

A Publication of  
**JERSEY CITY MEDICAL CENTER**

Winter 2022

# healthy *together*

**CANCER  
SCREENINGS  
EVERYBODY NEEDS**

**TIPS FOR AVOIDING  
SLIPS AND FALLS**

**A TIMELY  
TREATMENT  
FOR COVID-19**

**PROTECT YOUR HEART  
THIS WINTER**

## MESSAGES FROM LEADERSHIP



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

### BARRY H. OSTROWSKY

PRESIDENT AND CHIEF EXECUTIVE OFFICER, RWJBARNABAS HEALTH



“Jersey City Medical Center (JCMC), Hudson County’s only full-service heart hospital, continues to expand its cardiovascular services, leveraging RWJBarnabas Health’s resources and network. JCMC now offers transcatheter aortic valve replacement (TAVR), a less-invasive surgical procedure, as well as Fractional Flow Reserve-Computed Tomography (FFR-CT), a noninvasive diagnostic test to identify blockages of coronary arteries. As we welcome the new year, JCMC is truly *Healing, Enhancing and Investing in Hudson County.*”

### MICHAEL PRILUTSKY

PRESIDENT AND CHIEF EXECUTIVE OFFICER, JERSEY CITY MEDICAL CENTER

**Jersey City Medical Center** | **RWJBarnabas HEALTH**

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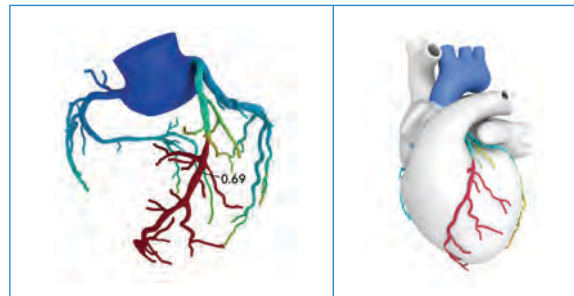
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## HEALTH NEWS



### FIRST-IN-AREA FFR-CT NOW AVAILABLE

Fractional Flow Reserve-Computed Tomography (FFR-CT) is now available at Jersey City Medical Center (JCMC). Using the latest in artificial intelligence, the noninvasive test provides a 3D view of the heart arteries so a physician can assess the severity of heart disease. A physician may determine eligibility for FFR-CT analysis if coronary artery disease is suspected. To schedule an FFR-CT appointment at JCMC, call 201.915.2256.



### EXCEPTIONAL NEWBORN CARE AT JCMC

Newborns in need of specialized care in some instances must use a central line, also called a central venous catheter, to receive intravenous fluids, nutrition or medicine.

JCMC, home to Hudson County’s top Neonatal Intensive Care Unit, has reached a significant milestone by going eight years without a Central Line-Associated Bloodstream Infection (CLABSI) in one of its neonatal patients. For more information about maternity services at JCMC, visit [www.rwjbh.org/maternity](http://www.rwjbh.org/maternity).

### 10 YEARS OF CANCER RISK REDUCTION

JCMC has received the prestigious CEO Cancer Gold Standard award, which provides a framework for employers to have a healthier workplace by focusing on cancer risk reduction, early detection, access to clinical trials and high-quality care to support the health and well-being of employees, families and communities. For more information about cancer care at JCMC, visit [www.rwjbh.org/cancer](http://www.rwjbh.org/cancer).



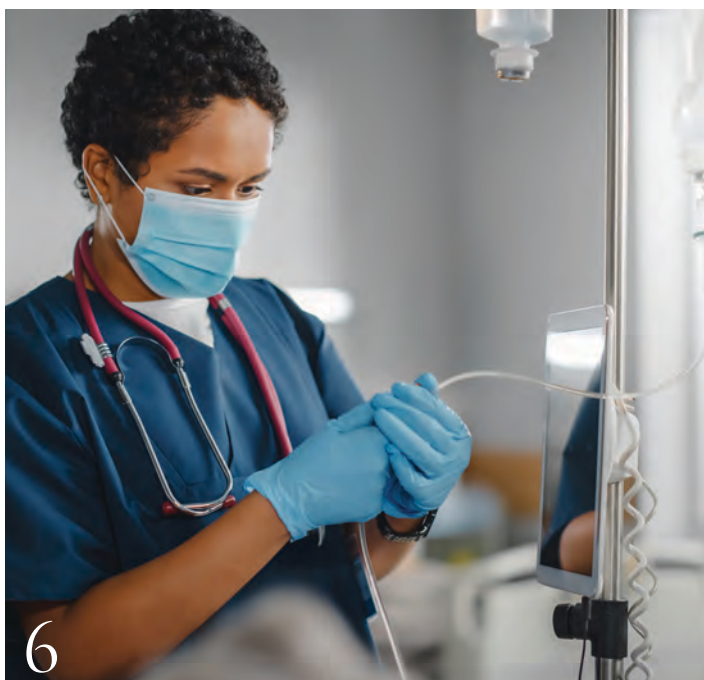


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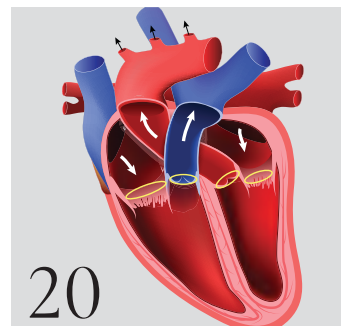
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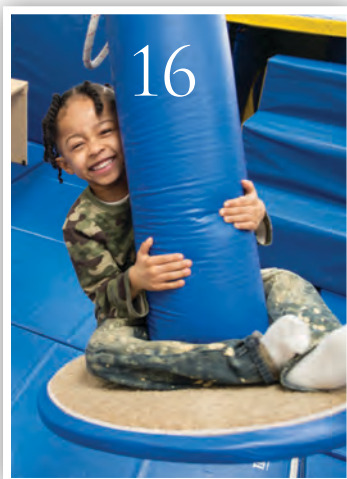
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JCMC and RWJBarnabas Health provide world-class care in your neighborhood.



