

A Publication of
CLARA MAASS MEDICAL CENTER

SUMMER 2019

healthy

together

**NEW HELP FOR
ACHING LEGS**

**IS YOUR CHILD
SLEEP-DEPRIVED?**

**TAKE CHARGE!
A HEALTH PLAN
FOR EVERY MAN**

**FITNESS TIPS
FROM BASEBALL PROS**



Celebrating a Good Year

Time really does fly. Already, a year has passed since we first announced our partnership with Rutgers University, one of the nation's leading public educators, to create a new state of health in New Jersey. We're thrilled by how much already has been accomplished and how our partnership is benefiting patients and communities across the state. And we're energized by our plans for the future.

Our medical group includes hundreds of primary care and specialty physicians with over 200 locations across the state. Our partnership with Rutgers gives each of these physicians seamless access to the strength of our combined, state-of-the-science medical expertise, services and treatments.

One of the most exciting things to come out of our partnership with Rutgers so far is the recently announced creation of a dedicated cancer hospital, to be built in New Brunswick on the Robert Wood Johnson University Hospital campus. This new cancer center of excellence will take on the most complex cases, enabling more cancer patients to stay in New Jersey close to family and friends for treatment.

At The Cancer Center at Clara Maass Medical Center, we have a team of experts in cancer treatment, care and research that is second to none. Through our partnership with Rutgers Cancer Institute of New Jersey, we have available advanced, cutting-edge treatment for many cancers—from those of the female reproductive system to cancers of the prostate, eye and more. Our experienced physicians are board-certified in medical and surgical oncology, gynecologic oncology and diagnostic radiology, and with a team of specialized nurses, dietitians, social workers and counselors to lend support to our patients and their families, Clara Maass Medical Center is truly positioned to help our community beat cancer.

We look forward to bringing you many more benefits as we continue to hardwire Rutgers across the RWJBarnabas Health system.

Yours in good health,



BARRY H. OSTROWSKY
PRESIDENT AND CHIEF EXECUTIVE OFFICER
RWJBARNABAS HEALTH



MARY ELLEN CLYNE, PhD
PRESIDENT AND CHIEF EXECUTIVE OFFICER
CLARA MAASS MEDICAL CENTER



CLARA MAASS MEDICAL CENTER EARNS ACCOLADES

CMMC's steadfast commitment to improving the health and well-being of the communities it serves is exemplified by the national awards and recognition we have received. Here are some recent examples:

- **OVERALL EXCELLENCE** In 2019, the Medical Center was awarded a Four-Star rating from the Centers for Medicare and Medicaid Services (CMS) and our Transitional Care Unit earned the highest-possible rating of Five Stars. The CMS rating provides details to the public on more than 60 different quality measures in seven categories.
- **SAFETY** Earned 12 Grade A scores in Hospital Safety and Quality from The Leapfrog Group.
- **LGBTQ** Earned designation in LGBTQ (Lesbian, Gay, Bisexual, Transgender and Questioning) Healthcare Equality from the Human Rights Campaign Foundation in 2018.
- **SPECIALTY EXCELLENCE** From Healthgrades, earned Excellence Awards in Patient Safety (2019), Bariatric Surgery (2018–2019), Labor and Delivery (2016–2018), and Obstetrics and Gynecology (2016–2018).
- **DISEASE-SPECIFIC CERTIFICATION** Earned the Gold Seal of Approval from the Joint Commission with Disease-Specific Care Certification in Acute Coronary Syndrome, Congestive Heart Failure, Elective Joint Hip Replacement, Elective Joint Knee Replacement and Advanced Certification in Palliative Care.
- **CONNECTIVITY** Named by the College of Healthcare Information Management Executives (CHIME) to the annual Healthcare's Most Wired list for 2016, 2017 and 2018.
- **WORKPLACE PARTNERSHIP** Earned Platinum recognition in 2018 from Health Resources and Services Administration (HRSA) Workplace Partnership for Life Hospital Campaign for increased organ donation efforts.
- **QUALITY PATIENT CARE** Designated Primary Stroke Center by the New Jersey Department of Health and designated Bariatric Surgery Center of Excellence by the American Society for Metabolic and Bariatric Surgery.

Clara Maass Medical Center | **RWJBarnabas HEALTH**

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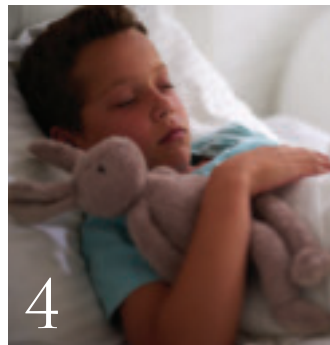
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THE SLEEP DISORDER PARENTS MAY MISS

THAT DISTRACTED, CRANKY CHILD COULD BE SUFFERING FROM SLEEP APNEA.

Sleep problems in adults and babies often grab the spotlight, but children and teenagers struggle with sleep issues as well.

Many conditions have obvious symptoms that lead parents to seek medical help, such as sleep terrors (episodes of screaming and flailing while asleep), narcolepsy (excessive daytime sleepiness and dozing) and enuresis (bed wetting). “All of these are presented at The Center for Sleep Disorders at Clara



FRANK MAZZARELLA, MD

Maass,” says Frank Mazzarella, MD, Chief Medical Officer of Clara Maass Medical Center.

However, obstructive sleep apnea is a disorder that many parents and doctors don’t

expect—and therefore don’t recognize—in children. The condition, in which throat muscles relax too much and interfere with breathing during sleep, is estimated to affect up to 5 percent of children, Dr. Mazzarella says.

Sleep apnea can be caused by excess weight, enlarged tonsils or adenoids and even a dental overbite. Symptoms include snoring, heavy breathing or gasping during sleep and very restless sleep.

MISSED DIAGNOSES

“Children might snore a little bit, but it’s not always obvious to parents that there’s a problem,” says Dr. Mazzarella. “And children won’t come and tell you. They won’t necessarily be groggy in the morning, as an adult with the sleep disorder would be. But they might be very irritable and inattentive, even throughout the school day.”

Many cases of children diagnosed with

Attention Deficit Hyperactivity Disorder (ADHD) are, in reality, cases of children who aren’t getting enough sleep, says Dr. Mazzarella. “You have a child who is disruptive and not paying attention. They might even fall asleep in class,” he says. “But rather than getting punished, they should be sent to our Sleep Center for assessment.”

In the case of pediatric sleep apnea, the plan of care is often quite straightforward. Removing the tonsils or adenoids is effective, as is addressing an overbite or other structural problem. If excess weight is the cause, a healthcare provider can share with families a healthy and realistic diet and can recommend exercise strategies.

‘A LIFE-CHANGER’

Sleep apnea in children is potentially serious. “If medical professionals don’t detect and fix this problem, children are at risk of developing hypertension or even heart failure,” says Dr. Mazzarella. “This is a new field, and experts are doing more and more to uncover these problems so that they can be treated early.”

