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together

**HEADS UP!
CRITICAL
CONCUSSION
FACTS**

**SKIN CANCER:
FAST, EFFECTIVE
TREATMENT**

**DIABETES:
WHAT TO
KNOW NOW**



**HELPING
PATIENTS
NAVIGATE
CANCER**

MESSAGES FROM LEADERSHIP



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

BARRY H. OSTROWSKY | Chief Executive Officer, RWJBarnabas Health



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

MARK E. MANIGAN | President, RWJBarnabas Health



“Community Medical Center congratulates Rutgers Cancer Institute of New Jersey on their recent accolades. Together with RWJBarnabas Health, our system continues to earn national recognition for cancer care. At CMC, this focus on high-quality cancer care and excellent patient experience has resulted in accreditations from the Commission on Cancer from the American College of Surgeons, the National Accreditation Program for Breast Centers and the American College of Radiology. We are proud of these acknowledgments, which speak to our hospital’s safety and service.”

PATRICK AHEARN | Chief Executive Officer, Community Medical Center

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HEALTH NEWS



CMC RECEIVES MULTIPLE HEALTHGRADES AWARDS

Healthgrades recently released its latest list of award winners, and women’s health services at Community Medical Center (CMC) received multiple recognitions for excellence. CMC received awards for Labor and Delivery, Obstetrics and Gynecology, and Gynecologic Surgery, and is one of only 17 hospitals nationwide to receive all three Women’s Care Excellence Awards. The awards are determined by hospital data related to patient outcomes and hospital performance. To learn more, visit <https://bit.ly/3CdQjrt>.



Hrant Gevorgian, MD, MPH (right), celebrates his statewide honor with Nicole Maguire, DO, Program Director of CMC’s Emergency Medicine Residency Program.

CMC RESIDENT HONORED AS NEW JERSEY’S EMERGENCY RESIDENT OF THE YEAR

Hrant Gevorgian, MD, MPH, PGY-2, Emergency Medicine Residency Program at CMC, was named Resident of the Year by the New Jersey chapter of the American College of Emergency Physicians for 2022.

Dr. Gevorgian was nominated for the award for his dedication to patients, excellent patient experience scores, participation in regional and national lectures and frequent history of publication. Dr. Gevorgian is part of the first group of residents in CMC’s Graduate Medical Education Program, which began in 2021.

THIS COULD BE YOUR TEAM!

Want to join the Community Medical Center staff and physicians featured in this magazine? Visit www.rwjbnabashealthcareers.org to see a complete list of current career opportunities at CMC and RWJBarnabas Health, or scan this QR code.



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PROVIDING A HEADS-UP ON CONCUSSIONS

WHAT EVERYONE NEEDS TO KNOW ABOUT THESE COMMON TRAUMATIC BRAIN INJURIES

Concussions can happen anytime and anywhere. They become especially concerning in autumn when school sports programs increase the potential for blows to the head, says Kyrsten Hayworth, MS, ATC, an athletic trainer at Community Medical Center (CMC).

“Concussions can also occur when small children tumble off of playground equipment, older adults fall or workers are struck by something at the workplace,” Hayworth says. “It’s important for everyone to know the basics about concussions, their symptoms

and management.”

Hayworth is leading a new program at CMC that begins this fall and provides resources, testing and care for concussions as well as help in preventing these sometimes-misunderstood brain injuries. Here, she explains what you need to know.

What is a concussion?

A concussion is a traumatic brain injury usually caused by a blow to the head. The brain floats inside the skull in a fluid that provides a cushion to the brain and spinal cord during normal activity and movement. But if the brain suddenly

lurches in a certain direction, as can happen with a blow to the head, the brain can hit the skull. That can disrupt normal neurologic function and trigger temporary cognitive symptoms such as headache, nausea and dizziness, along with other signs and symptoms that people may be less aware of.

When do concussions tend to happen?

Some of the highest risks occur in contact sports such as football, ice hockey, soccer, field hockey and lacrosse. But concussions also can happen in noncontact sports

COACHES SHOULD RECEIVE CONCUSSION TRAINING AND TALK ABOUT CONCUSSION WITH PLAYERS, INCLUDING TEACHING PROPER TECHNIQUE FOR PRACTICE AND GAMES, AND ADDRESSING ACCEPTABLE LEVELS OF AGGRESSION ON THE FIELD.



feeling. In addition to headache, nausea, vomiting and dizziness, a person might just feel tired. Sometimes people get ringing in their ears or have sensitivity to noise and light. You could feel sad, anxious or irritable. Or you could have a feeling of just being off—like something is different but you don't know how to put it into words.