From left, the da Vinci Xi Surgical System surgeon console, vision cart and patient cart.

# WHY CHOOSE ROBOTIC SURGERY?

## THE REASON ONE SURGEON PREFERRED IT FOR HIS OWN PROCEDURE

While performing an open-heart operation last June, Tyrone Krause, MD, felt intense pain in his right inner groin.

“I broke into a sweat, and I lay down as soon as I could,” says Dr. Krause, Chief of Cardiothoracic Surgery at Jersey City Medical Center (JCMC) and a member of RWJBarnabas Health Medical Group.

Soon, the surgeon learned that he would need his own operation to repair the cause of the pain: an inguinal hernia, a condition in which body tissue or organs bulge through surrounding muscle wall.

Dr. Krause knew that traditional



TYRONE KRAUSE, MD



ANROY OTTLEY, MD

“open” surgery, requiring a large incision, would require up to a month off from work to heal—but his patients could not wait. “If heart surgeries are delayed, the repercussions can be serious,” he says.

So he turned to Anroy Ottley, MD, MSc, FACS, Chief of Robotic Surgery at JCMC and a member of RWJBarnabas Health Medical Group, a leader in single-incision, minimally invasive laparoscopic surgical procedures. Dr. Ottley has performed more than 1,150 such surgeries, not only fixing hernias but operating on spleens, kidneys, intestines, gallbladders, adrenal glands and other parts of the body. “He has as much experience with robotic repair as anyone anywhere,” says Dr. Krause.

### SMALL INCISIONS

In a robot-assisted surgery, Dr. Ottley makes ¼-inch cuts to insert instruments that are attached to a robot. He then controls the instruments from a console, with a screen showing 3D images. “The images are seven times as

magnified as the ones doctors use while operating laparoscopically, so you get a lot more detail,” he explains. The da Vinci Xi Surgical System has four arms that can rotate three times as much as the human wrist, Dr. Ottley says.

The benefits of smaller incisions include less pain, bleeding, infection, scarring and other complications. That means shorter recoveries and hospital stays, often by three to five fewer days. Narcotic painkillers are rarely necessary post-surgery.

Another bonus: Dr. Ottley performs surgery not only during the week but also Saturdays, which meant Dr. Krause could be operating again on Monday.

According to the latest available figures, the use of robotic surgery spiked from 1.8 to 15.1 percent of all general surgery procedures from 2012 to 2018. One day 90 percent of minimally invasive operations will be robotic, Dr. Ottley predicts.

As it turned out, Dr. Krause had two hernias, one on each side, but only three ¼-inch cuts were needed. By the following Monday, he was fully recuperated and replacing a mitral valve in the heart of one of his own patients.

Not only that, he says, “I haven’t had a problem with hernias since.”

For a consultation with Dr. Ottley, call **201.915.2450**. To learn about services at JCMC, visit **[www.rwjbh.org/hudsoncounty](http://www.rwjbh.org/hudsoncounty)**.

# WALK THIS WAY

## SMART MOVES TO HELP YOU AVOID SLIPS AND FALLS THIS WINTER



“In icy weather, people are vulnerable to slipping when they’re on uneven ground,” says John Feldman, MD, an orthopedic surgeon at Jersey City Medical Center and a member of RWJBarnabas Health Medical Group. “That’s especially true in the city, where uneven sidewalks and curbs can make navigation difficult.” Potential perils also lurk indoors, as ice gets tracked in near doorways, melts and becomes a slipping hazard. He offers these simple guidelines for an injury-free season:

- **Keep arms free if possible.** “We’ve evolved to walk upright, and when we walk, without our even thinking about it, our arms provide a natural counterbalance to our gait,” says Dr. Feldman. “Carrying a briefcase, grocery bag or tote bag means you’re not well-balanced and also are less ready to catch yourself if you do fall. Consider using a backpack or anything else that will keep your arms free.”

- **Stow your smartphone.** “It’s essential not to become distracted, especially when walking in a city environment with a lot of foot traffic and street traffic,” says Dr. Feldman.

- **Opt for a treaded sole.** “It’s very important to wear boots in the winter, or anything with a good tread on the sole,” says Dr. Feldman. “If your work shoes don’t have those, don’t wear them on your commute. Bring your work shoes with you to change into.”

- **Walk flat-footed.** “When you walk with a flat foot, you maximize the area in which your feet touch the ground. Keep knees slightly bent, slow down and take shorter-than-usual strides to avoid slipping,” says Dr. Feldman.



JOHN FELDMAN, MD

- **Consider a walking aid.** Options include a trekking pole, walking stick, cane or walker. “For older people, especially, balance issues make falls more of a risk. Keep in mind that the best treatment for falls is prevention,” says Dr. Feldman. “Also, if you’re having trouble with balance, a physical therapist can give you really good exercises to strengthen your core muscles.”

### WHAT TO DO IF YOU FALL

- Elevate the injured extremity to prevent swelling.
- Wrap the injured area with an ACE bandage or compression wrap.
- See your primary care provider to determine whether you need X-rays or to see a specialist.

#### Go to the Emergency Department if:

- You can’t bear weight on a foot or leg, or lift your arm, without extreme pain.
- The limb has an obvious deformity, indicating that a bone is broken.



Jersey City Medical Center offers orthopedic services at 355 Grand Street and also at our Newport location, 100 Town Square Place, Jersey City. To learn more, visit [www.rwjbh.org/hudsoncounty](http://www.rwjbh.org/hudsoncounty).





