatric subspecialties are available for prompt consultation and care as are physical therapists, social workers, respiratory therapists and pharmacists. The Cooperman Barnabas NICU offers the latest treatments and modalities in the field to provide the most advanced care for more than 1,200 premature and ill newborns every year. The survival rate is high and the morbidity rate is low compared to national and international data.



Irma N. and her family began participating in Miracle Walk after baby Katheryn, who was born at 25 weeks gestation, became a NICU “graduate.” Today, Katheryn is a healthy four-year-old and her family is eternally grateful to the CBMC NICU.

## One NICU Family’s Experience

On Easter Sunday in 2018, Irma N. gave birth to her daughter, Katheryn, at just 25 weeks gestation. Though she saw and touched her baby briefly before Katheryn was whisked off to the NICU, the six days that followed before she could actually hold her seemed like an eternity. “It was the best feeling to finally hold and feel my little girl,” she recalls. In the ensuing weeks, Katheryn got to meet her daddy, who fell head over heels for her and did not want to stop holding her, and her three big sisters, who doted on her. “After three months and 11 days, Katheryn graduated from the NICU and came home with us,” Irma recalls. “The NICU nurses had helped me so much, even on the roller coaster days when Katheryn needed blood transfusions or when her oxygen would have to be increased or she was having a bad feeding day. They always tried to educate me on how things are different with a premie and how she would get older and get better. And she did!” Two of Irma’s other daughters, twins Kaitlyn and Kiara, who were

born at 32 weeks, had also spent time in the NICU, before it had expanded, but were not there as long as Katheryn.

Irma says she decided to become part of Miracle Walk to help other NICU families. “It’s very important that we continue to provide resources and support because when families are in the NICU, everything can be a blur. It can be overwhelming. Hayley—who provided so much support to us and the other families and continues to do so—and the rest of the staff at Cooperman Barnabas are our heroes, and we’ll always be forever thankful.”

For more information about Miracle Walk, please visit [www.miraclegwalk.com](http://www.miraclegwalk.com).



# You don't feel a lump, swelling or tenderness. You still need a mammogram.

At RWJBarnabas Health, together with Rutgers Cancer Institute of New Jersey, the state's only National Cancer Institute-designated Comprehensive Cancer Center, we offer the latest in comprehensive breast health services including mammograms, 3D mammograms, breast MRI, genetic testing, breast surgery and more — like peace of mind. And with breast health centers conveniently located throughout New Jersey, finding us is simple, too.

Schedule your mammogram at [rwjbh.org/mammo](http://rwjbh.org/mammo)

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Let's beat breast cancer together.