No matter what the issue, correcting sleep problems in children “can be a life-changer for them,” says Dr. Mazzarella, who says he has seen some go from being C-minus students to A-plus students after treatment.

“Once these children are able to get a good night’s sleep, their level of attention and concentration go up. These young people don’t have learning problems,” he says. “They’re just tired.”

To learn more about The Center for Sleep Disorders at Clara Maass Medical Center, call **888.724.7123**.



HELP FOR TIRED, ACHY LEGS

**NEW TREATMENTS FOR VEIN
DISEASE CAN RESTORE
YOUR LEGS' ENERGY AND
APPEARANCE.**

Many adults complain that their legs feel heavy and tired, preventing them from spending more time on their feet. Others are embarrassed by the appearance of bulging varicose veins or smaller spider veins on the legs.

Surprisingly, the cause for both of these complaints is usually the same: venous insufficiency, a failure of the veins in the legs to properly circulate blood.

“Venous insufficiency is the overarching reason for pain, discomfort, swollen legs or varicose veins,” says Robert Kamienecki, MD, an interventional radiologist who specializes in treating vein conditions at The Vein Center at Clara Maass Medical Center (CMMC).

Hundreds of patients visit CMMC each year because of venous insufficiency, and the warmer weather brings an increase of patients with cosmetic concerns and tired, achy legs. “The veins dilate to help distribute heat and cool our bodies,” explains Dr. Kamienecki. “So when those veins dilate in warmer weather, the legs may get more swollen.”

CAUSES AND CURES

With venous insufficiency, the valves in the veins of the leg no longer work

properly and cannot effectively transport blood from the legs back to the heart. As a result, blood pools in these veins, which—depending on which veins are affected—can make them more visible, or can make the legs swell or feel achy and tired. “The cause of venous insufficiency is a combination of genetics, weight, gender—females are more prone to the condition—hormones, childbirth history, history of blood clots, hypertension and other medical conditions,” says Dr. Kamienecki.

“Both men and women may experience varicose veins after an injury, such as from an automobile accident or being hit in the leg with a softball,” he adds. One popular myth about their cause is wrong, he says: “Crossing your legs doesn’t increase the risk of varicose veins.”

Fortunately, venous insufficiency can be treated fairly easily, usually without hospitalization. “For varicose veins or spider veins that are just a cosmetic concern, the simplest procedure is sclerotherapy. The veins are injected with saline solution or an anesthetic medication

that makes them shrink and disappear,” explains Dr. Kamienecki.

Another procedure, called thermal ablation, employs heat to destroy damaged veins. “For this procedure, which is also done in the Radiology Department without hospitalization, the patient is lightly sedated. Thermal energy is then used to close a dominant vein in the leg, rerouting blood to other veins that will carry blood back to the heart,” explains Dr. Kamienecki. In addition to treating varicose veins, this procedure is used to treat symptoms of leg swelling, achiness and fatigue. “Also, some varicose veins can be removed quickly with a tiny nick in the skin,” he says.

Venous insufficiency can also lead to more serious problems, such as affecting the circulation in the legs enough that the skin turns dark or thickened, indicating a need for medical attention. In these cases, it may be necessary to insert stents to open up veins that have closed, improving the blood flow, a procedure that may require an overnight hospital stay.

To learn more about The Vein Center at Clara Maass Medical Center, call **888.724.7123** or visit www.rwjbh.org/claramaass.



OUTDOOR ACTIVITY: PROTECT YOUR JOINTS

HOW TO BE SAFETY-SMART WHILE PLAYING OR WORKING OUTSIDE.

If you're like most people, you enjoy the time of year that allows you to get outside and be active. Unfortunately, spending time in or on the water, playing sports or even doing repairs around the house can put you at an increased risk of joint injury.

Frank Femino, MD, Director of Orthopedics at Clara Maass Medical Center, breaks down the outdoor activities that could lead to orthopedic injuries, and shares how to avoid them.

ON THE WATER

Diving—whether it's from the side of a swimming pool or a cliff at the local watering hole—is the fifth-

leading cause of spinal cord injuries among men, according to the National Spinal Cord Injury Statistical Center. "Every summer, we see at least a few spinal injuries at Clara Maass Medical Center from diving injuries," says Dr. Femino.

In addition, high-speed water sports like jet skiing and waterskiing can also put people at risk of bone fractures and joint injuries. "People get a false sense of security when they're on the water," says Dr. Femino. "But falling in the water at high speed can feel like hitting concrete."

• PREVENTION: Wear a life jacket and helmet during high-speed water sports and never jump or dive into unknown waters. "If the water is murky and you don't know how deep it is, don't dive," says Dr. Femino.

• TREATMENT: Anyone with a water sports injury should be stabilized by a health professional, then



FRANK FEMINO, MD

taken to the Emergency Department to get checked for cervical spine and traumatic brain injuries. "We may also treat for shock, neck trauma and concussion," Dr. Femino says.



ON THE FIELD OR COURT

The most common injuries from outdoor team sports, tennis and

golf are muscle sprains. "We see many 'weekend warriors' with tennis elbow or back problems from their golf swing," Dr. Femino says.

• PREVENTION: The best protections against strains, sprains and joint pain are starting slowly, stretching and warming up before playing, and then gradually building up your level of play to build muscle strength.

• TREATMENT: "The majority of strains and sprains simply require rest, hot and cold compresses and possibly a few weeks of physical therapy," explains Dr. Femino. "More severe injuries, like a ruptured hamstring or joint damage, may require surgery that can put you out of action for the season."



RUNNING

Running is an excellent way to exercise, but it has a high rate of injury. One study found that, over the

course of a year, 27 percent of novice runners and 32 percent of long-distance runners sustain injuries. "Running in and of itself is not harmful to healthy joints, but is not recommended for damaged joints," says Dr. Femino.

• PREVENTION: If you're new to running, start slowly and use common sense. "Don't run five miles on your first outing," Dr.

Femino says. "And proper footwear is paramount—new running shoes are well worth the investment."

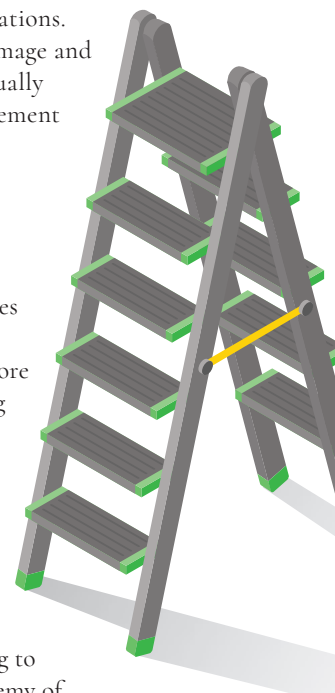
• TREATMENT: Acute pain from sore muscles and joints will go away on its own with rest and over-the-counter pain medications. Long-term joint damage and arthritis may eventually require joint replacement surgery.