# COVID-19:

# A TIMELY TREATMENT

**MONOCLONAL ANTIBODY THERAPY IS AVAILABLE FOR  
THOSE RECENTLY DIAGNOSED WITH COVID-19.**

You have a fever, cough, shortness of breath, body aches and other symptoms. They could be signs of COVID-19 or of the flu, or of some other condition altogether. What should you do?

Most people should get a COVID-19 test and follow up with their primary care physician, says Schubert Perotte, MD, Chair of Emergency Medicine at Jersey City Medical Center (JCMC). Tests are available free of charge at select pharmacies and health centers. (Find a site near you at [www.hhs.gov/coronavirus](http://www.hhs.gov/coronavirus).)

However, if your symptoms are severe, go to the Emergency Department (ED) for a test and evaluation.

“Come in if you are having a significant amount of coughing with shortness of breath, or really high fever with shaking, chills and diarrhea,” says Dr. Perotte. “We worry about those patients progressively getting worse or getting dehydrated. We also advise that you go to the ED if you have COVID-19 symptoms and are of advanced age, have multiple medical problems or are immune-compromised in some way, shape or form.”

### AN EFFECTIVE TREATMENT

Patients who have tested positive for COVID-19 within the preceding 10 days may be eligible for monoclonal antibody therapy. The treatment may be advised for patients with mild, moderate or severe symptoms, as well as for people with risk factors such as kidney disease, diabetes or a compromised immune system.

“We’ve been very successful with monoclonal antibodies,” says Dr. Perotte. “We can get patients turned around pretty quickly.”



SCHUBERT PEROTTE, MD

The human body naturally makes antibodies to fight infection. However, most people don’t have antibodies designed to recognize a new virus like SARS-CoV-2, the virus



## GET VACCINATED FOR COVID-19 AND THE FLU, TOO

Both the flu and COVID-19 are spread mainly by large and small particles containing viruses that are expelled when people with the illness cough, sneeze or talk.

Last year, masking and social distancing contributed to a very mild flu season. But with those practices relaxed this year, healthcare experts are worried about a long winter battling both the flu and COVID-19. The good news is that unlike last year, vaccines are widely available for COVID-19, in addition to vaccines to protect against the flu. “Some people ask if it’s safe to get both flu and COVID-19 vaccines,” says Schubert Perotte, MD, Chair of Emergency Medicine at JCMC. “The answer is that patients who have gotten both vaccines have done just fine.”

The Emergency Department is not the place to go for vaccines, however. “There are plenty of outpatient sites for vaccines,” Dr. Perotte says, “and we strongly encourage everyone to get both.”

that causes COVID-19.

Monoclonal antibodies are made in a laboratory to fight a specific infection, in this case SARS-CoV-2. The antibodies are given through a one-time infusion to a person who has already been diagnosed with COVID-19. Patients get temporary enhanced immunity, which helps them avoid a potentially dangerous progression of the disease.

“This treatment is provided here in the ED, not in a doctor’s office, because it requires an intravenous infusion and the patient has to be monitored for any adverse reactions,” says Dr. Perotte.

### VACCINES STILL KEY

Monoclonal antibody therapy doesn’t replace the need for a COVID-19 vaccine, says Dr. Perotte. The type of immunity that results from monoclonal antibodies is not the same as the type of immunity created by the vaccine.

A vaccine helps stimulate a person’s own immune system so it’s prepared and ready to respond if it’s exposed to a virus. That protection is more effective and lasts much longer than the protection

given by monoclonal antibodies.

“Vaccinated or unvaccinated, we will treat you with monoclonal antibodies if you are eligible,” says Dr. Perotte. “However, in the case of a breakthrough infection—in which a vaccinated person comes down with COVID-19—the vaccinated patients have had better outcomes and fewer symptoms compared to their unvaccinated counterparts.”

While the majority of COVID-19 patients don’t need to be admitted to the hospital, “a very small percentage of them may require hospitalization based upon their symptoms, diagnostics and vital signs,” says Dr. Perotte.

Monoclonal antibody therapy is available in EDs throughout RWJBarnabas Health (RWJBH), the health system to which JCMC belongs. RWJBH was among the first health systems in the state to administer monoclonal antibody treatment, which was authorized for emergency use by the U.S. Food and Drug Administration in November 2020. This past October, RWJBH celebrated a milestone by delivering its 10,000th dose.

To learn more about COVID-19, visit [www.rwjbh.org/covid19](http://www.rwjbh.org/covid19).



Sneaker ROOMS  
**Green Apple RX**  
**JCMC Food**  
**FARMacy**



The Food FARMacy also provides Emergency Food Bags for people in need and Healthy Breakfast Bags for schoolchildren. Below, Maria Del Rosario Rivas is 40 pounds down and counting.

suggestions.” In addition to nutrition counseling, the Food FARMacy helps its clients connect with food resources they might not have known about or known how to apply for.

For clients like Maria, the Food FARMacy has been transformational. “She is very dedicated and has done a fantastic job with losing weight in a healthy way that’s going to be successful for the long term,” says Carlino.

“Kristin has helped me so much,” Maria says. “I want to help other people, too, to help them lose weight and improve their health. I want to tell them to change the way they eat. It’s hard,

but after the first month, you’ll see the difference and you’re going to say, ‘Yes, I want to keep going.’”

# A HEALTHY TRANSFORMATION

**THE FOOD FARMACY CHANGES LIVES THROUGH NUTRITIOUS FOOD AND EDUCATION.**

**M**aria Del Rosario Rivas, 60, a patient at Jersey City Medical Center’s Greenville Primary Care Practice, was an excellent candidate for services at the Food FARMacy.

