

A Publication of
**COOPERMAN BARNABAS
MEDICAL CENTER**

Formerly **SAINT BARNABAS MEDICAL CENTER**

healthy *together*

**BACK FROM
A STROKE:
A STAR ATHLETE'S
JOURNEY**

**THE GIFT OF
A KIDNEY**

**CATCHING LUNG
CANCER EARLY**

FAMILY PAVILION



Toby and Leon Cooperman

**A NEW ERA:
COOPERMAN BARNABAS
MEDICAL CENTER**

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



“It’s my honor to be part of RWJBarnabas Health, and I am proud to be leading Cooperman Barnabas Medical Center. I thank the community for their continuing support of the medical center, and I am going to do everything in my power to help them be proud, in turn, to be treated here. We are here for them 24 hours a day, seven days a week.”

RICHARD DAVIS

PRESIDENT AND CHIEF EXECUTIVE OFFICER, COOPERMAN BARNABAS MEDICAL CENTER

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OUTPATIENT INFUSION CENTER EXPANDED

Cooperman Barnabas Medical Center has a newly expanded Outpatient Infusion Center. Consisting of 13 new private treatment rooms and a waiting area, the dedicated space has been designed with an emphasis on safety and comfort. The rooms are equipped with a reclining chair or bed, a flat-screen television, Wi-Fi access and dimmable lighting. A team of specially trained nurses provides compassionate and personalized care. Located on the first floor of the East Wing, the new center complements the existing 24-private-room Outpatient Infusion Center on the second floor of the East Wing, next to the Cancer Center.

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CAN EATING WELL HELP YOUR ACHING JOINTS?

THERE'S NO MIRACLE DIET, BUT FOODS THAT FIGHT INFLAMMATION CAN PROTECT JOINTS—AND ALSO WARD OFF MANY TYPES OF DISEASE.

Arthritis—swelling and tenderness of a joint—is a painful daily experience for many. It can have a variety of causes and a range of treatments, including medication and physical therapy.

Now, emerging data indicates that avoiding inflammatory foods and consuming anti-inflammatory foods has benefits for arthritis sufferers.

What is an “anti-inflammatory” diet? It emphasizes foods we’ve long known to be beneficial to health: fruits, vegetables, lean proteins, whole grains, healthy fats.

An anti-inflammatory way of eating follows what’s known as the Mediterranean diet, which is based on the traditional diet of people in areas bordering the Mediterranean Sea. However, an anti-inflammatory diet knows no geographical limits and can work with any culture’s cuisine. (See the “Eating to Avoid Inflammation” chart, below.)

An anti-inflammatory diet protects against heart disease, diabetes and many types of cancer. It can help arthritis sufferers (whether they have osteoarthritis or rheumatoid arthritis) because it can

inhibit inflammation that attacks joint tissue and can lead to swelling, cartilage and bone damage, and muscle loss.

Focusing on healthy foods also helps with weight management—another key issue for people with arthritis, since extra weight places added stress on joints.

EATING TO AVOID INFLAMMATION

Focus on whole, unprocessed foods and limit fried and high-fat foods to manage your weight and protect against a wide variety of diseases.

EAT THIS	NOT THAT
Whole-grain bread, cereals and pasta	Refined (processed) carbohydrates such as white bread and pastries
Almonds, hazelnuts, walnuts; vegetables with hummus or bean dip	Processed snacks, such as chips
Fresh fruits and vegetables, at least three times a day, as part of a meal or as a snack	Soda and other sweetened beverages
Poultry, beans or grilled fish	Red meat (burgers, steaks)
Fatty fish, such as salmon, tuna and mackerel	Processed meats (deli meats, hot dogs)
Olive oil	Margarine, shortening and lard
Low-fat dairy products, including cheese and yogurt. Eat eggs in moderation.	High-fat dairy products, whole milk

WHAT IS INFLAMMATION?

Inflammation is the immune system’s response to an irritant as chemicals from white blood cells enter the blood.

Acute inflammation is short-term (hours or days). It begins after an injury to the body and is characterized by one or more of these symptoms: heat, swelling, redness, pain or loss of function.

Chronic inflammation can last for months or years and occurs when the immune system fights against the body’s own blood cells by mistake. Diseases affected by chronic inflammation include rheumatoid arthritis, psoriasis, myocarditis (heart inflammation), nephritis (inflammation of kidneys), and inflammatory bowel diseases like Crohn’s disease or ulcerative colitis.

A physician can diagnose a possible inflammatory disease by doing a medical history, physical exam and tests such as X-rays and blood tests.

Our team of registered dietitians offers individualized and group nutrition counseling programs for those struggling with a medical condition or who want to take an active role in their health and well-being. To learn more, call **973.322.7007** or visit **www.rwjbh.org/acc**.