AROUND THE HOUSE

You may be most susceptible to injuries in your own home, especially if your chore list has you climbing ladders or firing up a power tool. For example, half a million Americans get treatment for ladder-related injuries every year, according to the American Academy of Orthopedic Surgeons. "In summer and fall, people have accidents while fixing roofs or cleaning the gutters," says Dr. Femino. "You also want to use caution with power tools such as a lawn mower or hedge trimmers."

• PREVENTION: If a task calls for using a ladder, make sure it's on a firm, level surface and that the soles of your shoes are dry and not slippery. Have equipment such as leaf blowers serviced before you use them. As for more complicated tasks, "When in doubt, don't do it," says Dr. Femino. "Hire a professional or ask a skilled friend to do home repairs if you're not sure how to safely do it yourself. And always have proper adult supervision around young people and power tools."

• TREATMENT: When people fall off ladders, the most common injuries are broken bones. Treatment usually requires surgery or a cast for up to three months, followed by physical therapy. A power tool injury will usually require surgery to repair or reattach affected body parts.



To learn more about orthopedics at Clara Maass Medical Center, call 888.724.7123 or visit www.rwjbh.org/ortho.





At left, Clara Louise Maass, the young nurse whose sacrifice left a lasting legacy, and Mary Ellen Clyne, PhD, President and Chief Executive Officer of Clara Maass Medical Center, who is also a registered nurse.

A PROUD HISTORY, A BRIGHT FUTURE

A celebration of the 150th anniversary of Clara Maass Medical Center will be held on Nov. 13. The event, featuring fine foods and wines from top area restaurants, culminates a transformational year in which Clara Maass Medical Center completed numerous expansion projects and earned national recognition for its delivery of care of the highest quality and safety.

To learn how to become a sponsor, to attend the event or to find other opportunities to support the work of Clara Maass Medical Center, call 973.450.2277.

EXTRAORDINARY CARE

WE'RE CELEBRATING CLARA MAASS—BOTH THE MEDICAL CENTER, AND THE SELFLESS NURSE FOR WHOM IT IS NAMED.

Nurses give care, nurses teach and nurses lead. Clara Maass Medical Center (CMMC), which marks the 150th anniversary of its founding this year, has reaped the benefit of extraordinary nursing and leadership from its early days to the present.

East Orange native Clara Louise Maass, born in 1876, became one of the first graduates of the School of Nursing at what was then known as Newark German Hospital. Unusually skilled and diligent, she was promoted to head nurse in three years.

In 1898, she volunteered to help care for soldiers in the Spanish-American War. Shocked by the suffering caused by “yellow fever” contracted during the conflict, she twice volunteered as a subject in an immunization experiment. Though the disease ultimately killed her, the experiment was key to the medical community’s understanding of how to treat it.

The first U.S. hospital to be named after a nurse, CMMC is also led by a registered nurse: Mary Ellen Clyne, PhD, President and Chief Executive Officer,

who is the only female in the RWJBarnabas Health system to hold that position. “For me, that is the highest honor—the value of nursing being recognized,” says Dr. Clyne.

Dr. Clyne has been recognized as one of 130 Women Hospital Health Leaders to Know by Becker’s Hospital Review; as a Distinguished Alumnus at Seton Hall University; and as one of the NJBIZ Best 50 Women in Business. “There are no limits,” for women in leadership, Dr. Clyne says. “We’re all here to serve a purpose—to do the best we can do, to be ourselves and to be here for the people we serve. As Clara Maass Medical Center enters its next 150 years, the medical center will continue to be a leader in compassionate, state-of-the-art care for all members of the North Jersey community.”

SAVE THE DATE

COME PLAY WITH US!

The 2019 Golf Invitational, with former New York Giant David Diehl, a two-time Super Bowl winner and Honorary Chairman of the event, will take place at the Montclair Golf Club in West Orange on Aug. 12. To learn more, call 973.450.2277 or visit www.rwjbh.org/claragolf.



CRANIAL TUMORS: HELP FOR HARD CASES

**HOW TOP NEUROSURGEONS AT RWJBARNABAS HEALTH
TACKLE THE TOUGHEST TUMORS.**

Cranial tumors are never easy to treat, but some are especially challenging. Those cases are often sent to Anil Nanda, MD, MPH, and the team of expert neurosurgeons affiliated with RWJBarnabas Health (RWJBH).

Recently, for example, there were the cases of an 8-year-old girl with an arteriovenous malformation, a bird's nest-like tangle of blood vessels at the top of her spine that paralyzed her, and a 21-year-old woman with a hemorrhaged brain stem cavernoma. Both patients were referred to Dr. Nanda and the enhanced neurosurgical program he is creating with colleagues throughout RWJBH. The lesions were successfully removed.

"People should know that we can take care of very complicated neurosurgical issues with good

outcomes right here in New Jersey," says Dr. Nanda, who has been recognized as a global leader in neurosurgery.

But Dr. Nanda is not just building a practice that specializes in cranial tumors in his roles as Senior Vice President of Neurosurgical Services for RWJBH and Professor and Joint Chair of the Department of Neurosurgery at both Rutgers Robert Wood Johnson Medical School and Rutgers New Jersey Medical School. Dr. Nanda is creating a world-class center of neurosurgery at RWJBH. In addition to providing state-of-the-art training for medical residents, the effort is attracting top talent to New Jersey from all over the world.

GRATIFYING RESULTS

Neurosurgery services at RWJBH cover many areas, including spinal disease, stroke, aneurysms, brain trauma and more.

Dr. Nanda's specialty is surgery of the skull base, an area formed by bones at the bottom of the skull that is crisscrossed by nerves and blood vessels carrying messages and oxygen to the brain.

Last fall, an especially challenging patient was referred: a 38-year-old woman whose personality had been slowly deteriorating over the previous five years. She had become hostile to family and friends, and her memory and cognition were impaired.

Finally, an MRI of the woman's brain found the cause of her problems: a 9-centimeter (approximately 3.5-inch) meningioma, a benign, slow-growing tumor that forms on membranes covering the brain.

"The tumor's pressure on her frontal lobe—which handles cognitive functions such as planning, memory and emotional expression—was so great that it had been compacted and barely showed on the MRI," says Dr. Nanda.

During surgery, Dr. Nanda first stopped the tumor's blood supply, then began the removal process. "After a difficult operation, the growth was entirely removed, and with the pressure gone, the frontal lobe expanded to its normal size," he says.

Three days later, the woman was sitting up and talking and her former upbeat personality had begun to return.

"It was really gratifying for our team to be able to effect such a dramatic change," says Dr. Nanda.

"Symptoms like this woman's are often chalked up to depression or schizophrenia or, in the case of an older person, dementia," he explains. "In such cases, it's important to investigate possible causes in detail, sooner rather than later."