Maria, who was overweight and dealing with diabetes, high cholesterol and high blood pressure, wanted to lose weight and feel better. She was identified through a screening process conducted by Kristin Carlino, MS, RDN, who works with patients at the Food FARMacy. “I started meeting with Kristin every month,” Maria says. “She gives me advice about what to eat and drink and what not to.”

Maria’s typical breakfast went from sweetbread and coffee with creamer and sugar to a spinach omelet, toast and coffee with sugar-free creamer. Lunch is no longer cold cuts with mayonnaise, but salad with tuna fish or chicken. For dinner, chicken is baked, not fried, and salads or vegetables take up half the plate; rice or pasta is limited to a quarter of the plate, which Maria saves for last and is sometimes too full to eat.

She now drinks water or Crystal Light instead of cola. She used to be fatigued by

walking, but now she walks to and from the store regularly.

“I’m not going to lie—it was hard at the beginning,” Maria says. “But now I like how I look and feel. I’ve lost 40 pounds, and I have more to go.”

## FOOD OPPORTUNITIES

The Food FARMacy—which was launched with a generous grant from ACME’s Nourishing Neighbors Community Relief Program and JCMC Foundation Board Member Suraj Kaufman and his Sneaker Room Foundation—provides food and education customized for the health needs of its clients. The program has a well-stocked pantry from which patients can take a bag of groceries that suit their tastes and dietary needs.

“We’re giving people with chronic diseases access to healthy food as well as instructions on how to portion their foods and pair them so they end up improving their condition,” says Carlino. “People can choose the foods they like from the wide selection we have, and I’ll walk around with them and provide



## TO LEARN MORE

The Jersey City Medical Center Food FARMacy serves community members in Hudson County who are food insecure and have a chronic disease. Registration and participation with the Greenville Primary Care team are required. For more information, call **201.839.2643**.





# FAST ANSWERS FOR VERY SICK BABIES

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

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

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



KAMTORN VANGVANICHYAKORN, MD

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

hold her. A diagnosis was needed, right away.

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

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

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

## "A SENSE OF RELIEF"

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

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

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

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

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

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



# HOW COVID-19 IS RESHAPING HEALTHCARE

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

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



ANDY ANDERSON, MD



JOHN BONAMO, MD

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

## 1 The rise of telehealth.

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

COVID-19 and social distancing.

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

Rutgers Health. “However, at the peak of the

pandemic we were doing 10,000 scheduled visits weekly, and even today we continue to do thousands each week.”

The increased







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

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

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



## 3 Enhanced teamwork.

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



## 4 An emphasis on mental well-being.

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

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

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

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



## 5 A brighter spotlight on healthcare disparities.

“At RWJBarnabas Health, we’ve had an ongoing and important system-wide effort in regard to social justice and anti-racism,”

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



## 6 A new flexibility.

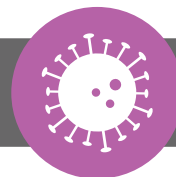
“Healthcare is intensely regulated, and because of that we have a tendency to be very prescriptive about what we can do and how we do it,” says Dr.

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

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

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

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





# CHILDHOOD CANCER: FINDING THE BEST CARE

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

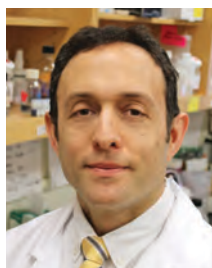


JODI CRANDELL PHOTOGRAPHY



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

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



PETER COLE, MD

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

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

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

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

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

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

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

## A HOLISTIC APPROACH

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

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

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



## CENTERS FOR EXCEPTIONAL CARE

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

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

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

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

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



## AN INFUSION OF FUNDS FOR RESEARCH

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

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

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

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



A man wearing a grey knit beanie, a white puffer jacket with a fur-lined hood, and dark gloves is shoveling snow. He is smiling and looking towards the camera. The background shows a snowy residential street with a house and trees.

# HEADING OFF WINTER HEART ATTACKS

**READ THIS BEFORE YOU SHOVEL SNOW.**

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

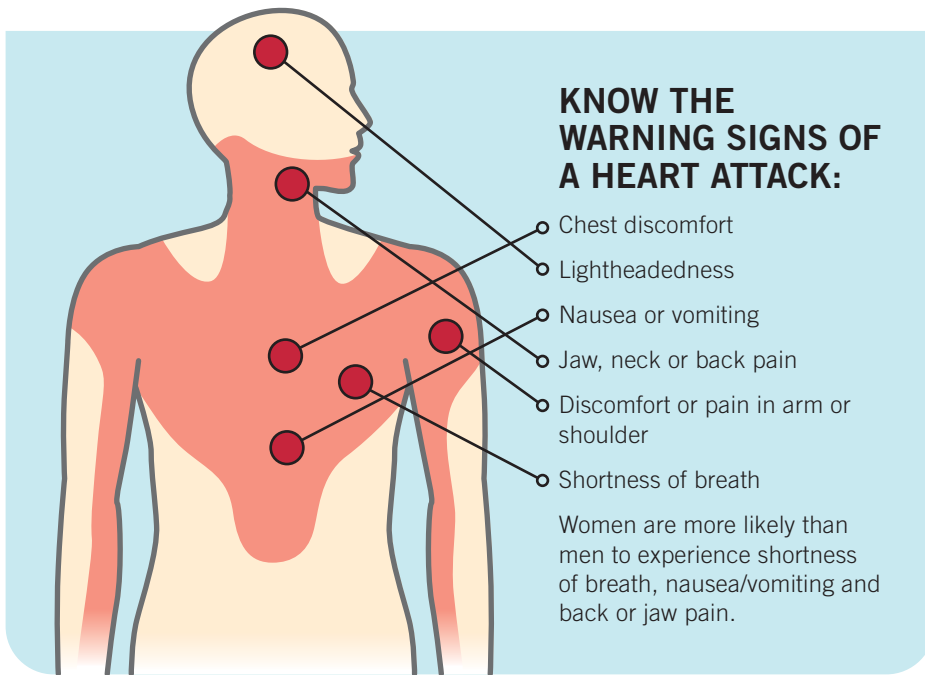
“It’s been theorized that if your core temperature is lower because you’re outside and not really bundled up, the body’s natural response is for arteries to vasoconstrict, or to narrow,” Dr. Tawfik explains. “If somebody already has a narrowing or blockage in the artery, it’s going to interfere with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



