

Summer 2022

A Publication of  
**COOPERMAN BARNABAS  
MEDICAL CENTER**

Formerly **SAINT BARNABAS MEDICAL CENTER**

# healthy *together*



**A SIMPLE  
TRICK FOR  
WEIGHT LOSS**

**SAFER  
SPORTS  
FOR KIDS**

**SLEEP  
BETTER  
NOW**

**HEALING HEARTS:  
IT TAKES A TEAM**

## MESSAGES FROM LEADERSHIP



“The newly opened RWJBarnabas Health Field of Dreams in Toms River, a recreational complex for people of all ages and abilities, is emblematic of our mission: to help the people who live in our communities feel healthier and enjoy their lives to the fullest.”

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



“I am deeply moved by the commitment my outstanding RWJBarnabas Health colleagues have to our mission and to serving everyone in our communities with inclusiveness for all, regardless of race, age, gender, background and ability.”

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



“At Cooperman Barnabas Medical Center, our influence and impact extends far beyond our campus footprint. We are committed to improving the health of our communities and collaborate closely with leaders throughout the region to provide programs and services that address the diverse needs of the individuals that we serve. I am grateful to our dedicated staff for their exceptional effort and devotion to delivering outstanding care to our patients and their families.”

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

## Cooperman Barnabas Medical Center | RWJBarnabas HEALTH

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## HEALTH NEWS



### STATE-OF-THE-ART BREAST MRI

The Breast Center at the Barnabas Health Ambulatory Care Center in Livingston has acquired a new magnetic resonance imaging (MRI) machine, enhancing the continuum of care for women.

Breast MRIs are a critical tool in detecting or ruling out breast cancer, particularly for certain women who are at high risk for breast cancer or who have dense breasts. The new breast MRI machine will seamlessly integrate MRI scans into patient care by providing scans on the premises, leading to improved patient flow, reduced wait times and increased diagnostic reporting capabilities. To learn more, visit [www.rwjbh.org/breastmri](http://www.rwjbh.org/breastmri).

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# IS YOUR PLATE SABOTAGING YOUR WEIGHT?

Typical portion sizes, in restaurants and in homes, have been growing fast—and so have American waistlines. Here are some ways to make your plate a healthier one. First, understand the terms:

- **PORTION SIZE:** How much food you are served or choose to eat at one time
- **SERVING SIZE:** A standardized unit of measuring foods used in dietary guidance

## What is a recommended serving size?

- Bread: one slice
- Cooked pasta or rice: ½ cup
- Milk or yogurt: 1 cup
- Fruit juice: ¾ cup
- Cheese: 2 ounces (about the size of a domino)
- 2–3 ounces meat, poultry or fish (about the size of a deck of cards)

Source: American Heart Association

## We've been supersizing our eating:

**300**  
MORE  
CALORIES

U.S. adults now consume an average of 300 more calories per day than they did in 1985.



**Bagel 20 years ago:** 3 inches wide, 140 calories

**Bagel today:** 6 inches wide, 350 calories



The average restaurant meal today is **four times larger** than it was in the 1950s.



In the 1960s, dinner plates were roughly **9 inches** in diameter. Today, they're nearly **12 inches**.

## How to Take Back Control of Your Portions

Deanna Schweighardt, RDN, CDCES, Nutrition Counseling at Cooperman Barnabas Medical Center, shares some of the strategies she gives her patients.

1. **Read nutrition labels.** Know that the serving sizes on labels are a way to compare similar foods, not a recommendation for how much to eat. Choose foods that are higher in dietary fiber, vitamin D, calcium, iron and potassium and lower in saturated fat, sodium and added sugars.
2. **Pick a smaller plate.** Studies show that people eat more when they are confronted with larger portion sizes.
3. **Use the MyPlate plan.** Fill half your plate with fruits and vegetables, a quarter of your plate with grains and a quarter of your plate with protein: seafood, meat, poultry, eggs, beans, peas, lentils, nuts, seeds and soy products. Find more information, including recipes and an app, at [www.myplate.gov](http://www.myplate.gov).
4. **Wait 20 minutes** after finishing your plate before you have a second helping. It takes that long for your stomach to signal your brain that you've eaten. You may find your hunger is already satisfied.



## GET IT CHECKED

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/cbmc](http://www.rwjbh.org/cbmc).



# SLEEP IN YOUR MIDDLE AGES (AND BEYOND)

## CHANGES IN THE BODY CAN LEAD TO CHALLENGES AT BEDTIME.

Adults need between seven and nine hours of sleep a night. That remains true even as, in middle age and beyond, adults undergo physical changes that affect sleep patterns, says Mangala Nadkarni, MD, Director of the Center for Sleep Disorders at Cooperman Barnabas Medical Center (CBMC).

For reasons that aren't well understood, the circadian rhythm—the internal clock that sets the body's sleep-wake cycle—begins to shift as people age.



MANGALA NADKARNI, MD

“The internal clock moves backward somewhat,” Dr. Nadkarni explains. “Most people start going to bed earlier and waking earlier.”

Cardiovascular disease and lung

conditions, which are more likely to emerge later in life, can interfere with sleep. In addition, common conditions and sleep disorders are more likely to affect people as they age. These include:

- Restless legs syndrome, or RLS, a prickling or tingling sensation that can only be relieved by moving or massaging the legs.
- Sleep apnea, brief pauses in breathing caused by soft tissue blocking the airway in the rear of the throat.
- Nocturia, the frequent need to urinate during the night.
- Hormonal changes. For women, a decrease in estrogen during menopause can cause hot flashes.

### SLEEP BETTER TONIGHT

Despite these challenges, better sleep is possible—and essential, Dr. Nadkarni says.

“Sleep is very important for heart and



## COULD IT BE A SLEEP DISORDER?

If sleeping problems are significantly interfering with your daily life, you may benefit from an expert evaluation. Signs you may need a sleep disorder study include the following:

- Excessive snoring, which may include brief cessation of breathing, a sign of sleep apnea.
- Difficulty falling asleep or staying asleep.
- Excessive daytime sleepiness.

The first step is to see your primary care physician to discuss your sleep problems. Keep a log of your sleep patterns and show your doctor. The Center for Sleep Disorders at CBMC offers advanced diagnostics and treatments for sleep disorders, along with many amenities to enhance the test experience.

brain health. It's like a nightly concert, where everything needs to be in sync for you to feel rested in the morning,” she says. Her suggestions:

- Get some sunlight during the day. The sun suppresses melatonin, a hormone that plays a role in sleep. During the evening the melatonin will rebound and help with falling asleep.
- Engage in physical and mental activity during the day.
- Don't eat or drink caffeine or alcohol too close to bedtime.
- Turn off your electronics an hour before bed.
- Keep your bedroom cool, dark and quiet.
- Go to sleep and wake up at the same time, even on weekends.