For residents of New Jersey and the region, the good news is that excellent care for such conditions is available close to home. Says Dr. Nanda, "RWJBarnabas Health is building a team of top neurosurgeons and other experts in neuroscience that is among the best in the world."



ANIL NANDA, MD

To learn more about New Jersey's most comprehensive neurosurgery program, call **833.656.3876** or visit www.rwjbh.org/neurosurgery.



PEAK PERFORMANCE:

SECRETS OF BASEBALL PROS

A HEALTHY LIFESTYLE IS NO MINOR MATTER FOR THESE OUTSTANDING LOCAL PLAYERS.

When they unleash a blazing pitch or knock one out of the park, star baseball players can seem like superheroes. Granted, they *are* gifted. But to perform at that level, standouts from minor league baseball teams abide by healthy principles that weekend warriors and young athletes can share.

RWJBarnabas Health (RWJBH) partners with four top minor league baseball teams in the state: The Lakewood BlueClaws, New Jersey Jackals, Somerset Patriots and Trenton Thunder. What RWJBH and the

To learn more about RWJBarnabas Health corporate partnerships, visit www.rwjbh.org/corporatepartners.

A PARTNERSHIP WITH IMPACT: At left, RWJBarnabas Health and the Lakewood BlueClaws teamed up to deliver much-needed baseball gear to the children of Puerto Rico after Hurricane Maria. RWJBH also delivered medical supplies to the island as part of its social impact and global health initiatives.

HEALTHY FAMILY FUN: Below, the Somerset Patriots play at the 6,100-seat TD Bank Ballpark in Bridgewater.



ALFREDO RODRIGUEZ

INFIELDER | SOMERSET PATRIOTS
HEIGHT: 6'0" | WEIGHT: 175

STRETCH FOR SUCCESS: "Warm-ups used to be static, but now we have dynamic warm-ups, which do a better job of getting your body ready for whatever you want it to do. That means moving while stretching, like walking or pulling a knee to the chest."



JACK PERKINS

PITCHER | LAKEWOOD BLUECLAWS
HEIGHT: 6'4" | WEIGHT: 200

GET A LEG UP: "If you're a pitcher for your school or local team, the best thing to do is get your legs as strong as possible with squats, running and sprints. Legs are the strong foundation that's going to take you deep into games and give you more velocity."



MICHAEL DILL PHOTOGRAPHY

GARRETT WHITLOCK

PITCHER | TRENTON THUNDER
HEIGHT: 6'5" | WEIGHT: 190

CORE PRINCIPLES: "A good strong core is important for anybody to keep a healthy balance. I do planks and also 'dead bugs'—exercises where you lie pressed flat on the floor and extend your arms and legs."



CONRAD GREGOR

INFIELDer/OUTFIELD | NEW JERSEY JACKALS
HEIGHT: 6'3" | WEIGHT: 220

CONSISTENCY IS KEY: "If you don't have time to get to a gym, do body-weight exercises that don't require equipment—pushups, squats, squat thrusts and similar exercises. That's what I do in my hotel room when we're on the road."

ball teams have in common is their community- and health-oriented focus. "Minor league baseball has a strong grassroots spirit that you don't necessarily see in professional sports," says Michael Knecht, Senior Vice President, Strategic Marketing and Communications for RWJBH. "These are organizations that are embedded in the communities we serve, and that have similar missions and values." Any given season might feature a celebration of patients, social outreach or healthy lifestyle education for fans.

In that spirit, top players, at right, reveal their fitness tips for peak performance.

NEW CANCER TREATMENT, NEW HOPE

HOW CAR T-CELL THERAPY HELPED A PATIENT WHEN CHEMOTHERAPY COULD NOT.

Dave Rodney, 62, didn't have time to be sick. A professional concert and travel promoter, and an avid musician and cook, he had too much living to do.

But in August 2017, while working out, Dave felt a slight discomfort in his lower abdomen. He assumed he'd pulled a muscle. However, at a routine physical shortly afterward, his doctor advised him to go to the Emergency Department at Saint Barnabas Medical Center (SBMC) in Livingston.

There, a scan revealed an abdominal mass. Dave was admitted for further tests. The eventual diagnosis: diffuse large B-cell lymphoma (DLBCL). This aggressive blood cancer, a form of non-Hodgkin lymphoma, usually starts as a fast-growing mass in a lymph node.

From September 2017 through January 2018, Dave was treated with chemotherapy under the care of Andrew Brown, MD, a medical oncologist with The Cancer Center at SBMC. Unfortunately, a first round was unsuccessful, as was a second round with a different medication.

The next step would typically be to assess whether a stem cell transplant might work. But now, there is also a new treatment called CAR T-cell therapy. "It was very important that I get him to a specialty center that handles complex cases," says Dr. Brown. "Because of our health system's partnership, I sent him down to Rutgers Cancer Institute of New Jersey and Robert Wood Johnson University Hospital in New Brunswick."

NEW POSSIBILITIES

In the fall of 2017, the Food and Drug Administration made a big announcement: It had approved CAR T-cell therapy for adults with DLBCL and for children and young adults with acute lymphoblastic leukemia.

In this therapy, T cells (a type of immune system cell) are taken from a patient's blood. In a laboratory, a chimeric antigen receptor (CAR), which binds to a certain protein on the patient's cancer cells, is added to each cell. These CAR T cells are then added back to the patient's blood to attack cancer cells.

The treatment is given only to patients whose cancer has proven resistant to chemotherapy and who may not be good candidates for stem cell transplants. Further, it can be offered only at centers that have clinicians, nurses and other healthcare

professionals who are FACT (Foundation for the Accreditation of Cellular Therapy)-certified.

The teams at Robert Wood Johnson University Hospital (RWJUH) and Rutgers Cancer Institute fit the bill. Dave Rodney would be their first patient for CAR T-cell therapy.

"This is a transformative therapy," says Dennis Cooper, MD, Chief, Blood and Marrow Transplantation at Rutgers Cancer Institute. "In the past, if a patient with this type of lymphoma wasn't responsive to chemotherapy, apart from experimental treatments we were essentially out of luck. Now we have a new option that's potentially curative."

MOVING AHEAD

Dave met with Dr. Cooper in March of 2018. At that and subsequent visits, he learned more about the procedure and its potential benefits and risks.

"They were very honest and open," Dave says. "Yes, I'd be the first. But on the plus side, many eyes and ears would be watching me to make sure everything went well. What they said made perfect sense, so I was sold."

"I can't think of a time in my career where the staff spent so much time, collectively, preparing to treat a patient," says Dr. Cooper. "There are strict criteria for care when a patient is getting CAR T cells, encompassing everything from the electronic record to drugs that can cause a reaction, and more."

"Everyone in the hospital was very committed. The people who work in the blood and marrow transplant unit, the ICU nurses, the nurse practitioners, the rapid response teams, the neurology attendings and literally every medical resident went through training before we treated our first CAR T-cell patient."