**ISAAC TAWFIK, MD**

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





## KNOW THE WARNING SIGNS OF A HEART ATTACK:

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

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

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

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

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

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

## SAFEGUARD YOUR HEART

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

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

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

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



## HOW COLD WEATHER AFFECTS THE HEART

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

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

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

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





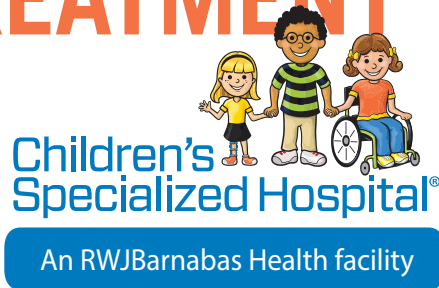
# SPECIAL NEEDS, SPECIAL TREATMENT

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

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

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

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



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

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

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

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

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

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

All CSH facilities offer the most advanced technology and a full suite of therapy and physician services, including developmental and behavioral pediatrics, neurology, special needs primary care, 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](http://www.rwjbh.org/childrensspecialized).

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



# COMFORT and JOY

## SEVEN REASONS TO HAVE YOUR BABY AT JERSEY CITY MEDICAL CENTER

Thanks to a brand-new maternity wing and the dedication of maternal healthcare professionals, Jersey City Medical Center (JCMC) offers the best birthing experience in Hudson County.

**1 State-of-the-art delivery care.** JCMC's Labor and Delivery suites offer operating rooms and a recovery room for cesarean sections. Our supportive team manages every form of delivery, from natural to high-risk, with skilled medical advancements. No matter when you go into labor, a board-certified OB/GYN and anesthesiologist are available.

**2 Privacy for bonding.** Following your delivery, you and your baby will be transferred to the Lord Abbett Maternity Wing. Our new state-of-the-art postpartum rooms offer a spacious, warm and comforting environment for families to encourage bonding and celebration. The private mother-baby units offer special amenities and can accommodate your birth partner throughout your stay, as the visitor couch turns into a sleeping space.

**3 The little things (that make a big difference).** Each postpartum room features a smart TV that will enable you

to access the internet, email and our Get Well network, which offers videos about health-related topics. The smart TV also contains a selection of movies and games for you and your family. The floors throughout the wing have been designed to be noise-dampening, and a nourishment room stocked with snacks is available to all patients. Each room has a Halo BassiNest Swivel Sleeper that can be swung over the bed, enabling safe and easy access for picking up an infant.

**4 Support for breastfeeding.** Breastfeeding has benefits for both infants and mothers. Infants who are breastfed have reduced risks for asthma, obesity, ear infections, diarrhea and more. Women who breastfeed lower their risk of high blood pressure, Type 2 diabetes, breast cancer and ovarian cancer. Certified lactation consultants will spend time with you and your baby on an inpatient and outpatient basis so that you can learn the most comfortable methods of breastfeeding.

Jersey City Medical Center provides comprehensive labor and delivery services as well as spacious, comfortable postpartum rooms.

**5 Parenting education.** Our Women's Health Education department includes a wide range of parent education programs to support you before and after your baby arrives.

**6 Availability of midwives.** Mothers who would like to use the services of a certified midwife—a trained health professional who helps healthy women during labor, delivery and after the birth of the baby—can contact JCMC's Women's Health at Grove Street, 201.984.1270.

**7 Expert help for babies who need special care.** JCMC's Neonatal Intensive Care Unit (NICU) is a Level III Regional Perinatal Center, offering first-rate care and treatment for hundreds of newborns each year. It's staffed around the clock by a board-certified neonatologist and specially trained nurses. For added peace of mind, each NICU bed is equipped with a webcam that allows families to watch their babies anytime, anywhere on any device with internet access.

To learn more about maternity services at Jersey City Medical Center, visit [www.rwjbh.org/maternity](http://www.rwjbh.org/maternity).





# CANCER SCREENINGS FOR EVERY BODY

SCREENINGS SAVE LIVES, SO DON'T DELAY.

The rate of cancer screenings has rebounded almost to pre-pandemic levels since its sharp drop in the spring of 2020. That's good news, because when cancer is caught early, treatment has the best chance for success.



STEFAN BALAN, MD

Still, the number of Americans who get regular, recommended cancer screenings has long been below the target levels set by the U.S. Centers for Disease Control and Prevention. “People tend to put

off screening for all kinds of reasons,” says Stefan Balan, MD, Director of Oncology Services at Jersey City Medical Center (JCMC) and a member of RWJBarnabas Health Medical Group.

“Cancer is very common—in the U.S., one in two men and one in three women will be diagnosed with some sort of cancer during his or her lifetime—but none of us want to deal with this possibility,” he says. “It’s a psychological defense mechanism: We think, ‘I can’t possibly have cancer,’ but then we miss out on a chance to find it early.”

Doctors can play a large role in encouraging patients to have screenings, Dr. Balan says.