There might be a difference between what you feel and what others notice. For example, others might notice cognitive symptoms like memory loss or not paying attention in school that the person with a concussion might miss.

What are some misconceptions about concussions?

Sometimes people think, “Well, they didn't lose consciousness, so they don't have a concussion.” You don't have to lose consciousness to have a concussion.

And there's still a misperception that a blow to the head is “just a ding.” It's not like that anymore—or shouldn't be. Most contact sports now have athletic trainers on hand who know what to look for. And it's important to realize that concussions can just as readily happen during practice as at games.

If you don't treat a concussion, what's the harm?

If you get hit on the head again, symptoms can last a lot longer. You can get post-concussion syndrome, which is like a concussion on top of a concussion. And the brain is more sensitive to injury after a first blow, so it takes less to cause another concussion.

With post-concussion syndrome, symptoms can go on for months. But if you address a concussion immediately, symptoms might resolve in a couple of

weeks. That's why teams and businesses need to go through concussion protocols.

How can a concussion be managed?

An athlete suspected of having a concussion should automatically be taken out of the sport and sent to a physician. An athletic trainer should track the player's signs and symptoms and, in conjunction with a physician, create a return-to-play plan.

Steps might be: First be symptom-free, then back at school or work with no issues, then able to do light aerobic activity like walking. If you continue to have no signs or symptoms, take on increasing amounts of activity. Next steps might be full practice but no contact, then practice with full contact. If no symptoms come back and no new ones start, you can go back to sports with no issues.

Can anything be done to prevent concussions?

Coaches should receive concussion training and talk about concussion with players, including teaching proper technique for practice and games, and addressing acceptable levels of aggression on the field. Equipment should be safe and in good condition. And teams should check fields for hazards that might cause falls or injury.

Companies should address unsafe environments where something could fall or cause someone to trip. Employees should be aware of their surroundings in places where a lot of things are moving around them.

Most concussions can resolve, so it's important to take all the right steps to heal the brain and restore normal function.

like baseball or cheerleading in which participants may be hit by equipment such as a ball or get thrown into the air and dropped or not caught properly.

In workplaces such as construction sites or warehouses, people may fall or have items like equipment or boxes drop on them. Any situation where there's some kind of forceful impact to the head can produce a concussion.


What signs and symptoms tend to be surprising or less familiar?

You could have a concussion and not know. Symptoms often show up right away, but they also can show up days later.

If you think someone might have a concussion, ask how they—or you—are

To learn more about Community Medical Center, visit www.rwjbh.org/community.





Annamarie DePaola rescheduled a pandemic-delayed mammogram as soon as possible and detected cancer before it spread.

'NEVER DOUBT YOUR STRENGTH'

.....

A DELAYED SCREENING FINDS A WOMAN'S BREAST CANCER—AND TREATMENT FENDS IT OFF.

Like other Americans, Annamarie DePaola pressed “pause” on her life when the COVID-19 pandemic upended normalcy, scrambled routines and forced people into isolation. The 58-year-old Brick resident worked from home as a Mary Kay consultant, though she still spent much of her time caring for her youngest son, Joseph, who has autism.

She knew the importance of taking care of herself as well and usually kept on top of health matters such as routine screenings. But due to the pandemic, the mammogram she had scheduled for June 2020 was delayed. It wasn't until March 2021 that she was fully vaccinated for COVID-19 and felt comfortable resuming regular healthcare appointments.

Fortunately, she prioritized catching up on her breast cancer screening first. The overdue mammogram found a suspicious area. When a biopsy was performed, it confirmed one of her worst fears: She had breast cancer.

“I was totally dumbfounded,” Annamarie says. “I felt so shocked, disappointed and surprised because, other than during COVID, I really kept up with my healthcare.” Her thoughts immediately turned to Joseph. “My first concern was my son and how I'd care for him during treatment,” she says. “It was all very overwhelming.”

ONE STEP AT A TIME

Annamarie began to feel reassured almost from the first moment of care at Community Medical Center (CMC). She first received a call from Theresa Hayden, RN, BSN, OCN-CSW, a clinical breast nurse navigator who would become a trusted confidante during treatment.

“She called right away, which was so helpful because you just don't know what to do first,” Annamarie says. “She started with ‘How are you?’ and ended with ‘This is all very normal, and now this is what you need to



SUMY CHANG, MD

do, step by step.’ She kind of grabs you by the hand and shows you the way.”

The first checkpoint was Leny M. Rada-Banat, MD, a radiologist at CMC, who confirmed Annamarie's diagnosis and provided important details. Annamarie's breast cancer was stage 1, a designation that meant the cancer was still small—hers looked about 1.5 cm in size—and hadn't spread significantly.