After thorough preparations, Dave's T cells were collected and sent to a laboratory



ANDREW BROWN, MD



DENNIS COOPER, MD



Dave Rodney, the first CAR T-cell therapy patient at Rutgers Cancer Institute of New Jersey and Robert Wood Johnson University Hospital, is back to doing the things he loves.

PHOTO CREDIT: JOHN O'BOYLE.



RWJBarnabas Health and The Cancer Center at Saint Barnabas 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 latest treatment, including clinical trials. Visit www.rwjbh.org/beatcancer.

in California to be re-engineered, a process that takes several weeks.

In November, Dave received a mild pre-treatment chemotherapy to clear his blood of lymphocytes that could compete with CAR T cells. Then he was admitted to RWJUH to receive brand-new CAR T cells via infusion. He stayed in the hospital for two weeks as his body adjusted.

"It's impossible to describe the high level of care I had—the professionalism, expertise, warmth and caring," Dave says. "These are the best people on the planet!"

AN EXCITING FUTURE

CAR T-cell therapy is currently under consideration to treat some forms of myeloma, a cancer of plasma cells. "CAR T cells are also being modified in the hope they can work on solid tumors—brain tumors, abdominal tumors," says Dr. Cooper. "People are realizing that you can redirect CAR T cells to almost any target you want, as long as it's on a tumor cell and not a normal cell."

Unlike in chemotherapy, which kills both healthy and cancer cells, the CAR T cells remain in the patient's body for months and continue fighting the cancer. "There's a lot of work happening on ways to make CAR T cells stay in action even longer," says Dr. Cooper.

Dave continues to return for scans to check on his progress. Meanwhile, his return to normal activity is encouraging.

"I'm as busy as ever," Dave says, "feeling better and doing all the things I love doing."

A version of this article first appeared in the Rutgers Cancer Institute of New Jersey publication Cancer Connection.

To learn more about CAR T-cell therapy at Rutgers Cancer Institute of New Jersey, visit www.cinj.org/car-tcelltherapy or call **844.CANCERNJ**.



From left, Gail Knight, MD, Senior Vice President and Chief Medical Officer, Rady Children's Hospital; Michael Dribbon, PhD, Vice President of Business Development and Chief Innovation and Research Officer, CSH; Patrick Frias, MD, President and CEO at Rady Children's Hospital; Warren E. Moore, FACHE, President and CEO of CSH; and Katherine Bentley, MD, Director of the Chronic Pain Management Program at CSH.

PARTNERING TO FIGHT PAIN

ONE BOY'S ORDEAL LED TO HELP FOR OTHER SOUTHERN CALIFORNIA CHILDREN WHO SUFFER FROM CHRONIC PAIN.



Children's Specialized Hospital®
An RWJBarnabas Health facility

at
Rady Children's Hospital

A simple heel fracture from running on a California beach led to excruciating pain for 14-year-old Jasper Neale. The fracture took a long time to heal. Worse, the pain grew and radiated throughout his body. "I wasn't able to wear clothes. I couldn't shower. I couldn't walk. If a wind blew on me, I would be screaming," he says.

Eventually, Jasper was diagnosed with Complex Regional Pain Syndrome (CRPS)—a chronic condition that is believed to be caused by damage to the nervous system—at Rady Children's Hospital in San Diego. And although he underwent weeks of outpatient therapy, the pain only got worse.

Jasper's physical therapist showed him and his parents an online video she'd found. It told the story of a girl who had suffered

similar symptoms, but managed to get them under control through an intensive course of therapy at another children's hospital. "My husband and I decided we must find a program like this for Jasper," says his mother, Lori Neale. After some research, they selected the inpatient Chronic Pain Management Program at Children's Specialized Hospital (CSH) in New Brunswick.

Less than three weeks later, Jasper and his father were on a flight to New Jersey and CSH. That decision would change his life—and, ultimately, make life better for other San Diego, Southern California and southwestern U.S. children living in pain.

MASTERING THE PAIN

At CSH, the innovative Chronic Pain Management Program treats children with this condition through intensive physical, occupational and psychological therapy. Patients learn coping techniques to desensitize themselves to pain and mitigate it—without the use of opioids or other medications.

"One of the goals of the program is to improve the pain, but the main goal is to improve function and get our patients back to their lives," explains Katherine Bentley, MD, Director of the Chronic Pain Management Program.

After seven weeks, Jasper graduated from the program and was able to return to his California home, and to his life as a teenager.

But Jasper's recovery was not the only positive outcome of his experience. Aware of the need for a multidisciplinary approach to pain management for area patients, Rady Children's Hospital and CSH created a partnership. In April, the all-new Children's Specialized Hospital Chronic Pain Management Program at Rady Children's Hospital-San Diego opened for business.

"This joint endeavor provides us the great opportunity to treat the needs of patients and families in the Southern California region," says Warren E. Moore, FACHE, President and CEO at CSH, "and for that I could not be more grateful."

Jasper would agree. "Now," he says, "I can do anything I want to do."

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

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. Our locations in Bayonne, Clifton, East Brunswick, Egg Harbor Township, Hamilton, Jersey City, Mountainside, New Brunswick, Newark, Toms River and Warren 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.



HEART HEALTH: KNOW YOUR NUMBERS

KEEP ON TOP OF THESE SIMPLE TESTS TO STAY HEALTHY.

When it comes to protection against heart disease, the evidence is simple and clear: Preventive strategies work.

“People can have a significant effect on their heart health through the lifestyle choices they make,” says Sergio Waxman, MD, MBA, an interventional cardiologist and Chief of the Division of Cardiology at Newark Beth Israel Medical Center, an RWJBarnabas Health facility. “There are not many diseases where that is so clearly documented.”

A key part of self-care is understanding the following about your heart health. Your primary care provider can check these numbers at your yearly physical, and you can track some of them between visits.



SERGIO WAXMAN, MD



BLOOD PRESSURE: The force of blood rushing through your vessels. High blood pressure, which can damage or weaken blood vessels, is defined as a reading of 130/80. “A lot of patients get nervous in a doctor’s office, which may elevate their blood pressure, so it’s important to check it outside the office as well,” says Dr. Waxman. You can buy a manual or digital blood pressure monitor at the drugstore, or use a public device available at some pharmacies.

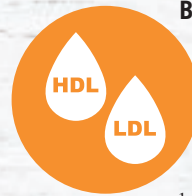


HEART RATE (PULSE): The number of times your heart beats per minute. “This is helpful if you’re exercising and want to see if your training is significantly affecting your heart rate,” says Dr. Waxman. The American Heart Association recommends at least 150 minutes of moderate-intensity exercise per week. The more fit you are, the

sooner your heart rate returns to normal after exercise.



BLOOD SUGAR: High glucose (blood sugar) levels are strongly correlated with cardiovascular disease because over time they damage blood vessels and nerves. “An annual blood test after overnight fasting is all that’s needed, unless your levels are elevated,” says Dr. Waxman. “If they are, the other number you should know is your Hemoglobin A1C, which is a measure of your average glucose levels over the past three months.”