“When I see patients in clinic, I ask

about their smoking habits, drinking habits, family history of cancer and more, to evaluate their risk,” he says. “Then I ask whether they’ve had a screening mammogram, colonoscopy, lung screening and so on, and if they haven’t, I try to find out why. Sometimes patients have had a bad experience in the past, or know someone who’s had one. I’ll talk them through the process, sharing my own experiences if needed.

“Sometimes they feel like a diagnosis of cancer is a death sentence, so why bother finding out? I tell them there are many, many things we can do now to treat cancer successfully, especially when it’s caught early.”

## MAKING IT EASIER

When patients are dealing with fragmented care—for example, looking for a dermatologist in one system, then for a mammogram in another—they find

To learn more about cancer screenings provided by Jersey City Medical Center for Hudson County residents, call **844.CANCERNJ (844.226.2376)**.

## WHICH TESTS DO YOU NEED?

TYPE OF CANCER	SCREENING TYPE	RECOMMENDED AGE	SPECIAL CONSIDERATIONS
<b>Breast (women)</b>	Mammogram	Women ages 40 to 44 have the choice to start annual screenings; women ages 45 to 54 should have mammograms every year; women 55 and older can switch to every other year or can continue yearly screening.	Women at high risk should have a mammogram every year beginning at age 30. This includes women who have a specific gene mutation (BRCA1 or BRCA2) or who have had radiation to the chest between ages 13 and 30.
<b>Breast (men)</b>	Physical exam, followed by diagnostic mammogram or other tests if needed	A lump or swelling, skin dimpling, nipple retraction, skin redness or nipple discharge should be examined as soon as possible.	A family history of breast cancer, inherited gene mutations, chest radiation and certain testicular conditions may increase male breast cancer risk.
<b>Cervical</b>	For women, a Pap test every three years and/or an HPV (human papillomavirus) test every five years	Regular screening for women between ages 25 and 65.	Both males and females can get HPV-related cancers. The HPV vaccine, recommended for children and adolescents between the ages of 9 and 16, can prevent HPV infection.
<b>Colorectal</b>	Colonoscopy is a highly effective screening for early detection.	For people of average risk, regular screening at ages 45 through 75. After that, discuss with your doctor.	People at increased risk may need earlier screenings: those with a personal or family history of colorectal cancer, or a personal history of radiation to the abdomen or pelvic area.
<b>Lung</b>	Low-dose CT scan (LDCT)	For people ages 50 to 80 who currently smoke or have quit in the past 15 years and who have a 20-pack-year smoking history.	Research has shown that LDCT scans for people at higher risk of lung cancer save more lives than X-ray screenings.
<b>Prostate</b>	A prostate-specific (PSA) blood test and/or a digital rectal exam	Discuss with your healthcare provider at age 50.	If you are African American or have a family history of prostate cancer, have the discussion starting at age 45.
<b>Skin</b>	A visual self-exam by the patient or clinical exam by a doctor	Risk factors include exposure to natural or artificial sunlight, having fair skin and having several large or many small moles.	Report any suspicious moles or spots to your doctor.

Sources: American Cancer Society, National Cancer Institute

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

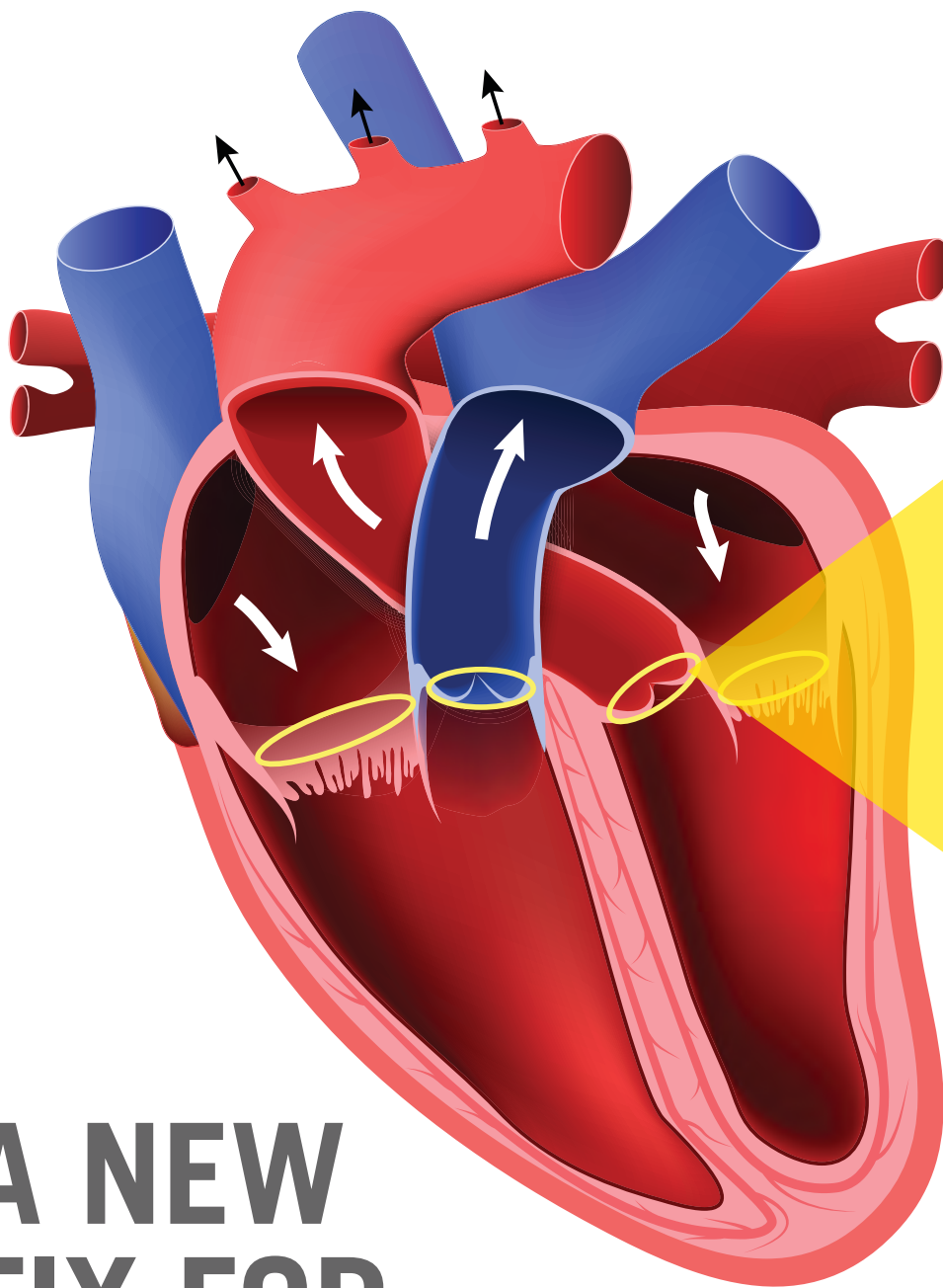
that care can be delayed, or a diagnosis missed, because of the complexity of sharing medical records.