“It's OK to take a nap during the day to compensate for lack of sleep,” Dr. Nadkarni says, “but for no more than 30 minutes.”

To learn more about the Center for Sleep Disorders at Cooperman Barnabas Medical Center, call 973.322.9800 or visit [www.rwjbh.org/cbmcsleep](http://www.rwjbh.org/cbmcsleep).





# YOUNG ATHLETES, PROTECT YOUR JOINTS

INJURY PREVENTION TIPS FROM A TOP TEAM PHYSICIAN



As the current Director of Orthopedic Surgery for the Philadelphia Flyers and the former team physician for the Philadelphia Eagles, Peter DeLuca, MD, has helped hundreds of elite athletes obtain peak performance and recover from injury.



PETER DELUCA, MD

Now, as an orthopedic surgeon with Cooperman Barnabas Medical Center and a member of RWJBarnabas Health Medical Group, Dr. DeLuca

is using his experience to help athletes of all ages in the same way. He explains:

### What's the biggest injury risk young athletes face today?

One of the growing dangers I see for young athletes is sports specialization. It happens when parents and sometimes youngsters think they must play one sport—and only that sport—in order to perfect it. They mistakenly believe that it is the only way to become a college or professional athlete, but that's not the case.

I recently asked a number of National Hockey League players how many months they played hockey when they were younger. Most told me the same

thing: They hung up their skates in April and didn't touch them again until August. If these world-class athletes reached the pros without playing hockey for 10 months a year, then there's no reason a young athlete should play just one sport for that long.

### What are the dangers of sports specialization?

Any time a young adult plays a sport, it puts stress on certain joints, such as the knee or shoulder, or even on certain structures of those joints. So, for example, if you spend 10, 11 or 12 months of the year playing baseball as a pitcher, the repetitive throwing will continually stress your shoulder and elbow, and



something will eventually fail. That's why most sports medicine physicians recommend that young athletes play at least one other sport. By playing, for example, football for three months, then basketball for four months, you'll be working different muscles and reduce your risk for overuse injuries. Numerous studies have pointed to the dangers of sports specialization.

### What are the most common shoulder injuries in young athletes?

Overuse injuries are the most common. These types of injuries typically take the form of tendinitis. They're caused by sprains of the muscles and tendons

around the shoulder and elbow. In general, the harder and more often you throw, the greater your risk for tendinitis.

Some young athletes want to play through their tendinitis, but they absolutely should not. Doing so can cause more damage and lead to more serious injuries like a tear of the labrum, which is the band of tissue that surrounds the socket of the shoulder joint. While physical therapy may resolve some labral tears, others may require surgery.

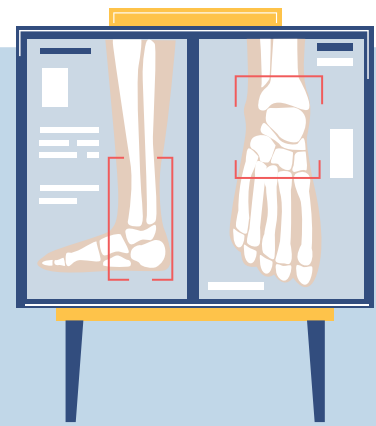
### What are the most common knee injuries in young athletes?

Muscle strains are the most common, followed closely by anterior knee pain, which is discomfort around the kneecap. We see this more commonly in females than in males. It's often caused by an anatomical issue where the kneecap doesn't track properly, causing pain and instability. Sprains of the medial collateral ligament (MCL), located in the inner part of the knee, are the third most common injury.

A knee injury that we've seen greatly increase in incidence over the last several years is a tear of the anterior cruciate ligament (ACL), which is the ligament that connects the femur to the tibia. ACL tears can happen in any sport with a lot of pivoting and cutting. They happen more often in females who play soccer, basketball and lacrosse, and more often in males who play football, soccer and basketball. The ACL will not heal by itself, and you will need surgery. A young athlete who suffers an ACL tear will need at least nine months of recovery before returning to sports.

### How can young athletes prevent injuries?

Most injuries occur because of fatigue. That's why I advise young athletes to build endurance in all their muscles—from their feet all the way up to their pelvis, and then their core muscles, glutes, quadriceps and hamstrings. The



### GET TREATED LIKE A PRO

The orthopedic and sports medicine team at Cooperman Barnabas Medical Center has a full complement of experts dedicated to the health and well-being of athletes of all ages. "We offer complete care, similar to what the pros receive," says sports medicine and orthopedic surgeon Peter DeLuca, MD.

In addition to orthopedic surgeons, sports medicine physicians, certified athletic trainers and physical therapy practitioners, the medical center's orthopedic team includes a sports nutritionist and a sports psychologist. The medical center also offers a concussion program to help create the safest return possible for people who suffer head injuries on the field or court.

stronger and more flexible you keep your muscles, the better you'll ward off injuries.

Proper stretching is important. One good guideline: A prevention program called PEP (Prevent Injury and Enhance Performance) includes warm-up, stretching and strengthening exercises that can dramatically decrease the incidence of ACL tears.

Also, athletes should make sure to stay hydrated. When you're dehydrated, your muscles don't work as efficiently as they should, which increases your risk for strains and sprains.

To learn more about sports medicine at Cooperman Barnabas Medical Center, call **973.322.7005** or visit **[www.rwjbh.org/ortho](http://www.rwjbh.org/ortho)**.

# GOOD TIMES FOR GOOD HEALTH

SPECIAL EVENTS HELP THE MEDICAL CENTER PROVIDE THE BEST POSSIBLE CARE.

Throughout the year, Cooperman Barnabas Medical Center (CBMC) hosts special events where friends of the medical center can enjoy getting together for a good cause. These events raise vital funds for an array of healthcare services on which our communities rely. Following this past spring's successful Cycle Red, A Reason to Walk and Friends of Cooperman Barnabas Golf Classic, we offer these events for the fall. To learn more about participating in any of them, call **973.322.4330**.



## RUNNING WITH THE DEVILS 5K RUN AND WALK

RWJBarnabas Health and the New Jersey Devils team up to host a hybrid in-person and virtual run and walk. One hundred percent of the event proceeds will support our healthcare heroes in their efforts to build healthier communities.

**Sunday, October 23**

Essex County South Mountain Recreation Complex, West Orange



## THE VALOR AWARDS

In its 35th year, this annual event salutes an elite group of firefighters and first responders for their bravery, courage and dedication to the citizens of New Jersey. The Valor Awards benefit the Burn Center at CBMC.

[www.rwjbh.org/valorawards](http://www.rwjbh.org/valorawards)

**Thursday, October 27** | Mayfair Farms, West Orange



At the 2021 Golf Outing, from left: Marcello Guarneri, Chief Financial Officer, CBMC; Atif Chauhdry, President, Vital Contingent Planning; and Rick Davis, President and CEO, CBMC.