THREE DELICIOUS ANTI-INFLAMMATORY RECIPES

“A Mediterranean eating pattern is safe, healthy and has the potential to prevent many chronic health conditions,” says Deanna Schweighardt, RDN, CDE, Nutrition Counseling at Cooperman Barnabas Medical Center. “It can also be very tasty! Core foods to enjoy every day include whole grains, fruits, vegetables, beans, herbs, spices, nuts and healthy fats such as olive oil. Include twice-weekly servings of fish and seafood, moderate portions of dairy foods and eggs, occasional poultry and infrequent servings of red meats and sweets.” The following recipes show just how delicious a nutritious dish can be.



ROASTED CARROT-GINGER SOUP

Makes about 8 cups

INGREDIENTS:

- 1½ pounds carrots, cut into chunks
- ½ pound fennel bulb, cut into chunks
- 1 large onion, cut into chunks
- 3 large cloves garlic
- 2 tablespoons extra-virgin olive oil
- 1 teaspoon freshly grated ginger
- 1 teaspoon kosher salt

DIRECTIONS:

- Preheat oven to 425°F.
- On a large, rimmed, foil-lined baking sheet, toss the carrots, fennel, onion and garlic with the oil. Roast until the vegetables are brown in spots, 15–20 minutes.
- While the vegetables are roasting, bring 6 cups of water to a boil in a large, heavy pot. When the vegetables are done, add them to the pot and simmer, covered, until very tender, 10–12 minutes.
- Remove pot from heat. Puree until smooth with an immersion blender or in small batches in a blender.
- Stir in the ginger and season with up to 1 teaspoon of salt.

SPICED ROASTED CAULIFLOWER

Serves 4

INGREDIENTS:

- 2 tablespoons extra-virgin olive oil
- 1 tablespoon tomato paste
- ½ teaspoon paprika
- ¼ teaspoon ground cumin
- ¼ teaspoon ground coriander
- Pinch of cayenne pepper
- ¼ teaspoon kosher salt
- 1 head cauliflower, chopped

DIRECTIONS:

- Preheat oven to 450°F.
- In a large bowl, combine the oil, tomato paste, spices and salt.
- Toss the cauliflower in the oil mixture.
- Roast on a foil-lined, rimmed baking sheet until tender, 20–25 minutes.



SPICED CHICKPEAS AND BUTTERNUT SQUASH

Serves 2

INGREDIENTS:

- 2 cups butternut squash, chopped
- 1 onion, chopped
- 2 tablespoons olive oil
- 1 15-ounce can no-salt-added chickpeas, drained
- 2 teaspoons curry powder
- ½ teaspoon kosher salt
- 2 tablespoons tahini (a sesame seed paste)
- 2 tablespoons fresh lemon juice
- 1 small clove garlic, minced
- 2–4 cilantro leaves

DIRECTIONS:

- Preheat oven to 450°F.
- On a large sheet pan, toss the squash and onions with 1 tablespoon of the oil. Roast until the squash is tender, 20–25 minutes.
- On a sheet pan, toss the chickpeas with the remaining 1 tablespoon of oil, the curry powder and ¼ teaspoon of the salt. Roast for 15 minutes.
- Make the sauce: In a medium bowl, whisk together the tahini, lemon juice, garlic, remaining ¼ teaspoon of salt and 1 teaspoon of water.
- Divide the vegetables and chickpeas into two bowls. Drizzle with the sauce and top with cilantro.

Division I soccer player Margot Ridgeway, 21, suffered a stroke that was initially misdiagnosed. She's now back on the field, having earned Comeback Player of the Year honors.



'TOO YOUNG' FOR A STROKE?



WHAT A STAR SOCCER PLAYER WISHES ALL YOUNG PEOPLE KNEW

This past summer, Margot Ridgeway, 21, played soccer for a club team in Spain while her mom, Donna, and her family watched her matches on YouTube and cheered her on from their Fair Haven home. It was a stark contrast to 12 months earlier, when Margot wondered whether she'd ever play soccer again after suffering something



JASON KRSTOFIAK, MD

unfathomable—a stroke.

"I don't look like most stroke survivors," says Margot, a Division I soccer player and philosophy of law major at North Carolina State University. "But everything I went through taught me how important it is for young people and women to be their own health advocate."

A STROKE MISDIAGNOSED

Margot's journey began on her summer break in June 2020. She was swimming with friends on a Tuesday night when "someone pushed me down in the

water," she says. Margot didn't think anything of it until that night when she suddenly began speaking gibberish. "I couldn't find the right words," she says. "Nothing was coming out right."

She went home to sleep it off, then woke up the next morning with what she thought might be a migraine and began vomiting. Her mom rushed her to a nearby hospital, where Margot was diagnosed with a concussion. She wasn't sure about that. "I'd had two concussions before, and they never presented that way," Margot says.

By Thursday morning, Margot

began to feel numb on the right side of her body, and she and her mom knew something else was wrong. Her mom contacted Margot's former soccer coach, who recommended that Margot meet with Jason Krystofiak, MD, a sports medicine specialist with Cooperman Barnabas Medical Center (CBMC) and a member of RWJBarnabas Health Medical Group.