“On the other hand, once a patient enters a comprehensive system like ours, which offers every type of screening, they find that follow-up and sharing results is seamless,” Dr. Balan says. “At Jersey City Medical Center, we offer all recommended routine screenings. Our specialists communicate with each other, and you will not be sent anywhere else.”

If a patient is diagnosed with cancer, a JCMC patient navigator will manage their case, guide them through all the tests and treatments, and make sure they get the support services they need.

“Please don’t put off your recommended cancer screenings,” says Dr. Balan. “Don’t be afraid. Reach out. We’re here to help and guide you, and you’ll feel there is someone on your side.”





## AORTIC VALVE

Normal Valve  
(closed)

Valve Stenosis  
(closed)

# A NEW FIX FOR AORTIC STENOSIS

**A MINIMALLY INVASIVE PROCEDURE GETS  
MOST PATIENTS HOME THE NEXT DAY.**

**R**oughly 20 percent of Americans over age 65 live with aortic stenosis, a condition that hinders the heart's ability to pump blood throughout the body. For years, open heart surgery was the only way to replace a failing aortic valve and reverse aortic stenosis. But that type of major surgery required a weeklong hospital stay and several months of recovery.

Today, advances in technology allow doctors to replace heart valves through a minimally invasive procedure called transcatheter aortic valve replacement (TAVR). "Now, most patients can go home the next day fully functional, like nothing happened," says interventional

cardiologist Michael Benz, MD, Director of TAVR and Structural Heart Program at Jersey City Medical Center (JCMC), who was part of the team that performed the first TAVR at JCMC in September.

### HOW A VALVE HARDENS

The aortic valve is one of the largest of the four heart valves in the heart. When working properly, it lets the blood out of the left ventricle, the largest chamber of the heart, into the aorta, which carries blood to the brain, muscles and other parts of the body.

“The aortic valve opens every time your heart beats,” Dr. Benz explains. “So if your heart beats 70 to 80 times each minute, that means your aortic valve opens and closes nearly 100,000 times each day.”

All that activity can take its toll over the years. “For some people, the aortic valve becomes thicker and stiff, and by age 70, it doesn’t open as well as it used to,” Dr. Benz says. The heart must work harder to pump blood, and can enlarge and cause people to develop heart failure.

Older age is the most common reason people develop aortic stenosis. Other, less common reasons include congenital conditions or infections like rheumatic heart disease or endocarditis.

In its most serious stage, aortic stenosis can be inoperable and even deadly. “Severe inoperable aortic stenosis has a lower five-year survival rate than pancreatic cancer and other metastatic cancers,” says cardiothoracic surgeon Iosif Gulkarov, MD, Associate Chief of Cardiac Surgery at JCMC and a member of RWJBarnabas Health Medical Group.



MICHAEL BENZ, MD



IOSIF GULKAROV, MD



ARASH SALEMI, MD

### IMPROVED MORTALITY

First performed in Europe in 2007 and brought to the U.S. in 2011, TAVR showed promising results right from the start. “In its earliest U.S. trials, TAVR improved mortality by 22 to 25 percent, which is amazing,” says Dr. Benz, who has performed TAVR since 2013.

At JCMC, interventional cardiologists perform TAVR inside a brand-new hybrid operating room (OR), which combines cardiac catheterization equipment as well as OR-style equipment. During the procedure, a catheter is inserted through the groin and up into the heart. The replacement aortic valve is threaded through the catheter and carefully placed in its correct location.

The procedure takes about one hour. Patients stay in the hospital overnight, receive an echocardiogram the next morning to ensure the new valve is functioning properly, then return home.

Originally, TAVR was only approved for the oldest and sickest patients. However, clinical trials over the years have proven its effectiveness for younger people as well. “With the U.S. Food and Drug Administration approval of TAVR for low-risk patients in 2019, essentially everyone over the age of 65 with symptomatic severe aortic stenosis should be considered for TAVR,” says Dr. Benz.

### IS TAVR RIGHT FOR YOU?

The TAVR team at JCMC sits down with each patient to evaluate whether TAVR might be right for them.

Younger patients should carefully consider which type of replacement valve they want—a bioprosthetic valve (from a cow or pig) or a mechanical valve.

“Bioprosthetic valves last ten



## COMPREHENSIVE HEART CARE IN HUDSON COUNTY

TAVR is part of a new Structural Heart Program at Jersey City Medical Center that gives patients minimally invasive options to fix heart conditions.