BLOOD CHOLESTEROL: A waxy substance produced by the liver. Cholesterol is transported to and from cells by lipoproteins. Low-density lipoprotein (LDL, known as the “bad” kind) deposits cholesterol on artery walls; high-density lipoprotein (HDL) removes it. Both levels are determined by a simple blood test.

Your doctor also might suggest your blood be tested for C-reactive protein. “Some investigators think this may be as important as the LDL number for assessing cardiac risk,” says Dr. Waxman.



BODY MASS INDEX (BMI): This is a measure of body fat based on height and weight. The higher your BMI, the greater your risk for cardiac and other diseases. You can calculate your BMI with the help of online calculators and charts from the National Institutes of Health or the Centers for Disease Control and Prevention.

While most people know they should take better care of their health, they often feel that work and family demands prevent it, says Dr. Waxman. “Try to give yourself one hour every day to devote to taking care of yourself, whether it’s exercising, preparing healthy meals, checking your blood pressure, taking a nap or a combination of things,” he advises. “It’s like what they say about oxygen on airplanes: Put your mask on first or you won’t be able to help someone else.”

Your heart doesn’t beat just for you. Get it checked. To make an appointment with one of New Jersey’s top cardiac specialists, visit www.rwjbh.org/heart or call **888.724.7123**.

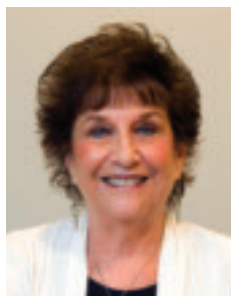


THE KEY TO QUITTING SMOKING OR VAPING

RWJBARNABAS HEALTH OFFERS FREE AND PROVEN SUPPORT FOR PEOPLE WHO STRUGGLE WITH TOBACCO OR NICOTINE DEPENDENCE.

Nicotine addiction is a powerful foe. The drug triggers a brief surge of endorphins—the feel-good hormones—each time it’s inhaled through a cigarette or an electronic nicotine delivery system (ENDS), such as an e-cigarette or vaping device. That pleasure dissipates quickly, leading to the urge for another inhalation.

A pack-a-day smoker, for example, goes through this cycle about 250 times daily, creating an addictive reward system in both brain and body that causes dependence on nicotine. When the person tries to stop, withdrawal



CONNIE GREENE

symptoms—irritability, attention difficulties, sleep disturbances and more—lead him or her to light up again, and the cycle continues.

Most people who are still smoking today have already tried and failed to quit five to seven times, according to Connie Greene, Vice President, RWJBarnabas Health (RWJBH) Institute for Prevention and Recovery.

“They may even feel a lot of shame and guilt because of that,” she says. “But the truth is, if people who are dependent on nicotine could quit on their own, they would have done so already.”

Greene and her colleagues want these people to know that it’s not their fault. “They’re in the grip of a very insidious addiction, which may have a genetic component,” she says. “But there is hope, and there is recovery.”

“The more times you’ve tried and the more you’ve been unsuccessful, the greater chance you have for success with our Nicotine and Tobacco Dependence Treatment Program.”

A NEW APPROACH

“We look at quitting as a process,” says Michael Litterer, Director of Prevention and Recovery at RWJBH. “It’s not as simple as making a decision and going cold turkey. In our program, we develop an individualized plan for each person who comes to us.”

When a smoker contacts the Nicotine and Tobacco Dependence Treatment Program by phone or email, a certified tobacco treatment specialist will be there to help. “You don’t have to quit right away,” Litterer says. Instead, next steps can include:

- Individualized nicotine dependence assessment, focusing on triggers and stressors
- Ongoing support in both individual or group settings
- Access to a medical director on staff to assist with primary care coordination and prescription medications
- Free nicotine replacement therapy (nicotine patches, gum and lozenges)
- Recommendations and navigation for appropriate prescription nicotine dependence medications
- Assistance in understanding the real impact of ENDS devices and cigarettes
- Behavioral modification and assistance in managing or eliminating nicotine withdrawal symptoms

“Most importantly, we will support people through the entire process of ending their nicotine or tobacco addiction. Relapsing and using nicotine during the quit attempt is sometimes part of the journey. We understand this,” Litterer says.

The program, which is funded by the New Jersey Department of Health Office of Tobacco Free, Nutrition and Fitness, does not charge participants.

The most important thing for people to know, Greene says, is that they don’t have to try to quit alone. “Call the QuitCenter number, or send us an email,” she says. “We’ll take it from there.”

To learn more about reaching recovery from nicotine or tobacco dependence, call the QuitCenter line at **732.837.9416**, or email quitcenter@rwjbh.org for a free confidential assessment. For more information, visit www.rwjbh.org/nicotinerecovery.





CHECKLIST: TESTS MEN SHOULD GET

CHECKUP, EXAMS, SCREENINGS	AGES 20-39	AGES 40-49	AGES 50+
Complete physical	Every 3 years	Every 2 years	Every year
Blood pressure	Every year	Every year	Every year
TB (tuberculosis) skin test	Discuss with your physician	Discuss with your physician	Discuss with your physician
Blood tests and urinalysis	Every 3 years	Every 2 years	Every year
EKG (electrocardiogram)	Baseline age 30	Every 2 years	Every year
Tetanus booster	Every 10 years	Every 10 years	Every 10 years
Rectal exam	Every year	Every year	Every year
PSA (Prostate Specific Antigen) blood test		Discuss with your physician	Every year
Hemoccult stool screening		Every year	Every year
Colonoscopy			Every 3 to 10 years
Chest X-ray		Discuss with your physician	Discuss with your physician
Bone density			Age 60: discuss with your physician
Testosterone screening		Discuss with your physician	Discuss with your physician

MEN, TAKE CHARGE OF YOUR HEALTH

FEEL BETTER AND LIVE LONGER WITH A HEALTHCARE GAME PLAN TAILORED TO YOUR NEEDS.

Most men need to pay more attention to their health, according to the U.S. Department of Health and Human Services. Besides taking more chances than women (they're more likely to smoke, drink too much alcohol and make risky choices), they also tend to put off health exams and medical care.

In fact, about 1 in 4 doctors reported that up to half of their male patients failed to fill prescriptions or follow up with a test ordered for their condition, according to a recent survey by the American Academy of Family Physicians.



LUIS ESPINA, MD

If that's been the case for you, start with periodic complete physicals by a primary care provider, says Luis Espina, MD,

a family medicine physician affiliated with Clara Maass Medical Center and a member of the Barnabas Health Medical Group. "Having baseline and screening tests allows us to get to know the patients so we can make smarter decisions about their care," he says.

"I try to motivate my patients, whether with persuasion or encouragement," he says. "My visits tend to run a little long, but I find that when I take the time to understand their needs and recommend a course of treatment to my patients, men in particular, it's amazing how they actually respond. On the other hand, if I just write prescriptions and a referral without engaging with them, they generally don't follow through and most likely won't come back."