## GOLF & TENNIS OPEN

In its 48th year, the Golf & Tennis Open supports programs, services and the purchase of state-of-the-art technology. [www.rwjbh.org/cbmegolf](http://www.rwjbh.org/cbmegolf)

**Monday, September 12**

Canoe Brook Country Club, Summit



## REASON TO ROCK

Enjoy cocktails and music in support of Comfort Project 360 and help raise critical funds to support the Cancer Center at CBMC.

[www.rwjbh.org/reasonrock](http://www.rwjbh.org/reasonrock)

**Thursday, October 20**

Crestmont Country Club, West Orange

## MIRACLE WALK

Returning to Verona Park for its 22nd year, Miracle Walk brings together families grateful for their children's care at the Neonatal Intensive Care Unit. [www.miraclegwalk.com](http://www.miraclegwalk.com)

**Sunday, October 9** | Verona Park, Verona

To see all events at Cooperman Barnabas Medical Center, visit [www.rwjbh.org/cbmcevents](http://www.rwjbh.org/cbmcevents).

To learn about ways to give to CBMC, visit [www.cbmcgiving.org](http://www.cbmcgiving.org).





# HEALING HEARTS

## A TEAM APPROACH TO CORONARY ARTERY DISEASE



Coronary artery disease (CAD)—when major arteries to the heart are damaged and blood flow is partially or totally blocked—is the most common type of heart disease in the U.S.

However, new technology, along with a team-based approach to treatment, have greatly improved patient outcomes, says interventional cardiologist Bruce Haik, MD, Chief of the Division of Cardiology and Director of the Cardiac Catheterization Lab at Cooperman Barnabas Medical Center (CBMC), who is also a member of RWJBarnabas Health Medical Group.

“Treating CAD sometimes involves a complex decision tree requiring a Heart Team consultation,” says Dr. Haik. “When a patient and family have input from cardiac specialists with a wide array of expertise, they can feel confident in making a decision about treatment.”



BRUCE HAIK, MD

### MEMBERS OF THE TEAM

CAD can be diagnosed in a variety of ways, including cardiac stress tests, which show how the heart works during physical activity; a

coronary CT scan, a specialized, ultra-fast imaging test that can provide a calcium score and also provide noninvasive information about the arteries; and an angiogram, an X-ray that can accurately detect blockages. These tests are often ordered by a **cardiologist**, a doctor trained in finding, treating and preventing cardiac disease.

The noninvasive cardiologist may refer the patient to an **interventional cardiologist**. “This is a specialist in the nonsurgical opening of arteries,” says Dr. Haik. A procedure done by an interventional cardiologist is angioplasty, also known as percutaneous coronary intervention (PCI). In this procedure, a soft, flexible guide wire and various balloon catheters and devices are inserted into a narrowed blood vessel in order to open the artery with stents. The process is sometimes aided by imaging from within the blood vessel utilizing specialized imaging systems.

The interventional cardiologist will consult with a **cardiac surgeon**, whose specialty is open heart surgery, in which an incision is made in the chest in order to perform coronary artery bypass graft surgery, sometimes combined with valve repair or replacement.

Both of those doctors will rely on the information provided by a **cardiac**

**imaging specialist**, who uses sophisticated technology to provide detailed images of a heart’s chambers, valves, walls and blood vessels. “It’s important to know the severity, location and extent of the narrowing, but also to understand whether the blockage is rigid and calcified, or is more consistent with soft plaque,” says Dr. Haik.

### MAKING THE CALL

The Heart Team approaches each patient’s individual treatment plan by considering many clinical factors, including age, frailty and coexisting medical conditions like diabetes in order to achieve the best possible outcomes.

“The cardiology field has evolved so that we now have many effective ways of treating CAD and related conditions,” says Dr. Haik. “For example, the Shockwave balloon utilizes ultrasound waves to break up calcified plaque before placing a stent, allowing for more complete expansion.

“All of these options are weighed along with the particular patient’s risk profile,” he explains. “A major benefit of the Heart Team process is that sometimes a hybrid approach using both catheter-based procedures and surgery turns out to be the safest and most effective means of treatment.”

RWJBarnabas Health supports the largest-volume elective and emergent angioplasty program in New Jersey. To connect with a top cardiovascular specialist at RWJBarnabas Health, call **888.724.7123** or visit **www.rwjbh.org/heart**.



# NEW WAYS TO TREAT SKIN CANCER

**\***  
RWJBarnabas Health, together with Rutgers Cancer Institute of New Jersey—the state’s only NCI-Designated Comprehensive Cancer Center—provides 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).

**OUR PATIENTS HAVE THE BENEFIT OF ADVANCED TREATMENT OPTIONS, CLINICAL TRIALS AND GREATER ACCESS TO EXPERT CARE.**

“Over the years, there’s been a revolution in the way we treat skin cancers, especially melanoma,” says Sarah Weiss, MD, Director, Melanoma/Cutaneous



ADAM BERGER, MD



SARAH WEISS, MD

Oncology Program at Rutgers Cancer Institute of New Jersey, the state’s only NCI-Designated Comprehensive Cancer Center. “The important thing to know is that with skin cancer, even if it’s advanced, there are now a number of potentially effective therapies available.”

“A diagnosis of skin cancer can be scary,” says Adam Berger, MD, FACS, Chief, Melanoma and Soft Tissue Surgical Oncology at Rutgers Cancer Institute, “but when you’re treated by a multidisciplinary team, the chances of a good outcome are excellent.”



## MELANOMA: WHAT TO KNOW

Melanoma is a type of skin cancer that develops when melanocytes (the cells that give the skin its tan or brown color) start to grow out of control. It's more likely than other skin cancers to spread to other parts of the body if not treated early.

"I advise patients to see a dermatologist for a skin check regularly, and if there's any change in a mole, to be seen right away," says Adam Berger, MD, FACS, Chief, Melanoma and Soft Tissue Surgical Oncology at Rutgers Cancer Institute.

The most important warning sign of melanoma is a new spot on the skin or a spot that is changing in size, shape or color. Be on the lookout for spots that have any of the following features:

**A**

### **A IS FOR ASYMMETRY:**

One half of a mole or birthmark does not match the other.



**B**

### **B IS FOR BORDER:**

The edges are irregular, ragged, notched or blurred.



**C**

### **C IS FOR COLOR:**

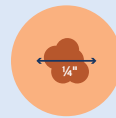
The color is not the same all over and may include different shades of brown or black, or sometimes patches of pink, red, white or blue.



**D**

### **D IS FOR DIAMETER:**

The spot is larger than 6 millimeters across (about ¼ inch—the size of a pencil eraser), although melanomas can sometimes be smaller than this.



**E**

### **E IS FOR EVOLVING:**

The mole is changing in size, shape or color.