The program already offers a minimally invasive procedure called Watchman, an alternative to blood thinners that closes the heart’s left atrial appendage and prevents blood clots from forming. JCMC also expects to soon introduce MitraClip, a catheter-based procedure to fix leaky heart valves.

These innovative technologies are part of the comprehensive heart services the medical center provides. “One of the major strengths of RWJBarnabas Health is our patient-centered care and attention to detail,” says Arash Salemi, MD, Clinical Chairman of Cardiothoracic Surgery for RWJBarnabas Health’s Northern Region and a member of RWJBarnabas Health Medical Group. “We have assembled a multidisciplinary team comprised of cardiologists, interventional cardiologists, radiologists, anesthesiologists and cardiac surgeons who provide great results for our patients.”

to 15 years, which means a younger TAVR patient might need a second valve replacement surgery at some point in their lives,” Dr. Gulkarov says. “Mechanical valves last longer but require patients to take blood thinners for the rest of their lives.”

No matter which type of valve a patient chooses, TAVR is proven to be safe and effective. “TAVR is really revolutionary in how it helps patients live healthier and happier,” Dr. Benz says. “It’s an extraordinary achievement for a hospital to be able to provide this type of leading-edge heart treatment.”

For more information about surgical and transcatheter aortic valve replacement at Jersey City Medical Center, call **866.526.8258** or visit **www.rwjbh.org/TAVR**.





# Create a healthy tomorrow by leaving a lasting legacy today.

Help ensure that the next generation has easy access to extraordinary health care by including Jersey City Medical Center in your estate plans. You can create your legacy today by including the medical center as a partial beneficiary of your will or retirement account. It's simple. It's impactful. It's lasting.

For more information, please contact Nicole Kagan at **201-395-7571** or **Nicole.Kagan@rwjbh.org**. Information is also available online by visiting [rwjbh.org/jcmcplanned](http://rwjbh.org/jcmcplanned)

## Jersey City Medical Center

**RWJBarnabas**  
HEALTH

Let's be healthy together.



## CONVENIENT, COMPREHENSIVE CARE

The following services are available at RWJBarnabas Health at Bayonne:



**CARDIAC ELECTROPHYSIOLOGY**  
Suite 3600 | 201.216.9791



**CARDIOLOGY**  
Suite 3600 | 201.858.4900



**GENERAL SURGERY**  
Suite 3100 | 201.915.2450



**GERIATRICS**  
Suite 3100 | 551.214.3500



**OB/GYN**  
Suite 2200 | 201.984.1270



**PRIMARY CARE**  
Suite 3100 | 551.214.3500



**PULMONOLOGY**  
Suite 3600 | 551.214.3540



**RHEUMATOLOGY**  
Suite 3100 | 551.214.3558



**SURGICAL ONCOLOGY**  
Suite 3600 | 201.915.2730



**THORACIC SURGERY**  
Suite 3600 | 201.915.2525



## JERSEY CITY MEDICAL CENTER AND RWJBARNABAS HEALTH AT BAYONNE PROVIDE WORLD-CLASS CARE.

Residents of Bayonne and surrounding areas can find comprehensive primary and specialty services at 519 Broadway at the corner of East 24th Street. There's plenty of parking, the facilities are state-of-the-art and the healthcare providers are among the top in their fields.

For patients' convenience, physical therapy, imaging services and blood drawing are available on-site, as is the Barnabas Health Retail Pharmacy.

Patients also have access to surgical oncology and the highest level of cancer treatment and care through RWJBarnabas Health's partnership with Rutgers Cancer Institute of New Jersey, the state's only National Cancer Institute-Designated Comprehensive Cancer Center.

The newly expanded facilities help fulfill a vision to make care available to patients when and where they need it most.

"RWJBarnabas Health Medical Group is highly committed to providing patient-centered care in the Bayonne community and surrounding areas," says Andy Anderson, MD, President

A view of RWJBarnabas Health at Bayonne provided by Jersey City Medical Center. The facility offers state-of-the-art equipment and a wide array of healthcare services.

and CEO, Combined Medical Group of RWJBarnabas Health and Rutgers Health. "Our goal is to offer primary and specialty care services to our patients with easy access to responsive, high-quality, coordinated care, right in downtown Bayonne."

### THE CARE YOU NEED, WHERE YOU NEED IT

**Emergency Care:** RWJBarnabas Health at Bayonne emergency services are provided by Jersey City Medical Center 24 hours a day, seven days a week at 519 Broadway on the corner of East 24th Street. The facility is a fully licensed Emergency Department.

**Barnabas Health Retail Pharmacy:** Prescription services and personalized care are located on the second floor at 519 Broadway, so there's no need for another stop after a visit to one of our providers. Call **551.214.3586**.

RWJBarnabas Health in Bayonne is located at 519 Broadway at East 24th Street. To learn more about services there, visit [www.rwjbh.org/hudsoncounty](http://www.rwjbh.org/hudsoncounty).



# Whoever your heart beats for, our hearts beat for you.

## A top TAVR program in New Jersey.

Jersey City Medical Center has a passion for heart health. As Hudson County's only full-service heart hospital, we diagnose and treat the entire range of cardiovascular diseases with innovative technologies and procedures, including Transcatheter Aortic Valve Replacement (TAVR). In partnership with Rutgers Health, our medical teams provide the highest quality critical and surgical cardiac care, and we offer access to sophisticated cardiac research and clinical trials. As part of our dedication to every heart in our community, we'll continue healing, enhancing and investing in Hudson County, so we can all live better, happier and healthier. Learn more at [rwjbh.org/HudsonCounty](http://rwjbh.org/HudsonCounty)

## Jersey City Medical Center

**RWJBarnabas  
HEALTH**

Let's be healthy together.