"Her right-side numbness, difficulty word-finding and significant headaches were multiple red flags that indicated something more serious than a concussion was happening," recalls Dr. Krystofiak of Margot's visit to his office. He ordered an MRI, which was stopped in midstream. "They said, 'You have to get out right now. Your brain might be bleeding. We have to call 911,'" Margot recalls.

QUICK RESPONSE

An ambulance rushed Margot from Dr. Krystofiak's office to the Emergency Department at CBMC. There, Margot was examined by a team from Neurosurgical Services for RWJBarnabas Health (RWJBH), an elite group that uses a multidisciplinary approach to treat a variety of conditions affecting the nervous system. After another MRI and an arteriogram, they had a diagnosis: Margot had suffered a parietal temporal ischemic stroke, a small stroke that affected the left side of her brain.

The team called in cardiologists and hematologists to try to figure out how a stroke could happen in a young athlete like Margot. A test called a bubble echocardiogram revealed that Margot had a patent foramen ovale (PFO), or hole in her heart, which she'd been born with. "I learned afterward that about one-quarter of the population has an open PFO," says Margot's mom, Donna.

PFO played a role in Margot's stroke. "We believe an oral contraceptive she used created blood clots in her pelvis," Dr. Krystofiak explains. "Then clot

FAST FACTS ABOUT YOUNG PEOPLE AND STROKE

10-15%

Ten to 15 percent of all Americans who suffer a stroke are between ages 18 to 45.

CONTROLLABLE RISK FACTORS



smoking



poor diet



heavy alcohol consumption

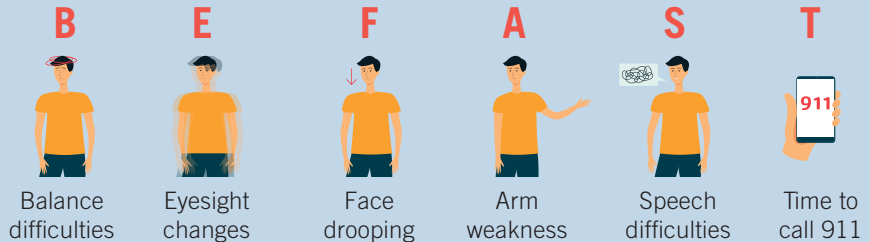


illicit drug use



Nearly 1 in 3 people under age 45 don't know how to identify the signs of stroke.

Everyone should be familiar with the acronym **BE FAST** to identify signs of stroke:



material broke off and traveled upward. If she didn't have a PFO, the clot likely would've traveled to her lungs. But instead, the clot material went through her PFO and traveled to her brain, causing the stroke."

Margot spent one week at CBMC. For six months, she needed injectable blood-thinning medication twice a day to reduce her risk for future strokes. She also had surgery in late October 2020 to close her PFO.

BACK ON THE FIELD

At each step of her stroke recovery, Margot focused on returning to the sport she loved. "The doctors knew I played soccer, so they called me Mia Hamm [a famous U.S. women's soccer player]," Margot says. "They assured me I'd be playing as soon as I could."

Margot completed physical therapy

and speech therapy in late 2020. In February 2021, she played a full 90 minutes in the North Carolina State women's soccer team's opening game. By season's end, she earned Comeback Player of the Year honors. "I feel almost 100 percent back to the same player I was," she says.

In addition, she's become a champion for young people and stroke, raising nearly \$11,500 for Tedy's Team. It's a nonprofit created for former pro football player Tedy Bruschi, who had a PFO and suffered a stroke at a young age (31). "I relate to his story," Margot explains.

Margot says her journey has changed her perspective. "I used to get up at 6:30 a.m. and say I had to go to practice," she says. "Now I say I get to go to practice and play soccer with my best friends like I've wanted to do since I was a little girl."

Cooperman Barnabas Medical Center is home to a Comprehensive Stroke Center and Joint Commission-certified Advanced Primary Stroke Center. To learn more, call **973.322.6500** or visit www.rwjbh.org/cbmcstroke.



◀ Richard "Rick" Davis is the new President and CEO of Cooperman Barnabas Medical Center.

'PROUD and HONORED'

MEET COOPERMAN BARNABAS MEDICAL CENTER'S NEW PRESIDENT AND CEO.

This past fall, Cooperman Barnabas Medical Center (CBMC) welcomed Richard "Rick" Davis as President and Chief Executive Officer. Davis first joined the medical center in 2012 as Senior Vice President and Chief Financial Officer, and since 2019 had been serving as Chief Financial Officer of the Northern Region of RWJBarnabas Health.

We talked with Davis about the medical center's continuing evolution as a premier health facility and a flagship of the RWJBarnabas Health system.

What changes have you seen at CBMC over the years, and what changes do you expect?

As I look out my window, I see transformation in the medical center's outward appearance, such as the

Cooperman Family Pavilion, as well as drastic improvements in the overall aesthetic of the campus.

