

A Publication of
COMMUNITY MEDICAL CENTER

FALL 2020

healthy

together



**SURPRISING
SIGNS OF
HEART
PROBLEMS**

**BENEFITS OF
TELEMEDICINE**

**BREAST CANCER
IN MEN:
WHAT TO
WATCH FOR**

**PROTECT
YOUR HEART
FROM STRESS**

Rising to the Challenge

During the COVID-19 pandemic, changes in healthcare have been unprecedented. Fighting a new and unpredictable virus and making it safe for patients to receive all types of care under these extraordinary conditions have become our top priorities.

We're proud of how RWJBarnabas Health has risen to these challenges, as stories in this issue show. From new mothers who need help with breastfeeding to seniors looking for advice on how and whether to have social interactions, we're here for you with support and guidance.

We offer telehealth services for children and adults through RWJBarnabas Health TeleMed,[®] which makes virtual visits available for many issues in both primary and specialty care. If an in-person doctor visit is required, know that all physicians in our RWJBarnabas Health Medical Group have implemented additional safety standards for their offices, including social distancing, mask wearing, intensified disinfection protocols, and COVID-19 screening of patients and staff.

Of course, in the event you or a loved one need to go to the hospital, you can rest assured that each facility in the RWJBarnabas Health system has taken every precaution for the safety of patients, visitors and team members.

A lot of work has gone on within the walls of Community Medical Center and all of our outpatient locations to prepare for your safe return. We have taken every precaution to make you feel comfortable. It is extremely important to not delay medical care for yourself and your loved ones. Whether it is a medical emergency, a routine checkup or an elective procedure, you will find our employees and physicians are focused on providing you with high-quality care in a safe environment. While you may not recognize them immediately, behind their masks and six feet apart, our team remains dedicated to keeping our community healthy.

At RWJBarnabas Health, caring for the community is our mission and our passion. Please take good care of yourselves by wearing a mask when needed, washing your hands frequently and practicing social distancing.

Yours in good health,



BARRY H. OSTROWSKY
PRESIDENT AND CHIEF EXECUTIVE OFFICER
RWJBARNABAS HEALTH




PATRICK AHEARN
CHIEF EXECUTIVE OFFICER
COMMUNITY MEDICAL CENTER



A LEADER IN EQUITABLE CARE

Community Medical Center (CMC) has been recognized and redesignated as a “Leader in LGBTQ Healthcare Equality” by the Human Rights Campaign Foundation,

the educational arm of America’s largest civil rights organization. The Foundation evaluated healthcare institutions’ policies and practices related to LGBTQ patients, visitors and employees and honored those that provide equitable care to LGBTQ patients. CMC is one of eight RWJBarnabas Health facilities that earned the redesignation.



THANK YOU TO OUR COMMUNITY




At the height of the COVID-19 pandemic, as healthcare workers at CMC tirelessly cared for ill patients, you cared for us. You sent us meals, gifts, countless cards and immeasurable support. You cheered us on from

your cars in parades that let us know we weren’t alone. Heroes are people who inspire, persevere and help others, and you are our heroes, too. To give back, CMC employees and medical staff recently donated 34,000 pounds of food as part of the hospital’s annual Healthcare Harvest Food Drive. This set a new record for donations. Fulfill’s People’s Pantry distributed the food to local families in need.

Community Medical Center | **RWJBarnabas HEALTH**

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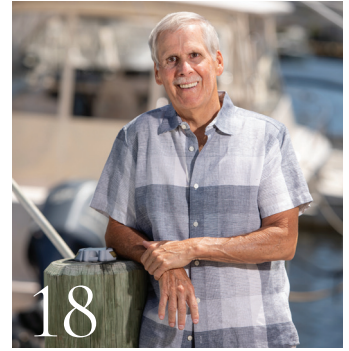
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OCEAN COUNTY
ADMINISTRATIVE
BUILDING

Virginia Haines, a Freeholder in Ocean County, discovered that the shortness of breath she was experiencing was related to a cardiac problem, not allergies.

Your heart doesn't beat just for you. Get it checked. To reach a Community Medical Center cardiac specialist, call **888.724.7123** or visit **www.rwjbh.org/heart**.

JUST IN TIME

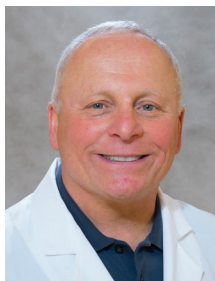
ONE WOMAN'S LIFE WAS SAVED, THANKS TO A ROUTINE CHECKUP.

Like many women, Virginia Haines, 73, a Freeholder in Ocean County, didn't think she was at a significant risk for heart problems. Although she was past menopause, which raises the risk of heart disease due to declining estrogen levels, there was little heart disease in her family history. Also, she exercised every morning before work, which helps to maintain heart health.

In July 2019, Virginia was shocked to learn that she had a serious blockage in one of her heart's arteries. "I'm very fortunate that I didn't have a heart attack," she says. If Virginia hadn't had a routine appointment with Leonard Di Pisa, MD, a cardiologist at Community Medical Center (CMC) and a member of RWJBarnabas Health Medical Group, the dots might not have been connected between her symptoms and her heart.

VAGUE SYMPTOMS

Virginia had begun to experience shortness of breath and was relying more and more on her inhaler. "I had told my allergist about seeing 'Jersey Boys' at the Hard Rock Café and walking up the escalator stairs," says Virginia. "By the time I got to the top, I had a strange feeling in my chest. I had had the same sensations when I was visiting a friend in Costa Rica and walking through the rainforest. I was using my inhaler a lot to catch my breath."



LEONARD DI PISA, MD



SANJIV SOBTI, MD

Breathlessness can signal that a heart attack is about to happen—or is already happening—in a woman. "Chest discomfort and pain aren't always the norm for women, as they are for most men," says Dr. Di Pisa. "For women, heart attack symptoms are usually fatigue and shortness of breath. Also, women may complain of nausea and increased sweating." Women may also experience uncomfortable pressure or fullness in the center of their chest and pain or discomfort in the arms, back, neck, jaw or stomach. Looking back, Virginia recalls having jaw pain in the middle of the night.

Virginia saw Dr. Di Pisa a few days after seeing her allergist. She told him about her recent symptoms, which prompted him to order an exercise stress test. Performed while a patient is walking on a treadmill, the test shows how well your heart responds when it's working at its hardest. Virginia failed the test. "I couldn't even go five minutes," she says.

"Virginia's symptoms and the positive stress test suggested that she had an obstruction in one of her coronary arteries," says Dr. Di Pisa. He recommended that Virginia undergo angioplasty, in which a catheter—a thin, flexible tube with a small inflatable balloon at the tip—is threaded through an artery in the groin or wrist to the site of the blockage. The balloon is then inflated to compress the plaque against the artery wall, allowing blood to flow more easily. Usually, a stent is inserted to prevent the artery from collapsing.