Keeping vaccinations and annual

screenings up to date is another priority for Dr. Espina, and an area where men often do not keep up. "I can't tell you how many patients who work in construction have told me they have not had a tetanus booster since they were 16," he says.

The checklist above provides an overview of checkups, exams and screenings men should have, but it can be customized according to a patient's needs and his physician's advice, Dr. Espina says. For example, a colonoscopy would be highly recommended for a man with a family history of rectal cancer. "This is the benefit of having a primary care doctor who truly understands the patient and their health care needs," says Dr. Espina. "I will sit with them and help prioritize what screenings or treatments they need most."

To contact Luis Espina, MD, call **973.542.2880**. To find a doctor in the Barnabas Health Medical Group, visit www.rwjbh.org/doctors.



EYE CANCER
PATIENTS GET
NEW HOPE FROM
AN INNOVATIVE
RADIATION
THERAPY.

A VISIONARY TREATMENT

Moles on the skin are familiar to most people. Less familiar is the fact that mole-like growths called *nevi* can form inside the eye as well. And just like moles on the skin, nevi in the eye can develop into melanoma, a form of cancer that often spreads to other parts of the body.

“Melanoma of the eye is a relatively rare type of cancer for radiation oncologists to be involved with,” says Dolly Razdan, MD, Medical Director of Radiation Oncology at Clara Maass Medical Center (CMMC) and a member of Barnabas Health Medical Group. “As a result, very few specialists are qualified to treat it.”

Treatment is available at CMMC through a partnership with ophthalmologist Steven Madreperla, MD, PhD, President and CEO at NJRetina in Union. “I do all my surgeries at Clara Maass, which is one of a limited number of sites across the country that do ocular oncology,” says Dr. Madreperla.

A SILENT THREAT

As with skin moles, nevi are often benign. The tiny lesions develop in a thin layer of blood vessels called the *choroid* that lies between the retina and the back of the eye. Even when cancerous, choroidal tumors often don't trigger any symptoms until they become large enough to interfere with vision. “In many cases, they're picked up on a routine exam,” Dr. Madreperla says.

Growths that are found to be melanoma require prompt treatment. “Melanoma can be lethal,” Dr. Madreperla says. “The primary goal is to eradicate the tumor in the eye before it has a chance to spread.”

Choroidal melanoma that escapes the eye becomes much more difficult to treat. “As eye doctors, our primary goal is preserving the patient's vision,” says Dr.



DOLLY RAZDAN, MD



STEVEN MADREPERLA, MD

Madreperla. “In ocular oncology, we need to consider a great priority: survival.”

PRESERVING THE EYE

Traditional surgery for eye melanoma involves removing the eye. “That can be psychologically devastating for patients,” says Dr. Razdan. “Even if they lose vision in that eye, people would rather keep their original eye than have a prosthesis.”

In addition, traditional external beam radiation therapy is not considered a good option because of the amount of local tissue in the area that would be unnecessarily treated.

Instead, oncologists use an innovative radiation procedure called *brachytherapy*, sometimes known as internal radiation. “‘Brachy’ means the radiation source is placed very close to the tumor,” says Dr. Madreperla.

SEEDS OF HOPE

With brachytherapy, radioactive seeds are loaded into a small disk called a plaque that is implanted near the melanoma. “It looks like a small gold coin sewn into the back of the eye directly underneath the tumor,” says Dr. Madreperla. “The expertise of the radiation oncologist makes this approach possible at Clara Maass.”

Disks are customized for each patient based on variables such as the size and position of the tumor. “Dr. Madreperla provides measurements from his exam that help us plan factors such as the number and strength of the seeds to be used,” says John Sakellakis, Chief Medical Physicist at CMMC.

Brachytherapy allows high doses of radiation to bathe the tumor over the course of several days while generally sparing other parts of the eye. “The opposite end of the eyeball gets very little radiation,” Sakellakis says.

Surgery to place the plaque and

RWJBarnabas Health and Clara Maass 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 latest treatment and clinical trials. For more information, call 844.CANCERNJ.

its radioactive seeds typically takes about 45 minutes. “The procedure is similar to many other eye surgeries,” says Dr. Madreperla. Patients are discharged after surgery and the plaque remains in the eye for five days, after which patients return

for a brief procedure to remove it.

“In 85 to 90 percent of cases, brachytherapy controls the tumor in the eye and prevents it from spreading,” says Dr. Madreperla.

Depending on the size and position of the tumor, patients may substantially preserve their eyesight after surgery or lose vision in the affected eye due to the radiation. “It's a matter of how much radiation is delivered and how close it is to vital structures of the eye,” says Dr. Madreperla.

Recovery is typical of other eye surgeries, with stiffness, swelling or discomfort generally abating after a week or two and remaining vision returning within two to four weeks. “That's generally the entire treatment,” says Dr. Madreperla.

VIGILANCE IS KEY

It's important for patients to continue being monitored after surgery. “A medical oncologist also becomes involved,” says Dr. Razdan. “Because melanoma has a propensity to spread, patients need consistent follow-up to make sure the cancer hasn't metastasized to other parts of the body.”

The silent nature of eye melanoma highlights the importance of getting regular eye exams either to update a prescription for corrective lenses or to have eyes evaluated by an ophthalmologist.

“It's during the early stages that eye melanoma is symptom-free,” says Dr. Madreperla. “In too many cases, by the time we see people, things are already far along.”

To learn more about eye cancer treatment at Clara Maass Medical Center, visit www.rwjbh.org/beatcancer.



HEALTHCARE CAREERS 101

HIGH SCHOOL STUDENTS CAN FIND OUT WHAT REALLY MAKES A HOSPITAL TICK, THANKS TO THE WOMEN PHYSICIANS' MENTORING PROGRAM.

Observing an echocardiogram. Watching a laceration get stitched. Poring over an X-ray. None of these are elements of a typical high school curriculum. But thanks to the Women Physicians' Mentoring Program at Clara Maass Medical Center (CMMC), students at Belleville High School can learn

firsthand what a healthcare career entails.

The program is the brainchild of Annette Cozzarelli, MD, an internal medicine physician at CMMC. "My dad was a physician in Belleville," she explains, "and when he passed, we started a scholarship in his name. Looking at the applications for the scholarship each year, I saw how many students were interested in health and medical fields."