Within the walls of the medical center, there have been many changes as well. We've just expanded our Emergency Department, and we're planning to expand our Operating Rooms. The advancement in our technology across the board has just been tremendous and will continue.

Healthcare doesn't stand still, and we are right there in the forefront. In 2016, Barnabas Health and Robert Wood Johnson Health came together to form RWJBarnabas Health. In 2018, RWJBarnabas Health and Rutgers University launched a partnership to form the state's largest academic health system.

No matter what has changed, however, we've always had and continue to have world-class employees. I'm grateful to

each one of them for their dedication and perseverance in serving our patients.

How is your expertise in finance helpful for a medical center CEO?

Having a background in finance is something I rely on heavily. It gives a certain discipline to decision-making because the approach is primarily data-oriented. They're not the only things we rely on, but evidence-based research and benchmark data provide a good way to guide stakeholders regarding an operational issue. Data is also a valuable tool for helping us keep healthcare cost-effective for consumers, which is a major focus for us.

What message do you want to get out to the CBMC community?

We want to hear from the people we serve. We really listen to our community members and are always finding ways to get their input about how we can serve them better. We conduct regular community needs assessments, and we have patient-family advisory committees in a variety of service lines, including neonatal intensive care, Parkinson's, oncology and more. We offer numerous outreach events, and we support a number of different events around healthy living.

It's my honor to be part of RWJBarnabas Health, and I am proud to be leading Cooperman Barnabas Medical Center. I thank the community for their continuing support of the medical center, and I am going to do everything in my power to help them be proud, in turn, to be treated here. We are here for them, 24 hours a day, seven days a week.

To learn more about Cooperman Barnabas Medical Center, visit www.rwjbh.org/coopermanbarnabas.





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.



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

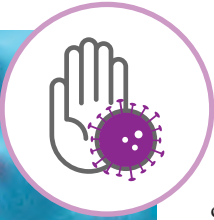
COVID-19 and social distancing.

“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.



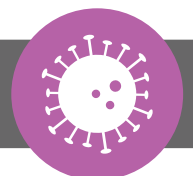
6 A new flexibility.

“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.



CHILDHOOD CANCER: FINDING THE BEST CARE

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

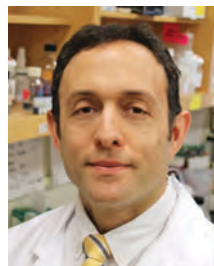


JODI CRANDELL PHOTOGRAPHY



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.

“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.

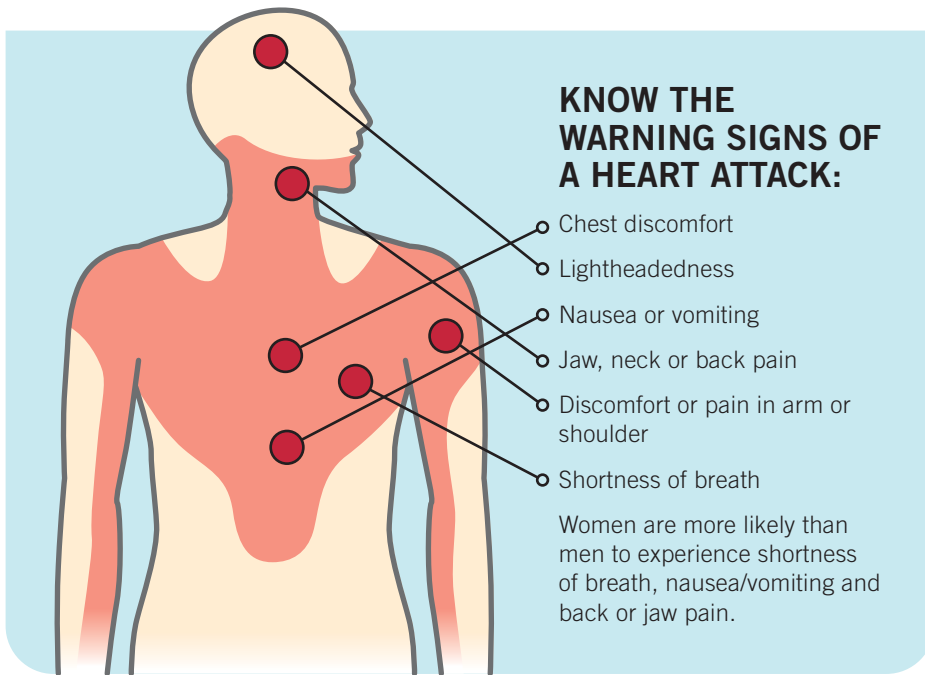
Winter is prime time for heart attacks, as research studies show and doctors know all too well. “It’s expected in the hospital community that we’ll see a bump in the number of heart attacks coming in during the winter season, especially around the holidays and during the first couple of months of the 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.