A COMPLETE RECOVERY

The procedure was scheduled for the following week, and it went off without a hitch, says Sanjiv Sobti, MD, the CMC interventional cardiologist and member of RWJBarnabas Health Medical Group who

performed it. Virginia spent one night in the hospital and was back to her usual activities—including the important work of helping to govern Ocean County—just a few days later.

Because the blockage was discovered and treated before Virginia had a heart attack—which occurs when pieces of plaque break off and block an artery, stopping blood flow—her heart was not damaged. That allowed her to make a complete recovery. "I feel much better," she says. "I've been able to pass the breathing tests my doctor gave me, and I haven't needed my inhaler at all." Virginia is also back to exercise, walking early in the morning and working out with weights. "She will have to take two antiplatelet medications, which prevent clots from forming, for a year," says Dr. Sobti. "Otherwise, the stent could close."

Virginia has an excellent prognosis, says Dr. Di Pisa. "Once the stents are inserted, they're good for a lifetime," he says, adding that getting women to talk about heart attack symptoms is often challenging because they may not think they're important. "You have to listen to their stories," says Dr. Di Pisa. "If you notice they start to hesitate, you dig deeper."

Virginia, who had chalked up her symptoms to allergies, is grateful that Dr. Di Pisa pressed her. She also has high praise for Dr. Sobti and the other healthcare providers who treated her during her stay at CMC. "They were absolutely wonderful, from the preoperative testing to the time I was discharged," she says.

Today, Virginia has a message for other women who find themselves in her shoes. "I tell them, 'Don't ignore symptoms if something doesn't feel right. Go to the doctor and get tested. Your life could depend on it.'"

A SURPRISING DIAGNOSIS

BREAST CANCER CAN STRIKE MEN, TOO.

In the summer of 2018, John Aviles, 65, of Forked River noticed a lump in his right breast. He saw the nurse practitioner in his doctor's office, and she recommended that he have a mammogram, which revealed a suspicious mass.

John made an appointment with Community Medical Center (CMC) breast surgeon William Schulman, MD, who noticed there was a hard, palpable mass in John's right breast. There was also a swollen lymph node under his right arm. Dr. Schulman ordered a core biopsy of the mass and lymph node, and the test revealed that John had breast cancer. "It took me by surprise," recalls John. "I worked out regularly and was healthy. Also, I was surprised about being a man with breast cancer. I looked at Dr. Schulman and said, 'Are you kidding me?'"

Breast cancer is uncommon in men. "For every 100 women with breast cancer, we see one man with the disease," says Dr. Schulman. "Many men don't realize they can get breast cancer. As a result, it's often identified at a later stage."

Dr. Schulman recommended that John undergo testing to determine whether he had any genetic mutations that would predispose him to breast cancer. "If he had one of the mutations, there was a chance he could pass the gene on to one of his children," says Dr. Schulman. It turns out he didn't carry any of the mutations.

AN AGGRESSIVE TREATMENT PLAN



WILLIAM SCHULMAN, MD

The breast biopsy showed that John had locally advanced ductal carcinoma, and the tumor was hormonally sensitive. "I suggested that John have a right modified radical mastectomy, in which we remove the breast tissue and lymph nodes," says Dr. Schulman. John was anxious to proceed with treatment. "I thought, 'Let's take care of this,'" he recalls. "I don't

want to reduce my life expectancy." John's son and his wife were expecting a baby, who would be his first grandchild.

In October 2018, Dr. Schulman removed John's right breast and 17 nearby lymph nodes. "John did well with the surgery," says Dr. Schulman. "He had some swelling in his right arm, but he had good strength and use of the arm." John recalls that "the nurses were very attentive." The pathology report showed that six lymph nodes were cancerous. The cancer was considered Stage 3A, says Dr. Schulman.

John began chemotherapy in November 2018. "It knocked me for a loop," he recalls. He needed six sessions each of two different chemotherapy drugs. "The nurses always made sure I was comfortable with food and drinks," he says.

In May 2019, John started radiation therapy. He needed daily treatments for more than a month. When the treatment was complete, he began taking tamoxifen, a medication that can help prevent a recurrence of breast cancer. He will take the drug for five years. In addition, John was invited to participate in a clinical trial, which is investigating aspirin's effect on cancer. As part of the trial, he takes medication daily. He doesn't know if it's aspirin or a placebo, but "I might benefit," he says.

After his treatment was completed, John had a CT scan, which showed that he's cancer-free. Three to four times per year, John sees Dr. Schulman so he can check the site of the mastectomy, his lymph nodes and the opposite breast. Starting next year, he will see Dr. Schulman once every six months. John also follows up with his medical oncologist, Chirag Shah, MD, and radiation oncologist, Rajesh Iyer, MD, on a regular basis.

Today, John is back to hiking five to six miles on a regular basis. "I feel great," he says. "I had a very good treatment team at CMC." John is grateful to be able to spend time with his 15-month-old grandson. "It was worth it to go through the treatment," he says.

John Aviles says he feels great after being successfully treated for breast cancer.



A PERSONALIZED APPROACH TO CARE

At Community Medical Center (CMC), physicians use a multidisciplinary approach to care for patients. A breast tumor board composed of surgeons, medical oncologists, radiation oncologists, radiologists, pathologists, geneticists and occupational therapists meets twice a month to discuss each patient. “We make treatment recommendations based on national guidelines and a patient’s age, stage of disease, well-being and wishes to give them the best chance for a cure,” says CMC breast surgeon William Schulman, MD.

SIGNS OF BREAST CANCER IN MEN

Men, like women, should be aware of their bodies and examine their breasts regularly, says William Schulman, MD, a breast surgeon at CMC. They should watch for the following signs of breast cancer and report any concerns to their doctor.

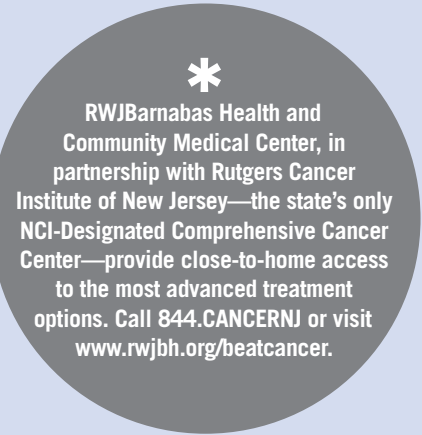
- a lump or swelling in the breast, which can be painless
- skin dimpling or puckering
- nipple changes, such as “retraction,” or turning inward
- nipple discharge
- redness or scaling of the nipple or breast skin
- swelling under the arms
- sensitivity in the breast tissue



RWJBarnabas Health and Community Medical Center, in partnership with Rutgers Cancer Institute of New Jersey—the state’s only NCI-Designated Comprehensive Cancer Center—provide close-to-home access to the most advanced treatment options. Call 844.CANCERNJ or visit www.rwjbh.org/beatcancer.

COMPREHENSIVE CANCER CARE CLOSE TO HOME

THE NEW REGIONAL DIRECTORS OF BREAST RADIOLOGY AND ONCOLOGY EXPLAIN HOW COLLABORATION AMONG THREE HOSPITALS WILL BENEFIT PATIENTS.