That observation led to the idea of starting a mentoring program for these students, which Dr. Cozzarelli presented to the Women Physicians' Committee at CMMC. The committee welcomed the idea, she says, as did the medical center. "Then we went to the high school administration



Opposite page, students who participated in the 2019 Women Physicians' Mentoring Program at Clara Maass Medical Center are pictured with leaders from the Belleville School District and from the medical center. From left, Richard D. Tomko, PhD, MJ, Superintendent of Schools; Diana Kelleher, Chief Engagement and Partnership Officer; Joe Lepo, Assistant Principal. Far right, Annette Cozzarelli, MD, Chair of the Mentoring Program; Fran Monteleone, RN, Director of Community Outreach and Physician Liaison; and Tania Manago, Assistant Director of Patient Experience. Above, at left, student Joshua Edmunds with Dr. Cozzarelli and a fellow student during the 2018 program. Above right, Connie Snelgrove, APN, and students with Joshua. "The experience was eye-opening and helpful," Josh says. "We shadowed doctors as they worked with patients, and normally you wouldn't get that kind of experience until you go to medical school. Many students want to go into the medical field and help save lives, and it was extraordinary to have this opportunity."

in Belleville, and they thought it was a great idea, too," she says.

A RANGE OF ROTATIONS

Designed for high school juniors, the program began in the 2017-18 school year. Each of the students was assigned to one of about a dozen women physician mentors. The program requires the doctors to spend time setting up the students' rotations with the various departments in the hospital, making sure the students are where they should be for each rotation, and having a dialogue with them afterward about what they experienced.

"We rotate the students through different departments of the hospital so they get exposure to different aspects of medicine, and even to hospital administration," explains Dr. Cozzarelli. "The students can do a community health rotation, or they can follow one of the finance people at the hospital, or they can spend time in different departments, like the obstetrics clinic or the emergency room.

"To make this work, we have to have cooperation from many different departments in the hospital. It's become a joint effort with the medical staff, the nursing staff, the physical and cardiac therapists, the managers—in fact, all the employees."

Patients, too, must give permission before students can observe their care. "And I can tell you that everybody has said yes!" says Dr. Cozzarelli.

HORIZONS BROADENED

The students, for their part, have to miss some regular high school classes to attend. "These are honors students," says Dr. Cozzarelli. "They are committing to this time, and they know they can't let their other subjects falter by doing this."

Fatimah el-Belkasi, 18, participated in the mentoring program this past year. "My mentor was Dr. Dolly Razdan, a radiation oncologist, and my first rotation was in that department," says el-Belkasi. "That was followed by emergency, genetic counseling and maternity. I didn't know much about any of these, but after having these sessions I loved them all."

The mentoring program, says el-Belkasi, helped to confirm her interest in medicine, and also helped her to think outside of the few specialties, like pediatrics, that she'd been aware of previously.

What impressed el-Belkasi most? "It was the fact that all of the fields were so different, but every doctor had found their place and was happy where they were," she says. "It looked like they were really trying to make a difference in the world, and I admire that."

A NEW VIEW

When it's time for these students to apply to college, they can get letters of

recommendation from their mentors to help bolster their applications and show their interest in a health-related career.

"Dr. Cozzarelli has done a really good job coming up with a clear vision and a clear program for these kids," says Joe Lepo, Assistant Principal at Belleville High School. "The teachers are positive about it, the students are positive about it, the doctors are positive about it."

"The students have thoroughly enjoyed it," says Dr. Cozzarelli. "They see firsthand how physicians interact with patients, how the hospital interacts with patients, the responsibilities of nurses. They're amazed by the human body and how it works."

She says one of the students she mentored was amazed to hear a human heartbeat through a stethoscope for the first time. Another student, who observed a patient getting an echocardiogram, exclaimed, "I can't believe I'm standing next to somebody and watching a picture of their heart beating on a screen!"

"They've never seen or heard things like this before, and it really stokes their interest," says Dr. Cozzarelli. "We feel we are fulfilling what we set out to do."

To learn more about student mentoring and volunteer programs, call **973.450.2150** or visit www.rwjbh.org/claramaass.



NEW OPERATING ROOMS UNVEILED

STATE-OF-THE-ART SURGICAL ROOMS ENHANCE CAPACITY.

Clara Maass Medical Center (CMMC) has expanded its surgical capacity with the addition of four new operating rooms. Three of these are general rooms, suitable for general surgical procedures, and a fourth is designed as a hybrid OR, including advanced medical imaging devices that facilitate minimally invasive surgery.

“These state-of-the art rooms are a great addition to our hospital,” says Edward Mercogliano, MD, Director of Surgical Services at CMMC. “They will allow us to perform more laparoscopic and robotic surgeries, and will attract more top specialists to our hospital. Our patients benefit from being able to have state-of-the-art surgery right here at Clara Maass, rather than having to go to tertiary centers for their procedures.”



Top of page, one of the new general surgery rooms. Above, front row from left to right, John Kelly, MD, Medical Director of the Transitional Care Unit at Clara Maass Medical Center; Robert A. Gaccione, Chairman, Clara Maass Medical Center Board of Trustees; Maria Nagamos, RN, Nurse Manager; Susan Gallina, MSN, MAS, RN, CNOR, HN-BC, CCAP, Director of Perioperative Services; Edward Mercogliano, MD, Director of Surgical Services, Clara Maass Medical Center; Mary Ellen Clyne, PhD, President and Chief Executive Officer, Clara Maass Medical Center. Second row, from left: Andrea Palisi, DNP, RN, NE-BC, Assistant Vice President Patient Care Services; Bonnie Geissler, RN, MHA, Chief Nursing Officer and Vice President for Patient Care Services, Clara Maass Medical Center; Eileen Fishman, Member of the Clara Maass Medical Center Foundation Board of Trustees; Robert Brautigam, MD, President, Clara Maass Medical Center Medical Staff.

To learn more about services provided by Clara Maass Medical Center, visit www.rwjbh.org/claramaass or call 888.724.7123.

It's not about losing weight overnight.

It's about staying healthy over time.

At Clara Maass Medical Center, instead of emphasizing short-term goals like reducing the size of your waist, we focus on long-term benefits like reducing your risk of Type 2 diabetes, sleep apnea and hypertension. Beginning with a nurse navigator, every aspect of the program, including bariatric surgery, will be clearly presented so you can make the right choice.

Informational Seminar: Weight-Loss Surgery
All seminars will be held from 6 PM to 7 PM

August 5
September 9
October 7

November 4
December 2

The Learning Center at Clara Maass Medical Center
1 Clara Maass Drive, Belleville, NJ

Immediately after the seminar, attend the Bariatric Support Group Session and meet patients that have achieved success after Bariatric surgery.

For more information or to register, call 973-450-2393.

**Results are not guaranteed and may vary by individual.*

**Clara Maass
Medical Center**

**RWJBarnabas
HEALTH**

Let's be healthy together.

rwjbh.org/claramaass



Clara Maass Medical Center: Best in the U.S. for the 12th time



Achieving a Leapfrog A for the 12th time underscores Clara Maass Medical Center's commitment as a High Reliability Organization (HRO).

Through the concerted effort of Clara Maass Medical Center's physicians, nurses, staff, volunteers and leadership, patients and families benefit from the highest level of quality care and the safest possible hospital experience.

Clara Maass
Medical Center

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HEALTH

Let's be healthy together.

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