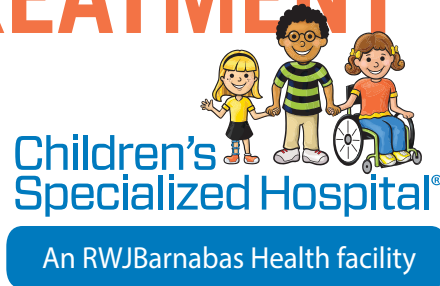
SPECIAL NEEDS, SPECIAL TREATMENT

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, physiatry, 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.

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.

TALKING ABOUT HEART HEALTH



WHAT AN INTERVENTIONAL CARDIOLOGIST TELLS HIS PATIENTS

Communication—both within the medical team and with patients—is key to success for a cardiology program, according to Bruce Haik, MD, who has recently taken on the roles of Chief of Cardiology and Director of the Cardiac Catheterization Lab at Cooperman Barnabas Medical Center (CBMC).

“My background as a senior interventional cardiologist has prepared me for this new role,” says Dr. Haik, who has been at the medical center for more than 20 years and is also a member of RWJBarnabas Health Medical Group.

“I view the cath lab as a high-volume, high-visibility unit that works together as a team, always putting patients’ interests first,” he explains.



BRUCE HAIK, MD

“It’s important to create that same collaborative mentality across all sections of the cardiology department.”

The newly restructured Division of

Cardiology at CBMC includes Cardiac Catheterization, Electrophysiology, Imaging and the Coronary Care Unit. Physician collaboration will be enhanced, as members of the entire cardiovascular staff and both vascular and cardiovascular surgical leads work even more closely together. “Sometimes the best treatment plans require the skill sets of both the heart surgeons and the cardiologists,” Dr. Haik says.

In addition, Dr. Haik is enhancing internal communication between physicians and nurses so that they can communicate better with each other and with patients and families. “This not only provides comfort, but also reduces the anxiety levels of both patients and their families,” he says.

A PROACTIVE APPROACH

Increasing patient education is also a major goal for Dr. Haik and his team.

“What I really want patients to know is that there are a lot of newer proactive preventive measures that can be done when it comes to cardiovascular health. Talk to a primary care physician about your specific coronary risk factors in

order to determine if the many screening tests available are appropriate for you,” he says.

“Heart disease can be a silent killer and may go undetected for years until an acute cardiac event occurs,” he explains. “Utilizing certain sophisticated screening tests like coronary calcium scoring and CT angiograms in the right setting, along with aggressive risk factor modification, are important measures to mitigate your risks.”

If a cardiac procedure is needed, patients should know that cutting-edge surgical and nonsurgical treatments are readily available at CBMC, including optimal image-guided PCI as well as catheter-based valve therapies. “In addition, our surgeons and cardiologists work as a Heart Team in recommending the right treatment for each individual patient,” he says.

“We really want people to be proactive about their cardiovascular health,” says Dr. Haik. “We can offer new diagnostic and therapeutic approaches designed to get you back to a full, active lifestyle and the quality of life everyone wants.”

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





A GAME-CHANGING GIFT

SAINT BARNABAS MEDICAL CENTER ENTERS A NEW ERA AS COOPERMAN BARNABAS MEDICAL CENTER.

Saint Barnabas Medical Center is changing its name! It will now be known as Cooperman Barnabas Medical Center, thanks to an extraordinarily generous gift from the Leon and Toby Cooperman Family Foundation.

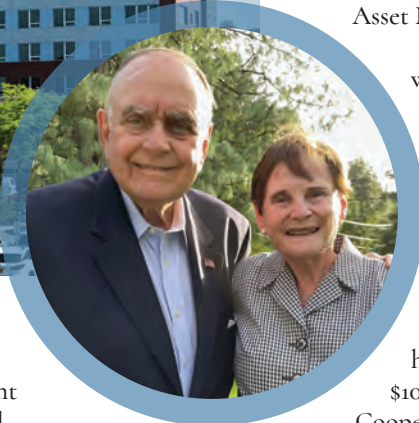
The Coopermans, philanthropists who have donated to the medical center many times in the past, have given the hospital a \$100 million gift—the largest donation ever made to a New Jersey hospital.

“I consider it an honor to have my family name associated with Saint Barnabas, to provide vital services to the community,” says Leon Cooperman, 78. “I’m at the point in my life where I want my gifts to have real impact, and I could think of no better way to do that than to make this investment in healthcare in the community that has given so much to our family.”

“This gift from Leon and Toby Cooperman is transformational,” says Barry Ostrowsky, president and CEO of

RWJBarnabas Health, the health system to which Cooperman Barnabas Medical Center belongs. “The donation ensures that our medical center will continue to develop as a state-of-the-art medical campus and a leader in protecting and supporting the health of the community.”