BREAST IMAGING

Alexander King, MD, a board-certified radiologist, was named to the newly created position of Regional Director of Breast Radiology for the Southern Region, which encompasses Community Medical Center, Monmouth Medical Center and Monmouth Medical Center Southern Campus.

Under your leadership, will there be any changes to breast imaging services?

We're expanding our hours and plan to add new imaging locations to make mammography more accessible. We're also assessing each patient's lifetime risk of developing breast cancer based on factors such as family history. Using this information, we'll create a personalized screening plan for each patient. For women who have a 20 percent or higher lifetime risk of developing breast cancer, annual breast MRI screening is recommended in addition to annual mammograms. All of our recommendations are in line with the American College of Radiology and the Society of Breast Imaging.

What is your vision for the breast radiology service?

Our vision is to enhance our team approach to providing comprehensive breast cancer care for all patients—close to home. For example, if a patient who comes in for a mammogram needs a biopsy and is diagnosed with cancer, we can connect him or her with a surgeon and a medical oncologist in our vast network of cancer specialists. We provide integrated cancer care, from diagnosis to treatment to survivorship.

What differentiates your breast imaging services from those at other hospitals?



ALEXANDER KING, MD

We see breast health as a unique medical specialty and give it the attention it deserves. Our radiologists are dedicated breast imagers, meaning they are trained in identifying and diagnosing breast cancer. Also, we can refer patients to healthcare providers and oncology support specialists within the RWJBarnabas Health system. We're streamlining the process of follow-up care by using nurse navigators, who offer guidance to patients.

MEDICAL ONCOLOGY

Medical oncologist Seth D. Cohen, MD, was named to the newly created position of Regional Director of Oncology Services for the Southern Region.

What do you hope to achieve in your new role?

All three hospitals have the same goal: to provide the most advanced comprehensive and compassionate care for patients, including cutting-edge therapeutics and clinical trials. A team of medical oncologists works closely with our surgical oncologists and radiation oncologists in the Southern Region. We harness their individual expertise in various cancers, such as breast, lung, colorectal and lymphoma, to deliver top-notch care to patients.

How do patients benefit from clinical trials?

Clinical trials are research studies used to find better ways to prevent, diagnose and treat cancer. In the Southern region, we have more than 30 trials underway right now in collaboration with Rutgers Cancer Institute of New Jersey, the state's only National Cancer Institute-designated Comprehensive Cancer Center.

What are the advantages of receiving treatment at one of the Southern Region hospitals?

We know that cancer doesn't travel well, so it's important that patients have access to the most advanced treatment options, such as clinical trials, close to home. There's no need for them to travel to a large city to receive the best cancer care. In addition, we provide genetic testing to individualize a patient's treatment plan. If they need to be admitted to the hospital, their doctor is nearby.



SETH D. COHEN, MD



GOING OUT: WHAT'S SAFE FOR SENIORS?

**WHEN IT COMES TO COVID-19 AND SOCIAL CONTACT,
IT PAYS TO WEIGH THE RISKS AND BENEFITS.**

A senior citizen who lives alone had become depressed. Her family said she seemed confused when they spoke to her on the phone. Should she allow visitors into her home to help her, or was the risk of contagion too great?

An elderly couple was being urged to attend the wedding of a dear family member, and they very much wanted to be there. Should they go?

These and similar questions are being debated daily by older adults, who are among the groups most at risk for severe illness from COVID-19.

“When stay-at-home recommendations began, many assumed that there would be a clear end date and kept a stiff upper lip as they socially isolated,” says Jessica Israel, MD, Senior Vice



JESSICA ISRAEL, MD

President of Geriatrics and Palliative Care for RWJBarnabas Health and a member of RWJBarnabas Health Medical Group.

However, as questions about transmission and treatment persist, it's become clear that life will not be going back to “normal” anytime soon—and prolonged isolation has health risks as well.

“Today, older adults need to evaluate the risk of having an interaction vs. the risk of not having it,” says Dr. Israel. “And we all need to be open to the fact that there's no one-size-fits-all answer for everybody.”

THREE QUESTIONS

To weigh out the pluses and minuses of a social interaction, Dr. Israel advises, ask yourself three questions:

“What are the risks of what I'm thinking about doing?” Will people be masked, will there be the ability to wash or sanitize hands, and will commonly touched surfaces be sanitized? Will the event be indoors or outdoors?

“How am I feeling emotionally?” Are you emotionally OK, or is staying inside affecting your ability to live your life successfully? For example, do you have a hard time getting motivated to get out of bed to begin your day? Have you lost interest in talking to people on the phone or in doing things you could enjoy, such as sitting outside?

“How am I feeling physically?” Is your health good, or do you have trouble with normal activities, such as walking from room to room? Have you been putting off care for a health condition?

Based on these considerations, Dr. Israel advised the family of the depressed older woman that she should have visitors. “It was becoming an unsafe situation, and when it comes to depression, you can't solve everything with medication,” she says. “The family had been trying to protect her by staying away, but she needed to see them in person, with all appropriate safety measures taken, of course.”

As for the elderly couple who were invited to the wedding, Dr. Israel asked them whether all guests would be masked and practice social distancing. The answer was no. “I had to tell them that I thought it would be too unsafe for them. They actually felt relieved,” she says.

“People come to me all the time and say, ‘Can I go to the hairdresser? Can I go to a restaurant that has outdoor seating?’” says Dr. Israel. “I tell them there may not be a great answer. No activity is without any risk at all, so you have to consider what you can do to mitigate that risk.”

The one activity that's definitely off-limits for now is hugging grandchildren, says Dr. Israel. “We're still learning, but it looks like young people spread the virus very easily, even if they show no symptoms at all,” she says. “I hate to say it, but hugging grandkids should be on hold for a while longer.”

To learn more about healthcare for seniors at RWJBarnabas Health, visit www.rwjbh.org/seniorhealth.



A pregnant woman with curly hair, wearing a light blue long-sleeved shirt, is smiling and holding a white tablet computer in front of her. The background is a soft-focus indoor setting with a white brick wall and a wooden headboard.

NEW MOTHERS, NEW CHALLENGES

**VIRTUAL SUPPORT IS HELPING NEW AND EXPECTING
MOMS GET THROUGH THE PANDEMIC SAFELY.**

The experience of being pregnant and having a baby is different during the era of COVID-19.

In-person baby showers aren't happening. Pregnant women aren't seeing friends and coworkers on a daily basis, so they can't have the kind of "Is this normal?" discussions that tend to come up between expecting and experienced mothers.

After the baby is born, many women have to go without help from other family members because of travel restrictions or fears of bringing COVID-19 into a home with a newborn.

"Many families are trying to navigate the emotional, physical and social challenges often experienced after the birth of a baby without the traditional support of friends and family," says Suzanne Sernal, Vice President for Women's Services at RWJBarnabas Health (RWJBH). "We've been hearing that pregnant women feel anxious because they're isolated and not able to experience pregnancy and new motherhood as they'd imagined they would."