Annamarie met with Sumy Chang, MD, a breast surgeon at CMC, who scheduled a lumpectomy for mid-May. This outpatient procedure removed cancerous growths from the breast along with small amounts of surrounding tissue while preserving the breast as a whole.

“Her tumor was in a favorable location,” Dr. Chang says. “It was in the center portion of her breast, where abnormal tissue is easier to remove and the incision can be hidden in the areola so that there isn't a noticeable scar. I was even able to rearrange the breast tissue and do a little bit of a lift.”

At a follow-up visit 10 days after the surgery, both Dr. Chang and Annamarie were pleased with the outcome. But Annamarie's comprehensive cancer care included further testing.

FIELDING A CURVEBALL

The unexpected news came a month after surgery. Testing for certain patients includes a measure that determines the aggressiveness of a tumor and identifies those who might benefit from adjuvant chemotherapy. Annamarie's score came back high.

Suddenly, the course of Annamarie's treatment changed. “At the end of everything I'd been through to that point, I'd thought, ‘At least I don't need chemo,’” she says. “But it turned out I



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.

did, which was a very big curveball in the plan.”

She started chemotherapy in July 2021. She took a break from treatment for a few weeks over the holidays and finished in January 2022.

During her treatment, Annamarie felt lucky to have the support of her husband, Anthony, and her 26-year-old son, Anthony III, who stepped in to care for Joseph. “It was all very hard, but you do what you have to do to survive and try to be patient with yourself,” Annamarie says.

Oncology nurses provided much-needed support for handling the physical and emotional challenges of chemotherapy. “They are a whole different level of nursing,” Annamarie says. “The nurses couldn't have made it any better or made me more comfortable in a bad situation.”

Annamarie has now completed a course that included radiation, chemotherapy and physical therapy. She'll continue taking an aromatase inhibitor, an estrogen-blocking medication, for the next five years to help prevent a recurrence.

Today, both Annamarie's attitude and prognosis are positive. Her chances of a recurrence are low. “We have very high expectations for her,” says Dr. Chang.

Annamarie feels the lessons she's learned offer a message to other patients or anyone going through hard times: Never doubt your strength. “I felt like life had already handed me a lot to deal with before this, but I realized I can truly get through anything,” she says. “Even when it doesn't seem like you can possibly take on any more, you can—and you will surprise yourself by how triumphantly you get through it.”

To learn more about oncology services at Community Medical Center, visit www.cmccancer.org.





Angela M. Adelizzi, DO, FACOI (center), is part of a team providing care focused on LGBTQIA patients at the new PROUD Center at CMC.

‘A JUDGMENT-FREE ZONE’

MEMBERS OF THE LGBTQIA COMMUNITY HAVE ACCESS TO FOCUSED SERVICES AT A NEW CENTER.

Members of the LGBTQIA community are often more reluctant than the general population to seek routine medical care.

“The start of all good healthcare is having good primary care,” says Angela M. Adelizzi, DO, FACOI, Associate Program Director, Internal Medicine Residency at Community Medical Center (CMC). “Without it, people are missing out on basics such as receiving recommended screenings and addressing issues such as depression and anxiety. But disparities have developed in the LGBTQIA community.”

A new program called the PROUD Center at Community Medical Center aims to address these disparities. The center provides clinic hours specifically focused on LGBTQIA care. The clinic also partners with other



ADAM KAPLAN, MD, FACP

RWJBarnabas Health facilities to provide services that require specialist involvement such as gender-affirming care.

Similar programs exist at Robert Wood Johnson University Hospital (RWJUH) in New Brunswick and RWJUH Somerset. “Opening a PROUD clinic in Toms River provides an avenue for much-needed care in Ocean County,” says Adam Kaplan, MD, FACP, an internal medicine physician and a faculty physician for the Internal Medicine Residency program. “I’ve had many inquiries from patients, family members and loved ones—some from as far away as Philadelphia—asking if there are centers or clinics with a specialty focus on the LGBTQIA community closer to the Jersey Shore. We’re addressing an important need for patients.”

PROVIDING A SAFE PLACE

Reluctance to get care often hinges on perceived acceptance. “Many patients in the LGBTQIA community have not had a positive experience with physicians and

healthcare workers,” Dr. Adelizzi says. “They often hesitate to go to the doctor because they are sometimes judged or misunderstood.”

Providing care in a nonjudgmental way has long been a priority at CMC. “But we have to acknowledge there are gaps in care, commit to resolving them and work to make improvements happen,” Dr. Adelizzi says.