Ostrowsky says that the medical center’s strategic plan, which the donation will accelerate, includes new facilities, the recruitment of new clinicians and the expansion of academic teaching and social programs. “Equally important is the fact



Opposite page, far left, Lynn Schonbraun, Toby Cooperman, Leon Cooperman, Bruce Schonbraun, Chairman, CBMC Board of Trustees, and Richard Davis, President and CEO of CBMC. Near left, the Coopermans with Bobbi Ostrowsky and Barry Ostrowsky, President and CEO of RWJBarnabas Health.

that the Coopermans believe in what we do,” Ostrowsky says. “You can’t put a price tag on that.”

COMMUNITY TIES

Leon and Toby Cooperman have deep roots in the area around the medical center.

The couple raised their two sons in Essex County. Toby Cooperman is a retired special education teacher, having worked with neurologically impaired children at the Early Childhood Learning Center in Chatham. She’s a strong advocate for people with developmental disabilities, and a board member of many nonprofit organizations, including Jewish Services for the Developmentally Disabled, JCC MetroWest and JESPY House in South Orange.

“Saint Barnabas has always come through for us and the community,” says Toby, “and we would like to continue expanding the services so that more and more people can benefit.”

In doing so, they are continuing an impressive legacy of giving. In 2014, their \$25 million gift enabled the medical center to build a new five-story medical building. The new structure, named the Cooperman Family Pavilion, opened in 2017 with new private rooms, nursing units and operating suites, a state-of-the-art neonatal intensive care unit, a parking garage and a new two-story lobby. “When someone says to me that he or she

had an incredible experience at Saint Barnabas Medical Center, it’s not difficult to track that gratitude back to the philanthropy of the Cooperman family,” says Ostrowsky.

A SELF-MADE MAN

Leon Cooperman wasn’t born wealthy. The son of Jewish immigrants from Poland, Cooperman grew up in the South Bronx, attended New York City public schools, and was the first in his family to earn a college degree.

Cooperman attended Hunter College, a public university in New York City, planning to become a dentist. He met Toby in a French class during his sophomore year. Their first date was the junior prom, and they married in 1964, the same year they graduated.

Barely a week into dental school, Cooperman realized that the career wasn’t right for him. He returned to Hunter to study economics, eventually attending Columbia Business School and earning an MBA degree. His first job after graduation was at financial firm Goldman Sachs, where he stayed for 25 years, becoming general partner and

chairman and CEO of Goldman Sachs Asset Management.

In 1981, while Cooperman was still employed at Goldman Sachs, he and Toby formed their philanthropic foundation.

Ten years later, Cooperman left Goldman Sachs to found Omega Advisors, which became one of the country’s largest hedge funds, amassing nearly \$10 billion in assets. In 2018

Cooperman decided to return investors’ money and focus on managing his personal wealth, including the work of his family’s foundation.

Now, thanks to the groundbreaking gift, Cooperman Barnabas Medical Center will be poised to provide an even greater level of care.

“The generous gift from Leon and Toby Cooperman and their family will not only help us to attract and retain world-class clinicians, but it will also propel us to build the buildings and house all of the technology to take Cooperman Barnabas Medical Center well into the future,” says Richard Davis, President and CEO, Cooperman Barnabas Medical Center.

Plans like these are just what the Coopermans had in mind when they made their incredibly generous donation.

“Hospitals need and deserve the support of private citizens to ensure patients have access to excellent health care and the latest advancements in medical technology,” says Leon. “Hopefully this level of giving will inspire other people to step forward. I know we’re doing the right thing.”

To learn about how you can support Cooperman Barnabas Medical Center, visit www.cbmcgiving.org.



A GIFT BEYOND PRICE

WHAT MAKES A PERSON DONATE A KIDNEY TO A STRANGER?

Jane Ehlers, RN, 24, donated a healthy kidney.



For Jane Ehlers, a presentation by a guest speaker in one of her nursing school classes was a revelation. A representative from the NJ Sharing Network talked about the long wait time for a kidney transplant—the average is three to five years—and about living donors. Because a person can survive with just one kidney, someone with two healthy kidneys can choose to donate one of them.



FRANCIS WENG, MD

“That really piqued my interest,” Jane recalls. “In my clinical studies, I had seen what people have to deal with when they’re on dialysis and waiting for a

kidney. I thought it would be really cool if I could have that impact on someone.”

She began exploring the topic through the Living Donor Institute at the Renal and Pancreas Transplant Division at Cooperman Barnabas Medical Center (CBMC), one of the largest kidney transplant programs in the country. In 2019, one week after she graduated from Rutgers University with a nursing degree, she donated one of her kidneys.

Some people donate a kidney for a loved one or request that it be given to a specific type of person, such as a child. “I told them, give my kidney to whoever you think is fit, and try to help as many people as possible,” Jane recalls. Her donation started a chain that led to three patients receiving life-changing kidney donations.

GETTING READY

Most people who are waiting for a kidney transplant are on dialysis, a process that involves cleaning out waste products from the patient’s blood and returning the cleaned blood to the body. While lifesaving, dialysis can be a grueling procedure. “For the majority of patients, transplantation is better than dialysis for quality and duration of life,” says Francis Weng, MD, Chief of the Renal and Pancreas Transplant Division at CBMC.