Source: American Cancer Society

## ADVANCED TREATMENTS

Although melanoma accounts for only 1 percent of skin cancers, it causes the majority of skin cancer deaths. "Physicians at Rutgers Cancer Institute and RWJBarnabas Health treat all types of skin cancers, but we worry about melanoma because it has the highest chance of spreading in the body," says Dr. Weiss.

"The majority of patients we see will have surgery to remove the melanoma, and that will be the only treatment they'll need," explains Dr. Berger. However, if a lymph node biopsy reveals that the cancer has spread, systemic treatment may be given. This may include targeted therapy or immunotherapy.

"The FDA has approved many new therapies over the past 10 years, including several new ones just this year, that enable us to harness a patient's immune system to fight melanoma as well as other skin cancers," says Dr. Weiss.

Patients may be eligible for one of

a number of clinical trials available at Rutgers Cancer Institute or one of the RWJBarnabas Health (RWJBH) hospitals. "Our goal is to offer clinical trials in every setting of the disease, for patients who've never had treatment to patients who've had prior treatments but are in need of new therapies," says Dr. Weiss.

## MANY MINDS

Multidisciplinary care means that patients at RWJBH hospitals and Rutgers Cancer Institute benefit from the expertise of a dedicated team of specialists, including surgical oncologists, radiation oncologists, medical oncologists, radiologists, dermatologists, pathologists, nurses, nurse navigators and social workers.

"We meet on a weekly basis to discuss each patient's case," says Dr. Berger. "We put our heads together to create a personalized plan of care for each individual."

Physicians throughout Rutgers

Cancer Institute and RWJBH coordinate care across the state at RWJBH hospitals. Their mission, says Dr. Berger, is to make top-level cutaneous oncology (skin cancer) care available for patients close to home.

Franz O. Smith, MD, MAcM, MMM, FACS, Northern Lead, Melanoma and Soft Tissue Oncology Program, RWJBarnabas Health, and Medical Director, The Melanoma Center at Cooperman Barnabas Medical Center, collaborates with the cutaneous oncology team at Rutgers Cancer Institute, attends the weekly multidisciplinary tumor board meetings and offers patients access to clinical trials. He also sees patients at Clara Maass Medical Center in Belleville.

The cutaneous oncology team at Rutgers Cancer Institute also works closely with surgical oncologist Victor Gall, MD, who treats melanoma and skin cancer patients at Community Medical Center in Toms River, Monmouth Medical Center in Long Branch and Monmouth Medical Center Southern Campus in Lakewood.

To learn more about treatment for skin cancers at RWJBarnabas Health and Rutgers Cancer Institute of New Jersey, call **844.CANCERNJ** or visit **www.rwjbh.org/beatcancer**.





# A PLACE WHERE EVERYONE CAN PLAY





At the ribbon cutting for the RWJBarnabas Health Field of Dreams, opposite page, from left: Maurice Hill, Mayor, Toms River; Mitchell Little, Police Chief, Toms River; Barry Ostrowsky, CEO, RWJBarnabas Health; Christian, Gavin and Mary Kane; Michael Ritacco, Board President, Field of Dreams; Michelle Minnelli, Kane family friend; and Todd Frazier, former Major League Baseball All-Star and supporter of Children's Specialized Hospital.

## THE RWJBARNABAS HEALTH FIELD OF DREAMS IS OPEN TO KIDS OF ALL ABILITIES.

“Gavin has no place to go. He used to have places to go, but a beer truck changed all that. And that can happen to you or someone you love in the blink of an eye.”

That's how Christian Kane explained the need for a recreational complex for people with disabilities to potential donors. In 2012, the car Christian was driving was hit by a truck, leaving his son, Gavin, just 19 months old, with a fractured skull and severe disabilities.

Since then, Kane and his wife, Mary, who also have four other children, have spared no effort to help Gavin have as normal a childhood as possible. That's how they learned that even “inclusive” playgrounds—“with some rubber flooring and a big red swing chair”—can create an environment in which disabled children feel unwelcome. And that's why they decided it was necessary to build a comprehensive recreational facility where children of all abilities, and their caretakers, would feel at home.

So Kane, a math teacher at Toms River North High School, became the chief organizer, fundraiser and salesperson for their dream. “To sell teenagers on the idea that math is cool, you have to know how to sell,” he says with a laugh.

Five years and one month from the day the couple had the idea, the RWJBarnabas Health Field of Dreams opened in Toms River. It features a basketball court, baseball field, nine-hole miniature golf course and a playground

area specially designed for wheelchairs and adaptive equipment. The complex has a “quiet corner” pavilion for children with autism, strategically placed outlets for recharging wheelchairs and more. There's nothing like it anywhere in the country.

“The Kanes' passion project aligned perfectly with RWJBarnabas Health's commitment to health equity and supporting community-based initiatives,” says Barry Ostrowsky, Chief Executive Officer of RWJBarnabas Health (RWJBH).

### OUTSIDE THE BOX

The Kanes already had a connection with RWJBH through Children's Specialized Hospital in Toms River, an RWJBH facility, where Gavin has been receiving physical and occupational therapy since the accident.

“Mind you, most of the doctors we were seeing early on told us to put Gavin in a home because he would amount to nothing,” says Kane. “We said, we'll take him to *our* home, and we found help for Gavin at Children's Specialized. The physical and occupational therapists there have basically treated Gavin like their own child. They're always thinking outside the box, trying new things—

anything to help him get better.”

Gavin is now in fourth grade in the Toms River public school system. “Through the use of a tablet, he's able to communicate and learn,” says Kane. “Through the use of my body and my wife's body, he's able to walk around. He's come a long way, but he's still not where we want him to be. That's our number one project.”

After that priority comes Field of Dreams, which now needs to be maintained and to grow. Adults with disabilities—who often have limited options after they age out of support provided by the public school system—will make up a large part of the staff. Sports leagues are being formed. Since the complex is a private entity and doesn't get state funding, fundraising will be a constant need.

“This project is immensely important to individuals with special healthcare needs,” says Matthew McDonald III, MD, Chief Executive Officer of Children's Specialized Hospital. “It gives folks an opportunity to socialize and exercise. We are so looking forward to packing this place.”