“A big part of access to quality healthcare for any minority community is offering a place where patients feel safe and can be open about themselves so they can establish relationships with providers,” Dr. Kaplan says. “A clinic like the PROUD Center is a judgment-free zone where patients can feel respected and seen.”

Medical residents in CMC’s Internal Medicine program will help provide services, gaining experience that can broadly facilitate better care. “Learning more about how to empathize, be open and create a safe space can be extrapolated to any population,” Dr. Kaplan says.

“Our overall goal is to provide excellent care,” Dr. Adelizzi says. “Our hope is to create an environment and space where we can provide all-inclusive care for the LGBTQIA community and continue to improve the lives of patients.”

To learn more about Community Medical Center’s PROUD Center, call 732.557.2833 or visit www.rwjbh.org/cmcproudcenter.

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HOLIDAY BLUES? HERE'S HOW TO COPE

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

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

Why do people get depressed around the holidays?

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

Do the holidays tend to exacerbate existing depression?

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

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

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



ARNOLD A. WILLIAMS, MD

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

7 WAYS TO COUNTERACT HOLIDAY DEPRESSION

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

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

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


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

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

How does grief impact depression and vice versa?

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

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



HELPING YOU NAVIGATE YOUR CANCER JOURNEY

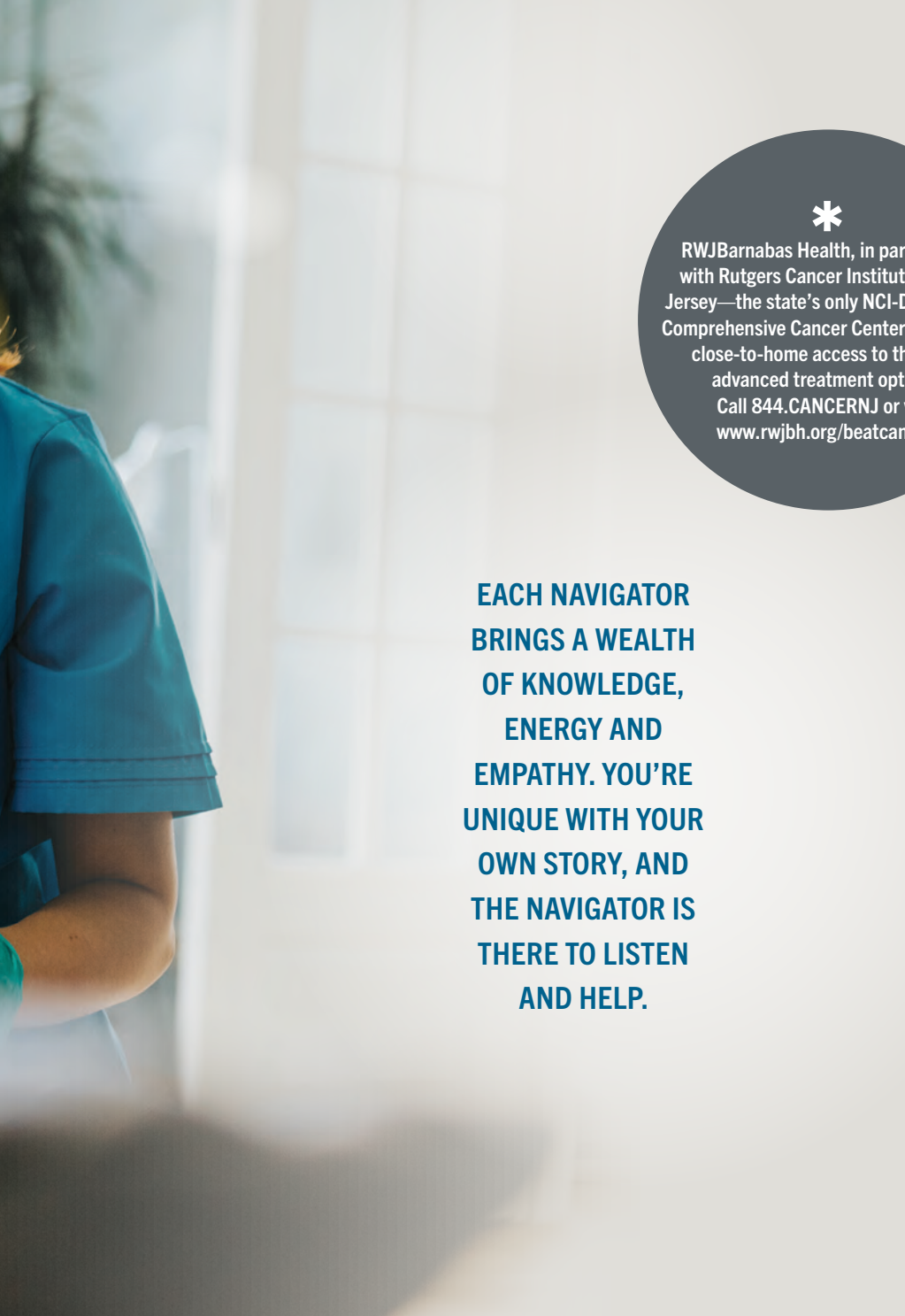
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COMPREHENSIVE
SUPPORT AND SERVICES
TO PATIENTS AND THEIR
CAREGIVERS.**

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

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

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

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



*

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

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

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

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

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

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

What are some benefits that patients might find surprising?