For many women, help has come in the form of virtual support groups, facilitated by experts at RWJBH hospitals. Specific topics vary from hospital to hospital, but two groups are open to all: virtual support for women who are experiencing perinatal mood and anxiety disorders (PMADs) and virtual support for breastfeeding.

"One of the most important things women learn in these groups is that the things they're feeling are normal and they can talk about them," Sernal says. "We've created comfortable, safe virtual spaces for expecting and new mothers."

MANAGING ANXIETY

Women may come to a PMAD group feeling that they're alone, but in fact, PMAD—which used to be called postpartum depression—affects 1 in 5 pregnant and new moms. Though a very real illness, it is temporary and treatable, and peer support has been shown to be a powerful help.

In the group, new and expecting

mothers may express their sadness or anger, or feelings of being overwhelmed, without feeling judged.

"The conversations these women are having are so meaningful," Sernal says. "Some of them feel so isolated and sad at the beginning of a session, and by the end they're actually smiling and have been given a handful of resources they can immediately tap into as soon as the session is over."

Conversations can continue in a private Facebook community, and telehealth visits with a behavioral health specialist can be arranged. "We've been able to open the doors for more women to get support for mood and anxiety disorders because the virtual groups have eliminated geographic barriers," Sernal says.

BREASTFEEDING BASICS

Breastfeeding is good for both mother and baby, but it comes with many challenges—from latching-on to milk supply, tongue-tie, pain, pumping, diet, weaning and more. In virtual breastfeeding support groups, women connect with other new mothers as well as International Board-Certified Lactation Consultants to get the answers they need.

Lactation consultants allow moms to take the lead by raising issues that are of concern to them and provide their professional advice and insight as needed.

"When I got home from the hospital, I missed the support of the great lactation consultants and nurses there," says Lauren Tran, 34, of South Orange, who had a baby boy in mid-June. "I wondered if it would feel silly to do a breastfeeding group virtually instead of in person. But that feeling went away quickly, and we are building camaraderie and getting to know each other just as we would if we were in person."

"Knowing I'm not alone in challenges I'm dealing with is so helpful," says Shlomit Sanders, 33, of Elizabeth, who gave birth in April. "There are breastfeeding behaviors in babies that first-time moms have no idea about—for example, a feeding position that



PROTECTING MOMS AND BABIES FROM COVID-19

"The medical community is still learning about all of the potential effects COVID-19 may have on pregnancy and newborns," says Suzanne Sernal, Vice President for Women's Services at RWJBH. "What we do know is that all of the stay-safe recommendations—mask wearing, distancing, and frequent and thorough handwashing—that apply to us all are especially important for pregnant women and infants, and those who visit or care for them."

The Centers for Disease Control and Prevention recommends that mothers who come into a hospital for delivery be tested for COVID-19, even if they have no symptoms (cough, shortness of breath, fever or chills, loss of taste or smell). "At RWJBarnabas Health hospitals, we've put every precaution in place to ensure the safety of everyone in our facilities, including mothers and their birth partners," says Sernal. "So far, we've delivered more than 10,000 babies during this pandemic and have kept every one of those mothers and babies safe and healthy."

works great one time and not at all the next. It's so comforting to normalize these behaviors."

"At RWJBarnabas Health, we've made ourselves available to all of the pregnant and parenting women in our communities, and we welcome their questions," Sernal says. "We want them to have a great experience, even as they take all the measures needed to stay safe and healthy during the pandemic."

To learn more about virtual breastfeeding support, visit www.rwjbh.org/breastfeedingsupport. To learn about the PMAD group, visit www.rwjbh.org/PMADsupport. To learn more about maternity care at RWJBarnabas Health, visit www.rwjbh.org/maternity.



RADIATION ONCOLOGY: IT TAKES A TEAM

PATIENTS IN THE RWJBARNABAS HEALTH SYSTEM HAVE ACCESS
TO THE MOST ADVANCED TREATMENTS FOR 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.

Radiation oncology, which uses precisely targeted doses of high-energy radiation to eliminate cancer cells, is an effective treatment for a wide range of cancers.

Within the field, though, are numerous treatment options, and that leads to crucial questions. Would a patient's cancer respond best to external beam radiation therapy, in which high-energy rays are directed from the outside into a specific part of the body? Or internal radiation, which involves putting a source of radiation inside the patient's body? And within those two categories, which specific treatment is most likely to be more effective for a particular patient?

Cancer patients in New Jersey can be assured that they have the best minds in the field on their cases, thanks to the unique partnership between RWJBarnabas Health (RWJBH) and Rutgers Cancer Institute of New Jersey, the state's only National Cancer Institute-Designated Comprehensive Cancer Center.

"All of the radiation oncology doctors at the 11 hospitals in the RWJBarnabas Health system and Rutgers Cancer Institute consult with each other. We don't hesitate to pick up the phone," says Bruce Haffty, MD, FACR, FASTRO, FASCO, Chair of Radiation Oncology for Rutgers Cancer Institute and for Rutgers Robert Wood Johnson Medical School and New Jersey Medical School.

"Moreover, we all know what technologies are available throughout the system. So if a patient at one of our cancer centers needs a treatment that's available at Rutgers Cancer Institute or any RWJBarnabas Health facility, we ensure that treatment can be offered based on the individual patient needs. If a clinical trial at any of those places could benefit a patient, his or her oncologist will know about



BRUCE HAFFTY, MD

it and the patient will have access to it," explains Dr. Haffty, who is also the Associate Vice Chancellor for Cancer Programs.

"In this way, we can provide a seamless continuity of advanced care that's of great benefit to our patients," he says.

CONSISTENT CONNECTION

Physicians at RWJBH and Rutgers Cancer Institute represent a vast array of cancer specialties. "A physician can call a specialist at another RWJBarnabas Health hospital to consult on any case," Dr. Haffty says. "For example, I get calls all the time about cases in my specialties, breast cancers and head and neck cancers. The same kind of discussions go on among experts in gastrointestinal, brain, blood cancers—all kinds of subspecialties within radiation oncology."

Such consultations aren't left to chance. Cancer specialists at RWJBH and Rutgers Cancer Institute meet regularly to discuss their cases. "We've implemented peer-review planning sessions, where every new patient case at each facility is peer-reviewed by multiple physicians," says Dr. Haffty. "Physicians share their ideas about what treatments might best benefit the patient—perhaps Gamma Knife, CyberKnife, proton therapy or other sophisticated radiation therapy techniques. Very few health systems have all of these options available."

Physicians and patients also have the benefit of the most up-to-date national research and the latest clinical trials. As one of just 51 U.S. institutions designated a Comprehensive Cancer Center by the National Cancer Institute, Rutgers Cancer Institute is a leader in conducting cancer research and translating scientific discoveries into novel treatments.

"The partnership between Rutgers Cancer Institute and RWJBarnabas Health is unique in that it offers the latest technology available in combination with all of our subspecialty expertise," says Dr. Haffty, "and anybody who walks in the door anywhere in the system has the benefit of all of it."