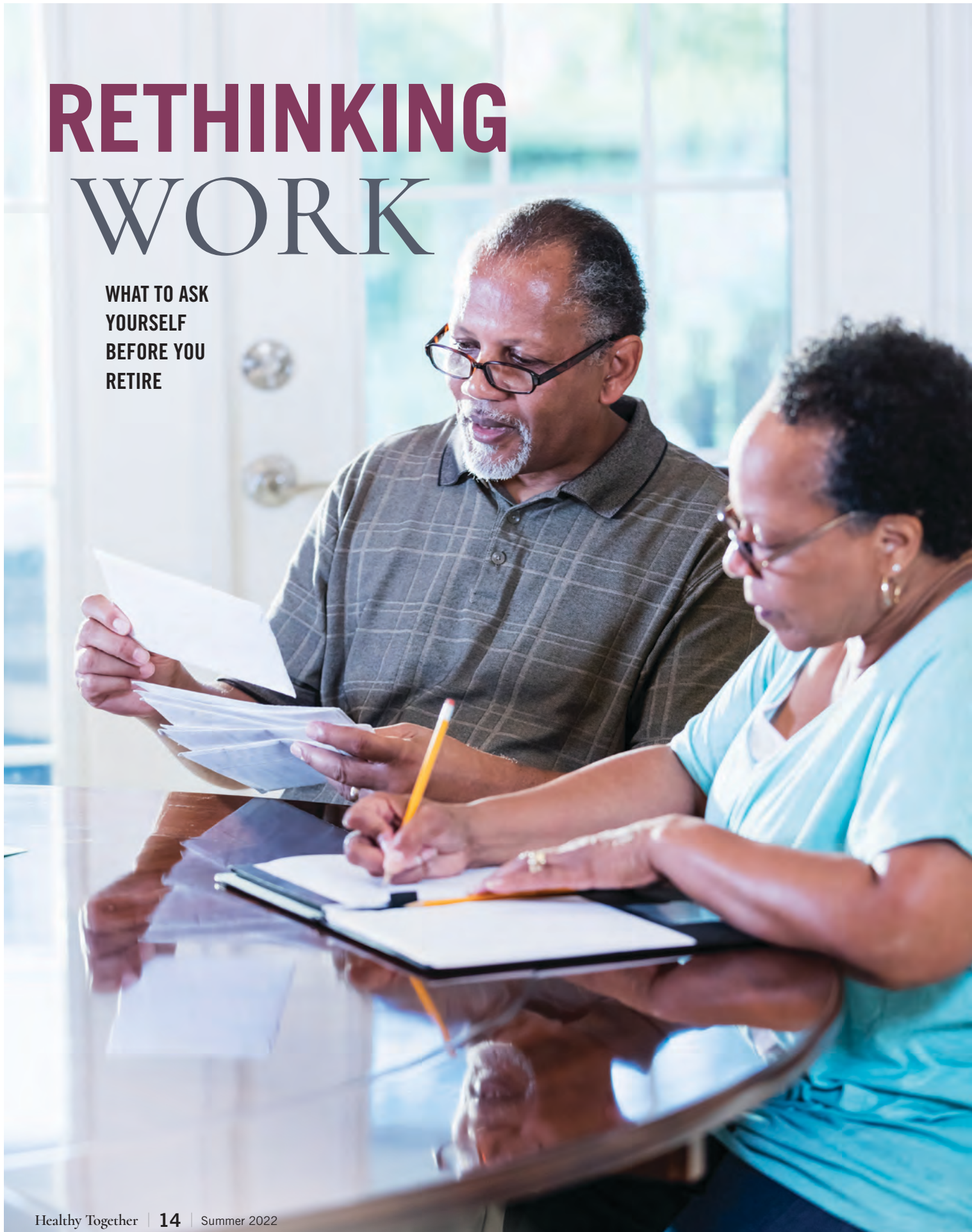
“Gavin is extremely excited,” says Kane. “Now he can play with his friends and meet new people.”

To learn more, visit  
[www.rwjbhfieldofdreams.com](http://www.rwjbhfieldofdreams.com).



# RETHINKING WORK

WHAT TO ASK  
YOURSELF  
BEFORE YOU  
RETIRE



For most of the past 20 years, retirement rates in the U.S. were declining. People were staying in jobs longer, experts speculated, because of factors such as increased life expectancy, higher education levels and the rise in the minimum age to collect full Social Security benefits.

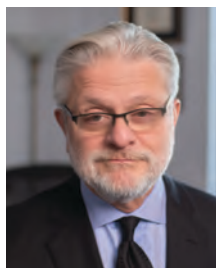
In the past two years, that trend began to reverse: Beginning with the pandemic-related economic shutdown, a significant number of U.S. adults who hadn't necessarily planned to retire did so. It's estimated that two and a half million "excess" retirements took place between March 2020 and the second quarter of 2021.

"What we've been seeing is a wave of people who have rethought the contract between themselves and the world of work," says Frank A. Ghinassi, PhD, Senior Vice President of Behavioral Health and Addictions at RWJBarnabas Health and President and CEO of Rutgers University Behavioral Health Care. "The question is whether they made the choice with a complete understanding of what the consequences would be."

### REASONS TO LEAVE

Fear was a motivator for many, Dr. Ghinassi says. "Early in the pandemic, before we had vaccinations and better medications, lots of people were dying," he says. "People began to ask themselves, is going into work worth my personal risk? You saw this in people who couldn't work from home, such as environmental services workers, first responders and healthcare workers.

"Also, many individuals began to experience symptoms of anxiety and depression. Surveys indicate that's been true for an increasing number of people in the past two years.



FRANK A. GHINASSI, PHD

"Then, as the

pandemic ground on, making decisions about vaccination and risks and new variants have all begun to weigh on people," Dr. Ghinassi explains. "Older adults started thinking about how they wanted to spend the rest of their lives. A lot of employees began to examine whether they could make retirement work earlier than previously planned."

For a fortunate subset of people, personal wealth grew during this time period due to a heated housing market and booming stock market. With more money came more options.

### AND THEN WHAT?

"Some people have a good plan for retirement and have really thought out the budget and what they'll do," says Dr. Ghinassi. "But often, people have a fantasy of retirement life that's based on their vacations: You don't have the stress of work, you go somewhere nice and spend more money than you usually do. The reality of retirement is that you have to create a lifestyle that can fit your budget, 52 weeks a year for the next 25 to 30 years."

Retirees also need to be prepared to find new ways of being with their families, he says. "Americans tend to be very hardworking. That means you were away from your family 45, 55, sometimes more hours a week," he says.

"When you retire, your family members are going to see you infinitely more than they have before and that's a big change, even in happy, well-adjusted families," he says. "Now you have to find structured ways not only to be together, but to be apart. People deal with issues like, how do you get your alone time when your spouse is always around?"

Selling a house and downsizing to a smaller space can present challenges as well. "You're not only spending way more time together, but now you're doing it in a smaller space," Dr. Ghinassi says. "That's not necessarily good or bad, but it does require renegotiation. Ideally, retirement is based on a realistic plan."

If it turns out that full-time retirement doesn't suit, the current

## 8 QUESTIONS TO ASK

"It's important to walk through the actual realities of retirement as thoroughly as you can before you take that step," says behavioral health specialist Frank A. Ghinassi, PhD.



- How are you going to cover medical costs?



- What is your debt situation? How much of your nest egg is tied to the stock market? Finances can be a source of significant stress.



- Are your friends retired and if not, how will that affect your social life?