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

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

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

What does the Oncology Nurse Navigation Program do?

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

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



ONE STEP AT A TIME

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



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

at RWJBarnabas Health.

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

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

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

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

We love them with all our heart.”

The feelings are mutual. “He’s such a sweet and funny kid, and he’s gotten so strong,”

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



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

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

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

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



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

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THE LOWDOWN ON LOW-DOSE ASPIRIN

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

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

How are the new guidelines different from the previous guidelines?



JEFFREY S. LANDER, MD

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

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

What prompted these new recommendations?

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

Are there exceptions to the new guidelines?

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

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

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

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

How will the new guidelines change your recommendations to patients?

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

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

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



WHAT TO KNOW ABOUT DIABETES

PREVENTING OR MANAGING THIS WIDESPREAD DISEASE CAN AVERT SERIOUS COMPLICATIONS.



More than 37 million Americans are estimated to have diabetes—and many of them don't realize it.

Now is a good time to learn more about this often-silent metabolic disease that can potentially cause serious—even life-threatening—complications. Not only is November American Diabetes Month, but Community Medical Center (CMC) is poised to open a renovated Center for Diabetes Education that provides more space, including a new classroom, to care for patients and teach people how to manage the condition.

Karen Hodge, MS, RD, CDCES, Certified Diabetes Care and Education Specialist at CMC, explains this sometimes-confusing condition.

What is diabetes?

It's a condition that occurs when the body has difficulty producing the hormone insulin in the pancreas or is unable to use insulin effectively enough to maintain normal blood glucose, or blood sugar. Insulin helps move

glucose from the bloodstream into cells, which use glucose for energy. If insulin function is impaired, you can develop high blood sugar. Over time, this can result in chronic complications such as damage to the eyes, kidneys, nerves and blood vessels, and can increase the risk of heart disease and stroke.

What's the difference between Type 1 and Type 2 diabetes?

Type 1 diabetes is an autoimmune condition in which the body's own immune system basically attacks the insulin-producing cells of the pancreas, called beta cells, so that they no longer function properly. It typically occurs in younger people. Type 2 diabetes usually occurs when the body stops responding to insulin or making enough of it, often due to metabolic issues such as being overweight, as well as genetics.

Can you prevent diabetes?

Type 2 diabetes can be prevented through healthy lifestyle measures such as weight management; healthy eating,

including control of carbohydrates; and regular exercise. Healthy habits may even reverse a preliminary condition called prediabetes and help you avoid the full-blown disease. Less is known about preventing Type 1 diabetes, but it can be managed with insulin along with lifestyle measures and regular blood sugar monitoring.

How can a diabetes educator help?

Diabetes educators are certified to help patients with diabetes navigate their condition—explaining it and guiding them on ways to mitigate its effects through food choices, exercise and medication. We individualize treatment plans and provide support for behavior change. The ultimate goal is to guide our patients to test blood sugar, plan healthy carbohydrate-controlled meals, be as active as possible and achieve gradual weight loss if necessary. We stress the importance of optimal blood glucose management to minimize the risk of long-term complications.

To learn more about group sessions and individual counseling for Type 1, Type 2 and gestational diabetes at Community Medical Center, call **732.349.5757** or visit **www.rwjbh.org/cmcdiabetes**.





Rolando “Roly” Acosta (seated, left), with family members Tricia (seated) and (from left) Kaiella, Austin and Alexis, have generously supported CMC’s expanding role in the community.

‘EVERY BIT HELPS’

A DONOR SHARES WHAT INSPIRES HIM TO SUPPORT COMMUNITY MEDICAL CENTER.

An employee’s experience made the importance of Community Medical Center (CMC) clearer than ever to Rolando “Roly” Acosta.

“This employee had a neurology problem and had it checked out by the right people at CMC,” says Acosta, President and Chief Executive Officer of JAG Companies, Inc., a family-owned and -operated parent company of multiple construction-industry firms,

and a member of the CMC Foundation Board of Trustees. “The right doctors and support at CMC gave him better quality of life for a longer period.”