ADVANCED TREATMENTS

Radiation oncologists at Rutgers Cancer Institute of New Jersey and throughout the RWJBarnabas Health system are experts in the most advanced radiation treatments available, including but not limited to:

BRACHYTHERAPY: In this type of radiation therapy, the radioactive source is delivered through seeds, ribbons, catheters or wires placed within or just next to a tumor.

CYBERKNIFE: This robotic radiosurgery system is noninvasive and delivers intense, highly focused doses of radiation directed by a sophisticated computer guidance system.

GAMMA KNIFE RADIOSURGERY: This treatment uses multiple beams of radiation focused with extreme accuracy on the tumor or area to be treated. With Gamma Knife, no incision is required to treat tumors and other abnormalities of the brain.

INTENSITY MODULATED RADIATION THERAPY (IMRT) AND IMAGE GUIDED RADIATION THERAPY (IGRT): These therapies utilize advanced imaging and computerized radiation delivery techniques that provide high-resolution, three-dimensional imaging to pinpoint tumor sites while protecting healthy tissue.

PROTON BEAM THERAPY: This type of therapy uses protons (subatomic particles with a positive electric charge) to precisely target locations within tumors while protecting surrounding tissues and organs.

Your cancer care is too important to wait. Our cancer centers and our hospitals have taken every precaution as we continue to provide the most advanced cancer care. To schedule an appointment with one of our cancer specialists, call **844.CANCERNJ (844.226.2376)**.





Aiden Shanklin, left, has a custom treatment plan designed by his doctors to alleviate symptoms caused by a genetic mutation.

muscle tone or motor skills caused by damage to or abnormal development of the brain. CP symptoms often include exaggerated reflexes, floppy or rigid limbs and involuntary motions.

Aiden lived with this diagnosis for six years. Then he was taken to see Adam Aronsky, MD, a developmental and behavioral pediatrician at CSH in Mountainside. Dr. Aronsky felt that Aiden's clinical picture did not align with those of CP patients and suggested that he undergo genetic testing. That led to the discovery that Aiden actually had a GRIN2B mutation, a genetic disorder with symptoms very similar to those of CP.

"Because the symptoms of CP and GRIN2B-related syndrome are so similar, our treatment plan has not changed," Nicole says. "However, the new diagnosis has provided a lot of answers to my questions."

Aiden now sees three physicians at the CSH Mountainside location who work together to help with his treatment plan. Dr. Aronsky treats Aiden's bone and muscle function. JenFu Cheng, MD, a physical medicine and rehabilitation physician (physiatrist), provides Botox injections that assist with the parts of Aiden's body that have high muscle tone (spasticity). Neurologist Andrea Richards, MD, assesses any episodes he may have. For example, when there was concern that a laughing condition was a sign of a seizure, she was able to determine that it was just part of Aiden's personality.

"This experience has taught me that it's OK to ask questions, even if you think they don't make sense or seem silly," Nicole says.

"I encourage other families going through similar experiences to go with their gut, ask questions, research everything you can and share your experiences with others. You never know who will benefit from your story."

To learn more about Children's Specialized Hospital, call **888.244.5373** or visit **www.childrens-specialized.org**.

EVERYDAY JOYS

EXPERT CARE PROVIDES A YOUNG PATIENT WITH THE BEST POSSIBLE QUALITY OF LIFE.

At 8 years old, Aiden Shanklin is wheelchair-dependent, has a sensory processing disorder and functions at the level of a 1-and-a-half-year-old.

He also loves to laugh, listen to the acoustic guitar, ride horseback and swim or run his hands under water. Aiden is doing these things and living his best possible life, thanks to the loving care of his family and the expertise of doctors at Children's Specialized Hospital (CSH).

"Children's Specialized Hospital has provided us with such excellent care. I couldn't ask for a better team for Aiden," says his mother, Nicole. "They have given

Children's Specialized Hospital®

An RWJBarnabas Health facility



us the opportunity to provide him the best quality of life that we can."

QUESTIONS ANSWERED

When Aiden was 9 months old, Nicole became concerned because he had trouble holding his head up and had no trunk control. "When I would go to lift him, it felt as if I were picking up a rag doll," she says.

A pediatrician diagnosed Aiden with cerebral palsy (CP), a disorder of movement,

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 developmental and behavioral issues, like autism and mental health conditions. We have convenient locations throughout the state: Bayonne, Clifton, East Brunswick, Egg Harbor Township, Hamilton, Jersey City, Mountainside, New Brunswick, Newark, Toms River and Warren.

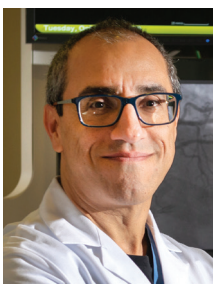


HOW STRESS HARMS THE HEART

HEART MUSCLE DISEASE IS INCREASING, AND EXPERTS THINK EMOTIONAL DISTRESS IS A MAJOR CAUSE.

If someone says their heart is broken, you instantly know what that means: The person is feeling deep grief, usually from the loss of a love relationship or the passing of a loved one.

The pain is emotional, but it can feel—and be—physical as well.



FADI CHAABAN, MD

In fact, cardiac specialists know extreme emotional stress can actually “break” a heart’s functioning by reducing the ability of heart muscles to pump, thereby depriving the brain and organs of oxygen-rich blood. This is called stress cardiomyopathy, also known as “broken heart syndrome,” and cases have been on the rise.

“Recent data show an increase of four times the number of stress cardiomyopathy cases compared to before the COVID-19

pandemic,” says Fadi Chaaban, MD, Director and Chief of Cardiology at Clara Maass Medical Center and a member of RWJBarnabas Health Medical Group.

HOW IT HAPPENS

“The mechanism for triggering stress cardiomyopathy is not completely understood, but it’s possible that there is a link between the brain and the heart where you have a high activation of neurons in the brain stem,” says Dr. Chaaban. “These in turn secrete a tremendous amount of stress hormones and neuropeptides, which could be captured by the receptors of the heart, leading to a temporary dysfunction of an area in the heart.” However, the COVID-19 virus attacks the heart in many ways that are still not completely understood, he notes.

Stress cardiomyopathy has the same symptoms as a heart attack: chest pain, shortness of breath, sweating, dizziness, nausea and vomiting, weakness and pounding of the heart. In addition to being triggered by intense emotion, it can be caused by significant physical stress, such as a severe asthma attack or a broken bone.

“Many times, a patient comes in with what presents as a heart attack, and we discover it was actually stress cardiomyopathy only after further testing, such as an echocardiogram or angiogram,” says Dr. Chaaban.

Women, especially those over 50, seem to be more at risk of emotion-caused stress cardiomyopathy. When men have the condition, it is more often caused by physical stress.

MANAGING STRESS

“We don’t know why some people get stress cardiomyopathy and others don’t, but what we can tell patients is that they are highly likely to fully recover,” says Dr. Chaaban. “We generally need to provide supportive treatment for several weeks, with medications to help improve blood pressure, remove fluid from the lungs and prevent blood clots.” For very sick patients, a ventilator or an intra-aortic balloon pump may be needed.