- How will you structure a typical day, from the time you get up until the time you go to bed? What will a typical week look like? A month?



- What are your hobbies, and how will they help provide structure for your time?



- Have you talked to people you know well and asked them what retirement has meant for them?



- If you've decided to move away from where you've lived, how will you make new friends?



- If your partner is also retired or not working, how will you negotiate daily life now that you're together for a greater part of the day?

shortage of employees in the U.S. offers opportunities to return to the workforce. "Some people," says Dr. Ghinassi, "decide to rejoin the workforce in a totally different profession and become reinvigorated about work."

To learn about mental health services at RWJBarnabas Health, call the Behavioral Health Access Center, which is open 24 hours a day, at **800.300.0628**.





Opportunity Project now provides a combination of hybrid and virtual support to adults with brain injuries.

# THE VIRTUAL CLUBHOUSE

A UNIQUE PROGRAM INNOVATES TO HELP ADULTS RECOVER FROM BRAIN INJURY.

When lockdowns created by the pandemic began, the staff at Opportunity Project, a program for adults with brain injury, knew they had to pivot quickly. Members of the Opportunity Project Clubhouse were relying on them as they worked to rebuild their life skills—and they were used to meeting in person at the Millburn-based facility.

“People were in a panic,” says Jacqueline Marino Rizzi, Cognitive and Community Integration Skills Counselor. “We had to think fast. Right away, we created a Facebook private group for members. But we knew our members varied greatly in technology know-how and access.”

The staff learned how to create meetings that members could join by either video or phone. They helped those without an internet connection get one. Members left their iPads out on their porches so a staffer could download the apps needed for virtual meetings. Soon, just about everyone had the appropriate technology to participate in video calls.

“Then we made sure to keep our programs very consistent, because our members are routine-oriented,” Marino Rizzi says. “We held the groups at the same times and we provided reminders to make sure people would stay engaged.”

## A NEW MODEL

Now there’s a range of new services, including Mental Health Mondays, Grief Counseling Tuesdays, Wellness Wednesdays, Team-Building Fridays and an Adjustment Counseling Group on Saturdays. There’s virtual cognitive retraining, adaptive chair yoga, music therapy, team building, stress relief and more. The OP Resilience Squad, where members provide peer-to-peer support, was launched, as was the OP Caregiver Support Group.



Similarly, Melissa Moyer, Nutrition Counselor, adapted her wellness groups to the virtual world. Fitness classes became videos that groups watched together, following along at home. Opportunity Project teamed with the SPIRIT Club to connect with its online database of inclusive fitness classes. Healthy cooking classes were livestreamed from the Clubhouse.

In individual and group sessions, members discussed ways to overcome limitations related to their brain injury that hinder them from meeting their health and wellness goals.

Now, as COVID-19 health protocols permit, the Opportunity Project Clubhouse has transitioned to a hybrid model, with limited in-person activities. Counselors say, however, that a virtual component is here to stay.

“Sometimes members had transportation barriers to coming to our in-person programs,” Moyer says. “Others struggled with the amount of preparation it takes to get out of the house. The fact that they can participate from their living rooms has been a great thing for them.”

“We’ve evolved and been able to keep providing positive support,” says Marino Rizzi. “Our members are continuing to make progress!”

Children’s Specialized Hospital partners with Opportunity Project to ensure that children in its brain injury programs can continue to have the support they need throughout adulthood. To learn more, visit [www.opportunityproject.org](http://www.opportunityproject.org). 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, Egg Harbor Township, Hamilton, Jersey City, Monmouth, New Brunswick, Newark, Somerset, Toms River, Union and West Orange.



# IS IT A HEART ATTACK?

## WHAT TO WATCH FOR






**CHEST PAIN IS ONLY ONE WARNING SIGN—AND MAY NOT APPEAR IN A WOMAN.**

**E**very 40 seconds, someone in the U.S. has a heart attack. Know what the warning signs may be—and realize that they may be different for a woman than for a man. It's common for women to experience more subtle angina (chest pain), as well as shortness of breath and upper back pain prior to having a heart attack.








Call 911 as soon as you think you or someone you're with may be having a heart attack.



### TYPICAL WARNING SIGNS IN MEN

- Squeezing chest pressure or pain 
- Jaw, neck or back pain 
- Nausea or vomiting 
- Shortness of breath 
- Indigestion 

### TYPICAL WARNING SIGNS IN WOMEN

-  Chest pain, but not always
-  Jaw, neck or upper back pain
-  Nausea or vomiting
-  Shortness of breath
-  Pain or pressure in the lower chest or upper abdomen
-  Fainting
-  Indigestion

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



# BACK IN ACTION AFTER OPEN HEART SURGERY



## A MAJOR PROCEDURE LEADS TO AN OUTSTANDING OUTCOME.

Nothing fills Doyle Sutton with energy like a day of weight training and cardio at the gym.



ARASH SALEMI, MD

He'd always hoped that staying fit could help him prevent a heart attack, a health emergency that claimed the lives of his mom and two of his sisters.

“Unfortunately,

it doesn't matter how hard you try, heredity is heredity,” says Sutton, 58, of Independence Township.

His heart troubles began early last year, when he couldn't maintain his usual high level of activity. “I'd go to the gym, work in the yard and I'd notice it was a little harder to breathe,” he says. “I thought I was overdoing it, that I was maybe too old to work like this.”

Concerned, Sutton visited his primary care physician, who diagnosed a heart murmur and referred him to

cardiologist Darshan Godkar, MD, Medical Director, Radial Program, at Cooperman Barnabas Medical Center (CBMC).

### SEARCHING FOR A CAUSE

Among the tests the cardiologist ordered was a CT scan of the heart to measure the amount of calcium buildup in the arteries. A score between 100 and 300 means a moderate amount of calcium is present. A score higher than 300 indicates severe coronary artery disease



Doyle Sutton was ready to do maintenance work around his property just weeks after open heart surgery.



coronary artery. “Upwards of 75 percent of patients with severe aortic stenosis like Doyle’s have some degree of blockage in their coronary arteries,” Dr. Salemi says.

### OPEN HEART SURGERY

“Dr. Salemi put my mind at ease when I talked with him,” Sutton says. “He’s super nice.” But he still wasn’t sure he wanted to go through with Dr. Salemi’s proposed treatment—open heart surgery. “Thankfully, my wife, Sharon, pushed me to do it,” Sutton says.

On February 10, Dr. Salemi performed the surgery at CBMC, replacing Sutton’s faulty valve with a new valve made from bovine (cow) tissue. He also performed two bypasses around Sutton’s blocked arteries to restore his coronary blood flow. Five days later, Sutton was back home.

Sutton then completed a full course of cardiac rehabilitation, slowly increasing his exercise tolerance to strengthen his heart.

In addition, he stayed active on his own. “I have a two-acre property, and I was raking leaves and pushing my mower just a few weeks after surgery,” he says. “I did it in little steps over a number of days.”