Acosta was well aware of CMC’s vital role in the local community at the time of his employee’s illness five years ago. “But it really brought home what our work does,” he says—“to get people like this employee the expert care they need to figure out what’s going on and take the best steps possible to address the problem.”

STRENGTHENING A PILLAR

Acosta has been familiar with CMC since his move to Toms River in 1986. Growing up in the area, he saw the hospital as an ever-present community pillar. He attended occasional hospital events as he became a business leader in adulthood but didn’t initially give much thought to what it takes to sustain a community hospital, keep it responsive to changing times, position it as a leader and make it grow.

“That changed when I went on vacation with a friend who was a CMC employee,” Acosta recalls. “He inquired about my interest in being more involved with the hospital.” After having subsequent conversations with his friend and hospital leadership, “I thought there was an opportunity for taking more of a role in the community, the hospital and fundraising,” he says.

Recently, Acosta made a decision on behalf of the family to step up financial support beyond annual giving with a family gift of \$50,000. “With all of the exciting changes at CMC, we wanted to step outside of our comfort level and make a commitment above and beyond what we have in the past,” he says. “This is the first gift we’ve made of this magnitude to CMC.”

Factors he finds particularly significant for CMC’s future include CMC and Foundation executive leadership, the expanding ranks of expert physicians and other clinical staff, establishment of an academic program with medical residents,



“THIS IS A NEW TIME FOR CMC. I WANT CMC TO BE A MEDICAL CENTER OF CHOICE THAT IS A DESTINATION FOR OUR COMMUNITY AND BEYOND.”

*Rolando “Roly” Acosta,
President and Chief Executive Officer, JAG Companies, Inc.*

access to advanced resources throughout the entire RWJBarnabas Health (RWJBH) system, new or enhanced facilities and the heroic efforts that CMC’s healthcare professionals have made throughout the COVID-19 pandemic.

“This is a new time for CMC,” Acosta says. “I want CMC to be a medical center of choice that is a destination for our community and beyond. If local residents need a specialist, we don’t want to travel to New York City or Philadelphia; we want access to care right here in our town, county or area. We’re well on the way to building that vision at CMC.”

DIVERSE GIVING

Acosta says he’s becoming more personally aware of why state-of-the-art healthcare is increasingly important with age, especially in a community with a sizable retiree population.

“Like a lot of people, I hope to be here a long time, and whatever ailment I end up with, I want somebody here for me—to have the right doctors in place if something happens,” Acosta says. “It’s important that CMC is growing to accommodate multiple problems.”

For example, he sees and hears through members of the community how important it is that RWJBH and CMC, 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 cancer treatment options.

He notes that a generational shift needs to take place in benevolence and philanthropy for initiatives such as the

Campaign to Transform CMC, which is spearheading support for major hospital projects.

“We need to find the next leadership group beyond the people the hospital has traditionally relied upon for support,” he says. “More people need to pick up the ball and run with it.” He hopes his family gift provides an example.

“Gifts like this help drive a number of important initiatives,” says Jennifer Shufan, Vice President, CMC Foundation. “Whether it supports our cancer center, equipment purchases, capital improvements or projects such as renovating a courtyard for employees and visitors to enjoy a respite or lunch, giving supports the community by helping ensure that high-quality care is available for people where and when they need it.”

Support can also comprise other forms of giving, Acosta notes. “For some people, support means opening doors, hosting events and facilitating conversations about fundraising,” he says. “Those people are leaders just like those who write checks.” And financial support doesn’t have to include only big donors, especially during tough economic times. “Maybe five people come together and give what they can to match what one person might have done in the past,” he says.

Nevertheless, he challenges community leaders to “consider stepping outside of your comfort zone and make a stretch gift that is meaningful to you.” Looking at how much CMC has changed since his youth and will continue to change going forward, “it doesn’t happen by itself,” Acosta says. “Give what you can. Every bit helps.”

To learn more about giving at Community Medical Center, visit www.cmcgiving.org.



'A YEAR OF MEMORIES AND CHALLENGES'

RESIDENTS COMPLETE THEIR FIRST YEAR IN CMC'S ACADEMIC MEDICAL PROGRAM.

Nileena Johnkutty, DO, thought she knew what to expect when she became a pioneering medical resident at Community Medical Center (CMC) a year ago. "I had been prepared by going through medical school and completing two or three sets of board exams," she says. "But once I started residency, the true, humbling nature of medicine became clearer."

Dr. Johnkutty was among 11 Emergency Medicine residents that CMC welcomed in 2021 during the hospital's first year as an academic medical center, or teaching hospital. The first-year program included another 12 residents in Internal Medicine and three in Podiatry

for a total of 26.