Managing stress is the most important thing anyone can do to protect the heart, he says. “The best way to de-stress yourself is to live a healthy life—stay active, eat well and maintain a healthy weight as well as a positive attitude,” he says. “Life is stress, but you can learn not to take things personally and become more resilient to whatever life throws at you.”

The most urgent message Dr. Chaaban has is for people to pay attention to their symptoms. “If you’re stressed out and suddenly feeling chest pain, don’t ignore it,” he says. “Get checked as quickly as possible. Call 911 or go to the Emergency Department. That’s a controlled environment where we can help you and support you until the stress has passed and your heart has healed.”

Your heart doesn’t beat just for you. Get it checked. To find a cardiac specialist at RWJBarnabas Health, call **888.724.7123** or visit www.rwjbh.org/heart.





GETTING THE MOST OUT OF TELEHEALTH

VIRTUAL VISITS WON'T REPLACE IN-PERSON APPOINTMENTS, BUT THEY CAN PROVIDE SIGNIFICANT BENEFITS.

Not long ago, virtual doctor visits—appointments conducted via video or phone—were relatively rare. Now they're commonplace, and they're here to stay. "The pandemic gave telehealth a jump-start, but I believe it will become a permanent part of the healthcare delivery system," says Andy Anderson, MD, President and Chief Executive Officer of the combined medical group of RWJBarnabas Health and Rutgers Health. "We are seeing ever-increasing use of our RWJBarnabas Health TeleMed services."



ANDY ANDERSON, MD

Telehealth can be used for primary and routine medical care, as well as for some aspects of specialty care. "There's still enormous value in

face-to-face appointments and physical examinations, and that will never go away," says Dr. Anderson. "But telehealth has many uses, both for convenience and for making and maintaining the doctor-patient connection." Here, he explains why.

Can a wellness visit be done through telehealth?

A good deal of preventive screening can be done this way. A doctor can ask, "Have you had your mammogram? Have you scheduled your colonoscopy? What kind of diet are you consuming? Are you sleeping well?" Patients can self-report their weight and, if they have a blood pressure cuff at home—as many patients do—their blood pressure numbers. A doctor can screen for cognitive issues, give referrals, advise on a plan for self-care and recommend future tests and appointments.

Telehealth is not, clearly, a full substitute for an in-person visit and

examination. But it is a valuable way for people to get many of their healthcare needs met.

Besides wellness visits, what other kinds of primary care can be conducted virtually?

If you have an acute issue—for example, a cut or sprain, or a possible urinary tract infection—telehealth is a way to sort out the next steps, such as a doctor office visit, trip to urgent care or a prescription.

Also, aspects of care for chronic conditions like diabetes, heart failure and high blood pressure can be managed via telehealth. A doctor can ask about blood sugar levels, about symptoms and about medication side effects. The physician can see certain symptoms over video, such as swelling in legs.

Chronic disease management should be done in a combination of in-person and telehealth visits. But many patients have been very happy to have routine check-ins take place in a video visit, sparing them time they'd have to spend traveling to the doctor's office.

When an in-person visit isn't practical, why not just have a telephone call?

We encourage a video visit whenever possible, and fortunately, the technology for having one has become very simple to use. There's a huge visual component to communication—body language, expression. It's important to see the patient and have them see you when you're counseling or coaching them, or asking about side effects.

Are there any special issues for children?

For kids, much of their preventive care has to do with getting vaccines on schedule, so they'll need in-person visits more than most adults.

Can telehealth be used for COVID-19 screening?

Absolutely. In fact, it's a very important screening tool because, ideally, you don't want a person to show up to a medical office and potentially expose other people. An initial screening can be done effectively over the phone or via a video call by asking about the patient's health history and symptoms. Then prescriptions, tests or other next steps can be arranged as needed. The same is true, by the way, for people who have a bad cold or the flu.

To learn more about RWJBarnabas Health TeleMed®, call 888.724.7123 or visit www.rwjbh.org/telemed.





Left: Twig members with Judy Schmidt, CRED, RN, MSN, ONC, CCRN, president of the CMC Auxiliary (center). Above, top to bottom: Twig members and shop volunteers enjoy the Annual May Tea. Auxilians at the first May Tea in 1956.
NOTE: These photos were taken before mask and social distancing recommendations were in place.

ENHANCING PATIENT CARE

THREE LOCAL GROUPS ARE RAISING CRITICAL FUNDS FOR COMMUNITY MEDICAL CENTER.

The Community Medical Center (CMC) Auxiliary has been raising funds for the hospital since 1954. At the time, there were 19 local “twigs” (groups of fundraisers). Today, there are three twigs—Sycamore, White Pine and Holly, which are composed of Toms River residents. The Holly group is the largest twig, with 45 members. The Sycamore group has 13 members, and the White Pine group has 20 members. Each twig meets monthly, as does the full Auxiliary board.

The Auxiliary runs the hospital thrift shop, Second Time Around, and the gift shop, which raise funds for CMC. The twigs hold fundraising events throughout the year, such as bake sales and vendor sales. Local companies sell items such as jewelry, pillows, scrubs and purses, and a portion of the proceeds goes toward the Auxiliary and, ultimately, CMC. The twigs also have their own unique events. For instance, the Sycamore group hosts a “Sail into Summer” cruise every June. The White Pine group runs vendor sales at the hospital twice a year, and the Holly twig

holds a Strawberry Festival at the Holiday City clubhouse. Each year, the twigs raise about \$60,000 for the hospital.

This year, due to the COVID-19 pandemic, the events were postponed, and the twigs are developing virtual events. They organized a “bakeless bake sale,” in which members were asked to donate the money they would typically spend on the bake sale to the hospital.

MEETING THE HOSPITAL'S NEEDS

Every April, the twigs ask CMC department heads what items they need for patients or caregivers, and the hospital gives them a “wish list.” “We grant about 90 percent of the items,” says Judy Schmidt, CRED, RN, MSN, ONC, CCRN, president of the CMC Auxiliary. “This is our community hospital, and we need to ensure that patients receive quality clinical care and amenities.”


Since 2003, the twigs have funded more than \$1.5 million

in requests. Currently, CMC’s wish list includes stethoscopes, a treadmill for the cardiac rehabilitation program, an intercom system for the cardiac catheterization lab and audiovisual equipment for nursing education.

The twigs also participate in special events, such as the Tree of Life, which is held at CMC in early December. People donate lights for the tree in memory of a loved one, and twig members sing Christmas carols. Perhaps the most meaningful event is the May Tea, in which twig members are treated to a special lunch and the CEO thanks them for their contributions. During this event, twig members traditionally present the hospital with a check, which ranges from \$50,000 to \$75,000 per year. The twigs recently pledged \$90,000 to the hospital each year for five years. Their pledge will support the “Transforming CMC” capital campaign, says Jennifer A. Shufran, Vice President of the CMC Foundation. “The twigs launched fundraising for the hospital,” says Shufran. “We appreciate their consistent and vital contributions.”