Today, he’s ready to go back to the gym and return to his job as a shipping and receiving lead for a specialty chemical company. “Doyle had a great attitude both pre-op and post-op,” Dr. Salemi says. “He’s got a new engine. He can get out there and do anything he wants.”

On his road to recovery, Sutton is sharing a potentially lifesaving message with his friends and co-workers. “I recommend people get their physicals and a full cardio workup,” he says. “It’s the best way to know if something is wrong with your heart so you can get it fixed.”

(CAD), which is narrowing or blockage of the major blood vessels that supply the heart. It also indicates high risk for a heart attack.

“My score was something like 1,000,” Sutton says. “Dr. Godkar said he almost fell off his chair when he saw it.”

Dr. Godkar referred Sutton to Arash Salemi, MD, Clinical Chairman of Cardiothoracic Surgery at RWJBarnabas Health, Professor of Surgery at Rutgers New Jersey Medical School and a member of RWJBarnabas Health Medical Group. Dr. Salemi ran additional tests that found Sutton also had aortic stenosis, a narrowing of the aortic valve.

“The aortic valve acts as a doorway that sits between the heart and the rest of the body,” Dr. Salemi says. The opening should be as wide as a silver dollar, he explains, but Sutton’s was smaller than a dime. “That meant that when he exerted himself, his heart would pump fine—his heart muscle was as strong as a marathon runner’s—but his narrowed valve restricted the amount of blood pumping through his body,” he says.

More testing revealed that a tight blockage had formed in his left main



## TREATMENT OPTIONS FOR CORONARY ARTERY DISEASE

Coronary artery disease (CAD) is usually caused by plaque buildup that makes arteries narrow over time.

- For **moderate CAD**, doctors may prescribe medical therapy, including statin drugs to reduce levels of low-density lipoprotein (LDL, or “bad”) cholesterol, and aspirin to help thin the blood and improve blood flow.
- For **CAD causing one or two blockages**, percutaneous coronary intervention (PCI), a minimally invasive approach, may be recommended. A doctor will use a catheter (a thin tube) to place a stent (a small mesh tube). “A stent pushes plaque out of the way and restores blood flow,” says Arash Salemi, MD, Clinical Chairman of Cardiothoracic Surgery at RWJBarnabas Health.
- For **CAD that involves multiple blocked vessels or blocked vessels in higher-risk areas of the heart**, open heart surgery, in which the chest wall and sternum are cut to provide access to the heart, may be recommended.

While open heart surgery is the most invasive treatment option, it’s also very effective. “The operation has been perfected over time,” says Dr. Salemi, “so we routinely get outstanding outcomes even with the most complex of surgeries.”

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





# READY FOR ANY EMERGENCY

THE NEWLY EXPANDED ED OFFERS THOUGHTFULLY DESIGNED SPACES AND STATE-OF-THE-ART CARE.

Over the years, the number of patients seen annually at the Emergency Department (ED) at Cooperman Barnabas Medical Center (CBMC) has increased dramatically from about 66,000 patients.

The ED itself has grown in size—it can now accommodate 130,000 patients annually—and in function, too. “Our goal was not only to increase space, but to make the flow of treatment much easier, so that patients are always seen in a space appropriate to their needs,” says Eric Handler,



ERIC HANDLER, DO

DO, Chairman of Emergency Medicine at CBMC.

The expanded ED, which has 102 beds in total, includes:

✓ **A Rapid Diagnostic Unit** with 22 beds, which offers advanced tests such as a scan from a very fast, 256-slice CT scanner, a cardiac stress test, an MRI or an ultrasound, all in a timely fashion. “These tests used to take two to three days to get. Now our average length of stay is 14 hours,” says Dr. Handler.

✓ **A nearly twofold** increase in the number of adult treatment bays.

✓ **An increase in capacity** for the Pediatric Emergency Department. Physicians in the Pediatric ED are board-certified in pediatric emergency medicine, and nurses have the Pediatric

Certified Emergency Nurse certification. An ED-based Certified Child Life Specialist helps children and their families have an easier experience.

✓ **More capacity** in the Fast Track section. “Patients are directed to this section for urgent needs, such as a laceration or orthopedic injury,” Dr. Handler explains. “Our goal is to have the patient evaluated, treated and discharged within 90 minutes.”

✓ **An enhanced waiting room**, with new amenities and upgraded lighting. For children, a separate pediatric waiting room has activity tables and a bright color scheme.

“They’re beautiful spaces, but we still don’t want you to have to spend time there,” says Dr. Handler. “Our



**'IF YOU HAVE CHEST PAIN, ABDOMINAL PAIN OR STROKE-LIKE SYMPTOMS, YOU SHOULD NOT WAIT TO COME TO THE ED.'**

*—Eric Handler, DO, Chairman of Emergency Medicine*



The spacious, newly expanded Emergency Department at CBMC allows for a smooth flow of traffic for patients and healthcare providers.



goal is to bring the patient to a provider immediately. However, the department offers state-of-the-art intake and results pending areas.”

Advanced technology has been added as well. “Through the generosity of donors, we’ve been able to bring very high-tech equipment into our ED,” says Dr. Handler. “We’ve updated our stretchers, monitors and more.

“More than ever, we can truly offer our patients care in a state-of-the-art Emergency Department.”



## **'THE ED IS A SAFE PLACE TO BE'**

During the COVID-19 pandemic, many people avoided getting medical care for fear of being exposed to the virus in a healthcare setting. “Even today, we see patients coming in a bit later in their disease process,” says Eric Handler, DO, Chairman of Emergency Medicine. “They’re showing up sicker than they used to. If you have chest pain, abdominal pain or stroke-like symptoms, you should not wait to come to the ED. We really want to get that message out.”

Upon arrival, all patients are screened for possible COVID-19 symptoms or exposure within the past 14 days. Unlike early in the pandemic, rapid tests can determine whether the virus is present. As needed, patients can be isolated from the general ED population in separate waiting and treatment rooms. “The spread of infection is mitigated by negative air pressure, a ventilation system that prevents airborne diseases from escaping by filtering air before it moves outside,” says Dr. Handler.

In an emergency, call **911**. To learn more about services available at Cooperman Barnabas Medical Center, visit [www.rwjbh.org/cbmc](http://www.rwjbh.org/cbmc).





# CHILDHOOD ASTHMA: WHAT TO KNOW

## AVOID COMMON MYTHS TO HELP YOUR CHILD FEEL BETTER.

**W**hat's the best way to help a child who has asthma? "There are a number of myths about pediatric asthma that can be harmful to a child's treatment," says Anas Al-Turki, MD, a pediatric pulmonologist at the Pediatric Specialty Center at Cooperman Barnabas Medical Center and a member of RWJBarnabas Health Medical Group.