A kidney transplant can be from a deceased donor or a living donor. “Based on results, receiving a kidney from a living donor is clearly preferable. They almost always work right away and last longer,” says Dr. Weng. The majority of transplants are from deceased donors, but the number of living kidney donors



A FRIEND IN NEED: Brenda Ehlers, 59, at right in the photo above, is the mother of Jane Ehlers. Shortly after Jane donated her kidney, Brenda learned that she was a compatible match for a dear family friend who had polycystic kidney disease and had taken a turn for the worse. In November 2020, she donated a kidney to her friend. “Nothing has changed in my life,” she says, “except now I get to hear about my friend traveling and being able to visit her granddaughter.”

is steadily rising.

To hear Jane tell it, the process of donating a kidney was straightforward. She met with multiple members of the living donor team, including a physician, nurse and social worker, to make sure she was fully educated and all her questions were answered. She then underwent testing and evaluations to make sure that she was mentally and physically a good candidate to donate her kidney. “There were so many tests, I was almost rolling my eyes,” Jane says. “But it did make me feel safe.” She talked to the doctors about living a healthy lifestyle, taking certain precautions and having tests later in life to ensure that she would continue to be healthy with one kidney.

“Once you get over the fact that you’re having major surgery, it gets easier to do,” Jane says. “You realize how profoundly safe it is and how important it is for the person who will get your kidney.”

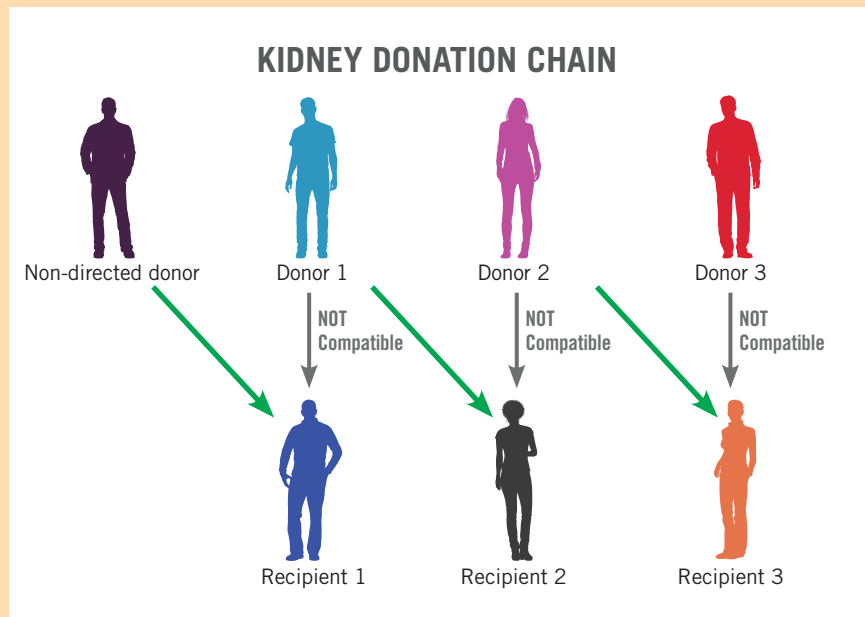
The operation was done through a laparoscopic (minimally invasive) procedure that required only small incisions. Jane left the hospital the

HOW DO KIDNEY PAIRED AND ALTRUISTIC DONATIONS WORK?

Often, a patient in need of a kidney transplant (recipient) comes to Cooperman Barnabas Medical Center with a kidney donor, only to discover that the recipient/donor pair is incompatible by blood type or cross-matching.

In such cases, the Kidney Paired Donation Program increases the ability of potential kidney transplant recipients to receive kidney donations from living donors. The program involves the matching and exchange of kidneys between parties so that all donors donate and all recipients receive a compatible kidney transplant.

Altruistic donors (also known as non-directed donors) are individuals who come forward to donate their kidney but do not identify a specific recipient. Non-directed donors may choose to participate in a kidney paired donation and start a chain of transplants. These transplant chains can connect many pairs and save many lives.



next day and was able to resume most normal activities within a week. Though the pandemic has delayed plans for her to meet her kidney recipient, she has heard that the patient is doing very well.

The experience was life-changing in more ways than one.

When Jane was awaiting her procedure, a pre-op nurse in the CBMC transplant department took her hand

and said, “I know this is really nerve-racking for you, but we do this every single day and we take care of everyone like we would our family.”

The nurse’s words stuck with Jane. This was the kind of nursing care she wanted to provide in her own career. Now Jane Ehlers, RN, works on a renal and pancreas transplant unit at CBMC. If any of her transplant patients needs her help, she is there for them.

To learn more about living kidney donation, visit the Living Donor Institute at www.rwjbh.org/LDI. To learn more about transplantation programs at Cooperman Barnabas Medical Center, visit www.rwjbh.org/kidneytransplant.