If you’d like to join a twig, contact the CMC Foundation at **732.557.8131**.





Jeffrey Zatta felt confident in his treatment plan after consulting with two experts.

THE RIGHT TREATMENT

HOW A CANCER PATIENT BENEFITED FROM A VIRTUAL SECOND OPINION.



RWJBarnabas Health and Community Medical Center, in partnership with Rutgers Cancer Institute of New Jersey—the state's only NCI-Designated Comprehensive Cancer Center—provide close-to-home access to the most advanced treatment options. Call 844.CANCERNJ or visit www.rwjbh.org/beatcancer.

In 2015, Jeffrey Zatta was diagnosed with chronic lymphocytic leukemia (CLL), a cancer of the blood and bone marrow.

His doctor prescribed a monthly intravenous infusion of obinutuzumab—an antibody drug that targets lymphoma cells—and advised him that the treatment might only work temporarily. “He was right on the money,” recalls Jeffrey, a 65-year-old commercial lender and consultant in Toms River. “For four or five years, I had virtually no problems.”

Last fall, blood work showed that Jeffrey’s white blood cell count was dropping dramatically, signaling that the cancer was worsening. Fortunately, several new innovative treatments had been developed since Jeffrey was first diagnosed. His doctor, Chirag Shah, MD, an oncologist at Community Medical Center (CMC), devised a new treatment plan, which took into account Jeffrey’s medical history: kidney cancer, a heart attack and high blood pressure, among other things. “These problems made my treatment more complicated,” he says.

Fortunately, Jeffrey and Dr. Shah were able to take advantage of the cancer experts at the Rutgers Cancer Institute of New Jersey, the only National Cancer Institute-designated Comprehensive Cancer Center in the state. Dr. Shah referred Jeffrey to Andrew M. Evens, DO, MSc, FACP, Associate Director for Clinical Services at Rutgers Cancer Institute and Medical Director of the Oncology Service Line at RWJBarnabas Health, for a second opinion through a new telemedicine service, which started in 2019. “We have a multitude of national and international cancer experts who can provide second or third opinions and diagnostic and treatment expertise for challenging cases,” says Dr. Evens. “This was a new and exciting initiative for cancer patients in New Jersey.”

At CMC and other RWJBarnabas Health hospitals, cancer patients can receive virtual medical consultations and follow-up care by medical oncologists, surgical oncologists and/or radiation oncologists. Using a smartphone, tablet or computer, a patient will receive a detailed evaluation by an oncology expert, which usually also includes the opinions of a panel of physicians from specialized multidisciplinary tumor board conferences. Afterward, he or she will be referred to the most appropriate center and/or clinical trial at RWJBarnabas Health, including the continuance of their cancer care close to home, with Rutgers Cancer Institute of New Jersey experts monitoring remotely.

A CONVENIENT DOCTOR’S APPOINTMENT

There are more than 80 different types of lymphoma, all of which are very treatable, says Dr. Evens. “Diagnosis of the particular lymphoma subtype can be challenging to make,” he says. “In addition, depending on the type, the treatment and prognosis can be quite different,” he says. “A second opinion service allows patients to have experts in that specific type of cancer confirm the exact pathologic diagnosis and also help devise the best treatment for their individualized case.”



CHIRAG SHAH, MD

Another big plus: Patients can have the consult close to home. In January, Jeffrey and his daughter went to CMC and were



Andrew M. Evens, DO, MSc, FACP, Associate Director for Clinical Services at Rutgers Cancer Institute, gave patient Jeffrey Zatta his medical opinion via a telehealth visit.

escorted to a room where a large high-definition TV monitor had been set up. Dr. Evens, who was in an office in New Brunswick, appeared on the screen, and they talked for about an hour. “You feel like you’re sitting in his office,” says Jeffrey. “He was there for as much time as I needed him. He had reviewed about 10 years’ worth of my medical records.”

In the end, Dr. Evens recommended the same overall treatment Dr. Shah had prescribed, with a few modifications of the dose of the medications. “He’s the No. 1 guy for my type of cancer,” says Jeffrey. “So the fact that he and Dr. Shah were on the same page gave me a great sense of comfort. You know you’re getting the right treatment.”

A NEW REGIMEN

Jeffrey has started his new treatment regimen. He’s taking the same medication he took earlier but is also taking an oral targeted anti-CLL drug. “It doesn’t cure the cancer, but it kicks it down the road by as much as 10 years,” says Jeffrey. Already, his white blood cell count has improved. Drs. Shah and Evens will continue to monitor Jeffrey and alter his treatment plan if needed.

Jeffrey has not had any symptoms or medication side effects. “I feel good,” he says. “I used to go to the gym after my infusion, and I still do.” His only complaint is the time-consuming doctor visits. “You can’t miss appointments,” he says. “Between my oncologist, dentist, eye doctor and weekly blood work, I probably will have more than 100 medical appointments this year.” That’s why he’s glad his virtual oncology consult was easy and convenient. “CMC is practically down the block from where I live,” says Jeffrey. “That really made a difference.”



Volunteers at a Toms River homeless shelter are grateful for the reflectors they received.

STAYING SAFE ON THE ROAD

COMMUNITY MEDICAL CENTER HAS DISTRIBUTED REFLECTORS
TO REDUCE THE RISK OF PEDESTRIAN INJURIES.



Keri Britske, Director of Community Outreach at CMC, donates 100 reflectors to Nicole Strada, Parish Administrator, at Christ Episcopal Church.

For Teri Kubiel, DNP, MSN, NE-BC, Vice President of Patient Experience and Community Affairs at Community Medical Center (CMC), pedestrian safety is a subject that's near and dear to her heart. From 1963 until 2011, Dr. Kubiel's father was the Ocean County Traffic Safety Engineer. In this role, he oversaw bicycle and pedestrian safety and promoted the use of helmets and reflectors in Toms River. He was also involved in creating a summer safety program, placing stop signs around town and developing defensive-driving classes. So, when Dr. Kubiel noticed the growing number of pedestrians in Ocean County, "my dad 'spoke' to me," she says. Dr. Kubiel and Keri Britske, Director of Community Outreach at CMC, decided to provide the community with reflectors to help ensure their safety. "We wanted to reduce the number of pedestrian injuries and raise awareness of pedestrian safety," says Dr. Kubiel.

With funds from the hospital, Britske and Dr. Kubiel purchased 200 bright yellow reflective bands that can be worn on the wrists or arms. They were ordered back in February, when the county called a "Code Blue," which signals that the homeless population needs to seek shelter from cold temperatures. Britske distributed the reflectors to churches throughout the community, such as Christ Episcopal Church, which operates a food pantry. She also gave bands to Lakewood Community Center, a social services organization that offers a warming center for the homeless in the winter, and the Toms River Community Church, which runs a homeless shelter. (CMC staff members visit the Toms River Community Church regularly to distribute lip balm and sunscreen, and perform blood pressure screenings and blood glucose checks.) "At CMC, we identify a need and come up with a solution," says Britske. "We want to make sure local residents are safe."