"Parents and guardians need to know the truth, and we are here to help," Dr. Al-Turki says. He sets the record straight:

### **Steroid medication in inhalers is safe.**

While some worry it may be physically addictive, the amount of steroid inhaled is very tiny, unlike systemic steroids taken by mouth. It's not addictive and can be stopped if the child's asthma improves.

**Many children outgrow asthma.** Eight out of 10 children outgrow asthma as they mature, although there are still a number of patients who will continue as adults.



**ANAS AL-TURKI, MD**

### **Asthma is not caused by stress.**

Some people make this assumption because an anxiety or panic attack may cause similar symptoms, such as difficulty breathing.

However, specific physical changes occur in an asthma attack. The airway becomes swollen and inflamed in response to triggers, including exposure to allergens, smoke, pet dander, pollutants, mold and cold air. An attack should never be taken lightly, and medication should always be readily available.

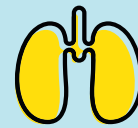
### **Children with asthma should participate in sports and active exercise.**

The idea that children shouldn't engage in physical activity may stem from the fact that asthma is a lung condition that affects breathing. However, exercise is good for the lungs. There are professional athletes who have asthma. Children should use their inhaler or take their medication 20 minutes or so before sports, and they'll be fine.

### **Asthma can be controlled in most cases.**

If you're diligent in ensuring your child takes medication as prescribed and helping him or her avoid triggers, such as cigarette smoke and other allergens, you should find that your child is functioning well and breathing easier.

Even so, it's important to continue with visits to your pediatric pulmonologist. Maintain the schedule suggested by your physician, so he or she can monitor lung function and head off any problems that may arise.



## WHAT IS PEDIATRIC ASTHMA?

With asthma, airways become inflamed and muscles around the airways tighten, making it difficult for air to move in and out of the lungs. It is the most common serious chronic disease among children.

### **SYMPTOMS**

- Wheezing
- Coughing
- Rapid or labored breathing
- Complaints of chest hurting
- Reduced energy
- Feeling weak or tired

### **RISK FACTORS**

- Allergies
- Family history of allergies or asthma
- Frequent respiratory infections
- Low birth weight
- Second-hand smoke before and/or after birth
- Growing up in a low-income, urban environment

Asthma can't be cured, but it can be controlled with inhaled, oral or intravenous medications.

Source: American Academy of Allergy, Asthma and Immunology



## GET IT CHECKED

Cooperman Barnabas Medical Center (CBMC) offers an Asthma Self-Management Education Program. It's the only adult and pediatric program in the nation to receive certification through the American Association for Respiratory Care. To learn more about services at CBMC's Pediatric Specialty Center at 375 Mount Pleasant Avenue in West Orange, call **973.322.6900** or visit [www.rwjbh.org/cbmc](http://www.rwjbh.org/cbmc).



# THE FUTURE OF BREAST CANCER TREATMENT?

**AN INNOVATIVE CLINICAL TRIAL GIVES PATIENTS NEW OPTIONS.**

**W**ith the groundbreaking I-SPY2 clinical trial, Cooperman Barnabas Medical Center (CBMC) is offering eligible patients a novel approach to treating advanced breast cancer. “By opening this trial, we’ve opened the pathway to personalized treatments for advanced cancer,” says Michele Blackwood, MD, Northern Regional Director of Breast Services for RWJBarnabas Health, Chief of Breast Surgery, Rutgers Cancer Institute of New Jersey and a member of RWJBarnabas Health Medical Group. “It’s really going to be a template for



**MICHELE BLACKWOOD, MD**

how we treat breast cancer now and in the future.” The I-SPY2 trial is one of numerous clinical trials at CBMC, which give patients expanded options for treatment.

## A NEW APPROACH

The I-SPY2 clinical trial is adaptive, meaning that if the desired clinical response isn’t evident during the trial, the oncologist can pivot to a different medicine.

Prior to any breast cancer surgery, eligible patients with locally advanced (stage 2 or 3) breast cancer will have their cancer analyzed genomically and radiographically to assess the type and volume of breast disease. Treatments are tailored to a patient’s particular cancer and provide some of the latest anti-cancer therapies available.

“In this trial, we are able to provide patients with novel agents to see if the cancer shrinks better with these treatments than with standard chemotherapy,” says Dr. Blackwood. Patients are monitored regularly throughout the trial.

“That’s a very unusual thing in any treatment for breast cancer, or any other cancer,” says Dr. Blackwood. “We really want to make sure that the treatment the

patient is receiving is appropriate to her specific tumor. We want to make sure that we’re giving her the right medicines to shrink and perhaps eliminate that breast cancer prior to surgery.”

## COLLABORATIVE CARE

Innovative clinical trials and advanced treatment options are part of the cancer team’s plan to meet ambitious goals. “In the future, we want breast cancer not to be ‘hopefully cured’; we want it to be definitely cured,” says Dr. Blackwood, who is also Medical Director at the Center for Breast Health and Disease Management at CBMC.

**\***  
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](http://www.rwjbh.org/beatcancer).

Breast cancer patients at CBMC benefit from a team approach that includes up to 20 healthcare providers, including surgeons, oncologists, geneticists, plastic surgeons, physician assistants, nurses, social services workers and more.

Each patient’s case is presented anonymously to a multidisciplinary panel of breast cancer experts, and cases are often discussed with colleagues at Rutgers Cancer Institute of New Jersey. “We have a vigorous discussion about the best treatment strategy,” says Dr. Blackwood. “This helps ensure that each patient gets the best care that’s currently available.”

Patient-centered care means that an oncology navigator manages each patient’s case to make sure all treatments and appointments are seamlessly coordinated. Equally important, treatment options are clearly explained, so patients fully understand their choices and all the options available. “Our work is not just about curing breast cancer,” Dr. Blackwood says. “It’s about helping each patient feel as whole as they can and have a full life afterward.”

To learn more about clinical trials at Cooperman Barnabas Medical Center, visit [www.rwjbh.org/clinicaltrials](http://www.rwjbh.org/clinicaltrials). To schedule an appointment at the Center for Breast Health and Disease Management, call **973.322.7020**.

# We have top cardiovascular specialists, researchers and innovative treatments. And the passion to match.

Cooperman Barnabas Medical Center has a passion for heart health. Our cardiac specialists, who diagnose and treat all cardiac conditions, lead our multidisciplinary team, including Magnet-recognized nurses. We're at the forefront of innovation in critical and surgical cardiac care, including transcatheter aortic valve replacement (TAVR) and transcatheter mitral valve replacement. And, as the state's largest cardiac rhythm disorder center, we offer the largest left atrial appendage closure program with the newest device for treatment. It's all part of our dedication to every heart in our community

[Learn more at rwjbh.org/heart](http://rwjbh.org/heart)

**Cooperman Barnabas**  
**Medical Center**

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HEALTH

Let's be healthy together.