IF YOU'RE A FORMER SMOKER, READ THIS

EARLY SCREENING IS AVAILABLE—
AND IMPORTANT—FOR THOSE AT HIGH
RISK FOR LUNG CANCER.

Patti Wolff, 75, of Toms River, laughs when she's told she's the "poster child" for early cancer screening. But she knows how lucky she is.

When it comes to cancer, prevention is best, and catching it early—when

there's the best chance of successful treatment—is a close second. Patti was doubly lucky when screening caught not one, but two different cancers. The result was that both of her cancers were caught so early that she didn't need chemotherapy or radiation to treat them.

a family history that put her at higher risk—her mother and grandmother had both had colon cancer—Patti was conscientious about having the test on the recommended schedule, even though she'd never had any symptoms.

"In 2016, my gastroenterologist found cancer when doing a routine colonoscopy," Patti recalls. "They caught it early, and I had surgery to get it taken out. I didn't have to have any chemotherapy or radiation."

That was a wonderful outcome. However, her medical oncologist, Stuart Leitner, MD, of Cooperman Barnabas Medical Center (CBMC), was



STUART LEITNER, MD



KILLOL PATEL, MD



SUBROTO PAUL, MD

HIGH-RISK HISTORY

The first screening was a routine colonoscopy. Because Patti knew she had

RWJBarnabas Health and the Cancer Center at 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.

A screening program for former smokers allowed Patti Wolff’s cancer to be caught and treated early.

considering all of Patti’s risk factors. Patti had been a smoker for most of her life until she quit in 2012 after having back surgery. Because of her history, Dr. Leitner recommended that she join CBMC’s International Early Lung Cancer Action Program.

The program involves a yearly, noninvasive, low-dose CT scan and has been used to help researchers develop guidelines for early lung cancer screening.

“Some people think, ‘I’ve stopped smoking, so my risk of cancer should be low.’ We don’t know exactly how long former smokers continue to be at risk, but for now current guidelines recommend screening for 15 years after they have quit smoking,” says Killol Patel, MD, Director of Interventional Pulmonary at CBMC and a member of RWJBarnabas Medical Group, who heads the screening program.

A TIMELY TRIP

Starting in 2017, Patti began having annual low-dose CT scans to screen for lung cancer. “I originally lived in Bergen County, and then we moved down to the Jersey shore,” she says. “I went for the CT scan for several years, and then last year I gave them a hard time. I told them it was too far to travel and I wasn’t going to come anymore.”

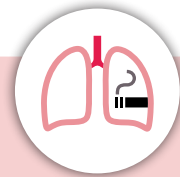
Rebecca Cerrone, RN, the nurse navigator of the program, knew that continuing to have scans was important and worked hard to persuade Patti. “I was after her,” recalls Cerrone. Cerrone tried a variety of tactics, such as cajoling Patti by suggesting she make the day fun. “I said, ‘Come and have lunch. Spend the day up here.’”

“She hounded me!” says Patti, “and thank God she did.”

Patti made the trip up from Toms River for her lung cancer screening last year. That’s when the CT scan detected a suspicious nodule, which turned out to be lung cancer.

“I was very, very shocked,” says Patti, who hadn’t experienced any symptoms. “But I had faith in the doctors and told myself everything would be OK.” Her lung cancer had been detected at stage I, before it had spread elsewhere in the body.

Patti needed surgery, which was performed by Subroto Paul, MD, Section Chief of Thoracic Surgery at CBMC, Director of Thoracic Surgical Services at RWJBarnabas Health and a member of RWJBarnabas Health Medical Group.



WHAT TO KNOW ABOUT EARLY LUNG CANCER SCREENING

Lung cancer often has no symptoms until it’s at a late stage, and only 16 percent of lung cancer cases are diagnosed at an early stage. However, early detection in high-risk people through low-dose CT scanning can decrease lung cancer mortality by 14 to 20 percent.

To be eligible for the International Early Lung Cancer Action Program at Cooperman Barnabas Medical Center, patients must meet the requirements set by the U.S. Preventive Services Task Force:

- Currently smoke or have quit within the past 15 years.
- Between 50 and 80 years old.
- Have a history of at least 20 “pack years.” (One pack year is the equivalent of smoking 20 cigarettes—one pack—per day for a year.)

For current smokers, the screening program can provide smoking cessation counseling.

“Because we caught the cancer early, Patti didn’t need chemotherapy or radiation,” Dr. Paul explains. “However, with a malignancy such as she had, part of the lung had to be excised.”

The procedure was done with minimally invasive robot-assisted surgery. “She was able to leave the hospital in a couple of days and return to her regular activities with minimal pain,” says Dr. Paul.

Patti will continue to have regular low-dose CT scans as part of follow-up surveillance to make sure that if the cancer ever recurs, it’s caught early.

To learn more about the International Early Lung Cancer Action Program at Cooperman Barnabas Medical Center, call **973.322.6644** or visit www.rwjbh.org/cbmclung.



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