TIPS FOR AVOIDING AN ACCIDENT

In 2017, nearly 6,000 pedestrians were killed in traffic accidents in the U.S., according to the Centers for Disease Control and Prevention (CDC). That year, about 137,000 pedestrians were treated in emergency departments across the country for crash-related injuries. Pedestrians are at greater risk than vehicle passengers of being killed in a car accident.

Not surprisingly, nearly half of car accidents that killed pedestrians involved alcohol. Older adults and children were especially at risk. People ages 65 and older accounted for 20 percent of all pedestrian deaths, and one in every five children killed in car accidents were pedestrians in 2017, according to the CDC. Most of the deaths occurred at night.

To stay safe, follow these tips:

- Wear a reflective arm or wrist band—or reflective clothing, like a vest, when you're walking at night.
- Carry a flashlight.
- Avoid walking on the road; use a sidewalk or path instead. If there's no sidewalk or path, walk facing traffic.
- Skip the earbuds; the music will distract you.
- When you cross the street, use a crosswalk or intersection.
- Don't use alcohol or drugs before taking a walk.

DID YOU KNOW?

- Fatalities related to walking and biking increased by 32 percent between 2008 and 2017.
- Walking puts you at greater risk than biking: In 2017, nearly 6,000 pedestrians were killed in car-related accidents, and 783 cyclists were killed.
- The riskiest time of day to be walking or biking along a road: 6 to 9 p.m.
- Most deaths occurred in areas of the road that weren't intersections.

To learn more about Community Medical Center and its other community health programs, visit www.rwjbh.org/community.



The WatchPAT unit, which is used at home, can help physicians diagnose sleep apnea.



WHAT'S AN ACCREDITED SLEEP CENTER?

Community Medical Center's Center for Sleep Disorders has been accredited by the American Academy of Sleep Medicine since 2001. This helps to ensure that patients receive accurate diagnoses and top-notch treatments. "Registered polysomnographic technologists review the information they receive from sleep studies, and a board-certified sleep physician interprets your results," says Center manager Daniel Betts. "There's a higher standard of care we must adhere to."

WHILE YOU WERE SLEEPING

A SIMPLE DEVICE CAN HELP DIAGNOSE A SERIOUS DISORDER.

Having trouble falling asleep is more common than you think. Sleep disorders affect between 50 and 70 million adults in the U.S. and can lead to a variety of health problems, including high blood pressure and an irregular heartbeat. One of the most serious disorders is obstructive sleep apnea, which affects 25 million adults in the U.S., according to the American



GERALD FERENCZ, MD

Sleep Association. Those who are affected snore loudly and repeatedly stop breathing during the night. This causes them to wake up, gasping for air.

ACCURATE AT-HOME TESTS

To diagnose sleep apnea, a sleep study is required. During the night, a patient's heart rate, breathing patterns and blood oxygen levels are monitored. Thanks to advances in technology, most of these studies can now be done from the comfort of home—and are more accurate than ever. To simplify home testing, the Center recently purchased 10 WatchPAT units, which are worn like a wristwatch and come with a finger

probe and a quarter-sized sensor, which is taped on the chest. The unit, which has a disposable version, detects all types of sleep apnea. The report is transmitted to the sleep center via a smartphone app.

"There are fewer attachments, so the unit is easier to use and less prone to fall off while a patient is sleeping," says Center manager Daniel Betts. "We've compared these devices side by side with in-Center sleep studies and have been extremely pleased with the accuracy." Adds Gerald Ferencz, MD, Medical Director of the Center: "For the huge number of people who have sleep apnea, this device has been a game changer."

Take the "sleep test" to see if you're at risk for a disorder:

www.rwjbh.org/community-medical-center/treatment-care/sleep-disorders/take-our-sleep-test/

For a referral to a sleep medicine specialist, call the Center for Sleep Disorders at 732.557.2798.



YOUR DAUGHTER'S FIRST GYN VISIT

WHAT THE TWO OF YOU CAN EXPECT DURING AN APPOINTMENT.



Adolescence is a time of many firsts. For girls, those firsts should include a visit to a gynecologist. Lauren Mason Cederberg, MD, a board-certified gynecologist at Community Medical Center (CMC), recommends making an appointment for your daughter when she's between the ages of 13 and 15. That's when some adolescents develop romantic or sexual relationships, she says. Also, many girls have their first period around that time.

During an appointment, you and your daughter will likely discuss any questions you and she have. Afterward, the doctor

will typically request one-on-one time with her. This will give your child a chance to ask any sensitive questions privately. The doctor will ask if she's having any problems related to her period, such as



LAUREN MASON CEDERBERG, MD

acne flare-ups, pelvic pain, irregular cycles and severe mood changes. If she is having problems, the gynecologist may prescribe an oral contraceptive. The doctor may also ask if your daughter's period affects her breasts (they may feel fuller and tender at certain points in the menstrual cycle).

The gynecologist will also discuss sexual orientation and sexual health, safe sex and what healthy relationships look like. He or she may touch on issues such as bullying, drug use and drunk driving. "I want my patients to feel that they can trust me," says Dr. Cederberg.

WHEN A PELVIC EXAM IS NECESSARY

If your daughter is sexually active, the doctor will recommend a pelvic exam and walk her through it. He or she can also test your daughter for sexually transmitted diseases by drawing blood and/or taking cultures. Afterward, the doctor will discuss birth control options, including emergency contraceptives. Even if your daughter isn't sexually active, the

gynecologist may perform a pelvic exam if she has a complaint, such as pain with periods. He or she will also perform a breast exam and ask whether there's a family history of breast cancer.

Girls who aren't sexually active and don't have a specific gynecologic problem may not need a pelvic examination. Instead, the doctor may simply check your daughter's heart, lungs, vital signs and thyroid gland. He or she may also perform an abdominal exam.

You will likely be invited into the exam room for the final portion of the visit so the doctor can share any observations or instructions. During this time, she may ask for your consent to administer Gardasil to your daughter. This series of three injections protects against several strains of human papillomavirus (HPV), which can cause genital warts and several different cancers. You'll need to follow up for the second and third shots in two and six months. That will give your daughter and her new doctor a good chance to build their relationship.

To make an appointment with an OB/GYN or other RWJBarnabas Health Medical Group physician, call **888.724.7123** or visit www.rwjbh.org/doctors.



Your heart doesn't beat just for you.

Get it checked. It beats for your husband or wife, your children and grandchildren. It beats for your brothers and sisters, your friends and lovers. It beats for everyone who cares deeply about you. So please, get your heart checked. For them. For you. For more information and to make an appointment with one of New Jersey's top cardiac specialists, [visit **rwjbh.org/heart**](https://www.rwjbh.org/heart)

Community
Medical Center

RWJBarnabas
HEALTH

Let's be healthy together.



We've taken every precaution to keep you safe.
So if you've put off cardiac care due to COVID-19, please don't delay it any longer.