The second-year program that began July 1 adds 31 more residents, including four in Surgery. "Adding that specialty brings our medical education to a new level," says Nicole Maguire, DO, Program Director of CMC's Emergency Medicine Residency Program. "It will enhance CMC's Surgical Department." CMC's residency program will have a total of 117 doctors when it reaches its full complement.

"CMC has a very eclectic population and is a wonderful place to learn emergency medicine," Dr. Johnkutty says. "Even after a year, I still feel like I'm on my toes and will learn something new. There's never a day when I feel that what I learned yesterday would be enough."

MAKING A DIFFERENCE

Continual learning is at the core of medical residency. Doctors become residents to gain more specialized knowledge and hands-on experience in specific disciplines after graduating from medical school, which covers all types of

medicine. At CMC, residents spend three to five years completing their rotations, depending on specialty.

Attending physicians on staff at the hospital mentor residents. But education works two ways: Attending physicians discover that answering questions, hearing fresh perspectives and providing instruction sharpens them as well.

"Residents shift the environment even more toward questions, research and up-to-date, evidence-based medical practices," Dr. Maguire says. "We had great medical care at CMC prior to having a residency program, but with learners on hand, we're continually discussing ideas, running scenarios, improving processes and enhancing team-based care."

Having extra hands directly benefits patients. "They often appreciate having someone who may be able to spend a little more time and answer questions a bit more thoroughly than when you have one doctor who may be in charge of greater multiples of patients," Dr. Maguire says. "Residency means a team can spend more



NILEENA JOHNKUTTY, DO



NICOLE MAGUIRE, DO





Medical residents including those in Emergency Medicine launched CMC's academic program over the past year, bonding both professionally and personally. New residents joined the program's second year in July.

time at the bedside.”

Over the past year, CMC residents have published presentations in well-known medical journals so others can learn from their experiences, have represented CMC in national medical organizations and in some cases have been honored with awards.

“Our residents hit the ground running and have done a tremendous job,” Dr. Maguire says. “They’ve not only stepped up clinically and made a difference to our patient population, but also have assumed leadership roles and taken our program beyond the classroom and our hospital. They take their calling very seriously, and we’ve been blessed to have them.”

DAILY REALITIES

During her first year, Dr. Johnkutty found inspiration and support not only from attending physicians and program

leaders like Dr. Maguire, but also from her fellow residents.

“I could not have done it by myself,” she says. “I’ve had amazing coresidents who started as friends and became my family. They helped me through overwhelming times when I needed to be the stronger person for loved ones who were vulnerable or mourning. It was a tremendous year of memories and challenges.”

The diversity of CMC’s residents, with their balance of male and female doctors from different backgrounds and ethnicities, further strengthens the program, says Dr. Maguire. Diversity also can foster bonds with patients.

Dr. Johnkutty recalls a shy young female patient from an underrepresented group who came to the hospital for a sensitive issue. Dr. Johnkutty drew the curtain on the

examination area, sat next to the patient and introduced herself. “I didn’t ask, ‘What brings you in?’” Dr. Johnkutty says. “I asked, ‘How is your day going?’ She instantly started opening up.”

After her health issue was addressed, the patient told Dr. Johnkutty how much she appreciated speaking to a physician who was female, her own age and a person of color. “Physicians come in different shapes, sizes, ages and ethnicities, and being aware of that should help every patient feel more comfortable,” Dr. Johnkutty says.

“I’m impressed with the team we’ve built here,” Dr. Maguire says. “It’s phenomenal to see that in this early stage of our program, and it shows what our faculty and residents are capable of developing. We’ve had a really strong start, and I’m very excited for the coming year.”



To learn more about residency programs at Community Medical Center, visit www.rwjbh.org/cmcmmedicalstudents.

Richard Lukasik often undergoes brachytherapy for skin cancers that occur regularly after decades of outdoor activity.



BEST FACE

FORWARD

**BRACHYTHERAPY TAKES
PRECISE AIM AT A SUN
LOVER'S RECURRENT
SKIN CANCER.**

Growing up near the Jersey Shore in the 1940s and 1950s, Richard Lukasik spent most of his time in the sun. "I've been an athlete my whole life, and back then it was 'Go outside, the sun is good for you, enjoy it!'" says the 87-year-old retired high school teacher and coach,



RAJESH IYER, MD

who lives with his wife, Patricia, in Whiting. "We didn't realize at the time that the sun could cause skin cancer, and I never really used sunscreen. Of course, as I got older, I started paying the price."

Lukasik was in his mid-50s when he was first diagnosed with skin cancer. "I had a growth inside my nose that was about the size of a grape but wasn't noticeable from the outside," he remembers. "I had surgery to remove it and then some skin grafting, and that



removing them: surgery and radiation.”

TRYING DIFFERENT APPROACHES

After having multiple surgeries to remove cancerous growths on different parts of his face, Lukasik decided to undergo radiation treatment to avoid further incisions.

He first had external beam radiation therapy, in which a machine called a linear accelerator directs a beam of high-energy rays at tumors.

Radiation therapy can often cure small basal or squamous cell skin cancers and can delay the growth of more advanced cancers. With external beam radiation, treatment is broken into multiple small doses that deliver enough energy to treat the cancer while minimizing damage to healthy tissue. Most patients must go to the radiation oncology suite for about 20 minutes five days a week for up to six weeks.

“That can be inconvenient, especially for older people, who may have trouble getting to the hospital every day, and people who care for children or have inflexible job schedules,” says Dr. Iyer.

Lukasik stays active with a busy schedule of golf and skeet shooting multiple times a week. He still shoots golf with a score in the 70s, and at age 85 was New Jersey state skeet 28-gauge champion and high overall runner-up. So he was intrigued when Dr. Iyer suggested trying a different kind of radiation treatment. Known as skin brachytherapy, it would entail far fewer trips to the hospital.

‘IT’S ALL PLUSES’

“Brachytherapy uses a radioactive seed about the size of a grain of rice,” Dr. Iyer says. “We put a small applicator—a little metal disk with a tube attached to it—directly on top of the skin cancer. Then we connect the tube to a machine that feeds the radioactive seed through the applicator into the disk. The seed gives

off radiation on top of the skin cancer in a very focused way.”

Used to treat non-melanoma skin cancers, skin brachytherapy is as effective as external beam radiation, with similar side effects such as temporary, treatable reddening and peeling of the skin. It has several features that especially appeal to patients:

- Treatment is fast, easy and convenient. Brachytherapy is given twice a week for about 5 to 10 minutes at a time, requiring a total of only six or seven visits.
- Results look natural. Most brachytherapy patients have excellent cosmetic results, with normal color, consistency and appearance. You might never know that an area has been treated with brachytherapy.
- It’s highly targeted and noninvasive. A tiny opening at the tip of the applicator allows precise treatment in as small an area as possible.


Lukasik first had brachytherapy to treat cancerous growths on his lip and nose in December 2015, followed by additional treatments in 2017 on his cheek and the other side of his nose and lip.

“The first time I went, I was very satisfied,” he says. “I thought, ‘Wow, I just come in here for a couple of days a week, I’m in and out just like that and I’m dealing with great people. It’s all pluses.’”

Brachytherapy couldn’t treat all of Lukasik’s lesions. When cancer on his lip recurred where it had been treated with brachytherapy in 2021, Dr. Iyer recommended surgical removal rather than having radiation twice in the same spot. Brachytherapy also might not be appropriate for raised, ulcerated or ridged growths, or areas like the ears, which are less effectively targeted by the applicator’s flat disk.

“Patients with very large cancers also would not be good candidates,” Dr. Iyer says. “But for tumors that meet the requirements for brachytherapy, the vast majority of my patients choose this over external radiation.”

Lukasik is among those who prefer brachytherapy when possible. “It’s so much easier,” he says. “I’ve recommended it to several of my friends.”


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.



TREATMENT IS FAST, EASY AND CONVENIENT. BRACHYTHERAPY IS GIVEN TWICE A WEEK FOR ABOUT 5 TO 10 MINUTES AT A TIME, REQUIRING A TOTAL OF ONLY SIX OR SEVEN VISITS.

cleared it up fairly well.”

But his years in the sun had taken a greater toll, and over the next 25 years, more cancerous lesions appeared, most of them on his face.

“All were basal cell and squamous cell cancers,” explains Rajesh Iyer, MD, Chair of Radiation Oncology at Community Medical Center (CMC). “These are the most common types of skin cancer and start in the upper layer of the skin, called the epidermis. Both are very treatable, with two options for

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Community Medical Center has a passion for heart health. We've invested in state-of-the-art catheterization equipment and technology to provide comprehensive care for both elective and emergency cardiovascular needs. In partnership with Rutgers Health, we offer convenient access to surgical care, research and clinical trials through the RWJBarnabas Health network of heart centers. And, we provide cardiac rehabilitation, prevention and wellness programs, with a growing network of specialists in non-invasive diagnostic and imaging, including stress testing. It's all part of our dedication to every heart in our community.

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

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Let's be healthy together.

